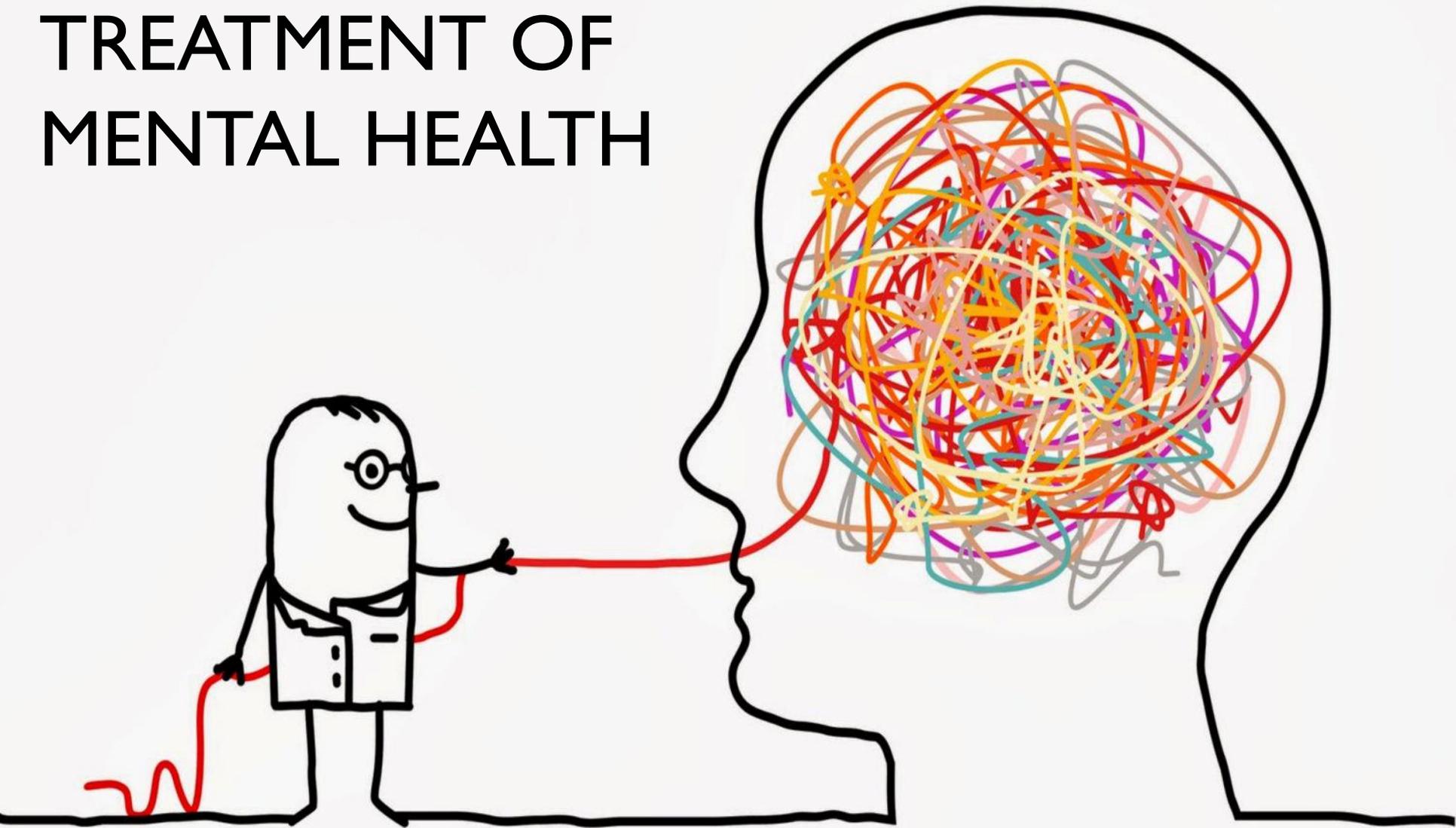


NON-PHARMACOLOGICAL TREATMENT OF MENTAL HEALTH



OVERVIEW

- definition of psychotherapy
- medication vs. psychotherapy
- empirically supported treatments (vs. the Dodo bird)
- four examples of psychotherapy
- referral considerations

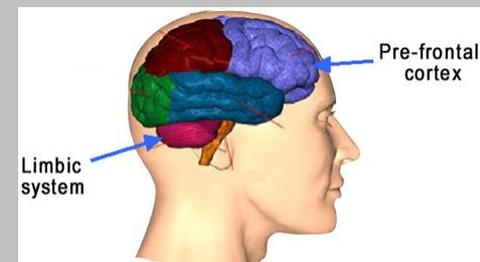
PSYCHOTHERAPY DEFINITION

Psychotherapy is a treatment for emotional and behavioral problems that occurs in the context of an ongoing relationship between patient and clinician. The goal of treatment is to alleviate distress by helping the patient to think, feel, and act differently.



MEDS VS. PSYCHOTHERAPY

- medication
 - operates primarily at the subcortical level
 - has fast or slow onset of action
 - stops helping after treatment ends
- psychotherapy
 - operates primarily at the cortical level
 - has slow onset of action
 - may continue helping after treatment ends
- fMRI data suggest that meds operate from the **bottom up**, but psychotherapy operates from the **top down**.



