

# Psychotherapy between practice and research

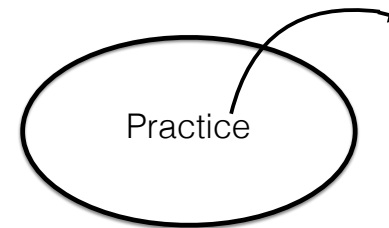
Omar C. G. Gelo

University of Salento (Italy)  
Sigmund Freud University (Austria)

[omar.gelo@unisalento.it](mailto:omar.gelo@unisalento.it)

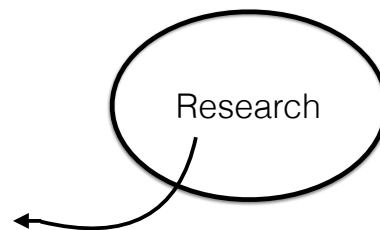
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## Beyond the limits



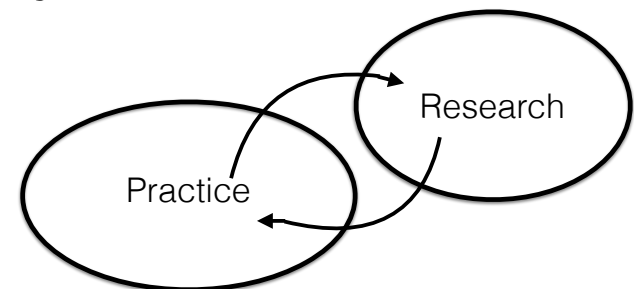
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## Beyond the limits



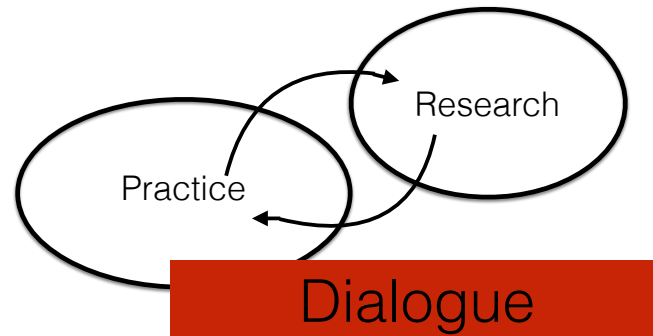
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## Beyond the limits



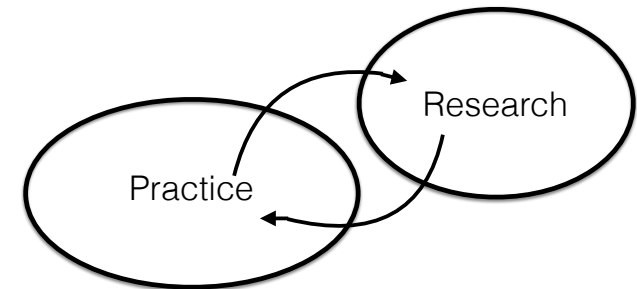
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# Beyond the limits



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# Beyond the limits



## NOT going beyond the limits:

- **Pros:** *Safety, stability, identity*
- **Cons:** May hinder *exploration* → *Adaptation*
- **Beyond the limits:** we need to know “*where*” to go, “*how*” and “*why*”

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# Problem

- Most of psychotherapy theories: supported and validated by means of *professional practice* (**practice-based knowledge**).
- *Pros:*
  - *very close to practice*
- *Cons:*
  - *biased by personal judgment* (e.g.: overestimation of success and underestimation of failure)

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# Problem

- Most of psychotherapy theories: supported and validated by means of *professional practice* (**practice-based knowledge**).
- On the contrary, still few attempts to validate and support psychotherapy theories by means of *empirical research* (**research-based knowledge**)
- *Pros:*
  - *offers a systematic 3rd person perspective*
- *Cons:*
  - *can be far away from practice*

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# Problem

- Most of psychotherapy theories: supported and validated by means of *professional practice* (**practice-based knowledge**).
- On the contrary, still few attempts to validate and support psychotherapy theories by means of *empirical research* (**research-based knowledge**)
- This situation is known as **Science-Practice Gap**, which hinders the development and dissemination of psychotherapy as a discipline

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# Problem (cont.)

- Reasons for the **Science-Practice Gap**:
  - **Methodological complexity** of research:
    - research design, data collection, data analysis
  - **Misconceptions about research** (from the side of practitioners):
    - research has little *clinical relevance* (RCTs; quantitative research in general; etc.)
  - **Misconceptions about practice** (from the side of researchers):
    - practice can be investigated by means of a few “elective”, *reductionistic* research approaches (RCTs; quantitative research in general; etc.)

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# My aim today

- 1) To address the science-practice gap in the field of psychotherapy
- 2) Suggest some strategies in order to reduce this gap → enhance the *development* and *dissemination* of both psychotherapy *practice* and *research*

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# Summary

- 1) Theory and Psychotherapy
- 2) Practice and Research
- 3) A short review
- 4) Empirical strategies
- 5) Conclusions
- 6) Questions and discussion

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# Summary

- 1) Theory and Psychotherapy
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# 1) Theory and Psychotherapy

- Theory:
  - organized set of knowledge allowing us to **make sense of our experience**
  - orient the way we **perceive, describe, and explain** different aspects of reality
- Theory and Psychotherapy:
  - theories of **psychosocial functioning** (i.e., how and why *human beings function*)
  - theories of **professional intervention** (i.e., how and why professionals should handle with clients in order to *alleviate their suffering and/or promote their well being*)

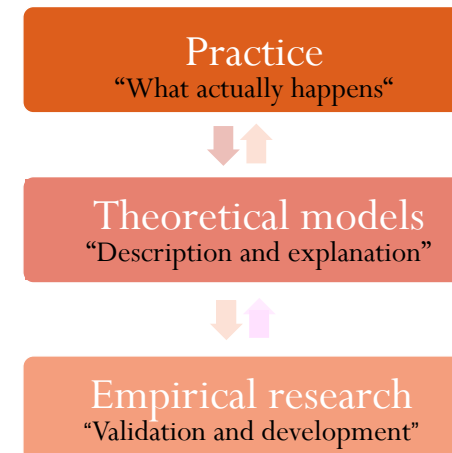
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# Summary

