Journal of Complementary and Integrative Medicine

Volume 7, *Issue* 1 2010 *Article* 18

Possible Applications of Psychotherapy Outcome Research to Traditional Chinese Medicine

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Abstract

This paper proposes that psychotherapy has affinities with TCM that may be useful for our understanding of both. These affinities center on the way in which the doctor/patient relationship is viewed and the ways in which treatment is understood. Based on affinities between psychotherapy and TCM the paper further proposes that psychotherapy outcome studies may be applicable to TCM and enhance TCM research and practice. Psychotherapy outcome research studies have consistently demonstrated the significance of common factors associated with the therapeutic alliance in predicting outcomes rather than factors related to therapeutic models or strategies per se.

KEYWORDS: TCM and psychotherapy, efficacy of TCM treatment, evidence based practice, practice based evidence, common factors

Introduction

Though responding to a similar, if not identical, range of diseases and disorders there are significant differences in conception and practice between Traditional Chinese Medicine (TCM) and western medicine. Often referred to as an 'energetic medicine' TCM, as it is generally understood[1], seeks to address an imbalance in the flow of the life giving and sustaining *qi* energy in the body and between the body and its environment. This restoration of harmony and balance produces healing and curative effects. In contrast, western medicine focuses on the alleviation or elimination of symptoms understood to be reflections of underlying disease states or pathologies.

Not surprisingly because of their geographic and historic separation, the two approaches are based on different epistemologies and result in different methodologies and forms of practice. TCM tends to be based on a *phenomenological,* and, to a certain extent, *dialogical understanding* of knowing (Farquhar, 1994, p.69). Western medicine is firmly based in the *scientific model* and its associated *empirica*l method. It is not the intention of this paper to argue the relative merits of the two approaches. The likelihood is that both are valuable and may, in the end, have a great deal to learn from one another.

This paper proposes that psychotherapy, talking therapy as it is sometimes referred to, and TCM have affinities centering on the way in which the doctor/patient (read therapist/client in psychotherapy) relationship is viewed, the explicit emphasis on the significance of this relationship and the way in which this relationship is understood to influence the course of treatment[2]. In addition, both disciplines are at some risk of abandoning their inclusion of individual differences and relational factors in their understanding of treatment. Evidence-based practice (EBP), though valuable in many respects, inadvertently contributes to this risk, especially if it is understood as the sole arbitrator of evaluating treatment. Given affinities between psychotherapy and TCM, the paper further

[1] Arden Henley has been involved with Traditional Chinese Medicine for many years, including serving as the Chair of the Board of a TCM regulatory College (College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia) and 10 years of learning Qi Gong at an elementary level. Scott Miller and Arden Henley both have extensive experience with research, training, and the practice of psychotherapy. Dr. Henley has been a therapist for 35 years and an educator for 10 years (including co-founding and directing the Master of Arts in Counselling Psychology program at City University of Seattle in Vancouver). Dr. Miller has been a therapist for 20 years and directed the Institute for the Study of Therapeutic Change, an international group of researchers and clinicians, for over 10 years.

[2] This is not to suggest that the clinical encounter is any less important in any form of medicine, east or west. It is simply the case that both TCM and psychotherapy provide conceptual frameworks and language that suggest that a comparison between the two in this respect may be useful. In the case of psychotherapy research there is also an extensive body of research pointing to the significance of this relationship in terms of the efficacy of treatment.

proposes that the findings of psychotherapy outcome studies may have some degree of applicability to TCM and complement the findings of the evidence-based approach with its focus on relating remedies and treatment methodologies to outcomes.

For TCM practitioners who may not be familiar with psychotherapy the following description of psychotherapy is offered, adapted from Wampold (2001, p. 3). Our addition to this definition is noted in italics.

> Psychotherapy is a primarily interpersonal treatment that is based on psychological principles and involves a trained therapist and a client who has a mental *or social* disorder, problem or complaint; it is intended by the therapist to be remedial for the client's disorder, problem or complaint; and it is adapted or individualized for the particular client and his or her disorder, problem or complaint.