MEDS VS. PSYCHOTHERAPY

- Some psychiatric diagnoses come with clear treatment implications
 - schizophrenia, bipolar disorder → meds!
 - OCD, personality disorders → psychotherapy!
- Most psychiatric problems are amenable to treatment with either approach, and combined treatment may be best.
- However, patient preference looms large.

EMPIRICAL SUPPORT

- FDA model for demonstrating effectiveness inapplicable:
 - double-blind?
 - placebo?
- “strong support” requires:
 - multiple studies
 - limited design flaws
 - “wide” (i.e., not “very wide”) confidence interval acceptable
 - clinically meaningful effect on symptoms
 - clinically meaningful effect on functioning



EMPIRICAL SUPPORT

- <https://www.div12.org/treatments> lists well-researched psychotherapy variants:
 - 15 treatments with “strong support” can be implemented by themselves
 - 8 treatments with “strong support” adjunctively treat schizophrenia or bipolar disorder
 - 9 stand-alone treatments had “strong support” in 1998 but under 2015 criteria are judged in need of re-evaluation

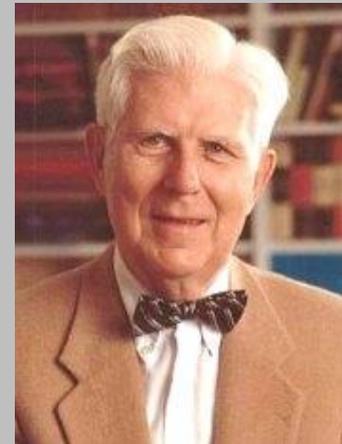
EMPIRICAL SUPPORT

- However, consider the Dodo bird hypothesis, according to which:
 - most psychotherapy has roughly equivalent effect (common factors argument), or...
 - ...there is little evidence of differential effectiveness among empirically supported treatments.
 - Dodo may be wrong for certain diagnoses and for kids.

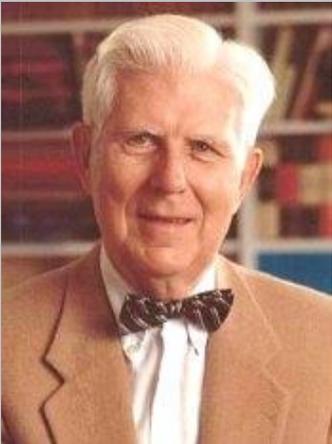
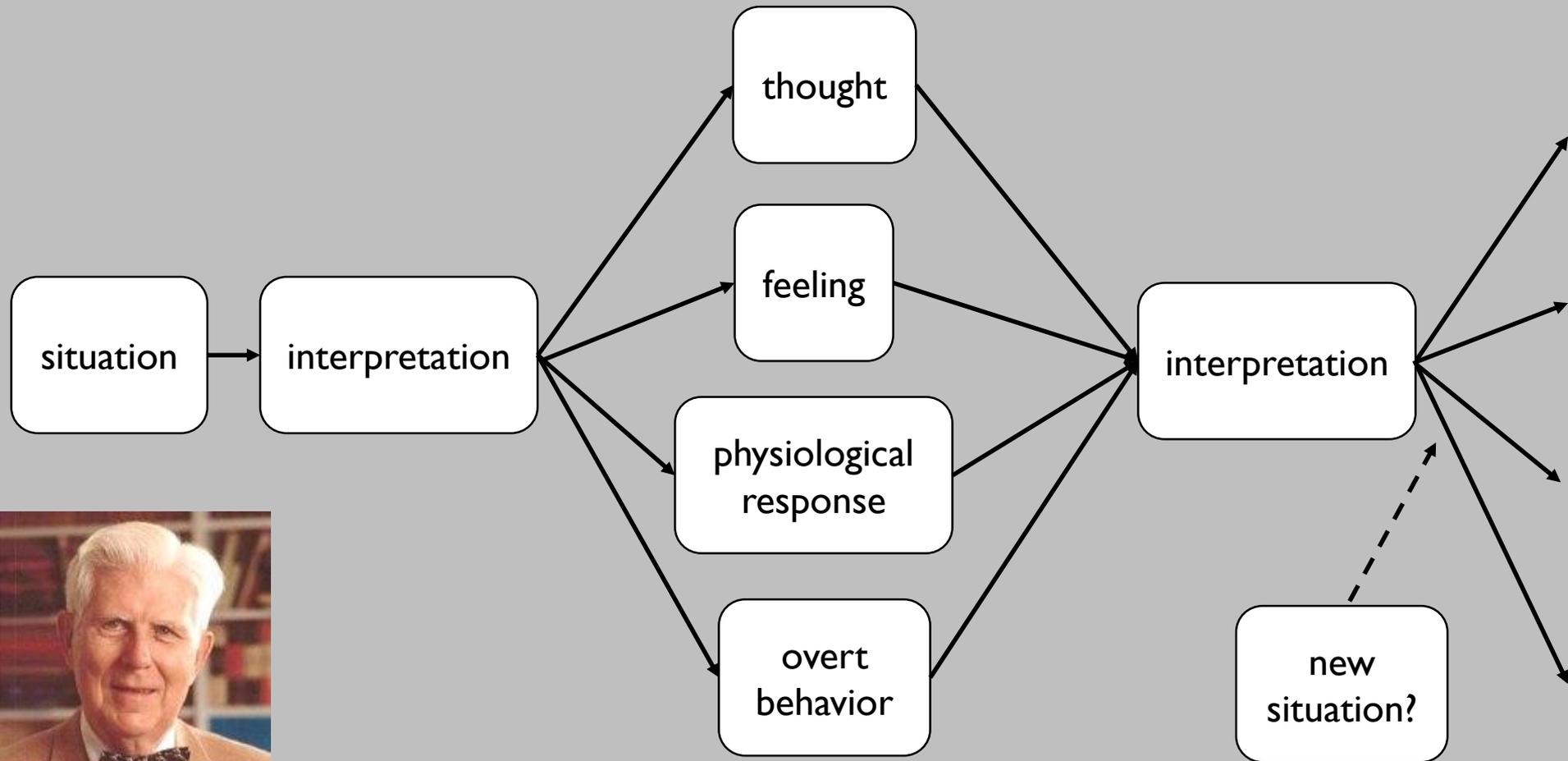


