Understanding & Preventing Adverse Effects of Psychological Therapies

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Aims of presentation

- Outline the background to the research study
- Describe the AdEPT project
- Provide definitions of key terms & specify sources of adverse effects in psychological therapy
Background

- Adverse effects (and their variants)
  - Bergin (1963) Negative results revisited
  - Lilienfeld (2007) Treatments that cause harm
  - Barlow (2010) Negative effects of psychological treatments

- Reporting & monitoring in drug trials, not psychological therapies (e.g. Nutt and Sharpe, 2008).

- 5-10% of psychotherapy clients deteriorate; service user testimony on adverse effects

- Differences between professional & service user concern

- Limited information beyond knowing adverse effects occur
The AdEPT project - aims

- Funded by the National Institute for Health Research (NIHR)
  Research for Patient Benefit Programme (RfPB)

- Service users involved - design of study and research
  - Evidence review - what is known about potential adverse effects & what can be done to minimise harm
  - Better estimation of potential for harm
  - Understand clients & therapists experiences of failed therapies
  - Develop & test support tools for clients, therapists & service managers
Research on adverse effects of psychological therapies still in its infancy

Sporadic interest limited to narrative reviews, research summaries & discussions

Interest and accounts from service users – little demonstrable influence

Research and practice recommendations seldom acted upon systematically (by researchers, clinicians, policy makers)

Trial reporting is patchy at best:
- Methods used to determine adverse effects vary; not standardised
- No routine evaluation of clinical practice
- Don’t report deterioration rates, only average change in each group
Sources of adverse effects

- Therapies
  - Techniques that carry greater risk; CISD

- Therapists
  - Errors, incompetence, malpractice & personality factors

- Therapeutic relationship
  - E.g. alliance ruptures

- Patient characteristics
  - Diagnosis, e.g. borderline personality disorder

- Interactions between these
Definitions

- **Deterioration**
  Feeling worse rather than better after therapy, assessed in terms of one or more specific outcome measures, i.e. statistically reliable change in an unfavourable direction

- **Adverse events**
  Serious episodes during the course of therapy (e.g. suicide, severe self-harm, harm to others or homicide)

- **Adverse effects**
  A negative impact of therapy, either on a measurable outcome but also in terms of subjective evaluation. The effects could be minor (i.e. not amounting to harm) or severe

- **Harm**
  Therapy is the main cause of significant personal distress, suffering or injury; where a significant deterioration in someone’s psychological condition is directly caused by the therapy
Mapping the literature: Conclusions

- Therapists & clients should benefit from attending to the possibility that therapy may be harmful.
- Need for greater conceptual clarity.
- Methods for tracking patients’ progress are available & may prevent deterioration or treatment failure.
- Clinical trials should report deterioration rates.

This is an under-researched area....lots of conjecture but few good empirical studies.
Estimating the risk of deterioration & unplanned endings (WP2)

- Large routine datasets - explore the rate of statistical deterioration (change scores greater than possibly due to measurement error)
  - pre-IAPT, CORE-ND (national dataset) , IAPT
- Examine rates of deterioration & drop-out/unplanned endings
- Potential predictors:
  - Therapist variation
  - Socio-demographic variables
  - Type and severity of presenting problem
  - Type of therapy undertaken
Estimating the risk of deterioration (WP3)

- Re-analysis of data from trials cited in NICE guidelines & Cochrane reviews
  - Seek collaboration from Principal Investigators of trials
  - Obtain data on numbers of patients deteriorating in psychological therapy & non-therapy control groups
  - Re-analysis of deterioration rates across trials of same condition and overall
Understanding experiences when therapy ‘goes wrong’ (WP4)

- Therapists & clients - Short questionnaire
- Maximum variation sample: therapy setting, therapy type, prior experience of therapy, use of other services, age, sex and ethnicity
- In-depth semi-structured interviews
- Thematic analysis - Interpretative Phenomenological Analysis (IPA)
- Validation of themes through focus groups

To take part as a therapist or a client, go to:
www.shef.ac.uk/scharr/sections/hsr/mh/mhresearch/adept
Practical tools to reduce risk (WP5)

Based on findings from previous work, examples include:

- standardised report format for poor outcomes
- web-based decision support tool to inform & empower clients
- simple-to-use case tracking method for practitioners
  - plus clinical support tools

Designed to protect patients from harm resulting from:

- starting therapy without understanding what is involved
- lack of clinical governance oversight of poor outcomes
- therapists’ lack of competence
- being disempowered from leaving a failing therapy
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