

The challenge of experimental design in psychotherapy research

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Clinical development

Psycho dynamic approaches prefer the narrative case study approach to clinical development.

In intellectual disability this method has been illustrated in the work of Sinason (1992), Degrouf & Heinnemann (1999), Simpson and Miller, (2004), Cottis, (2009).

Clinical development

- Behavioural Therapist prefer single case experimental designs and meta-analyses
- See Didden et al (1997 & 2006)

Clinical development

- Cognitive behavioural therapist have used case reports, single case, open trial but have a preference for controlled designs.
- Examples of controlled designs are Lindsay 2004, Rose et al 2005 & 2008, Taylor, 2005, Willner, 2004.

The Hour Glass Model

Case studies / reports

Case series

Open trials

Controlled

trials

RCT

Case series

Case studies/ reports

Experimental design

Pre-Post

Pre-post-follow-up

Pre-interval-post-follow up

Experimental Design

Controlled trials

Naturalistic waiting list

Randomised Control Trial

Random allocation to treatment or no
treatment

Experimental Design

Comparative design

Naturalistic allocation

OR

Random allocation to treatments e.g. CBT
and Psychodynamic.

Meeting the Gold Standard: Participants

1. Homogeneous (level of intellectual ability, age and diagnosis)
2. No co-morbidity
3. Sufficient numbers for statistical methods employed.

Meeting the Gold Standard

Therapy variables

- Therapist experience
- Treatment length
- Adherence to treatment
- manualisation

Meeting the gold standard measurement

Need reliable and valid measures to
determine inclusion and exclusion

Need reliable and valid outcome measures

Recommended these be self report and
informant

Getting the numbers

- Psychotherapy research manuals suggest no treatment RCT's generally need 40 to 60 participants.
- Comparative treatments RCT's need around 128 participants
- Figures need to be higher due to attrition (Beail et al report 30% attrition)

Solution

Need to do research in areas with large populations or collaboratively across sites.

Measurement

- Need to improve psychometric properties of measures.

Solution

- Can import measures from general population but cannot assume same reliability and validity.
- Need to establish psychometric properties with people who have ID (e.g. BSI, Rosenberg)
- We can develop new ID specific measures

Treatment length

Do we need to develop some consensus?

<i>Study</i>	<i>Sessions</i>	
Mace et al	5	M = 16.3
Willner et al	9	Range = 5 – 40
Willner et al	12	
Benson et al	12	
Rose et al	16	
Taylor et al	20	
Lindsay et al	40	

Manualisation

- CBT

Some already in existence (eg Taylor & Novaco, 2005)

- Psychodynamic

Lack of agreement/appropriateness.

Conclusions

Different models have different views of the appropriateness of research

Can we develop some model specific consensus

Can we develop across model consensus

The methodological issues will not go away

Conclusion

Evidence base practice has taken over

Can psychotherapy survive without it?