The Heart and Soul of Change
What works in therapy
Brief history of psychotherapy

Middle to the end of 19th century: medicine and physiochemical causes of illness and myth, spirituality and religion.

Sigmund Freud provided a scientific explanation: psychoanalysis/(more proper and civilized than mind cure, more scientific than Christian science (practice restricted to physicians)
Controversy

1950-1960 Hans Eysenck research

Psychotherapy (mostly psychodynamic) is not only ineffective but possibly harmful

Psychoanalytic treat 44%/ eclectic 64% GP 72% Eysenck 1952
1958 learning theory and behavioral treatments (scientific and empirical psychology) conform to the medical model: complaint, explanation, mechanism of change, therapeutic ingredients and specificity.
“It was important to show that psychotherapeutic treatments were not simply efficacious but added something more than placebo (hope, expectation, alliance or relationship)”
Generic psychotherapy ( inferior status )

Psychological treatments ( specific psychological procedures or ingredients that are critical for client change)
Propagation of different models of therapy
(since 1960 600% growth in psychotherapy theories and approaches)

Increase in competition, prestige, and influence. Each profession promote a specific psychological and social agenda
What is treatment?

- CBT manual 1979 Beck et al
- Proliferation of treatment manuals: “revolution in treatment research”
- “canon of standardization”
Gold standard to establish **specificity** in medicine: randomized double-blind placebo control group design (RCT) 1980

1995 EST (Empirically Supported Treatments) Task Force on Promotion and Dissemination of Psychological Procedures
Comparative clinical trials

“mine’s better”

Thus, behavior, psychoanalytic, client centered, humanistic, CBT, ITP, ACT, CRT, prolonged-exposure, time limited, and other therapies were pitted against each other in a great battle of the brands.
Aggressive efforts to convert every aspect of living as a problem amenable to therapy (First DSM: 66 categories to 286 in 30 years)
Expansion in the number of mental health practitioners

275% increase in professional therapists since the mid-1980’s

Psychiatrists, psychologists, psychoanalysts, psychotherapists, social workers, counselors, coaches, family therapists, psychiatric nurses, drama therapists, bibliotherapists, dance therapists, art therapists, marriage counselors, ect

Miller et all 1996
Is psychotherapy effective?
YES!

Studies on psychotherapy outcome support the evidence of the effectiveness of psychotherapy: treated patients fare much better than the untreated.

The Heart and Soul of Change
Delivering what works in therapy
Edited by Duncan, Miller, Wampold and Hubble
Smith and Glassl. found in a meta-analysis (1977) that at the end of the treatment, the average of the treated person is better off than 80% of the untreated sample (more than 25 years after Eysenck critique).

Later meta-analytic reviews have reported comparable positive treatments effects across a variety of treatments and client problems. (Wampold, 2001)
In addition, psychotherapy appears to be as effective as medication for many mental disorders, is longer lasting than medication, and less resistant to additional courses than medication (Wampold, 2007).
What works?
What leads to positive patient outcomes? / The determinants of treatment outcomes
The common therapeutic factors

* Saul Rosenzweig, 1936, Journal of Orthopsychiatry

"the effectiveness of different therapies approaches had more to do with their common elements than with the theoretical tenets on which they are based"
Factors involved in the therapeutic process

( Lambert 1986, 1992)

- 40% Client and Extratherapeutic factors
- 30% Relationship factors
- 15% (placebo) expectancy
- 15% modalities-techniques

Diagram showing the distribution of factors as follows:
- 40% for Client and Extratherapeutic factors
- 30% for Relationship factors
- 15% for placebo expectancy
- 15% for modalities-techniques
They consist of the client's strengths, supportive element in the environment, and even chance events.

Lambert (1992) estimated that this factor account for 40% of outcome variance.
Spontaneous improvement 43% (18%-67%) (Bergin- Lambert) The spontaneous remission highlights the importance of supportive and therapeutic aspects of the natural environment in which clients live and function.
Several factors involved affecting change: between them: strength and quality of social supports, specially the marital relationship. (Andrews and Tennant 1978, Mann 1981, Lambert 1976) A significant number of people are helped by friends, family, teachers and clergy.
The therapist must to become familiar with the social support networks and community resources available to their clients and to help them identify and use these resources.
Parent Training/
Family therapy
Couple therapy
Most frequent client variables: severity of disturbance
(including the number of physical symptoms), motivation, capacity to relate, ego strength, psychological mindedness and the ability to identify a focal problem.

(Lambert and Anderson 1996)
“The Big Four”

**Relationship Factors**

30% of the successful outcome variance
These factors are typically called the “common factors” in the literature
Represent a wide range of relationship-mediated variables, no matter the therapist’s theoretical background: caring, empathy, warmth, acceptance, mutual affirmation, encouragement of risk taking.
Vanderbilt Therapeutic alliance Scale

Psychotherapy (CBT, ITP) pharmacological treatments and placebo

Treatment outcome significantly related to client perceived alliance
Some therapists are more effective than others.

"The variance of outcomes due to therapists is larger than the variability among treatments, the alliance, and the superiority of an empirically supported treatment over placebo" Wampold, 2005

Baldwin et al 2007; better therapists formed better alliances with a range of clients.
Time-limited dynamic psychotherapy (TLDP)

- 16 therapists rated as "more effective" or "less effective" determined by pts. outcome and length of stay in therapy.

- Effectiveness was related to more positive behaviors: understanding and affirmation and minimum of blame.

- Therapists were differentiated almost entirely by nonspecific factors.

