A Vision of the Future of Psychological Treatments

A Review of

*Psychosocial Interventions for Mental and Substance Use Disorders: A Framework for Establishing Evidence-Based Standards*

by Institute of Medicine


http://dx.doi.org/10.1037/a0040249

Reviewed by

David H. Barlow

Policy statements on health care delivery are issued frequently by various committees and groups at the local, state, or federal level, and most are seldom read and quickly forgotten. Not so with policy statements from the National Academies, which was chartered by Congress in 1863 with a mandate to advise the federal government on scientific and technical matters. Composed of three branches—the National Academy of Sciences, National Academy of Engineering, and National Academy of Medicine (known until last year as the Institute of Medicine [IOM])—statements emanating from these agencies influence policy and can result in substantial meaningful changes. I believe this will be the case with the latest policy statement reviewed here, *Psychosocial Interventions for Mental and Substance Use Disorders: A Framework for Establishing Evidence-Based Standards*.

Indeed, the relatively recent focus on evidence-based practice has been substantially influenced by previous IOM reports. For example, the 2001 statement from the IOM, entitled *Crossing the Quality Chasm: A New Health System for the 21st Century*, contrasted the then current state of health care practices compared to health care practices known to be effective and highlighted the "Quality Chasm." In 2006, the IOM issued another report specifically focusing on the same “Quality Chasm” in mental health and substance use disorders. These policy statements played a major role in the subsequent passage of the Patient Protection and Affordable Care Act (ACA or Obamacare) as well as the Mental Health Parity and Addiction Equity Act. The ACA, of course, in addition to expanding coverage, reformed how care is delivered with an emphasis on accountability and performance measurement, whereas the Mental Health Parity and Addiction Equity Act attempts to ensure individuals with mental health and substance use problems have equal access to behavioral health care services. In the context of these new programs, making health care more efficient and effective became more important than ever. To this end, the ACA also included creation of the Patient Centered Outcome Research Institute (PCORI) to facilitate research such as clinical trials on which treatments for what conditions are most effective and to disseminate this information widely (Dickersin, 2010).
Nevertheless, none of these policy statements specifically focused on a vision for improving and better disseminating psychological and social interventions for mental health and substance use delivery systems. That vision became the mission of this report. To accomplish this task, the IOM appointed a 16-member committee composed of experts representing the full range of disciplines with a serious stake in mental health and addiction care delivery, including psychiatry, psychology, social work, nursing, primary care, public health, and health policy. Members’ areas of expertise encompassed skills found across these disciplines, including quality and performance measurement, operation and evaluation of health systems, and, of course, intervention development and evaluation. Another indication of the breadth of support for this document is the range of sponsors who contributed financially to the production of this statement, including the National Institutes of Health, the Department of Veterans Affairs, the Department of Health and Human Services, the Substance Use and Mental Health Administration, and the American Psychiatric Association, American Psychological Association, the Association for Behavioral Health and Wellness, and the National Association for Social Workers. To produce this report, the committee met five times during 2014 and held two public workshops in conjunction with two of those meetings to obtain additional information on factors relevant to their report. Out of these deliberations, the committee developed a framework identifying five major steps to bring evidence-based psychological interventions into clinical practice and, in so doing, move closer to the ultimate goal of improving outcomes for individuals with mental health and substance use disorders. The committee summarized these steps as follows:

1. Support research to strengthen the evidence base on the efficacy and effectiveness of psychosocial interventions;
2. Based on this evidence, identify the key elements that drive an intervention’s effect;
3. Conduct systematic reviews to inform clinical guidelines that incorporate these key elements;
4. Using the findings of these systematic reviews, develop quality measures—measures of the structure, process, and outcomes of interventions; and
5. Establish methods for successfully implementing and sustaining these interventions in regular practice, including the training of providers of these interventions. (IOM, 2015, p. 2)

The report itself is a quick read, organized into six chapters, beginning with a 20-page summary chapter that does a nice job of distilling the recommendations. It is followed by six chapters comprising approximately 140 pages consisting of an introduction, followed by chapters describing in more detail the five key steps comprising the committee’s recommendations.