Similarly, for those who are not familiar with Traditional Chinese Medicine the following definition taken from the BC College of Traditional Chinese Medicine's web site (2007) is offered:

> Clinical diagnosis and treatment in Traditional Chinese Medicine are mainly based on the Yin-Yang and Five element theories. These theories apply the phenomena and laws of nature to the study of the physiological activities and pathological changes of the human body and its interrelationships. The typical TCM therapies include acupuncture, herbal medicine, and Qi-gong exercises. With acupuncture, treatment is accomplished by stimulating certain areas of the external body. Herbal medicine acts on *zang-fu* organs internally, while Qi-gong tries to restore the orderly information flow inside the network through the regulation of Qi.[3]

The Doctor/Patient Relationship in TCM and the Therapist/Client Relationship in Psychotherapy

The clinical encounter in TCM, referred to as *kanbing,* is understood by doctors and patients to be an interactional process between doctor and patient and involve a process often informally described as *tiao* (attuning; adjusting; balancing) (Zhang, p. 77).

[3] This excerpt is quite similar to the one provide by Farquhar quoting a widely used textbook on the theoretical foundations of TCM by Zhao Fen (Farquhar, p. 23).

DOI: 10.2202/1553-3840.1146

> Differentiation of a particular syndrome is not arrived at simply within the doctor's head, and it does not always work according to textbook logic. A syndrome differentiation emerges through the process of interaction between a particular doctor and his or her patient and as a result of negotiations among multiple perspectives and different experiences.
>
> Zhang, p. 77

Though the doctor is respected by the patient for her or his expertise patients do not entirely submit themselves to his or her authority. The patient expects to participate in a dialogue in which a determination will be arrived at conjointly; therapeutic strategies to a certain extent co-constructed; and outcomes monitored together. *Tiao* very much reflects a sensibility that the healing process will take place over time and involve a series of responses and adjustments on both sides of the relationship. Zhang describes this handily as 'negotiating a path to efficacy' in which proximate effects (indications of positive developments) and outcomes are considered in evaluating and adjusting treatment on an on-going basis (p. 81). In relating this process to psychotherapy, it is noteworthy that *wen* or questioning on the TCM doctor's part is considered one of the four critical diagnostic activities[4] (p. 77) and that the patient's narrative is central to the endeavour (Farquhar, 1994, p. 45). According to Zhang, and of interest in promoting an exchange between psychotherapy and Traditional Chinese Medicine, a preference over western medicine is emerging among patients in Beijing for treatment by TCM in relation to *qingzhi bing* or *qingzhi jibing* (emotion-related disorders).

Originating in psychoanalysis, one of the earliest theories structuring the clinical encounter, the relationship between client and therapist has been viewed as pivotal in psychotherapy. It has often been referred to by the terms of *transference* and *counter-transference*. A number of more contemporary theories, such the cognitive behavioral approach have placed less emphasis on the significance of this relationship. Interestingly though, in close to 50 years of outcome research in the field, researchers have tended to focus on demonstrating the relative efficacy of models of psychotherapy and particular treatment strategies (Wampold, 2001, p. 16). This model and strategy focused approach is consistent with efforts in medicine to develop an evidence based approach and more fundamentally, with the assumption that the medical model of understanding treatment is superior in relation to psychotherapy. The assumption of Evidence Based Practice (EBP) is that specific treatment strategies are responsible for positive outcomes (Duncan, Miller & Sparks, 2002, p.36). Though

[4] The four examinations are *wang* (gazing), *wen* (listening/smelling), *wen* (questioning) and *qie* (touching – typically taking pulses at the meridians through which *qi* flows) (Zhang, 2007, p. 77)

it is beyond the scope of this paper to explore in detail it is worth noting that the demonstration of efficacy is also an issue in the broader context of Medical Anthropology in relation to traditional medicines, arguably in part because researchers have often assumed the universality of the western medicine paradigm (Waldram, 2000, p.606).

Into the debate about the relative efficacy of therapeutic models and treatment strategies in psychotherapy outcome research entered the "Dodo Bird". As evidence mounted one result became glaringly apparent. In general, psychotherapy is effective. Research consistently shows that the "effect size" of most therapeutic approaches ranges from .75 to .85, indicating that the average client receiving therapy is better off than 80% of clients not receiving therapy (Hubble, Duncan, & Miller, 1999; Miller, Duncan, & Hubble, 2004a; Wampold, 2001, p.70). But, in specific terms there is little or no evidence to suggest that one treatment model or therapeutic strategy is superior to another (Wampold, 2001, p22; Miller, Duncan, & Hubble, 2004a). In fact, what is apparent is that factors common to all models are responsible for the benefits of treatment. First identified by Rosenzweig in 1936, this finding was termed the Dodo Bird effect from the famous statement in *Alice and Wonderland*: "Everybody has won, and all must have prizes" (Rosenzweig, 1936, p. 412). Beginning with Luborsky, Singer, and Luborsky (1975) now classic review of comparative clinical trials, extensive analysis of outcome studies in psychotherapy have supported Rosenzweig's initial intuition (Miller, Duncan, & Hubble, 2004a).

