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**Selling Bad Therapy to Trauma Victims**

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Patients and therapists should ignore new guidelines for treating trauma.

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[The American Psychological Association (APA) just issued guidelines for treating trauma](https://www.psychologytoday.com/basics/trauma) [(https://www.psychologytoday.com/basics/trauma). Patients and therapists would be wise (https://www.psychologytoday.com/basics/wisdom) to ignore them.](https://www.psychologytoday.com/basics/wisdom)

The guidelines are supposed to reflect the best scientific evidence. In fact, they ignore all scientific evidence except one kind of study, called randomized controlled trials (RCTs).

RCTs randomly assign people to treatment or control groups. They can answer certain questions (Is a [medication (https://www.psychologytoday.com/basics/psychopharmacology) more effective than a sugar pill (https://www.psychologytoday.com/basics/placebo)?) and not others (How does the medication work?](https://www.psychologytoday.com/basics/placebo) What is the disease? What are its causes?). In the absence of careful scientific reasoning, RCTs can lead to foolish conclusions.

Here’s an example: Some people wrongly concluded that tooth flossing lacks scientific support, after a review of RCTs found little evidence of benefits. But flossing is beneficial in the long run and the RCTs followed patients for only brief periods. They found exactly what you would expect—pretty much nothing. Knowledge about flossing's benefits comes from other sources, including dentists’ observations

over more than a century, and an [understanding (https://www.psychologytoday.com/basics/empathy)](https://www.psychologytoday.com/basics/empathy) of the mechanism of action—how it works.

The RCT researchers conducted studies that were expedient to carry out, not studies that answered meaningful questions about tooth flossing. They could not have conducted them if they wanted to. An RCT

# Most science does not rely on RCTs

that could provide meaningful information would require some people to avoid flossing for

[years. Institutional](https://www.psychologytoday.com/) review boards would reject that as unethical.

The basic or hard sciences, like physics, chemistry, and astronomy, do not rely on RCTs. No astronomer in history ever conducted an RCT, but knowledge in astronomy progresses. Astronomers had no problem predicting the time and path of the recent solar eclipse over North America, down to the millisecond.

But some people, primarily in the social sciences, would have us believe that RCTs are the gold standard of scientific knowledge and all else can be ignored.

This is misguided and it does not require a science degree to understand why.

No RCT has ever shown that the sun causes sunburn, [sex (https://www.psychologytoday.com/basics/sex)](https://www.psychologytoday.com/basics/sex) causes [pregnancy (https://www.psychologytoday.com/basics/pregnancy)](https://www.psychologytoday.com/basics/pregnancy), or food deprivation leads to starvation. We know these things because we can observe cause and effect relationships and because we understand the mechanisms of action. Ultraviolet radiation damages skin cells. Sex allows sperm cells to fertilize egg cells. People die without food. Flossing removes dental plaque which harbors bacteria that attack teeth and gums.

Copernicus, Galileo, Darwin, Einstein, Niels Bohr, Marie Curie, Stephen Hawking. What do they have in common? None of them ever conducted an RCT.

Most scientific knowledge does not come from RCTs.

# Wrong questions, wrong answers

What does tooth flossing have to do with new guidelines for treating trauma? As it turns out, everything.

[Psychotherapy (https://www.psychologytoday.com/basics/therapy)](https://www.psychologytoday.com/basics/therapy) takes time. Psychotherapy follows a “dose­response” curve. It takes more than 20 sessions, or about 6 months of weekly therapy, before 50% of patients show clinically meaningful improvement. It takes more than 40 sessions before 75% of patients show meaningful improvement.1 These findings, based on more than 10,000 therapy cases, dovetail with what therapists report about successful treatments2 and what patients report about their own therapy experiences.3,4

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The RCTs behind the trauma treatment guidelines studied *only* therapies of 16 sessions or less. Many were 8 sessions or less. In other words, the guidelines considered only therapies that are inadequate.

