

References

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Research in Psychotherapy

SIR: The report by Shapiro & Firth (*Journal*, December 1987, **151**, 790–799) provides an opportunity to ponder on the requirements of psychotherapeutic research. I venture to make my criticisms in the hope that debate will lead to improvement in this field of study. I will consider some principles under the following headings: (a) specifying the therapeutic intervention; (b) defining the subjects treated; (c) consideration of assessment methods; and (d) the design of the study.

Firstly, the therapeutic techniques. Any single technique, such as anxiety management training, contains within its structure a sufficient number of potentially therapeutic interventions to keep a large number of researchers busily occupied for many years in the effort to determine which are the most important interventions. The authors quote the 'dodo-bird verdict', i.e. that all therapeutic methods have some effect; alright then, but what is now required is enquiry into the effective elements. To amalgamate a number of techniques does little to advance knowledge, since one cannot know what, among the pot pourri of strategies, was bringing about the improvement.

Secondly, the characteristics of the sample of subjects must be most carefully described if there is to be any hope of drawing useful conclusions from the study. The authors' sample consisted of patients referred by doctors and people who had referred themselves; there was some negative information – i.e. that they had not suffered from psychiatric disorder for more than two years and that psychotic and obsessional symptoms were absent; all complained that their work was affected by their problems; but there description closed. Judgement of psychotherapeutic procedures has too often led to scepticism because of their practitioners' claims that all people will benefit no matter what their disorder or problem may be. Such claims of universality should be abandoned by serious researchers, who should address the specific issues of just what types of disorder are helped by exactly which therapeutic approach.

Thirdly, assessment instruments must have been shown to be valid and reliable measures in the proposed field of application. The prevalent habit,

followed by the authors, of selecting instruments composed of the whole gamut of psychiatric symptomatology (in their case the PSE and the SCL) and reporting change in terms of a fall in scores is not a procedure to be endorsed: it is equivalent to studying a treatment for a cardiac disorder in terms of a measure composed of all symptoms of somatic illness and reporting the result in terms of an improvement in an unspecified number of them. The most meaningful psychotherapy outcome research involves the task of defining the goals of treatment and measuring outcome by some technique such as Goal Attainment Scaling, in terms of the proportion of subjects achieving the aim: Mulhall's Rapid Scaling Technique is another useful device, and the authors incorporated it, although they did not present their results in terms of it.

Finally, the design. Cross-over designs in comparison of treatment methods introduce unfathomable complications in the interpretation of the results. The greatest need in psychotherapy research is not the comparison of one procedure with another, but the ascertainment of the durability of improvement. This requires a long follow-up interval following the intervention. This is a stringent requirement, especially when the duration of research posts is limited, but it is one which must no longer be dodged. Psychotherapy is an expensive intervention and there are those who have argued cogently that present information concerning outcome does not justify its use in a state-funded health service. Psychotherapy researchers must now demonstrate, not that they can produce short-term improvement, but that the improvement is lasting once contact with the therapist has ended.

One more point, regarding cost-effectiveness. Future research reports should clearly state the cost of the treatment in terms of the total time of therapist intervention and the training or skill, and hence 'expense', of the therapist.

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SIR: Dr Snaith's letter provides an opportunity to emphasise the wide-ranging and complementary research strategies that are required in the psychotherapy field. Comparative outcome studies are but one part of the overall effort to develop and identify effective and efficient treatments (Stiles *et al*, 1986). We will reply to each of Dr Snaith's comments in turn.

(a) Therapeutic techniques. Of course any method can and should be analysed into its constituent elements, to identify the helpful components. Such