Consumer Report's Study Provides Good News For Psychotherapy

by Martin E.P. Seligman, Ph.D.

In a survey of *Consumer Reports* magazine readers, nearly nine out of 10 respondents who had sought mental-health care said their condition had improved significantly after psychotherapy treatment, and the majority were highly satisfied with the care they received.

The main methodological virtue of the *Consumers Reports* study is its realism: It assessed the effectiveness of psychotherapy as it is actually performed in the field with the population that actually seeks it, and it is the most extensive, carefully-done study to do this. Findings of the survey, whose results are published in the magazine's November issue, show that:

- The longer people stayed in therapy, the more they improved.
- Readers who sought help from their family doctor tended to do well. But people who saw a mental-health specialist for more than six months did much better.
- People were just as satisfied and reported similar progress whether they saw a psychologist, social worker or psychiatrist. Those who consulted a marriage counselor were somewhat less likely to feel they'd been helped.
- People who received only psychotherapy improved as much as those who got psychotherapy combined with medication (such as Prozac or Xanax). Most people who took such drugs felt they were helpful; but almost half reported side effects.

Questions and Respondents

Consumer Reports included a section about psychotherapy and drugs in one version of its 1994 annual questionnaire, along with its customary inquiries about cars and appliances (See Table 1 for information sought). *Consumers Report* asked readers to fill out that section "if at any time over the past three years you experienced stress or other emotional problems for which you sought help from any of the following: friends, relatives, or a member of the clergy; a mental health professional like a psychologist or a psychiatrist; your family doctor; or a support group." Approximately 7,000 subscribers responded. Of these, 2,900 saw a mental health professional: Psychologists (37 percent) were the most frequently seen mental health professional, followed by psychiatrists (22 percent), social workers (14 percent) and marriage counselors (9 percent).

The respondents, as a whole, were highly educated, predominantly middle class, about half were women, and they had a median age of 46.

Analysis

The data set was a rich one, probably uniquely rich, and the data analysis was sophisticated. Because I was privileged to be a consultant to this study and thus privy to the entire dataset, much of what I now present will be new to you even if you have read the article carefully. *Consumer Report's* analysts decided that no single measure of therapy effectiveness would suffice and so created a multivariate measure. This composite had three subscales consisting of:

- Specific improvement,
- Satisfaction, and
- Global improvement.

Each was transformed and weighted equally on a 0-100 scale, resulting in a 0-300 scale for effectiveness. The statistical analysis was largely multiple regression with initial severity and duration of treatment (the two biggest effects) partialled out. Stringent levels of statistical significance were used. There were a number of clear-cut results, among them:

Treatment by a mental help professional usually worked. Most respondents got a lot better. Averaged over all mental health professionals, of the 426 people who very feeling "very poor" when they began therapy, 87 percent were feeling very good, good or at least so-so by the time of the survey. These findings converge with meta-analyses of psychotherapy efficacy.

Long-term therapy produced more improvement than short-term therapy. These results were robust, and held up over all statistical models. Figure 1 plots the overall rating (on the 0-300 scale defined above) of improvement as a function of length of treatment. This dose-response curve held for patients in both psychotherapy alone and in psychotherapy plus medication.

Other Findings:

- There was no difference between psychotherapy alone and psychotherapy plus medication for any disorder (very few respondents reported that they had medication with no psychotherapy at all).
- While all mental health professionals appeared to help their patients, psychologists, psychiatrists and social workers did equally well and better than marriage counselors. Their patients' overall improvement scores (0-300 scale) were 220, 226, 225 (not significantly different from each other) and 208 (significantly worse than the first three) respectively.
- Respondents whose choice of therapist or duration of care was limited by their insurance coverage did worse.
- No specific modality of psychotherapy did any better than any other for any problem.

These results are obviously good news for the practicing psychotherapist. The most credible consumer publication in America has strongly endorsed psychotherapy. In fact, not since their review of the first Lexus can I remember such strong and unambiguous praise in this usually sober publication.

Moreover, *Consumer Reports* takes on the insurance industry, suggesting that long-term psychotherapy is highly effective and woefully undercovered, if covered at all. Detractors of psychotherapy, drug companies, managed care companies and insurance companies are

likely to look for holes in this study. So before it can be dismissed as methodologically "unsound" or as a superficial survey of client "satisfaction," I want to emphasize that this study cannot be easily dismissed on such grounds.

