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Miser sur l'excellence pour
améliorer la vie des gens

Dr. Ted Morris and Miracle Behaviours

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Dr. Ted Morris

Allon, Morris, Garber and Fiss

At last year's convention, I chaired an invited address on "Repositioning Psychology" by Dr. James Prochaska¹ sponsored by the Ontario Chief Psychologists' Association. He pointed out that it is unfortunate that medications are afforded a position of such great prominence in the treatment of health problems. But it is understandable. Magazines tell of the latest new miracle drugs and we get a steady diet of instant cure promises of "personality in a pill". It makes good reading and appeals to our desire for simple solutions to complex problems. Dr. Prochaska, from the University of Rhode Island, calls this the tyranny of acute care medicine. Biology has in fact solved many of the acute problems of health, but not the long term problems.

But do we always look for the magic pill? If you could choose to prevent cancer by taking a pill a day or by changing your diet, which would you choose? If you could help prevent cancer by taking a pill a day or eating more vegetables, what would you choose? In an informal survey of professionals, Prochaska found that every professional asked said that people would rather take a pill than change their behaviour. However, in a population-based survey, 80% of people said they would change their diets and 88% said they would consume more vegetables. The number one barrier to preventive medicine is that 65% of physicians believe that people can't or won't change their behaviour.

Prochaska cited several examples to illustrate how behavioural solutions to human problems in many cases offer much more promise than quick-fix solutions. In the first year of introduction of the Nicotine Patch, the pharmaceutical research demonstrated that the patch was ineffective unless combined with behaviour change programs. Diabetes is one of the most expensive diseases of our health care system. Yet clinical trials clearly show that many of the most costly complications of diabetes could be prevented or delayed by diabetes self-management programs. The Tylenol company, producer of one of the most widely used analgesics in North America, admits that even with large samples of people, they cannot demonstrate in clinical trials that their analgesic reduces pain. Further, they are prepared to invest large sums of money in the development of behaviour change programs that will treat the causes of pain to provide them with a competitive edge in the marketplace.

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The leading and most profitable anxiolytic in the market, Xanax, produces significant improvement in anxiety in clinical trials at eight weeks and no effect at 16 weeks. The 16 week data were never published. We can do better. Behaviour change programs for anxiety control demonstrate impacts at 18 and 24 *months*, not just after eight weeks. People are not doing enough with behaviour in areas where we know biological solutions will not be able to do enough for them.

Looking at drugs used to treat depression, Greenberg reported in the Journal of Consulting and Clinical Psychology on 22 studies of outcome of antidepressant medication therapy and found only modest effect sizes in metanalysis. Furthermore, the medications were effective only from the perspective of the treating physician. On six measures of depression outcome from the patient's perspective, the drugs had no effect beyond placebo. Evidence from the new generation of antidepressants still provides less indication of efficacy. Patients may benefit as much from "active" placebos that produce side effects. Controlled studies comparing drugs and psychotherapy tend to favour psychotherapy. (See also the 1995 *Consumer Reports* survey on psychotherapy.)

And so it goes. What we need, according to Prochaska, is more press about the miracle of behaviour change. For example, 60 minutes of vigorous exercise a week can produce over 50 documented psychological and physiological benefits. Twenty minutes of relaxation a day can produce multiple benefits. Fifty minutes of psychotherapy a week can produce a broad range of benefits including reduced anxiety and depression, improved self-esteem and social relationships, decreased defensiveness, reduced addictive behaviour. Therapy can also produce increased survival from breast cancer and cardiovascular disease. "Move over, medications. Let's make way for behaviour change to carry its fair share of the load".

But first, we've got to reach the public. Collective efforts are necessary but certainly not sufficient. As individual psychologists, we must make our presence felt - to seem to be everywhere - all the time. As my daughter's hockey coach implored: "every time they turn around, you be there". At a recent Strategic Planning meeting of the Canadian Register, we embraced this notion. We call it: Get in Your Face Psychology. The public is desperate for alternatives to the failed promises of medical men/women and would-be helpers.

¹ Dr. Prochaska's speech, *Repositioning Psychology*, is available on tape from the audio Archives of Canada, 100 West Beaver Creek Road, Unit 18, Richmond Hill (Ontario) L4B JH4. Tape n^o 940304-160.