Psychotherapy Practice Research Network (PPRNet): Bridging the Gap Between Psychotherapy Practice and Research

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Barriers to translating psychotherapy research into clinical practice include perceptions by clinicians that randomized controlled trials of psychotherapies are not representative of their clinical practice or relevant to the patients they treat; a lack of communication between clinicians and researchers thus resulting in a two-way translational gap between clinical trials and clinical practice, and the professional diversity of psychotherapy practitioners—unlike many other areas of health care, psychotherapy is practiced by a broad array of professionals in a variety of settings and for a wide range of patient problems. Novel interventions to overcome these barriers include the development of practice-based research networks that have a long history in family practice. A similar approach to overcoming barriers to translating psychotherapy research into clinical practice for the field of psychotherapy might involve conducting psychotherapy research in applied community and clinical settings in which clinicians inform research areas important to them and their patients. A Psychotherapy Practice Research Network (PPRNet) is one means of achieving this goal. In a PPRNet community-based clinical practitioners actively collaborate with researchers to define research questions, design research protocols, and implement studies. This collaboration between practitioners and clinical researchers is devoted to the conduct of scientifically valid effectiveness research.

Many Canadians (9.5%) seek treatment for a mental disorder or addiction in a given year (Statistics Canada, 2003), and 3.7% of Canadians who are 15 years and older (i.e., over 1 million Canadians) saw a psychologist or psychotherapist in the past year (Vasiliadis et al., 2009). Similarly, 3.18% of Americans received outpatient psychotherapy in the past year (Olson & Marcus, 2010). These rates of psychotherapy use have not diminished in over a decade despite the dramatic rise in the prescription of antidepressant medication during the same period (Olson & Marcus, 2010). Clearly, a large number of Canadians turn to psychotherapy for their mental health and health needs, to reduce their suffering, and to improve their quality of life. Despite the high use of psychotherapy and a large body of research that has consistently demonstrated positive outcomes of psychotherapy for a wide variety of disorders (e.g., Fonagy, 2002; Nathan & Gorman, 2001; Wampold, 2001) there remains a significant research-practice divide (Beutler et al., 1995; Boisvert & Faust, 2006; Wilson et al., 2009). That is, psychotherapy outcome research or process research (i.e., research on the facilitative mechanisms of change such as those related to the therapeutic relationship) is not always translated into clinical practice. The end result is that Canadians with mental health and addiction problems may not benefit fully from nearly 60 years of psychotherapy research.

One can identify at least three barriers to translating psychotherapy research into clinical practice. First, clinicians may perceive that randomized controlled trials of psychotherapies are not representative of their clinical practice or relevant to the patients they treat. Psychotherapy researchers have been establishing an evidence base for their treatments for several decades, and several lists are available that define specific treatments for specific mental disorders for which sufficient efficacy data exists (e.g., Fonagy et al., 2002; Nathan & Gorman, 2007). However, practicing clinicians have tended not to embrace these lists of evidence-based psychotherapies (EBP) or incorporate the treatment manuals into their daily clinical practice (Addis & Krasnow, 2000; Becker et al., 2004; Cook et al., 2009; von Ranson & Robinson, 2006). One concern among practicing clinicians is that while EBPs are based on highly internally valid studies, these findings may not generalize to the more diverse and heterogeneous real world populations that clinicians indicate that they treat (Kendall & Chambless, 1998; Westen et al., 2004). As a result, researchers often complain that psychotherapy practitioners pay little heed to research findings (von Ranson & Robinson, 2006), and practitioners counter that psychotherapy research is not always relevant to real-world practice (Westen et al., 2004).

A second related barrier to implementing psychotherapy research is a lack of communication between clinicians and researchers thus resulting in a two-way translational gap between clinical trials and clinical practice. Community-based clinicians may feel disconnected from research that is designed and implemented in health sciences centers (Beutler et al., 1995). On the other hand, researchers may place a lower premium on information gleaned from clinicians, and may not readily use this information to inform their research (Beutler et al.). Despite this, a recent survey conducted by members of our team indicated that Canadian psychotherapists are interested in research (Lau et al., 2010), and others report that clinicians’ practices change when they are made aware of research...
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relevant to their practices (Stewart & Chamblees, 2007). Concurrently, there is now a small but growing group of psychotherapy researchers who are designing research protocols based almost exclusively on clinician input (Castonguay, 2011).