Methodological Virtues

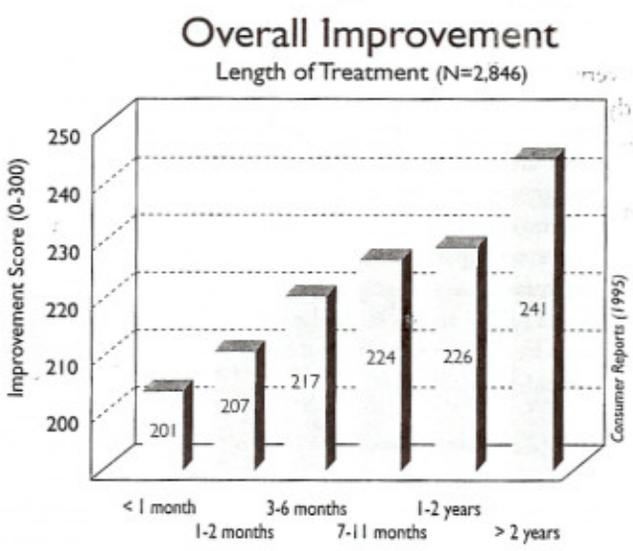
Sampling: This survey is, as far as I have been able to determine, the most extensive study of psychotherapy effectiveness on record. The sample is not representative of the United States as a whole, but my guess is that it is roughly representative of the middle class and educated population who make up the bulk of patients of independent practitioners. Importantly, the sample represents people who chose to go to treatment for their problems, not people who do not "believe in" psychotherapy or drugs.

Treatment Duration: *Consumers Reports* sampled all treatment durations from one month or less through two years or more. Because the study was naturalistic, treatment, it can be supposed, continued until the patient was better, gave up unimproved or coverage ran out. This, by definition, mirrors what actually happens in the field. In contrast to all controlled "efficacy" studies, which are of fixed treatment duration regardless of how the patient is progressing, the *Consumers Report* study informs us about treatment effectiveness under the duration constraints of actual therapy.

Self-correction: Because the study was naturalistic, it informs us of how treatment as it is actually performed — without manuals and with self-correction when a technique falters — works. This also contrasts favorably to efficacy studies, which are manualized and not self-correcting when a given technique or modality fails.

Quality of Life: The study measured self-reported changes in well-being, insight and growth, in addition to improvement on the presenting problem. The main findings held for these "quality of life" measures as well as for symptom relief. For example, long-term treatment produced better quality of life scores than short-term treatment, and mental health professionals did better than family doctors on quality of life scores as well as symptom reduction for treatment which lasted longer than six months. Since improvement in quality of life, as well as symptom relief, is almost always a goal of actual treatment, but rarely of efficacy studies, the *Consumers Report* study adds to our knowledge of how treatment does beyond merely remedying a disorder.

Figure 1



Clinical Significance: There has been much debate about how to measure the "clinical significance" of a treatment. Efficacy studies are designed to detect statistically significant differences between a treatment and control groups, and an "effect size" can be computed. But what degree of statistical significance is clinical significance? How large an effect size would be humanly meaningful to a patient in an efficacy study? The *Consumer Report* study leaves little doubt about the human significance of its findings, since respondents answered directly about how much therapy helped — from "made things a lot better" to "made things a lot worse." Of those who started out feeling very poorly, 54 percent said treatment "made things a lot better" and another one-third said it "made things somewhat better."

Bias: *Consumer Reports* is about as unbiased a scrutinizer of goods and services as exists. They have no axe to grind for or against medications, psychotherapy, insurance companies, family doctors, AA or long-term treatment. They do not care if psychologists do better or worse than psychiatrists, marriage counselors or social workers. They do not accept advertisements. They have a track record of loyalty to consumers and consumers only.

Summary

In summary, the main methodological virtue of the *Consumers Reports* study is its realism: It assessed the effectiveness of psychotherapy as it is actually performed in the field with the population that actually seeks it, and it is the most extensive, carefully-done study to do this. It is now up to us, to the American Psychological Association and to our other professional organizations to communicate these findings forcefully to Congress, to the insurance industry and, most of all, to the American public. Ψ

Dr. Seligman is professor of psychology at the University of Pennsylvania, where he directed the clinical training program for 14 years. He is the author of Helplessness (1975), Learned Optimism (1991) and The Optimistic Child (1995). He was named a "Distinguished Practitioner" by the National Association of Practitioners and has received four "Distinguished Scientific Contribution" awards from the American Psychological Association and the American Psychological Society. He is a candidate for President of the American Psychological Association and will be a master lecturer at CPA's 1996 convention.

