

What could make clinical practice more evidence based?

Suggestions for building stronger bridges between research and clinical work

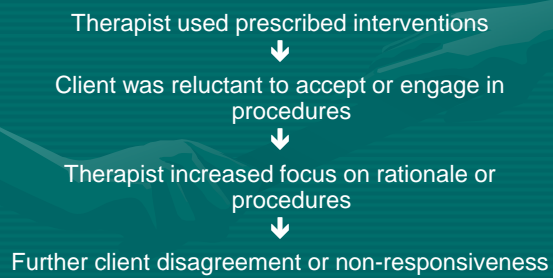
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A Tenuous Link

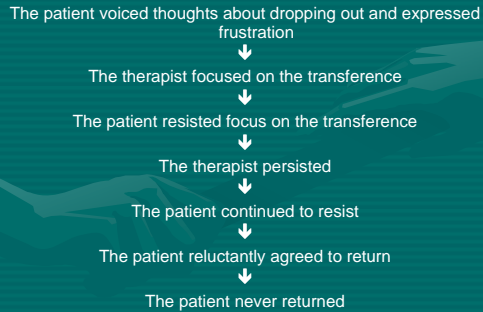
1. Limited relevance of some studies
2. Few role models
3. Limited opportunities

Rigid Adherence in Cognitive Therapy

Castonguay et al. (1996)



Rigid Adherence in Psychodynamic Therapy Piper et al. (1999)



Technique and Relationship in Psychodynamic Therapy Schut, Castonguay, et al. (2006)

- Interpretation
- Disaffiliative processes
- Interpretation and disaffiliative processes

Research could be particularly relevant if...

1. There is a convergence between what needs to be searched and what needs to be found
2. It validates or surprises clinicians
3. It could potentially improve treatment effectiveness without imposing unnecessary radical changes
4. It is an integral part of clinical practice

Solidifying the Link

1. Research on psychotherapy integration
2. Basic Research
3. Confounding Research and Practice

Current Developments in Psychotherapy Integration

Castonguay et al. (2003)

1. Theoretical Integration
2. Eclecticism
3. Common Factors
4. Improvement of Major Systems of Psychotherapy

Principles of Change

APA & NASPR Task Force
(Castonguay & Beutler 2005a)

Domains:

- Client characteristics
- Relationship variables
- Techniques variable

Problems:

- Depression
- Anxiety
- Personality Disorders
- Substance Use Disorders

Principles Related to Participant Factors in Treating Anxiety Disorders

Newman et coll. (2005)

1. Psychotherapy for anxiety is less likely to be successful if the client experiences high level of functional impairment (e.g., severity, distress, axis I comorbidity, interpersonal problems, social support perceived as critical)
2. Psychotherapy for anxiety is less likely to be successful if the client has negative perceived parenting.

Principles Related to Relationship Variables in Treating Depression.

Castonguay et coll. (2005)

1. When working with depressed clients, therapist's use of self disclosure is likely to be helpful. This may be particularly the case for reassuring and supportive self-disclosure, as opposed to challenging self-disclosures.
2. When working with depressed clients, therapists should strive to develop and maintain a positive working alliance with their clients.

Alliance: What do we know? Castonguay, Constantino, & Grosse Holtforth (2006)

- It predicts outcome across orientations
- It is predicted by client's characteristics and behaviors
- It correlates with therapist's characteristics and behaviors
- It is particularly predictive when measured early in therapy
- It is particularly predictive when measured by the client

Principles Related to Technique in Depression

Follette & Greenberg (2005)

1. Challenge cognitive appraisals and behavior with new experience.
2. Increase and diversify the patient's access to contingent positive reinforcement for depressive and avoidant behaviors.
3. Improve the patient's interpersonal social functioning.
4. Improve marital, family, and social environment to reduce the establishment, maintenance, or recurrence of depressive behaviors.
5. Improve awareness, acceptance, and regulation of emotion and promote change in maladaptive emotional responses.

Insight or the Acquisition of New Perspective of Self

Insight in Psychotherapy (Castonguay & Hill, 2005)

- What is insight?
- What leads to insight?
- What are the consequences of insight?
- What other issues need to be considered in thinking about insight?

Insight or the Acquisition of New Perspective of Self

Future research directions (Hill et al., 2005)

- Does insight need to be true or historically accurate?
- Are insights better if they are client-generated, therapist-generated, or co-constructed?
- Do more complex, emotionally intense, central insights lead to stronger, and longer lasting changes?

Current Developments in Psychotherapy Integration

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Integrative Cognitive Therapy For Depression

Castonguay et al. (2004)

CT manual (Beck et al., 1979)

Strategies to repair alliance ruptures (Burns, 1990; Safran et al., 1990)

- Invitation to explore ruptures
- Empathic response
- Disarming

Integrative Cognitive Therapy For Depression: Preliminary support

Castonguay et al. (2004)

- ICT > Wait list
- Pre-post effect size (BDI): 1.91

Constantino et al. (2008)

- ICT > CT
- Effect size (BDI): 0.50

More points of Convergence

*Bringing Psychotherapy
Research to Life:
Understanding Change through
the work of leading clinical
researchers*

(Castonguay, Muran, Angus, Hayes,
Ladany, & Anderson, 2010)

Solidifying the Link

1. Research on psychotherapy integration
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Integrating Research Domains Psychopathology of Depression

Symptomatology:

- Psychomotor change (Buchwald & Rudick-Davis, 1993)

Clinical features:

- Anger and lack of cooperation (Joiner, 2002)

Epidemiology:

- Prevalence (Seligman, 1989)
- Gender (Nolen-Hoeksema, 1987)

Etiology:

- Cognitive inhibitions (Joormann et al., 2007)

Integrating Research Domains

Psychopathology: Bridging the gap between basic empirical research and clinical practice
(Castonguay & Oltmanns, in preparation)

Integrating Research Domains

Pairs of scholars from psychopathology and psychotherapy research

Deriving clinical guidelines (assessment foci, case formulations and treatment plans) based on empirical information that can be relevant to most if not all orientations

Therapist Engagement

- Predictor of change (Wampold, 2001)
- Specific impact (Kraus, Castonguay, Boswell, & Nordberg, 2010)
 - The rich
 - The poor
 - The rest of us

Research can...

- Suggest first lines of attack
- Provide lessons of humility
- Confirm clinical theories and observations
- Surprise us
- Provide political tools

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