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# 2) Practice & Research



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## 2) Practice & Research



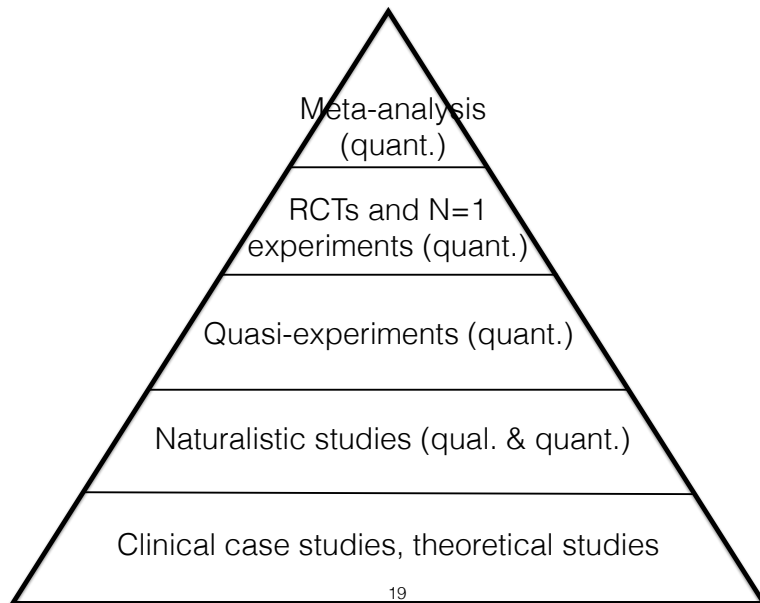
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## 2) Practice & Research



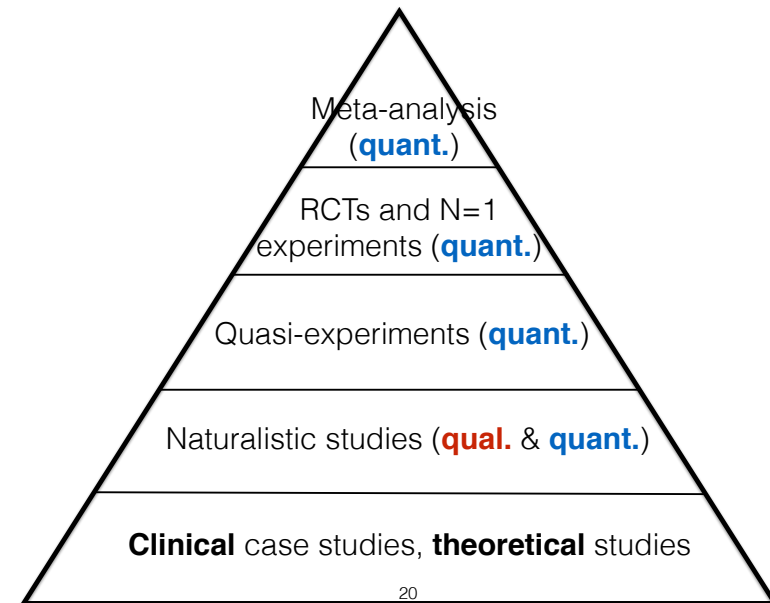
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## Hierarchy of evidence



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## Hierarchy of evidence

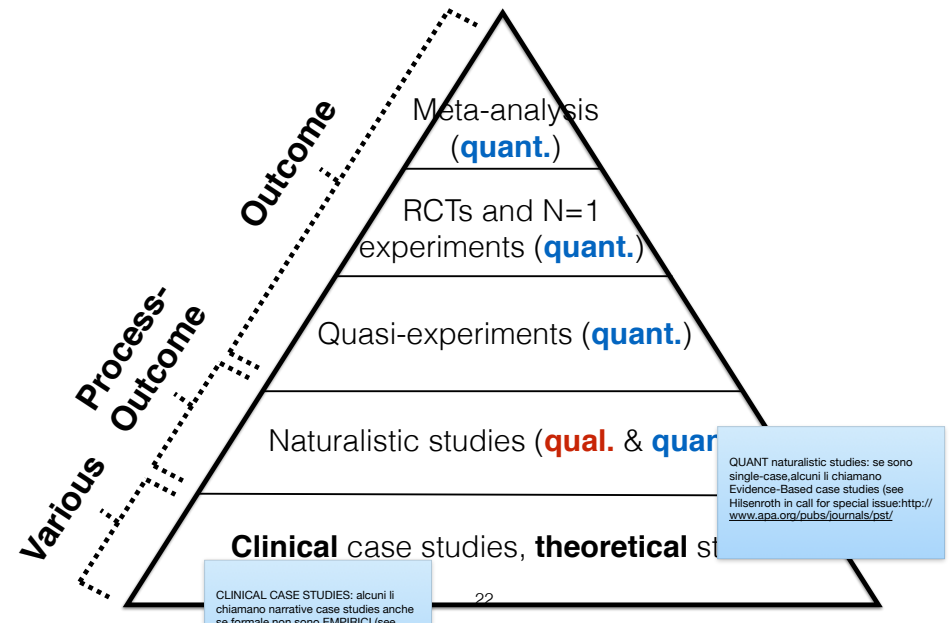


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Quantitative ( <i>Natural science</i> )	Qualitative ( <i>Human science</i> )
Objectivity	(Inter-)Subjectivity
Explanation	Understanding
Generalization	Contextualization
Experimentation	Field studies
Control	Sharing
Hypothesis testing	Hypothesis developing
Replicability	Uniqueness
Numbers	Words
Statistics	Interpretation

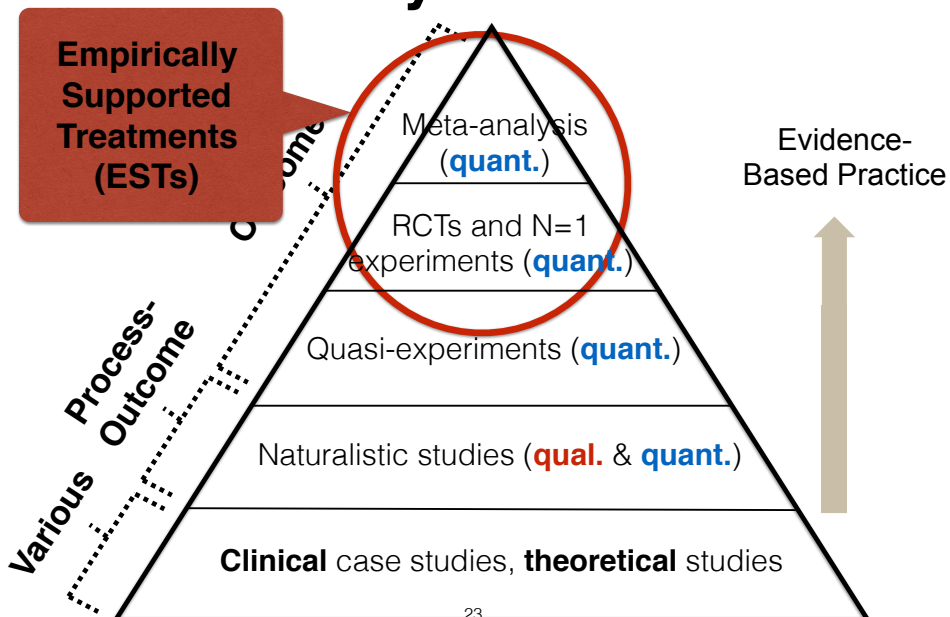
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## Hierarchy of evidence