What then are the 'common factors' across all models of psychotherapy that appear to account for the greatest proportion of its efficacy? In the first instance, *extra-therapeutic factors,* that is developments that have nothing directly to do with the activity of therapy exert the largest influence over outcomes. For example, the client is successful in obtaining a job or a highly valued sibling moves back to the client's city after a long absence. In more psychological terms, frequently documented extra-therapeutic factors include severity of disturbance, motivation, capacity to relate ego strength, psychological mindedness, and the ability to identify a focal problem (Duncan & Miller, 2005, p11 citing Assay & Lambert, 1999; Bohart & Tallman, in press). Extra-therapeutic factors concern the individual differences in capacities and context that clients bring to the therapeutic encounter. Most significantly, for the purposes of this paper, the factor over which the practitioner has the greatest influence, and which contributes the next highest proportion to outcomes after extra-therapeutic factors, is the client's perception of the therapeutic relationship or alliance. Across a wide range of studies investigators repeatedly find that the therapeutic alliance is the best predictor of outcomes (Duncan, Miller & Sparks, 2007, p. 38; Miller, Duncan, & Hubble, 2004a, 2004b; Norcross, in press). Generally factors contributing the client's perception of a positive alliance are thought to consist of the extent to

DOI: 10.2202/1553-3840.1146

which the treatment is experienced by clients to be working in terms of goals that are important to them and by means of methods that are consistent with their understanding of the healing process. This is reminiscent of Zhang's description of *tiao* in TCM treatment noted above.

Alternative interpretations of these results are possible. It could be the case, as a relatively new professional practice, that psychotherapy lacks the maturity of theory and practice required to differentiate the efficacy of specific models and strategies of treatment. Alternatively, the case can be made that because of the interactive and dialogical nature of psychotherapy, relationship factors significantly outweigh specific methodological factors. What is not at issue is whether psychotherapy is helpful, indications are that it is; and whether relationship factors are significant in relation to outcomes, that much is clear.

Application of Psychotherapy Outcome Research to Traditional Chinese Medicine

Given some degree of epistemological and methodological affinity between psychotherapy and Traditional Chinese Medicine, it may be helpful to explore the possible use of what has been learned in the context of psychotherapy outcome research in the context of TCM research. This exploration may be particularly helpful as TCM works towards establishing a recognized and valued place in the spectrum of services in North America and more specifically, as evidenced based research and practice (EBP) presents itself as the primary means of demonstrating efficacy. In the increasingly competitive marketplace and demanding regulatory environment of healthcare services it is clear that empirical evidence of efficacy is required (Tang & Leung, 2001; Nahin & Strauss, 2001).[5] The question is what information, from whom, about what.

What over 45 years of psychotherapy outcome research has revealed is that demonstrating efficacy based solely on discriminating between therapeutic strategies or treatment models, as in EBP, is insufficient. Even in highly controlled studies in which large numbers of cases were studied significant differences attributable to treatment protocols were not in evidence. For example, the *National Institute of Mental Health* Treatment of Depression Collaborative Research Program (TDCRP) comparing the relative effectiveness of four different treatment protocols showed no differences in overall effectiveness between the four protocols (Elkin et al., 1989)[6]. A meta-analysis of 277 outcome studies

[5] In a number of industrialized nations, including Canada and US, over half the population regularly make use of some form of Traditional, Complementary or Alternative Medicine (TCAM) (Bodeker, Kronenberg & Burford, 2007, p. 9).

[6] The four treatment strategies compared in this study were Cognitive Therapy, Interpersonal Therapy, antidepressant medication and a placebo.

conducted from 1970 to 1995 confirmed that no therapeutic strategy or model has reliably demonstrated superiority over any other (Wampold et al., 1997). More recently, a meta-analysis of outcome studies on the treatment of children and adolescents found no difference in outcome between approaches for diagnoses of ADHD, depression, anxiety, and conduct disorder (Miller, Wampold, & Varhely, 2008).