Longterm therapists ecstatic, efficacy study advocates lament *CR* study

Despite the glowing account in the November 1995 issue of *Consumer Report* about the public's perception of psychotherapy, the psychology community reacted with emotions that ranged between near-ecstacy and disappointment.

Interviewed six weeks after the article which he helped orchestrate was published, Martin Seligman, Ph.D., professor of psychology at the University of Pennsylvania, said longterm psychotherapists were elated because the article revealed that patients did worse when the duration of their therapy or choice of therapist was limited by insurance or managed care.

On the flip side were psychology traditionalists who favor "efficacy" or laboratory distillations of therapy that use manuals and fixed durations of treatment over "effectiveness" studies—the latter being *Consumer Report*'s research methodology. Seligman himself wrote in a recent article in the *American Psychologist* that his work with *Consumer Report* has taught him no longer to believe that "efficacy studies are the only, or even the best, way of finding out what treatments actually work in the field."

Martin Seligman, Ph.D.

Further, he wrote: "I have come to believe that the 'effectiveness' study of how patients fare under the actual conditions of treatment in the field, can yield useful and credible 'empirical validation' of psychotherapy and medication. This is the method that *Consumer Report* pioneered."

The CR study was mailed to 180,000 of the magazine's five million subscribers, requiring about a year to complete. About 22,000 persons responded, and nearly 7,000 said they had sought help. The largest number had seen a psychologist, 37%; 22% had visited a psychiatrist; 14%, a social worker, 9%, a marriage counselor; 1% a psychiatric nurse; and 17%, a counselor or other therapist.

The CR study found that more than 90% of people treated with psychotherapy improved, most of them markedly, and that longterm psychotherapy did much better than shortterm therapy.

Mark Kotkin, manager of survey research for *Consumer Report*, said response to the article was sizable but not exceptional. "It was generally positive," he said. "People wanted more information than we published. We had inquiries about pastoral counselors, specific therapies, Alcoholics Anonymous, and more."

Seligman said he also heard from faculty who tout master level training in psychology, an important concern since managed care organizations prefer to hire low cost providers as a cost-cutting measure.

As a sequel, Seligman encourages a study of master's and Ph.D. providers. "I suspect it would show rather large differences on major outcome variables," he said. "No one has done such a study. It's in APA's best interest to do it."

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Despite opinions expressed to him by efficacy study advocates that the CR study is merely a satisfaction survey and is not about real disorders nor is a random sample, Seligman propounded this view:

"While it's not random sampling and doesn't represent America as a whole, it is a quite representative sampling of Americans who seek out independent practice... it's about educated Americans making reasonable choices."

Seligman said the study was a self-report which could be improved, but "90% of diagnosis depends on self-report. It's the diagnostician's translation of what patients tells us when they are depressed.

He held that retrospection, while an important objection, has been Consumer Report's way of conducting surveys for 30 years, whether involving insurance companies, airlines, doctors, or others enterprises. If such studies had been off-base, he thought, *CR* would have been out of business long ago. "My view of retrospection is that therapy either helped or didn't, and that retrospection amplifies the result."

Seligman believes that efficacy study proponents are wary about it because of the survey methodology. "I find them (scientists) saying: 'This is Game One of the World Series.' But it's the direction of psychotherapy doing a massively good job, and now, to improve this study we should conduct a similar, longitudinal study which is not retrospective, has diagnostic components, and is not just self-report.

"I hope that's the direction we'll be going during coming years."

C.E.

Compliance With Antidepressant Medication Treatment

by John Preston, Psy.D.

Compliance with medical treatment, in general, is marginal. This is especially so in the treatment of clinical depression. Claims that depression can be successfully treated in 80 percent of patients assumes compliance with prescribed treatment. Unfortunately, such compliance is likely to be the exception, rather than the rule.