Despite relative brevity, each of these chapters does an exemplary job of reviewing state-of-the-art procedures for accomplishing stated goals. For example, many mental health professionals may not be generally aware that a consensus has been reached on procedures for conducting independent systematic reviews of the literature on treatment efficacy and effectiveness necessary to construct clinical practice guidelines (IOM, 2011). These procedures have been fully adopted by governmental organizations responsible for developing guidelines, such as the evidence-based synthesis program in the Department of Veterans Affairs. Similarly, the innovations in health care delivery mandated by the ACA require quality measures to be implemented for not only outcomes of interventions but also more structural and process measures of delivery systems to ensure that key elements of care can actually be implemented in the desired manner. This might include extent of training necessary for providers as well as methods for ensuring the context necessary to deliver evidence-based treatments.
However, the most interesting chapter for most psychologists is the chapter recommending a move away from the packaged interventions so often found in the proliferation of current treatment manuals to an approach that identifies specific elements that make up current evidence-based psychological interventions. These elements would include not only the putative specific ingredients possibly unique to each package, such as cognitive restructuring in cognitive processing therapy for posttraumatic stress disorder, but also nonspecific elements shared by most treatments such as instilling positive expectancies for change in patients. The general idea is if the field can identify elements, both specific and nonspecific, common across evidence-based treatments, then we might better advance the efficacy of these individual elements as well as their optimal sequencing and dosing in different populations and for different target problems. More important, effort could focus on identifying the mechanisms of action of these elements. It is thought that this research agenda would also have potential to inform training since new clinicians could be brought to certain levels of competence in the administration of these elements in different contexts and for different patient groups, as well as be in a position to choose the elements that might be most efficacious (Chorpita, Daleiden, & Weisz, 2005; Chorpita et al., 2013; Weisz et al., 2012).

There is no question that individual psychological treatment approaches distilled into manuals have proliferated beyond anyone’s wildest imagination and that this approach to distilling evidence-based practice is not sustainable (Barlow, Bullis, Comer, & Ametaj, 2013). As an answer to this state of affairs, some centers have advocated the use of transdiagnostic approaches that attempt to identify interventions applicable to a broad range of psychopathology and treatment approaches, and this elements-based approach is certainly one interesting step in that direction. Largely left out of this analysis, however, is a functional analysis of presenting problems. For example, other transdiagnostic approaches (including our own; Barlow et al., 2011) focus on identifying common functional relationships within a class of disorders, such as emotional disorders or eating disorders, and then select “elements” that would be most applicable to that whole class of disorders. The IOM recommendations also emphasize analysis of mechanisms of action but limit this analysis to specific elements empirically identified from among current interventions. For example, Chorpita and colleagues (2005) come up with some 26 different elements in their work with children. From this list, clinicians much choose those elements most appropriate for the individual in front of them based partly on specific presenting disorders such as specific phobia, depression, or disruptive behavior, as well as, presumably, other problems that may need addressing. However, a functional analysis of a class of disorders might lead to a very different choice of elements. To take just one example, it has become clear that some substance use disorders are maintained by a characteristic of emotional disorders, specifically, a tendency to self-medicate intense negative emotions. Identification of this pattern might indicate a streamlined treatment targeting mechanisms of emotion dysregulation, whereas other individuals with substance abuse may require cue exposure-based incentive-orientated programs to better cope with substance abuse (Bullis, Boettcher, Sauer-Zavala, & Barlow, 2016).

However, the committee recognizes that the future development of all aspects of psychosocial interventions and their implementation will be an iterative process where developing knowledge in any one area will be continually fed back into the system. In that way, these different approaches will be scrutinized based on the usefulness of knowledge produced and subsequent incorporation into the proposed framework. In conclusion, the publication of this framework by the IOM and the excellent work done by the committee
members should deeply influence research and development efforts to produce ever more efficient and effective psychosocial interventions and is likely to shape research and policy for years to come.

References