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## Hierarchy of evidence



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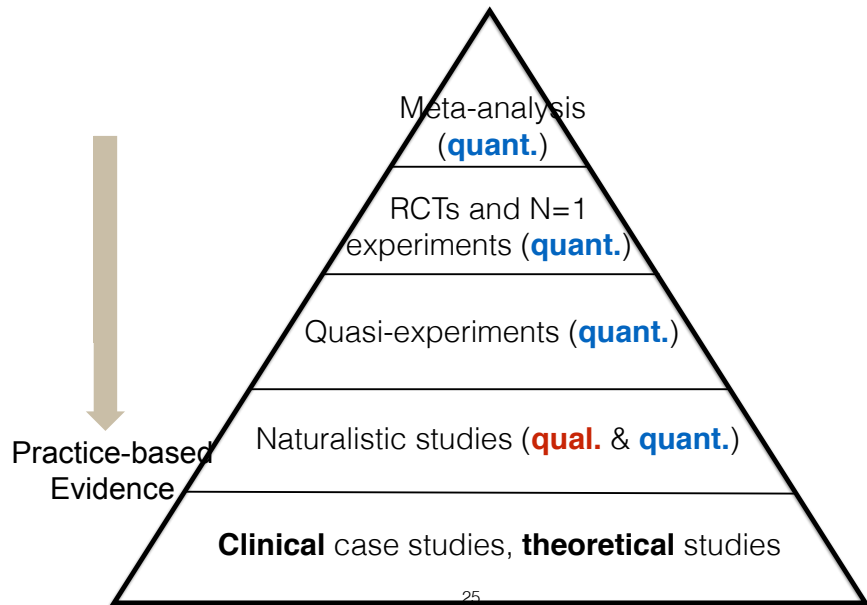
## Hierarchy of evidence

- Pros: high **internal validity**
- Cons: low **ecological validity**
- Relevant for **Health policy makers** (biased by a (post)positivistic culture)

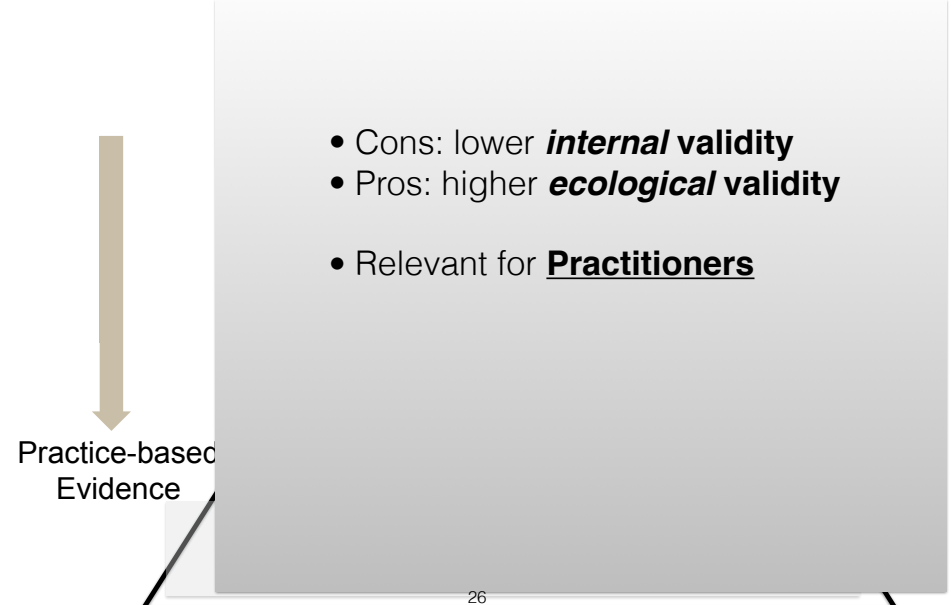
Evidence-Based Practice

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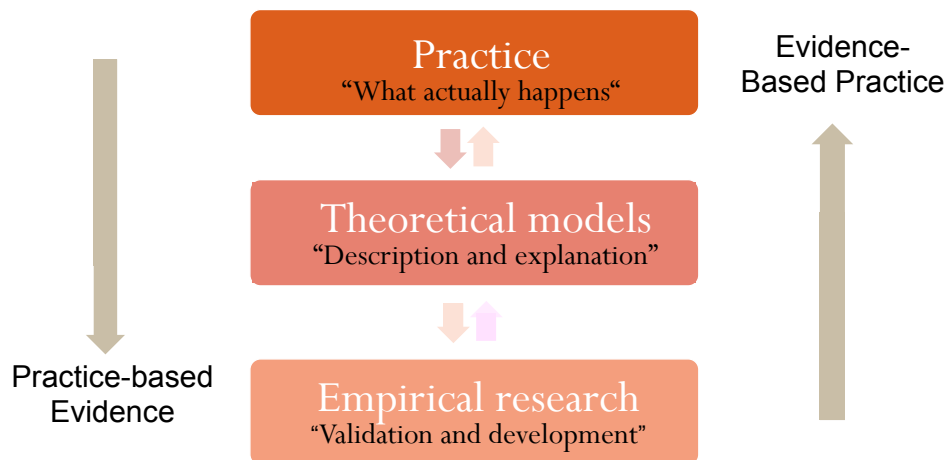
# Hierarchy of evidence



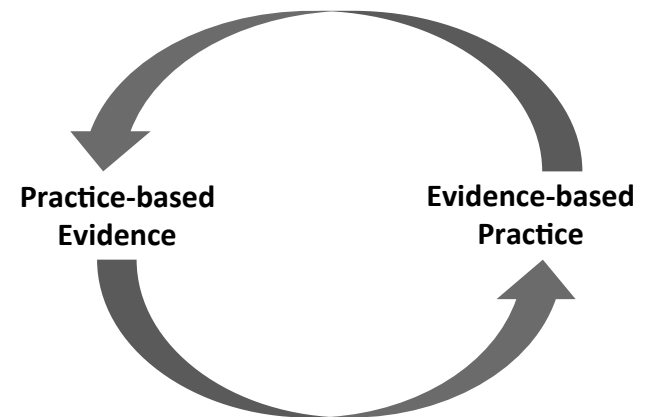
# Hierarchy of evidence



## 2) Practice & Research



## Ideal scenario

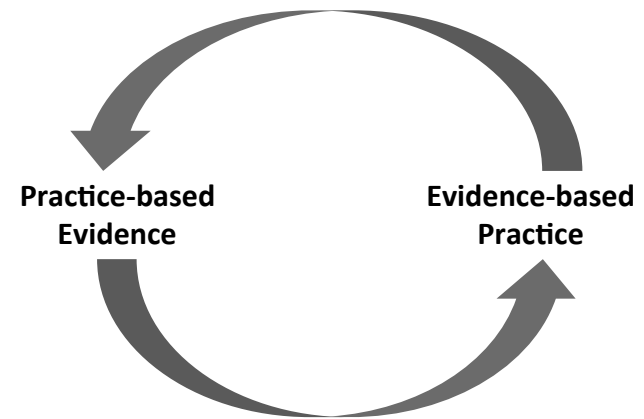


# Ideal scenario



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# Pluralism



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# Summary

- 1) Theory and Transactional Analysis (TA)
- 2) Practice and Research
- 3) A short review
- 4) Empirical strategies
- 5) Conclusions
- 6) Questions and discussion

