Guest Editorial—Evidence-Based Psychotherapies

Progress in Psychotherapy Research

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This special section describes some of the evidence-based psychotherapies, and it may be helpful to review this term and how it relates to the present field. Several attempts to classify and define the quality of evidence emanating from studies all rate the replicated randomized controlled trial as the strongest indicator of efficacy (1). Differences relate to the number of trials required, to whether a metaanalysis is necessary and to the scientific value allotted to single case studies. Obviously, the controls used in these trials vary and may not be of equal value. The placebo control is the gold standard in pharmacology; however, the equivalent in psychotherapy—the waiting list—is not optimal; rather, the use of comparators known to be of some clinical relevance, such as treatment as usual, relaxation training or supportive therapy, appears preferable. In 1995, the American Psychological Association published guidelines for what were labelled evidence-validated therapies (2). Subsequently, Chambless and Hollon reviewed the concepts and preferred the term “evidence-supported,” arguing that the validation process is never complete or final (3). Further, sample size is important for statistical power and is often a limiting factor in psychotherapy research, because of the expenses incurred. As well, a treatment manual is necessary to ensure replicability but prolongs the protocol preparation and, to some degree, diminishes a therapy’s external validity: what experienced clinician limits himself to following the book blindly? The relation to daily clinical experience is not always evident in the stringent inclusion and exclusion criteria of the randomized, standardized trial. One has to only consider that most trials exclude patients at risk for suicide and hence exclude some typical depression patients. Thus, effectiveness as opposed to efficacy is also an important issue.

These observations led to a series of editorial choices. Because cognitive-behavioural therapy (CBT) and interpersonal therapy (IPT) dominate the evidence-supported field of psychotherapy research (with several thousand articles in the past 15 years), this special section focuses on these two approaches. Other choices have also been made, including which aspects of therapy to address and for what disorders. Because there are several extensive reviews in the current literature, it was thought best to focus on innovations, refinements and integration. Therefore, this collection of articles does not cover the entire field of psychopathology, nor does it address all psychotherapeutic techniques. However, brief clinical descriptions and specific techniques are included to assure relevance to psychiatrists in general clinical practice.

Dr. Jeanne Talbot and Dr. Lisa McMurray (4) have chosen to address the most frequent sources of distress, the anxiety disorders. They describe the basic principles of CBT and its use in combination with medication and relate the treatment to the psychobiology of the disorders. They also outline some basic components of therapy and the empirical results observed in the different disorders.

Dr. Gail Myhr (5) describes recent attempts to integrate CBT into the treatment of severe psychosis—schizophrenia in particular. Previously, it was predicted that CBT would not be successful in this area because of the “unshakeable” nature of delusional beliefs.

Dr. Paula Ravitz (6) describes the uses of IPT—a form of therapy originally proposed as a comparator to CBT—and imipramine in a multicentre study of the treatment of depression sponsored by the National Institutes of Mental Health. Evidence of its efficacy exists, and empirical studies supporting its use continue to be published.

Finally, I outline two additions to our armamentarium in the treatment of chronic or recurrent depression and the prevention of its relapse (7). They are both interesting demonstrations of concepts that were initially elaborated in other approaches and that have been integrated into CBT to enhance its impact.

The field of psychotherapy research has made great progress in recent years. Both our practice and our residency programs should reflect the development in evidence-based therapies and assure that the training of future clinicians incorporates innovations that improve the course and treatment of mental illness.

References