Data to date indicate that information about the therapeutic alliance better predicts outcomes than treatment protocols. For example in the TDCRP study noted above mean alliance scores accounted for up to 21% of the variance in outcomes whereas differences in treatment strategies accounted for 2% at best (Wampold, 2001, p. 157). This is not to disavow the necessity of skilful and ethical practice within the parameters of a sound knowledge base, including a theoretical framework, it is simply to assert that it is invaluable to measure and adjust, based on relevant feedback, the quality of the emerging alliance between the patient or client and the doctor or therapist.

A second set of robust findings from psychotherapy outcome research relevant to TCM is the fact that early treatment benefit as reported by clients strongly predicts eventual outcome (Duncan, Miller & Sparks, 2004; Miller, Duncan, & Hubble, 2004a, 2004b). For example, 60-65% of clients report significant benefit within one to seven visits (Miller & Duncan, 2000, p. 92). Moreover, findings such as those reported by Howard, Luegar, Maling & Martinovich (1993, p.7) suggest that an absence of early improvement as experienced by the client predicts less likelihood of success by the end of treatment. In the simplest terms the suggestion is that if the treatment is not having an impact early in the process, from the client's perspective, it is 'off track'.

Based on evidence of the power of the therapeutic alliance and the significance of clients' perception of the viability of the therapy in predicting outcomes, the next question in psychotherapy research and practice is, "Does feedback about these two issues early in the process of therapy assist therapists in being more effective in terms of outcomes?" Researchers Howard, Moras, Brill, Martinovich, and Lutz (1996) have termed the research side of this question *patient-focused research.* The key question of this research is, "Is this treatment working with this patient, at this time, with this therapist?" There is a growing body of research supporting the usefulness of this approach (Miller, Duncan & Hubble, p.6). In addressing this issue from research and clinical standpoints Miller et al (Duncan, Miller & Sparks, 2007; Duncan & Miller, 2005; Miller, Duncan, & Hubble, 2004a, 2004b) advocate a shift from evidence based practice which is based on *a priori* assumptions about the relationship between diagnostic categories and treatment strategies to a therapy based on *practice-based evidence* based on on-going client feedback about the therapeutic alliance and the progress

DOI: 10.2202/1553-3840.1146

of therapy. In one representative study involving 6224 clients Miller, Duncan, Brown & Chalk (2006*)* found that providing therapists with real-time feedback about the client's experience of the therapeutic alliance and their perception of progress in treatment doubled the overall effect of the services and resulted in higher retention rates. Lambert (2003) performed a meta-analysis of studies involving feedback and found an effect size of .39, a figure double the size of the most liberal estimates associated with protocol driven "evidence-based" practices!

Empirically Refining 'Negotiated Efficacy' – The Session Rating Scale 3.0 (SRS) and the Outcome Rating Scale (ORS)

Soliciting feedback regarding therapeutic services need not be complicated or time-consuming. Indeed, in the study cited above, Miller et al. (2006) used two simple and ultra brief questionnaires to elicit information from consumers about their experience of the therapeutic alliance and progress in care. Importantly, both of the scales have been tested extensively in research and practice settings, and been found valid and reliable (Bohanske & Franzak, in press; Duncan, Miller, Sparks, & Claud, 2003; Miller, Duncan, Brown, Sparks, & Claud, 2003; Miller, Duncan, Brown, & Chalk, 2005)[7].

The *Outcome Rating Scale* (Miller & Duncan, 2000) is a four-item, self-report instrument that takes less than a minute to complete and score and is available in both written and oral forms in several different languages (at the Institute for the Study of Therapeutic Change web site - http://www.talkingcure.com/). The ORS was developed as a brief alternative to the Outcome Questionnaire 45 (OQ-45)—a popular measure developed by Lambert and colleagues (Lambert, Hansen, Umphress, Lunnen, Okiishi, Burlingame, Huefner & Reisinger, 1996). Both the ORS and OQ-45 were designed to assess change in three areas of client functioning widely considered valid indicators of progress in treatment: individual (or symptomatic) functioning, interpersonal relationships, and social role performance (work adjustment, quality of life [Lambert & Hill, 1994]).