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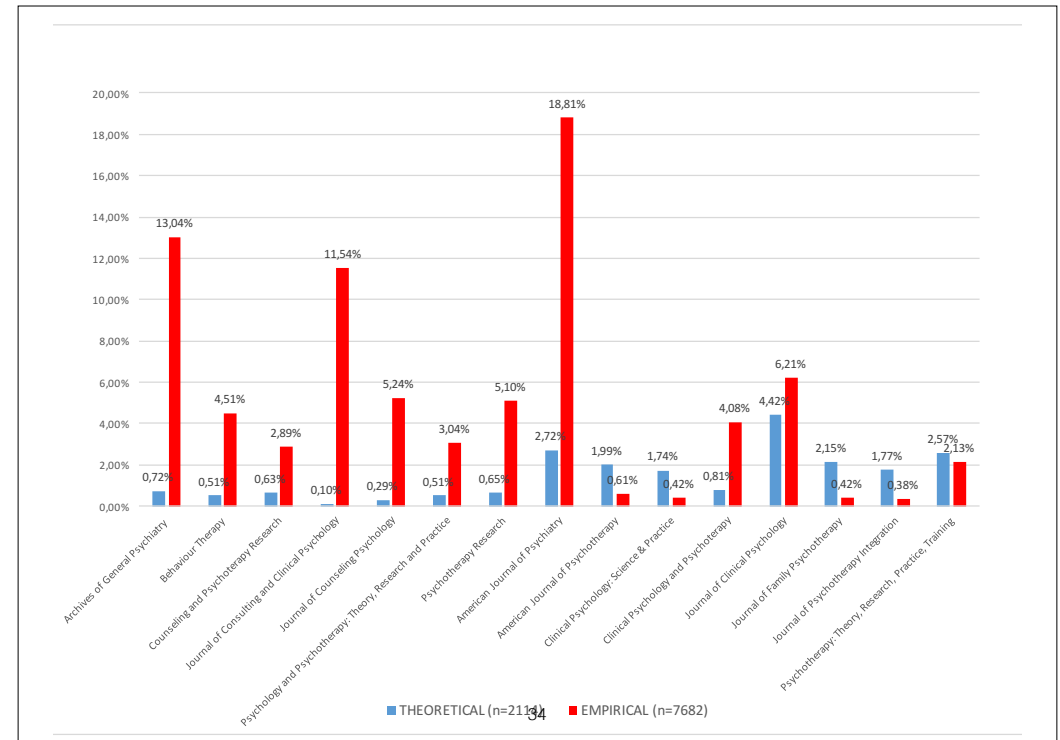
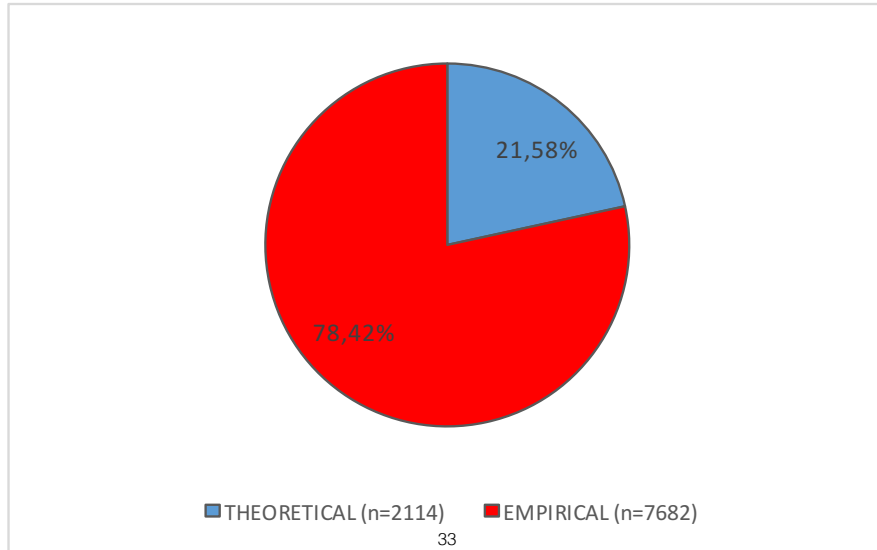
# A short review (2003-2013)

- **Sample (N = 14684 -> N = 9796):**
  - American Journal of Psychiatry
  - American Journal of Psychotherapy
  - Archives of General Psychiatry
  - Behavior Therapy
  - Clinical Psychology and Psychotherapy
  - Clinical Psychology: Science & Practice
  - Counseling and Psychotherapy Research
  - Journal of Clinical Psychology
  - Journal of Counseling Psychology
  - Journal of Consulting and Clinical Psychology
  - Journal of Family Psychotherapy
  - Journal of Psychotherapy Integration
  - Psychology and Psychotherapy: Theory, Research and Practice
  - Psychotherapy Research
  - Psychotherapy: Theory, Research, Practice and Training

