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# **PSY1102**

# **Introduction to Applied Psychology**

## **Class 10a**

## **Therapy (continued)**

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# Agenda for today

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1. Evaluating psychotherapies
  - a. Is psychotherapy effective?
  - b. The relative effectiveness of different psychotherapies
  - c. Evaluating alternative therapies
  - d. Commonalities among psychotherapies
  - e. Culture, gender, and values in psychotherapy
  - f. A consumer's guide to psychotherapists

# 1. Evaluating psychotherapies

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- Until 1950, psychiatrists were the principal providers of mental health services.
- Today, there is a variety of types of workers delivering care for people with psychological disorders, including:
  - Clinical and counseling psychologists
  - Clinical social workers
  - Pastoral, marital, abuse, and school counselors
  - Psychiatric nurses
- In part, this increase in the number of job types is a response to the increase in the number of people seeking help.
- Today, we'll consider the evidence about the effectiveness of psychotherapy.

# 1a. Is psychotherapy effective?

Does psychotherapy work? Who decides?

- In evaluating whether psychotherapy is effective, it is important to verify the perceptions of the clients, the clinicians, and to compare these with the objective results of **outcome research**.
- In other words, suppose I receive psychotherapy.
  - Do I feel that it has been effective?
  - How about my family and friends?
  - How about my psychotherapist?
  - How about strangers with whom I have no history?

## 1a. Is psychotherapy effective? Client perceptions

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- According to 2900 readers of *Consumer Reports*, 89% reported some degree of satisfaction with their mental health professionals.
- However, it's important to consider the limitations of evidence from people evaluating their own experiences.
  - They entered therapy in crisis.
  - They're looking for verification that their time (and money) was well spent.
  - The role of the therapist is, in part, to establish a bond with the client.
- The textbook cites one large study (N=485) where objective measures of success showed no substantial difference between the **treatment** group and a **control** group (who had received no counselling).

# 1a. Is psychotherapy effective? Clinician perceptions

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- How valid are clinicians' perceptions of the effectiveness of treatment?
- Let's consider an analogy. When I get the results of your evaluations of this course, which reaction is more "human":
  - To regard you as objective observers, and your opinions as an objective truth, or
  - To acknowledge that your opinions are subjective, and to focus on the positive comments as coming from those students who perceive the wisdom and skill of the instructor (me!) and the negative comments as coming from malcontents who never appreciated the value of the material I presented it and the entertaining way in which I presented it?
- The same argument applies to clinicians or to any other group which self-evaluates.

## 1a. Is psychotherapy effective? Outcome research

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- A major challenge in determining the effectiveness of therapy is demonstrating a **causal** relationship between the therapy and the improvement.
- In many cases, the improvement rate is the same among people receiving treatment as among those not receiving treatment.
- Accordingly, what is needed is a **randomised clinical trial (RCT)** where people are assigned randomly to “treatment” or “no treatment” groups, and improvement compared later.
- A **meta-analysis** pulls together the results of a large number of studies and analyses the aggregate result statistically.
- The result: even those not receiving therapy often improve, but those receiving therapy are more likely to improve more quickly, with less likelihood of relapse.

## 1b. The relative effectiveness of different therapies

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- What should we say when someone asks us which therapy is best for them?
- Objectively, it is difficult to point to one as “the best”.
- It seems clear that therapy is most effective when the problem is clear-cut – that is, when it can be described in a straightforward manner. By contrast, disorders with negative or “muddy” descriptions do not have a good long-term prognosis.
- Briefly:
  - Behavioural conditioning is best for specific behavioural issues, such as bedwetting, phobias, sexual disorders, compulsions, and marital problems.
  - Cognitive and cognitive-behavioural therapies are effective for depression, PTSD, and anxiety.

## 1b. Relative effectiveness of therapies (cont'd.)

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- Of course, there are therapies whose effectiveness remains to be demonstrated.
- There have always been “fad” therapies, and these therapies have always been able to produce people who swear that they were cured by them.
- In today’s world, what counts is objective evidence, which explains why you will hear professionals talking about relying on **evidence-based practice**.
- Evidence-based practice pulls together the best available research, the expertise of the clinician, and the circumstances of the patient (p. 676).

## 1c. Evaluating alternative therapies

How do alternative therapies fare under scientific scrutiny?

- People seeking help may choose an alternative therapy rather than an orthodox one.
- Unfortunately, it is the nature of alternative therapies that controlled studies of their safety and effectiveness have not been conducted, so one chooses without objective evidence.
- Two alternative therapies discussed in the textbook are:
  - Eye movement desensitization and reprocessing (EMDR), and
  - Light exposure therapy.
- Here, we consider only light exposure therapy.

## 1c. Evaluating alternative therapies: Light exposure

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- The further you live from the equator, the longer the winter nights are. Many people, and especially women, suffer **seasonal affective disorder (SAD)**, a feeling of lethargy and discontent.
- SAD as a disorder was controversial when first proposed, and treatment with a light source was also controversial. However, several controlled studies have shown a greater therapeutic effect of exposure to a light source in the morning than in the evening, with an effectiveness as good as antidepressants or cognitive-behaviour therapy.
  - Light exposure in the evening was also effective, but for fewer people.

## 1d. Commonalities among psychotherapies

What three elements are shared by all forms of psychotherapy?

- **Hope for demoralised people.** People seeking therapy have acknowledged that they need help dealing with issues. Improvement is better for placebo-treated patients than for untreated patients, suggesting a sort of self-healing.
- **A new perspective.** Therapy likely offers patients a new perspective on themselves and their issues. This may contribute to a new, more productive attitude.
- **An empathic, trusting, caring relationship.** Whether as extreme as the humanistic approach or not, therapy involves interacting with someone who listens and has improvement as a goal. The **therapeutic alliance** between patient and therapist is key to therapy.

## 1e. Culture and values in psychotherapy

How do culture and values influence the therapist-client relationship?

- When you choose a physician, do you prefer one of the same gender as you? The same age? Ethnicity? Religion?
- When choosing a therapist, you probably want someone who is familiar with your cultural background. As we have seen, some disorders can have culture-specific aspects.
- The personal beliefs of psychotherapists, such as a belief in a deity, can influence their practice.

## 1f. A consumer's guide to psychotherapists

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- How do you choose the most appropriate psychotherapist? Check out Table 16.3 in the textbook (page 681). Briefly:
  - Marriage and family **counsellors** specialise in problems related to family dynamics. Abuse counsellors deal with substance abuse, spousal abuse, and child abuse – both abusers and victims.
  - Clinical or psychiatric **social workers** deal with everyday personal and family problems.
  - Clinical **psychologists** have a Ph.D. (or Psy.D.) and extensive training in clinical sciences and research.
  - **Psychiatrists** are physicians specialising in the treatment of psychological disorders. As physicians, they are able to prescribe medications, so their practice tends to focus on the most serious cases.

# Summary: Class 10a

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## Class 10a: Terms to know

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- Outcome research
- Causal relationship
- Treatment group, control group
- Randomised clinical trial (RCT)
- Placebo effect
- Meta-analysis
- Evidence-based practice
- Seasonal affective disorder
- Therapeutic alliance