Najavits and Strupp (1994)
Placebo, hope and expectancy

15%

- The portion of the improvement deriving from the client’s knowledge of being treated and assessment of the credibility of the therapist’s rationale.

- Both client and therapist believe in the restorative power of the treatment procedure or rituals.
Model/Technique factors

15%-1%(Wampold 2001)
Wampold, Robinson, Shapiro (1997-2008)

Series of meta-analysis works: When differences among studies were controlled, treatments appear to be remarkably equivalent.

(Problems as allegiance of the researcher and other confounding factors)
Prolonged Exposure for PTSD (Foa et al. 1991, 2005)

- Eye-movement desensitization and reprocessing (EMDR)
- CBT without exposure
- Hypnotherapy
- Psychodynamic therapy
- Present centered therapy

All these treatments were found to be equally effective (Benish, Imel & Wampold, 2008)
What kind of therapists build more effective therapeutic alliance?

- Empathy
- Alliance
- Cohesion
- Goal consensus and collaboration
- Positive regard
- Genuiness
- Feedback
- Self disclosure
Research findings show that a change is more likely to be long lasting in clients who attribute their changes to their own efforts (Lambert and Bergin, 1994).
Investigators found (Kadera, Lambert Andrews, 1996) that about 75% of clients significantly improved after 26 sessions or 6 months of weekly psychotherapy (50% after 8-10 sessions).

Some research suggest that different symptom clusters improve at different times during treatment: early restoration of morale, followed by symptomatic improvement and finally characteriological changes.
It is not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change...

_ Charles Darwin
Typical point at which one might enter therapy

- Great
- OK
- Awful

Psychological condition

Time
MOTIVATIONAL INTERVIEW
כיצד נבנה המודל?

בדק תחילים שלטי ב 18!! שיטות טיפולי פסיכולוגיות שונות וחילוכיים של

שינור טברי

ומתוכם ויוזה את החילוכיים השונים במ רואה של כל

שנויי
Figure 1-2
Five Stages of Change

- Permanent Exit
- Precontemplation
- Contemplation
- Preparation
- Action
- Maintenance
### Stages of Change

<table>
<thead>
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<th>Pre-contemplation</th>
<th>Contemplation</th>
<th>Preparation</th>
<th>Action</th>
<th>Maintenance</th>
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איך.Tipo המשלב אחד לשני?  

המעבר המשלב שתי חיות לא פסיבי: קורימ

דבימ בחיות שמחיים אתוננו לקראת שינו

שלי הצפה בחומת כים (תקופות מעבר)

אירורים סיבוביים (موت, מחלות, מספר כלכל

גירושים)

הערכה סטטיסטית מוכחת למגזר מאובני

האנטרובניזה התיפוליית ארוכה לחיים

מותאם לשלב שנתיי בmetrosפט נימציא

דלגו: לchers את הפעילים לפועל הבורם של מטסיינן עדימי במשלב שבוי או שוקל

"بعد ושגר" יCLLocation להביס להתחדשות לשוני.
מוקטבות היא תכונה משטחית וتقليית 먼저

)state and not trait.()

ניתן לשנות את המוקטבות sondנה בך
המשלל לבין המשלב על ידי שימור בטכניקות
بعثון קוגניטיביות התנגבויות

שינניairo Alvarez treadmill
רוב בני האדם אמביוולנטיים לפנים robe

הדברים robe חומי

(אין)
Reflective Listening

מה אתה מבין? אתה לא התמודדת أفיעעם דבר
כזה!

קשה לראות איך אני יقولה לבקי מה עובר עלייך"
Psychological reactance
AVOID CONFRONTATION

“**I know, I tell you**”

**instead:** “**you know, you tell me**”

“The third”
ייעוץ - 

לא גישה אוטוריטטיבית של "אני ידעה מה טוב בשבילך ואיך עלייך לעשון" 

הפרטוקול הרפואתי הוא(HttpStatusCode אפаратב של 

אישף, אם זה כלום, הביא את התחברה

בxious של מצוקה"
אהריה לשנים - Responsibility

אהריה לשנים היא על המטوفל. דכותי של המטופל לעשות את הבדירה.

dכותי של המטופל להمناطق את התנאים ואט שתנותה.
Motivation comes from the discrepancy between:

- Current behavior
- Future goals
ディスポンス

תעורר את הסתירה בראיית המוטפל.
"אחת שוקל לموت כי לבורך מחכאנמקבל, מצדו שני אחה מרגישה שחתב
של זקוק樂...."

אי להכות עמדה אלאلتורגמה, יש לעזר עפרירני אתיעלות סרני שלאלהלגב
הminsterהדר.
הזרז כל חץ על האוטונומיה של הפריון לבחר,ولا
כמגדליצה

החוקمحייבלאשפראות.statesהארכיםכלבדאוליהלמס
אתהעוברתקפתקשהמאודשלמדיקה,ונייקלתהלстоя
مسמבךמאוד,לעדיםרקتكوينלעוזןכשלת....
occan הוחלט反对退出医疗许可和参与研究委员会的建议。委员会共识一致，决策将由参与者和监护人共同参与。

 또한 החוד הוחלטvang מעולים "בגידה העניינה", ללא שיפוטית לכל השפלת. תוכיductor amnesty העיניין.
Commitment to treatment statement:
- Both parties roles, obligations and expectations
- Open and honest communication
- Agreement on Crisis interventions
- Commitment to living does not restrict the pt option of suicide (dialectic)