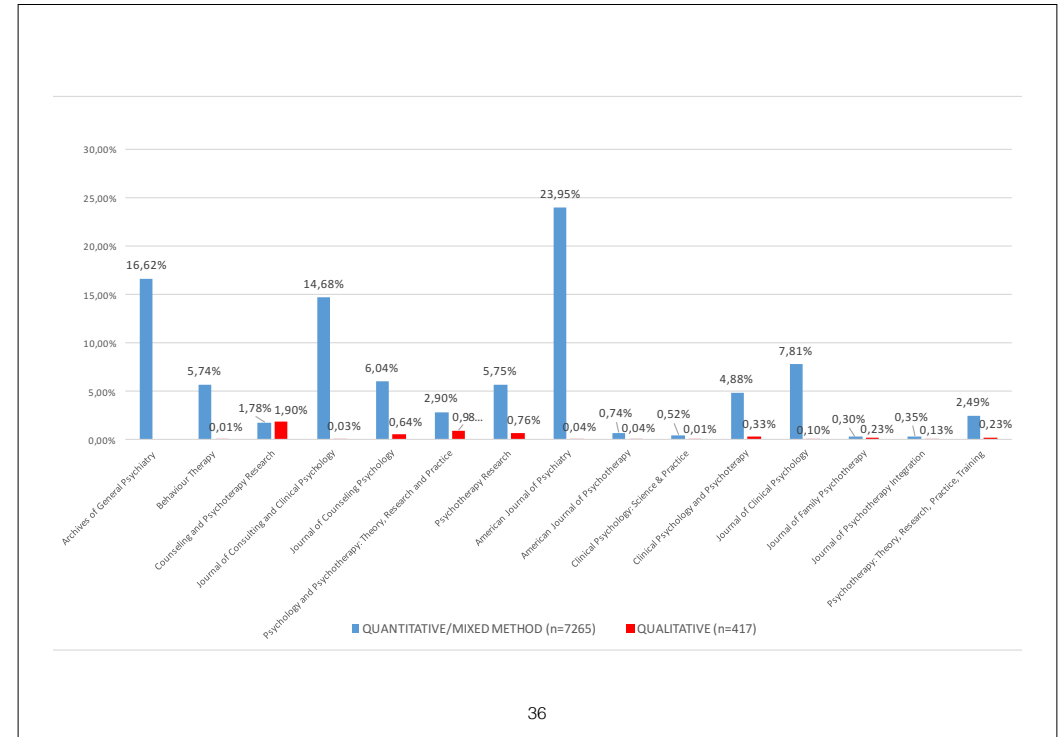
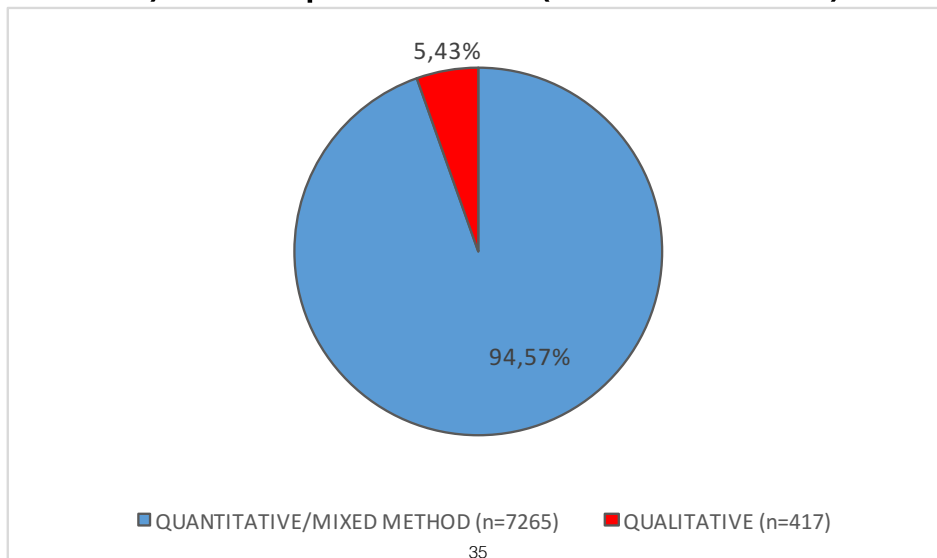
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# 1) Total sample (N=9796)



# 2) Empirical (N=7682)

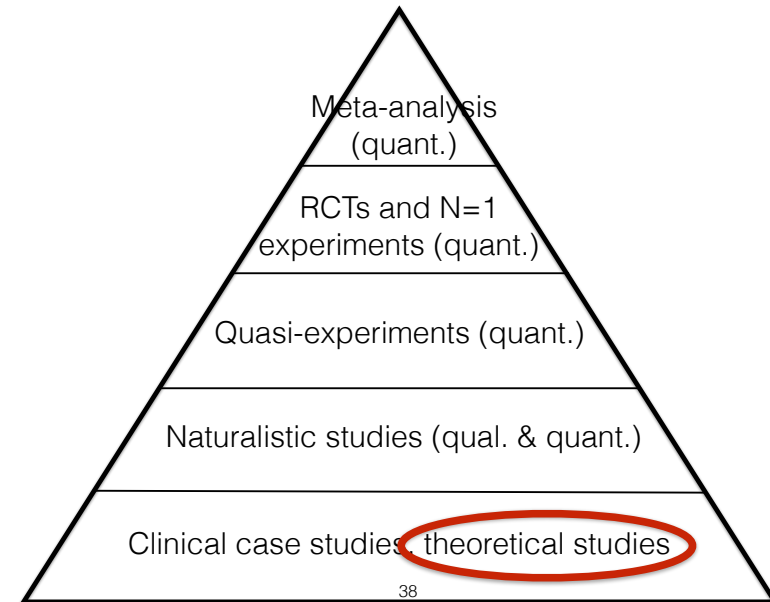


# Summary

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# Hierarchy of evidence



## 1) Theoretical studies

- **Epistemological paper:** discussing about philosophical assumptions underlying psychotherapy theory, practice and research. (E.g.: "The debate between quantitative and qualitative psychotherapy research"; "The social construction of psychopathology")
- **Methodological paper:** discussing about principles governing psychotherapy theory, practice and research. (E.g.: "Quantitative and qualitative methods in psychotherapy research"; "The methodology of clinical intervention")
- **Conceptual paper:** presenting and discussing a specific theory and/or empirical findings using as sources other papers/books which are not reviewed. (E.g.: „Transference and attachment behavior")
- **Literature review:** presenting and discussing an overview of theories and/or empirical findings about a theory using as sources empirical papers that are reviewed - systematically or less systematically. (E.g.: „Transference and attachment behavior: A review of the literature")

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## 1) Theoretical studies (cont.)