FOUR EXAMPLES

- Cognitive-behavior therapy (CBT)
 - best-researched psychotherapy, with strong empirical support for multiple conditions
 - ± manualized treatment often ≤ 15 sessions
 - focus is on modifying **current cognitions and behavior**, leading to changes in thoughts, feelings, and actions
 - e.g., interpret others' actions differently, tolerate feared stimuli to learn they are not dangerous, increase activity outside the house



FOUR EXAMPLES



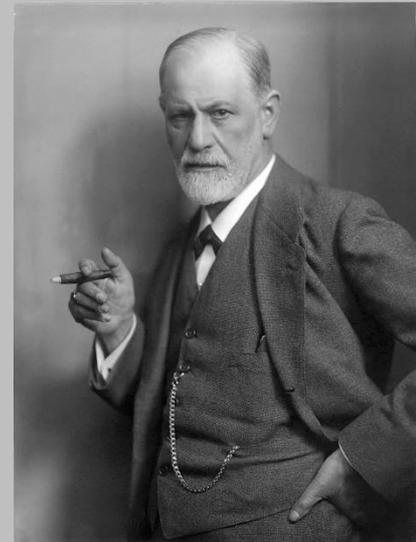
FOUR EXAMPLES

- Interpersonal psychotherapy (IPT)
 - well-researched psychotherapy, with indications for depression and eating disorders
 - ± manualized treatment \leq 15 sessions
 - focus is on modifying **social relationships** and understanding **emotions**
 - e.g., titrate social activity, resolve conflicts, experience affect in session
 - less widely practiced than CBT



FOUR EXAMPLES

- Psychodynamic psychotherapy
 - some research support, especially for chronic depression in the context of personality disorders
 - rarely manualized treatment may be > 50 sessions, usually once or twice a week
 - focus is on responding differently to previously **unconscious impulses**
 - e.g., investigate links between circumstances and uncomfortable affect, examine early history



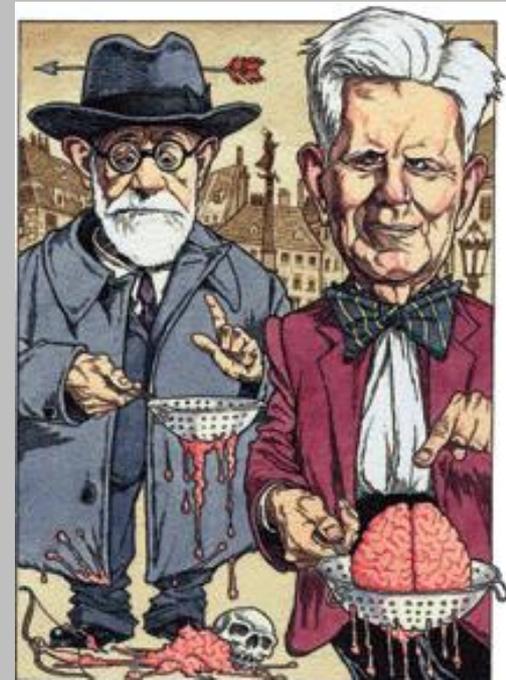
FOUR EXAMPLES

- Eye movement desensitization and reprocessing (EMDR)
 - *some* support for the treatment of PTSD
 - manualized treatment often quite short
 - technique = **CBT** plus **rapid lateral eye movements** during imaginal exposure
 - research data suggest that eye movements are superfluous...placebo enhancement??



REFERRAL CONSIDERATIONS

- Research findings indicate that patients do best when they can choose among treatments.
- PCPs may or may not wish to devote extensive time to diagnosis...
- ...and can therefore refer to a large practice or...
- ...hedge their bets by referring to a CBT practitioner.



QUESTIONS
COMMENTS
DISCUSSION

