Not All Treatments are Equal: Re-Conceptualizing Treatments that Cause Harm

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Introduction

- What are **Evidence-Based Treatments (EBTs)**? (Lilienfeld, 2007)

"[L]ists of treatments that have been found in controlled trials or systematic single-case designs to be efficacious for specific disorders"

Introduction

- **Purpose/Rationale of EBTs:**
  - APA Division 12 Task Force (Rosen, & Davison, 2003)
  - Bridging the gap between researchers and practitioners
- **"Dodo Bird" verdict:** "all treatments are equal/effective"

FALSE!

  - There are treatments that are not only ineffective, but can also be harmful
  - Identifying harmful treatments is only the first step; identifying mediators is a logical progression (Lilienfeld, 2007, p. 54)

Statistics on PHT

- "**10%** of clients seen in therapy experience deterioration effects or get worse due to therapy" (Lilienfeld, 2007)
- "Results of randomized clinical trials show that **5-10%** of patients deteriorate or get worse, and about **35-40%** do not benefit from therapy" (Lambert, 2007)
- "**28% of 181** practicing psychologists across America were unaware of negative effects in psychotherapy" (Boisvert, C at Rhode Island Center for CBT & Faust, D at Brown University Medical School)

Treatments could be harmful!

- If the treatment is ineffective, it can be harmful
- Receiving no treatment can sometimes be better than receiving an unknowingly harmful treatment

Purpose & Rationale

I. Explore **why** Potentially Harmful Treatments (PHTs) are used
II. Discuss **strengths and limitations** for developing a list of PHT
III. Propose **an alternative approach** for conceptualizing effective/harmful treatment

Lilienfeld's (2007) Definition of PHTs

Three Conjunctive Criteria

I. **Deterioration** & **decelerated rate** of improvement in clients or others

II. Harmful effects are **enduring** and not short-term

III. Harmful **effects replicated** by independent investigative teams

Some PHT are widely administered

- **Hypnosis and guided imagery:** uncovering child sexual abuse in female clients (Polusny & Folette, 1996; Poole, Lind- say, Memon, & Bull, 1995)
- **Critical Incident Stress Debrief (CISD):** aftermath of the September 11) (McNally et al., 2003)
- **Facilitated communication (FC)**: 200 schoolchildren in Whittier, California alone (Rubin & Rubin, 2005)
- **Drug Abuse & Resistance Education (DARE) Programs:** About half of all U.S. local school districts (MacKillop et al., 2003)
- **Military-Style Boot camp** for behavior-disordered adolescents: Operating in 27 states (MacKenzie, Gover, Armstrong, & Mitchell, 2001)

If it's harmful, why use it?

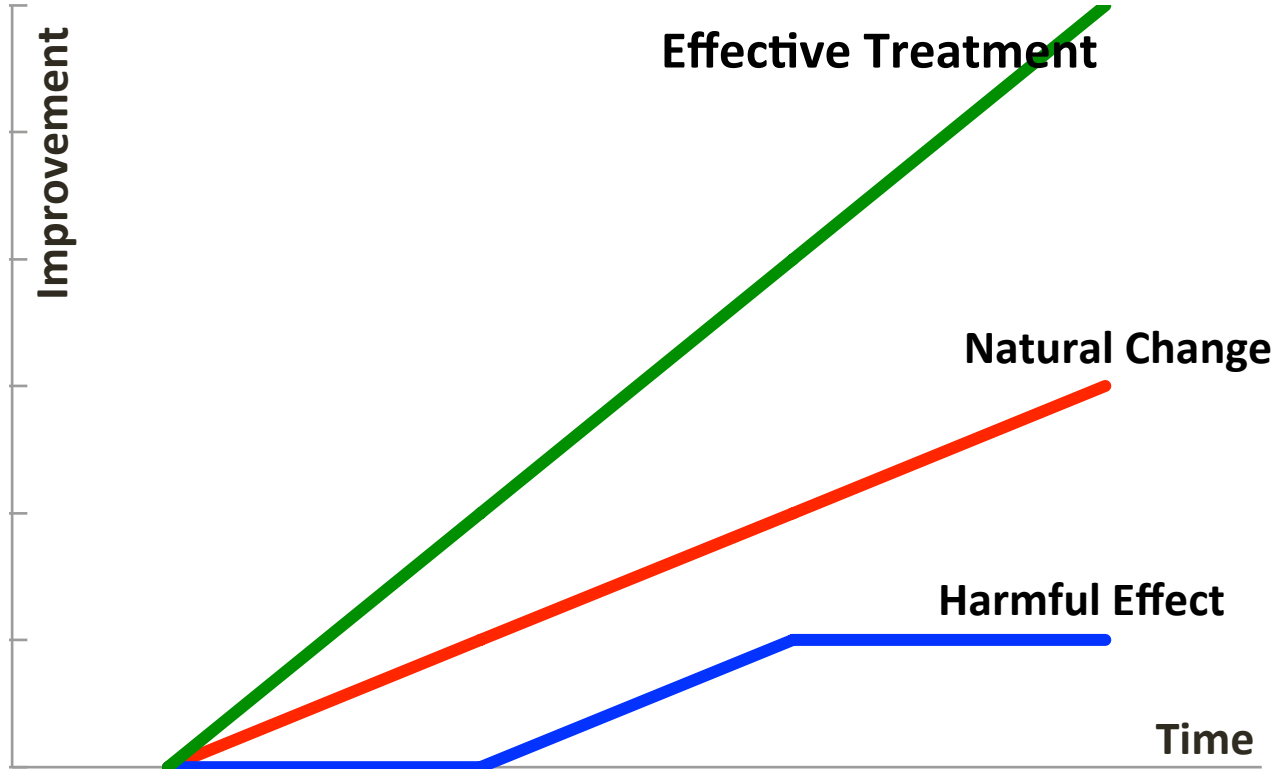
- **Belief Perseverance:** Firmly held beliefs are resistant to contradictory evidence
- **Disposition Bias:** May attribute client deterioration to individual-difference variables instead of therapeutic factors (e.g., DARE)
- **Alleviation is bliss?** Decelerated improvement is hard to notice (often still viewed as effective therapy)
- **Best intentions undermined**: Overestimate the prevalence of negative effects without treatment (e.g.: CISD)

Assessing and Understanding Treatments

- Treatments as **monolithic** vs **multicomponent**
- Consideration of components of therapy
- Comparison to a clear standard
  - Direction of change

Utility of Assessing Components

- Uncover extraneous or harmful components



- Promote improvement

Practical Application

- **Already happening**
- **May be particularly useful in clinical settings**
- **May avoid situations that lead to defensiveness**

Is it eclecticism?

Eclecticism

- Pick and choose based on assumptions
- No clear means of assessment
- High burden on clinician

Component Approach

- Identify and apply effective components
- Clear means of assessment based on component
- Low burden on clinician