The *Session Rating Scale* 3.0 (SRS [Miller, Duncan, & Johnson, 2000]) is a four-item, client-completed measure derived from a ten-item scale originally developed by Johnson (1995). Like the ORS, the SRS takes less than a minute to complete and score and is available in both written and oral forms in several different languages. Items on the scale reflect the classical definition of the alliance first stated by Bordin (1979), and a related construct termed the client's

[7] There a number of such scales in the context of psychotherapy practice and research. The validation and extensive current use of the *Outcome Rating Scale* and the *Session Rating Scale,* as well as the relative ease of administration make them of particular interest for the purpose of this article. Specific adaptations may be required for TCM research.

theory of change (Duncan & Miller, 2000). As such, the scale assesses four interacting elements, including the quality of the relational bond, as well as the degree of agreement between the client and therapist on the goals, methods, and overall approach of therapy.

The two instruments were purposefully designed for use at each meeting between a client and therapist, with the ORS being administered at the beginning of the visit and the SRS at the end. Ongoing feedback regarding both progress and alliance is critical since available evidence indicates that: (1) therapists are often unaware when clients are not progressing or deteriorating in treatment (Lambert, Whipple, Hawkins, Vermeersch, Nielsen, & Smart, 2003); (2) clients and therapists ratings of the alliance often have a low correlation (Bachelor and Horvath, 1999); and (3) clients ratings of the alliance have a higher correlation with outcome than therapists (Horvath & Bedi, 2002).

Conclusion

Traditional Chinese Medicine recognizes the singular importance of the unique qualities of the individual patient. Treatment is designed according to an understanding of the general syndrome to which the patient is subject in the context of these individual factors. The treatment is then evolved based on this specific understanding and negotiated with the patient in terms of her or his preferences and on-going reports about the efficacy of treatment. Treatment is based on a complex, highly evolved and, widely shared in Chinese culture, theory of health and the factors that need to be brought into balance to achieve health (Farquhar, 1996). This has presented some obvious challenges to western science in evaluating the effectiveness of TCM. Since treatment varies from patient to patient for the same syndrome the question of what is to be evaluated is an example of these challenges. Borrowing from recent developments in psychotherapy research and practice this paper advocates viewing efficacy from the perspective of *practice-based evidence.* The further suggestion is that potent and discriminating data about of the quality of the healing relationship and the assessment of progress *as experienced by the patient or client* can make a significant contribution to the efficacy of treatment. Two devices developed and applied in the context of psychotherapy, the Session Rating Scale 3.0 (SRS) and the Outcome Rating Scale (ORS) are presented in detail. The usefulness of these proposals is supported by two conclusive findings in close to 50 years of psychotherapy research:

a) Positive therapeutic alliances as rated by clients are strong predictors of outcome.

DOI: 10.2202/1553-3840.1146

b) Client assessments of progress in therapy are also strong predictors of outcome. Early perceived progress in treatment is a solid predictor of outcome.

Taken together the above findings have led researchers and practitioners of psychotherapy to focus on effective means of assessing the clients' perception of the quality of the therapeutic alliance and the progress of the therapy. Indications are that adjusting the therapy according to this feedback contributes substantially to its efficacy

The findings from psychotherapy research discussed here may have some important implications for TCM research and practice.[8] They suggest that empirical assessment of the therapeutic alliance or *tiao* along with client perception of the progress of treatment may be of significant clinical value. From a research point of view such assessments may complement, and in some instances supplement, the collection of data about the effectiveness of specific treatment strategies or modalities. Though there has been increasing use of client information in the development of treatment protocols in TCM research as a whole (Schnyer et al, 2005), there is little evidence of its incorporation in the assessment of treatment efficacy. In the broader context of research about the efficacy of Traditional Chinese Medicine the inclusion of patient or client based data may assist in the re-ordering of priorities that many researchers agree would be beneficial (Nahin & Straus, 2001; Tang, J., 2006). Given the evident impact of the therapeutic alliance in psychotherapy research further study leading to a deeper understanding of the construction of such alliances in TCM treatment may also prove enlightening.

[8] Returning to an earlier point about the possible universal importance of the therapeutic alliance in influencing outcomes, a major study of depression has shown the significance of patient perception of the therapeutic alliance in pharmacotherapy. Therapeutic alliance was found to have a significant effect on clinical outcome for different types of psychotherapies and for active and placebo pharmacotherapy (Krupnick et al, 1996)

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