Several factors undoubtedly contribute to poor compliance rates and the large number of treatment failures:

- Depressed patients are already in a state of significant emotional despair and are often exquisitely sensitive to aversive events. This often becomes evident in treatment of depressed patients who may encounter even very minor side effects and then abruptly stop taking antidepressant medications.
- Antidepressant medications typically require two to four weeks of treatment before the onset of clinical effects. Many demoralized depressed patients, noticing no improvement during the first few days or weeks of treatment, abandon hope and discontinue treatment long before positive effects can be realized.
- Most, if not all, depressed patients (even those with largely "biologically based" depressions) want and need to talk about their feelings and life experiences. In these days of quick fixes and assembly line mental health treatment, it is all too tempting for physicians to prescribe pills and neglect psychotherapy. This approach not only side-steps the important role of human interaction and psychotherapy, in addition it can put patients in a position of passivity (i.e. pill taking as a form of compliance in a decidedly unbalanced relationship of "powerful doctor, sick patient"). A good deal of the literature regarding depression has focused on the role of passivity, helplessness and powerlessness in the genesis of depression. A strictly pharmacological approach may inadvertently throw gasoline on this fire.
- "Taking pills" has a lot of personal meaning. For many, it implies that you are sick. For others, it is a sign of personal weakness. The suggestions made by the therapist to consider antidepressants, may be interpreted as a message that "I don't want to talk to you" or "You are so ill that psychotherapy alone is not enough." Whether processed consciously or at an unconscious levels these personal meanings may powerfully determine whether a person decides to take antidepressants as prescribed, or to stop treatment.

What Can Be Done to Enhance Compliance?

For starters, it may be best to adopt a different terminology. As Donald Meichenbaum (1987) has suggested, the term "compliance" may bring to mind images of Stanley Milgrim, and can imply passivity. Possibly the term "treatment adherence" would be more appropriate, suggesting that the therapist and client discuss treatment options and mutually agree to a treatment plan. The emphasis here is on the concept of choice. None of our clients need to be coerced, especially our depressed clients. At the heart of successful medical treatment of depression is empowering the patient and enlisting him or her as an active partner in treatment. It is especially crucial to have good channels of communication regarding medication effects (positive and adverse effects). Many side effects can be successfully managed (nipped in the bud) and addressing these early on is important for successful outcome. The longer patients must wait for symptomatic improvement, the greater the likelihood of drop-out. So if side effects can be dealt with as they arise, one may be able to avoid premature discontinuation.

Important information to share with all clients who are prescribed an antidepressant, include the following:

- Antidepressants are not addictive.
- Antidepressants are not stimulants or "happy pills."
- Antidepressants must be taken on a regular basis if they are to be effective.
- Side effects can occur, but are typically minor and can be managed.
- All antidepressants must be taken for a period of two to four weeks before positive effects occur. Thus it is important to be patient and keep taking medications even though you will not notice symptom improvement for a few weeks.
- Always share any concerns with your doctor or therapist. Not all antidepressants work for all people. Thus if the first treatment is not effective, please be assured that a number of bther medication options exist and can be tried.
- Almost always, medication alone is not enough. Psychotherapy (with or without medical treatment) has been shown to be very effective in treating depression. Once depressive symptoms subside, do not discontinue medications. Please consult your treating doctor. Typically people are treated for a period of six months after recovery from depression to help prevent relapse.
- Medical education for patients, unfortunately, often does not dramatically increase compliance (especially if this is done in a curt, abbreviated fashion or the patient is simply handed

an "information sheet"). Information about medical treatment (e.g. what to expect, side effect, etc.) can be helpful but is best delivered by a live human being. The therapist needs to take time to discuss medical treatment in detail with his/her client. This can provide an opportunity for questions and answers, and very importantly can allow for a discussion of worries and concerns regarding medication treatment (that are commonly felt but rarely spontaneously voiced by our depressed patients).

- Additionally, the relationship between the clinician and client may be the crucial ingredient in treatment adherence. It matters a lot to feel genuinely understood and cared about. Ψ

REFERENCES

1. Preston, J. D., O'Neal, J. O. & Talaga, M. (1994) *Handbook of Psychopharmacology For Therapists*. New Harbinger Publications, Oakland.
2. Meichenbaum, D. and Turk, D. (1987) *Facilitating Treatment Adherence: A Practitioner's Handbook*. Plenum, N.Y.