### Aims:

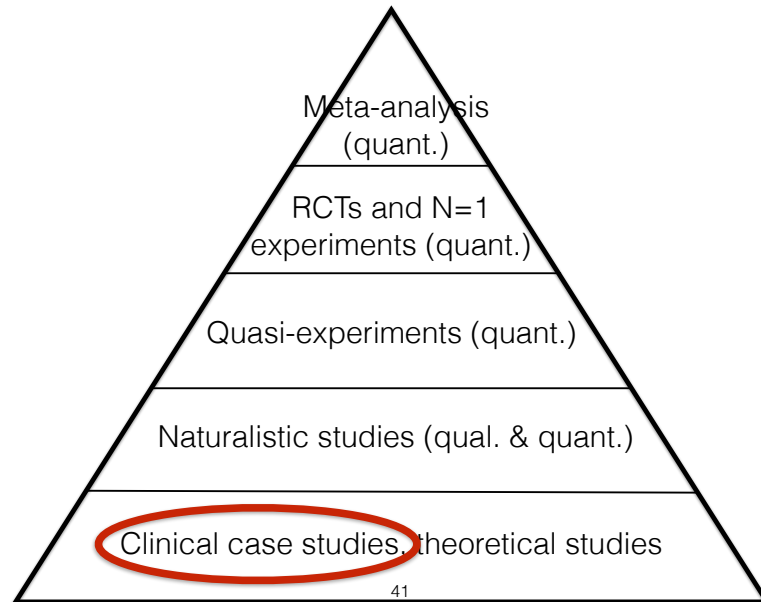
1. Theory construction/revision
2. Epistemological/Methodological/Conceptual innovation

### Tools:

- a) Collect **clinical** and **scientific literature**
- b) **Conceptual analysis** (logically necessary truths, coherence analysis, criticism)
- c) Draw **conclusions**

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## Hierarchy of evidence



## 2) Clinical (narrative) case studies

- Specific kind of **single-case study** (N=1)
- **Narrative** account of *intrasubject variability*
- **Clinical experience** of therapist is reported and discussed by means of *clinically-relevant examples* to sustain the ongoing argumentation
- Example: “An exceptional, efficient, and resilient therapist: A case study in practice-based evidence”

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## 2) Clinical (narrative) case studies (cont.)

### Aims:

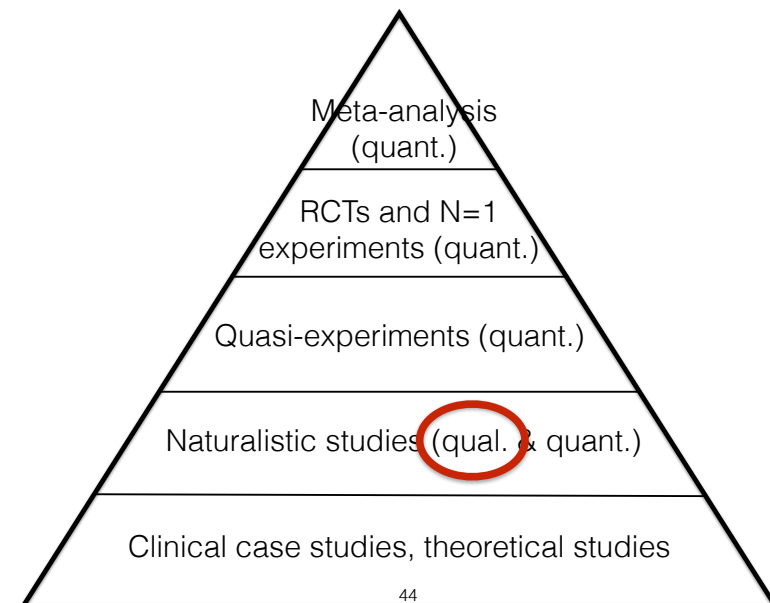
1. *Preliminary evidence*
2. *Increase understanding*
3. *Theory-building* (discovery-oriented approach)

### Tools:

- a) Formulate a **question**
- b) Go through the (clinical and scientific) **literature**
- c) Select and document a **case**
- d) Review the case material and **write a case narrative**
- e) **Analyze** the material (see the concept of “hermeneutic inquiry”)
- f) Sustain your argumentation by means of **clinical examples** taken from the material

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## Hierarchy of evidence



### 3) Qualitative studies (cont.)

- Use **intersubjective understanding** in order to *develop* theories about psychotherapy (change)
- Reflect a **constructivist-interpretivist** paradigm:
  - emphasize *emphatic participation* and *hermeneutic processes*
  - focus on the *individual, particular, in-depth*, and *contextual* nature of meaning

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### 3) Qualitative studies (cont.)

#### Aims:

1. In-depth exploration of **personal meaning** and **experiences** of clients, therapists, etc.
2. In-depth exploration of the **communicative (inter)actions** shaping the dialogue between clients, therapist, etc.

#### Tools:

- a) Formulate an **explorative** research question
- b) Gather a **small** sample
- c) Collect data by means of **open-ended** questions or observation (e.g., interviews, open questionnaires)
- d) Analyze data by means of **methodical hermeneutics** (e.g., content analysis, grounded theory analysis, conversation analysis)
- e) Sustain your argumentation by means of **demonstrative rhetorics** (use examples drawn from the analyzed texts)

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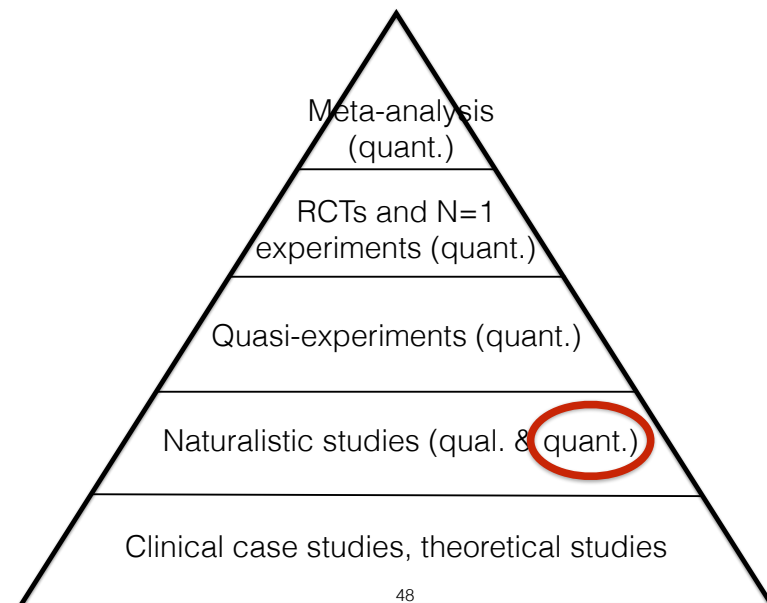
### Example: Helpful events within eclectic short-time psychotherapy

#### What was helpful in the sessions?

- I am addressed personally
- The presence of the therapist is helpful
- To talk helps me to distract myself
  - The „trances“ support me ←
  - The “pain diary” contributes to alleviating solutions ←
- Acknowledgment and praise help me in recognizing my resources

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### Hierarchy of evidence



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## 4) Quantitative naturalistic studies

- Use **statistics** in order to *objectively test* theories about psychotherapy (change) in **non-experimental settings**
- Reflect a **positivist-postpositivist** paradigm:
  - emphasize *statistical control* and *replicability*
  - **tend to** focus on the extensive nature of *general laws* (although also individuality can be studied; see N=1 studies)

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## 4) Quantitative naturalistic studies (cont.)