A third barrier to translating psychotherapy research into clinical practice is related to the professional diversity of psychotherapy practitioners. Unlike many other areas of health care (e.g., dentistry, optometry, medical specialties), psychotherapy is practiced by a broad array of professionals (e.g., psychologists, psychiatrists, GP psychotherapists, counsellors, social workers, among others) in a variety of settings (e.g., private offices, community clinics, rehabilitation centres, hospitals), and for a wide range of patient problems (e.g., addictions, anxiety disorders, depression, eating disorders, etc.). There are few opportunities for cross-disciplinary dialogue about psychotherapy, and so there is little apparent cohesion among the communities of practitioners. Training in psychotherapy and in the conduct and use of psychotherapy research also vary greatly. Further, different regulatory colleges require different standards of training, continuing education, and regulatory requirements; and different professional organizations have different criteria for accreditation.

Novel interventions to overcome these barriers include the development of practice-based research networks that have a long history in family practice in the US (Westfall et al., 2007). A similar approach to overcoming barriers to translating psychotherapy research into clinical practice for the field of psychotherapy might involve conducting psychotherapy research in applied community and clinical settings in which clinicians inform research areas important to them and their patients (Beutler et al., 1995). A Psychotherapy Practice Research Network (PPRNet) is one means of achieving this goal. In a PPRNet, community-based clinical practitioners actively collaborate with researchers to define research questions, design research protocols, and implement studies. This collaboration between practitioners and clinical researchers is devoted to the conduct of scientifically valid effectiveness research. To date, despite the development of PPRNet in the U.S. and the U.K., PPRNet are only just emerging in Canada.

The time is right for such an innovative approach to psychotherapy research in Canada for a number of reasons. First, there are several new standards of training and professional practice that are being considered at the national and provincial levels. Second, PPRNet goals are consistent with the growing emphasis on interdisciplinary training and research in healthcare. Third, the PPRNet’s objectives are compatible with the Canadian Institutes for Health Research (CIHR) current emphasis on knowledge translation, action research, and knowledge user-informed research agendas, which place a premium on high impact research relevant to real-world clinical settings.

Our Canada-wide multidisciplinary team recently was awarded a CIHR Planning and Meeting Grant to launch a PPRNet in Canada. To achieve this, we will start by a Conference aimed to define psychotherapy research priorities based on clinician, knowledge user groups, educator, and researcher input. This will be a collaborative psychotherapy research priority setting process in which small break out groups will generate psychotherapy research agenda relevant to clinical practice. Such priority setting methods are increasingly used to inform research agendas that influence knowledge users including educators, policy makers, and research funders. The Conference will be held in November, 2012 in Ottawa and will include approximately 100 participants: multidisciplinary clinicians, knowledge user group delegates, educators, and researchers. The Conference and subsequent survey outcomes will inform overall research priorities and the Network development process. Priority themes that may emerge in order to improve outcomes and reduce drop-outs might include: managing breaks in the therapeutic alliance (Safran, et al., 2011), capitalizing on client expectations (Greenberg, et al., 2006), maximizing early response to treatment through feedback (Lambert & Shimokawa, 2011), and the role of therapist factors like empathy (Elliot, et al., 2011), among others. Research priorities identified through this method will form the basis for future practice-based research conducted in PPRNet members’ clinical practices.

The PPRNet collaborative action research paradigm will ensure excellent uptake of research among psychotherapists, educators, and professional organizations, and will result in both training and professional practice being informed by the identified research priorities. Better psychotherapy practice means improved health and mental health outcomes for a large number of Canadians. The psychotherapy research priorities identified through the PPRNet will also inform future knowledge translation and result in practice-based research that is clinically meaningful, directly informed by clinicians, and therefore more seamlessly integrated into clinical practice.
For more information about joining the PPRNet please e-mail glassco@toh.on.ca

References