It was a foregone conclusion that the guidelines would recommended only brief, standardized forms of [CBT (https://www.psychologytoday.com/basics/cognitive­behavioral­therapy)](https://www.psychologytoday.com/basics/cognitive-behavioral-therapy), conducted according to instruction manuals. They are the only therapies that are expedient to study with RCTs (in contrast, say, to studying patients who actually get better and what helped them).

More than a century of scientific research and clinical experience points to other therapy approaches as more helpful. But since this knowledge does not come from RCTs, APA ignored all of it.

The guidelines are by researchers for researchers. The interests of patients and therapists are secondary. The guidelines comprise 675 pages of densely complex minutia about research methodology and statistical analysis, including 537 pages of tables and forms. Therapies are designated as “highly recommended” because of the research methods used to study them, not because patients get well.

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“These guidelines offer the field a number of benefits,” says APA. “For providers, they offer recommendations… that quickly summarize which treatments have been shown to work for hundreds or even thousands of patients… For families, they provide *clear information on best treatments and what to expect of them*” (emphasis added).5

Let’s fact check this by seeing how it aligns with the findings of the largest and arguably best RCT behind the guidelines. The RCT was funded by the U.S. Department of Veterans Affairs and the Department of Defense and published in the *Journal of the American Medical Association*.6 It studied 255 female veterans. Most of the trauma was not combat related. The most frequent trauma was sexual trauma followed by physical assault.

Patients received “highly recommended” CBT or a control treatment. Here is what the study found.

Nearly 40% of those who started CBT dropped out of treatment. They voted with their feet about its usefulness.

[60% of the patients still had PTSD (https://www.psychologytoday.com/basics/post­traumatic­stress­ disorder) when the study ended.](https://www.psychologytoday.com/basics/post-traumatic-stress-disorder)

Only one in 6 patients who completed treatment got better (according to statistics reported in the article and buried in a table). At six­month follow up, that number dropped to 1 in 11.

All patients were clinically depressed at the start of treatment and remained clinically depressed after treatment.

At six­month follow up, patients who received CBT were no better off than those who received the control treatment.

[Nineteen serious “adverse events” occurred over the course of the study, including suicide](https://www.psychologytoday.com/basics/suicide) [(https://www.psychologytoday.com/basics/suicide) attempts and psychiatric (https://www.psychologytoday.com/basics/psychiatry) hospitalizations.](https://www.psychologytoday.com/basics/psychiatry)

The authors soberly noted that the patients “may need more treatment than the relatively small number of sessions typically provided in a clinical trial.”

I did not choose this study as an example because it is a poor study. I chose it because it is arguably the best.

“Clear information on best treatments and what to expect of them.” Really?

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[www.psychologytoday.com/basics/health)](https://www.psychologytoday.com/basics/health) insurance companies discriminate against

gress has passed laws mandating mental health “parity” (equal coverage for medical

and mental health conditions) but health insurers circumvent them. This has led to class action lawsuits against health insurance companies, but [discrimination (https://www.psychologytoday.com/basics/bias)](https://www.psychologytoday.com/basics/bias) continues.

**First, Do No Harm**

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One way health insurers circumvent parity laws is by shunting patients to the briefest and cheapest therapies—just the kind of therapies recommended by APA’s treatment guidelines. Another way is by making therapy so impersonal or dehumanizing that patients drop out. Health insurers do not publicly say the treatment decisions are driven by economic self­interest. They say the treatments are scientifically proven—and point to treatment guidelines like those just issued by APA.

It’s bad enough most Americans don’t have adequate mental health coverage, without also being gaslighted and told inadequate therapy is the best therapy.

APA’s [ethics (https://www.psychologytoday.com/basics/ethics­and­morality)](https://www.psychologytoday.com/basics/ethics-and-morality) code begins, “Psychologists strive to benefit those with whom they work and take care to do no harm.” APA has an honorable history of fighting for patients’ access to good care and against health insurance company abuses.

[Blinded by RCT ideology, APA inadvertently handed a trump (https://www.psychologytoday.com/basics/president­donald­trump)](https://www.psychologytoday.com/basics/president-donald-trump) card to the worst apples in the health insurance industry.

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