### Aims:

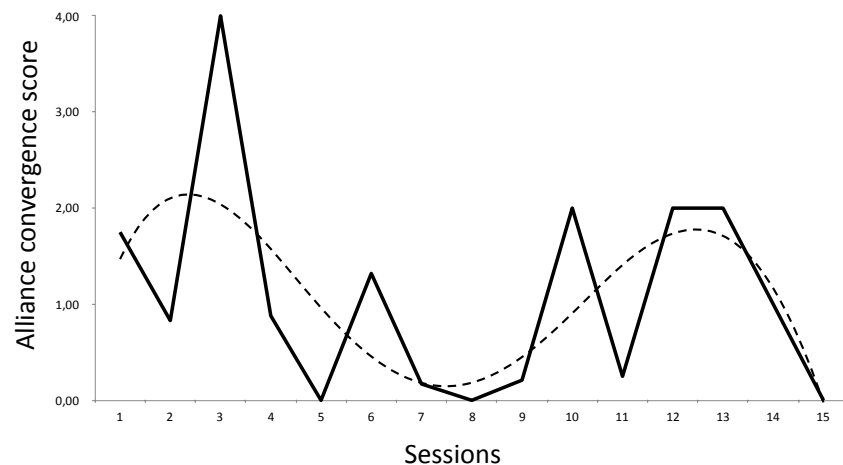
- Specific **hypothesis-testing** generated from theory about psychotherapy (change)

### Tools:

- Formulate a theory-driven **hypothesis**
- Gather a **medium to large** sample (although also N=1 studies are possible)
- Collect data by means of **closed-ended** questions or observation (e.g., standardized questionnaires, rating-scales) (see measurement systems)
- Analyze data by means of **statistics** (e.g., ANOVA, t-test, chi-squared)
- Draw conclusions based on the **refusal of the null hypotheses**

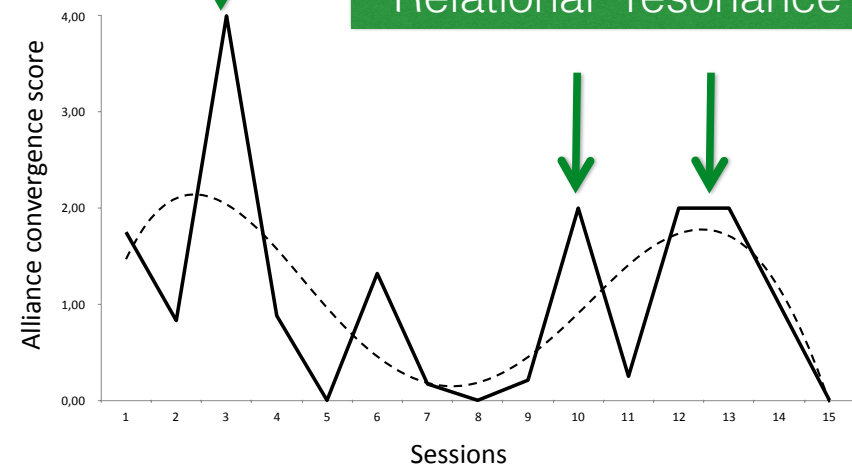
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### Example: Relational “resonance” in an outpatient clinic



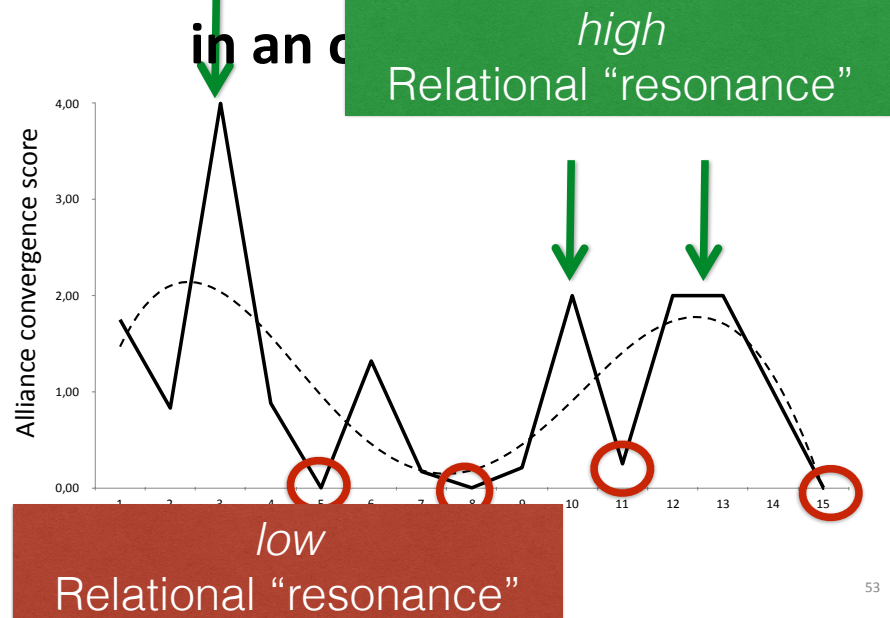
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### Example: Relational “resonance” in an outpatient clinic

