

Psychotherapy Outcome and Quality Improvement: Introduction to the Special Section on Patient-Focused Research

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This article introduces the special section of the *Journal of Consulting and Clinical Psychology* on patient-focused research for improving the outcome of psychological therapies. After a discussion of the context, promise, and problems associated with this research domain, an overview of the contributions is offered.

This special section of *The Journal of Consulting and Clinical Psychology* covers the emerging trend toward patient-focused research aimed at quality management in psychotherapy. These research efforts represent research methodology that endeavors to improve psychotherapeutic outcome by monitoring patient progress and using this information to guide ongoing treatment. The growing area of patient-focused research may be distinguished from traditional psychotherapy outcome research by its focus on the individual patient rather than on outcome for groups of patients.

Patient-focused research builds on previous outcome research, which has traditionally been classified into two broad categories. The first is *efficacy research*, which focuses on clinical trials of specific therapies. These studies typically involve samples of patients who are relatively homogeneous with regard to their dysfunctional state and who are randomly assigned to treatment and control groups. In these studies, interventions are well-defined and include ratings of therapist competence and theoretical conformity within a given treatment regimen. These investigations are typically guided by a treatment manual and are marked by a relatively high degree of experimental control compared with more naturalistic studies. It is thus the goal of efficacy research to identify potential differences in treatment outcomes that are due to the systematic effects of specific treatments.

Efficacy studies have earned the reputation of being methodologically challenging and also very useful in identifying the most effective treatments for use in clinical practice. Indeed, the results of such investigations have been promoted as empirically supporting the use of a variety of psychotherapeutic interventions. Reviews of this body of research have found psychological treatments to be effective across a wide variety of disorders (Lambert & Bergin, 1994; Lipsey & Wilson, 1993; Smith, Glass, & Miller, 1980). It has been suggested that such research is at the core of identifying empirically supported practice (Kendall, 1998).

The second methodology is *effectiveness research*, which attempts to evaluate the degree to which therapies work in naturalistic settings (i.e. clinical practice) rather than in more experimen-

tally controlled settings. Thus, effectiveness research is concerned more with the ecological validity of the intervention and with the patient's improvement in typical treatment. This domain of inquiry is important because it seeks to understand the degree to which the findings discovered under highly controlled circumstances generalize to everyday practice. Because of the use of certain selection criteria used by efficacy research for both patients and therapists, the results of such studies may not be as applicable to the real world as would be desirable. Thus, effectiveness research can be seen as complementary to efficacy research because it explores the ecological validity of these experimental findings.

Effectiveness studies test generalizability of experimental findings to some degree by measuring the outcome of patients encountered in routine clinical practice. However, these investigations often lack adequate internal validity and may take the form of post hoc surveys, such as the recent *Consumer Reports* (1995) survey of consumer satisfaction with treatment. In addition to the limitations of the quasi-experimental procedures that are often used in effectiveness research (Cook & Campbell, 1979), it is often limited by examinations of the average response of a group of patients without concern for the improvement of individual patients. Although efficacy studies tell us something about the maximum effects of specific treatments under experimental conditions, effectiveness studies evaluate the real world validity of these conclusions.

Effectiveness research narrows the gap between research and clinical practice, but it still fails to directly address the concerns of clinicians in day to day practice, such as, Is my therapeutic approach working for this particular patient? Should I make a referral? Is it time to end therapy? Many of the issues surrounding efficacy and effectiveness research and their relevance to clinical practice have been debated in scientific and professional journals such as the *American Psychologist* (VandenBos, 1996), the *Journal of Consulting and Clinical Psychology* (Kendall & Chambless, 1998), and *Clinical Psychology: Science and Practice*, 1999, 6, 430-476 (Barlow, 1999). These reviews showed that researchers and clinicians vary in their opinions about the value of each of these methods used individually or in conjunction with each other. Mintz, Drake, and Crits-Christoph (1996), for example, argued that effectiveness studies can be carried out with considerably more rigor than surveys such as the *Consumer Reports* Study (1995); whereas Jacobson and Christensen (1996) argued that efficacy studies can incorporate many of the elements of effec-

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tive partnerships with practitioners and insurers. It illustrates a system that has developed directly out of the best practices of psychotherapy outcome research and also shows that the push for quality improvement is not limited to the United States or to a particular insurance system.

Finally, Barkham et al. (2001) present their work within the British healthcare system. As the reader will see, it has similarities to the American and German systems—although it is less well-established at present, it represents a developing system that may have a significant impact on psychotherapy as it is practiced in the United Kingdom. These researchers have gone to great lengths to include clinicians in the design of their quality management program. As a result, they have laid the groundwork for long-term success. Their work illustrates the possibilities for a countrywide collaboration that could speed progress in quality measurement by allowing comparisons across providers and services.

Following these articles, Beutler (2001) comments on the four systems, comparing them on several dimensions of interest, and notes their strengths and limitations. Additionally, he introduces his ongoing research program and provides yet another potentially important component of improving the quality of patient care. His system (which is under development and requires further validation) may prove to be a powerful addition to the previously discussed methodologies as it seeks to match specific treatment modalities with individual patients before monitoring the effects of treatment. In this regard, it is dissimilar to the other systems and involves treatment planning as a major focus.

I hope that this special section will promote cooperation among clinicians and researchers and highlight the enormous potential of patient-focused research for quality management. If these systems are supported by research, both clinicians and patients will benefit from the systematic feedback they provide and which may ultimately prove to be associated with ever-improving outcomes. Each of these parallel yet overlapping research programs should continue to produce findings that provide a rich source of new methodologies and clinical applications. These authors and I look forward to the reaction of the clinical and research communities and to their participation as co-contributors to research-based efforts to improve clinical care.

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