

Psychotherapy: The Good, the Bad, and the Future

Keith Klostermann^{1*} and Theresa Mignone²

¹Medaille College, USA

²Enlightened Therapies of Western New York, USA

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***Corresponding author:** Keith Klostermann, Medaille College, USA

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Opinion

The Good. Psychotherapy works—the results of outcome studies conducted over the past 75 years reveal that individuals treated are better off compared to people on waitlists or not receiving treatment [1]. In fact, the effect size of therapy (.08) is on par or better than many medical interventions (Acute MI, CHF, Graves Hyperthyroidism, medication treated erectile dysfunction, stages II and III breast cancer, cataract surgery, acute stroke, etc. Psychotherapy is also cost-effective; results of studies reveal that participation in therapy results in reductions in inpatient stays, consultations with primary-care physicians, use of medications, care provided by relatives, and general health care expenditures by 60% to 90% [2,3].

The Bad. Yet, psychotherapy outcomes have not appreciably improved over the past 40 years [1]. Perhaps even more troubling, research suggests that premature termination or dropout rates average about 47% for adults [4] and the range between 28% to 85% for children and adolescents [5,6]. The news gets worse results of outcome research also reveal that many clients (30% to 50%) do not benefit from therapy [7], [8] and in fact, some get worse; deterioration rates among adult clients ranges between 12% and 20% [9]. Miller estimates that these non-progressing or deteriorating clients are responsible for 60-70% of the total expenditures in the health care system and often clog up therapists' caseloads. In general, clinicians fail to identify those clients not progressing, deteriorating, or at risk for dropping out of treatment [10]. Simply stated, we know psychotherapy works, but there is room for improvement. Given the traditional ways of training and professional development do not seem to be improving client outcomes or producing better therapists, coupled with the fact that a sizable percentage of clients do not benefit from therapy, new models are needed to better address these issues. **The Future.** We contend that a paradigm shift is needed in terms of psychotherapy training, practice (including supervision), and continuing education programs. Despite attempts to identify specific ingredients in psychotherapy, research has found that a core group of general therapeutic factors is responsible for successful outcomes, regardless of the approach or model [11,12]. Given that client level of engagement is one of the best predictors of success [13], training and continuing education programs should shift the primary focus from specific factors (models, techniques) to more general factors with particular emphasis on alliance building and how to access client strengths and preferences. Moreover, training programs (and by extension students) would be well-served by embedding a feedback-informed philosophy within the curriculum in which instructors and students are using feedback as a way to improve and refine behaviors to better meet each other's needs.

According to Miller, clients whose therapists incorporate client feedback into the therapy process on an ongoing basis are 2.5 times more likely to experience benefit from treatment [1]. These concepts (collecting feedback, alliance-building) are pantheoretical and can be applied regardless of the therapist's preferred model. Psychotherapy works—those treated are better off than untreated, but given the lack of improvement over time, coupled with the alarming retention rates, new ideas are needed to ensure therapists are aware when the process is not working and can collaboratively revise the approach, method, or refer out as needed.

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