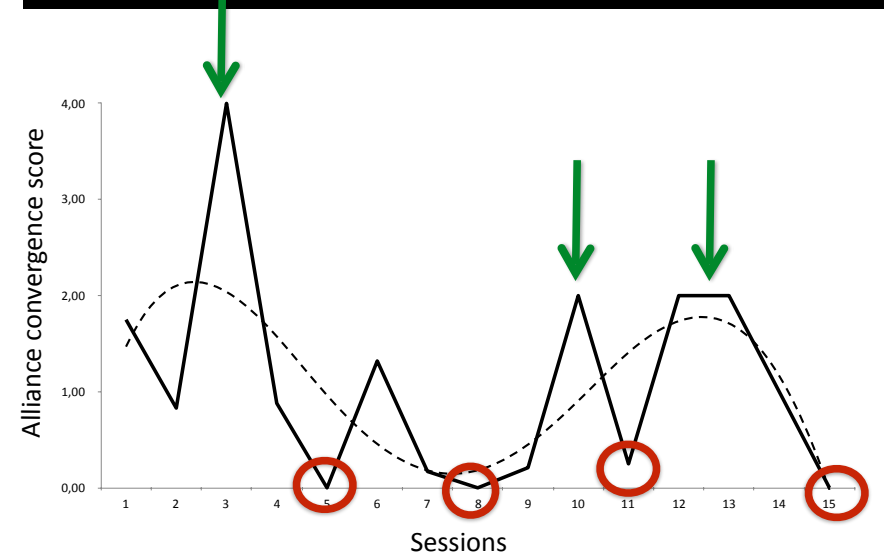


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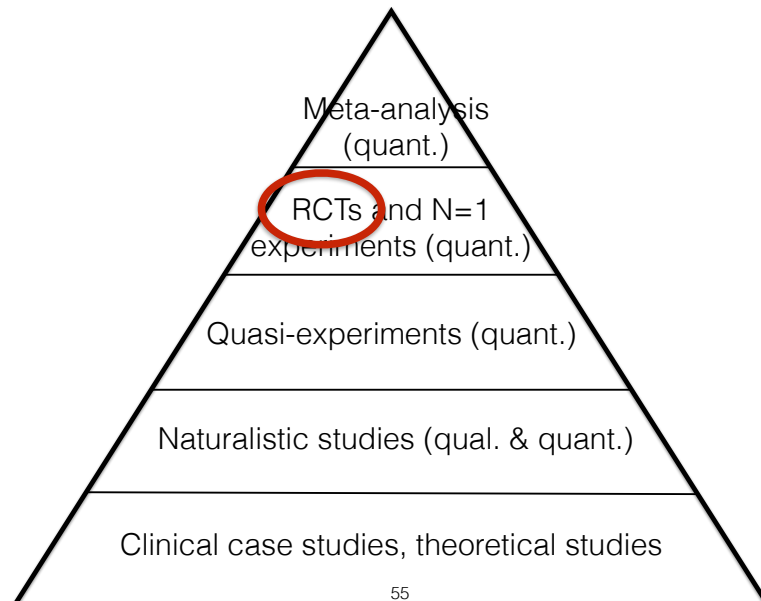
## Example: Relational “resonance”



## Use for feedback and benchmarking



## Hierarchy of evidence



## 5) Randomized Clinical Trials (RCTs)

- Use **statistics** in order to *objectively test* theories about psychotherapy (change) in **experimental settings**
- Reflect a **positivist-postpositivist** paradigm:
  - emphasize *experimental control* and *replicability*
  - focus **exclusively** on the extensive nature of *general laws* (although also individuality can be studied; see N=1 studies)

## 5) Randomized Clinical Trials (RCTs) (cont.)

### Aims:

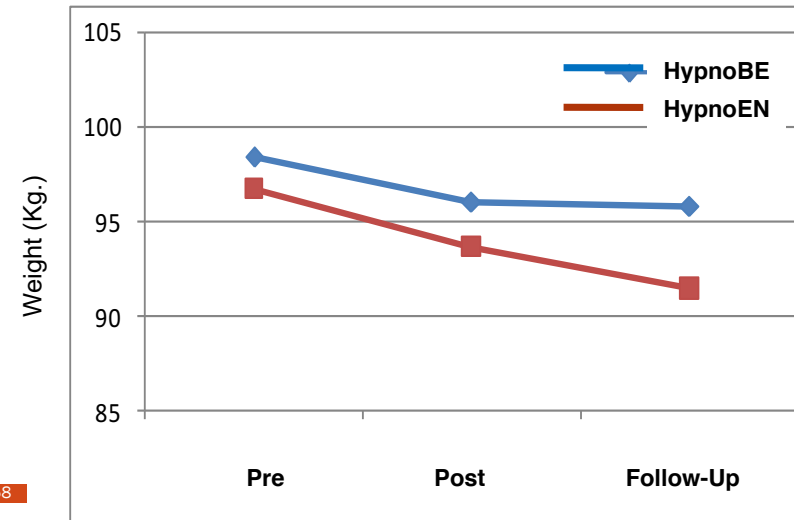
- Specific **hypothesis-testing** generated from theory about therapy efficacy

### Tools:

- Formulate a theory-driven **hypothesis** about efficacy
- Gather a **medium to large** sample
- Randomize** the subjects to the treatment groups
- Collect data by means of **standardized outcome measures** (e.g., questionnaires, rating-scales)
- Analyze data by means of **statistics**
- Draw conclusions based on the **refusal of the null hypotheses**

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## Example: Hypnobebehavioral vs. hypnoenergetic therapy for obese women



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## Conclusions

### 1. Extend the concept of “Evidence”:

- Evidence = not only through *RCTs* (EBP)
- Evidence = through more *ecological* and *practice-close* approaches (PBE)

### 2. Be a dialogical pluralist:

- Do not rely *only* on EBP or PBE to legitimate clinical practice
- Rely on each of them *interchangeably* (based on the needs)
- Engage with **diversity** (see the SFU PhD program):
  - If you endorse EBP, explore PBE (more theoretical, clinical cases, qualitative, naturalistic quantitative)
  - If you endorse PBE, explore EBP (more RCTs, quasi-experiments)

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# Conclusions

## 2. Be a dialogical pluralist (cont.):

- For psychotherapy **researchers**:
  - Do not ignore *clinical complexity*
- For psychotherapy **practitioners**:
  - Do not underestimate *methodological rigour*
    - Attend *research workshops/summer schools*
    - *Read* about research
  - Use research to inform your clinical practice (feedback systems)
- For psychotherapy **trainers**:
  - Refine *training curricula* with research issues

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# Conclusions

## 2. Be a dialogical pluralist (cont.):

- For psychotherapy journals **editors**:
  - review *editorial policy*

## 3. Create Networks:

- Set up/Get involved in *Practice Research Networks* (PRNs; i.e., multicentric practitioners-researchers collaborations)
  - For example: SPR-PRN on "*Therapist Training and Development*" (see our work here at the SFU)

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# Conclusions

Don't be scared of **diversity**

Don't be scared **to challenge your identity**

Don't be scared of **becoming**

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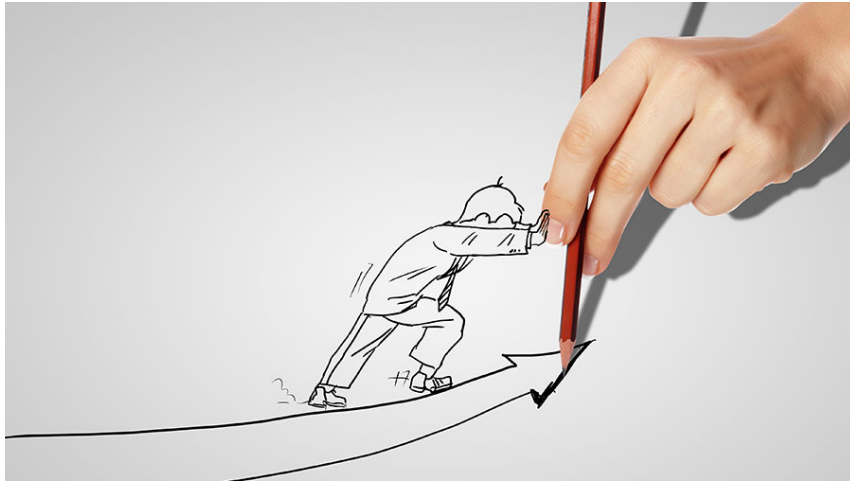
# Acknowledgments

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# Questions and discussion



Beyond the limits

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