

“Talk therapy”—often used as shorthand for psychotherapy—is prescribed for a variety of emotional and mental disorders. Research shows that most patients who receive psychotherapy experience improvement. This paper describes the most commonly used psychotherapies and outlines some of the latest research findings.

Nearly 20% of American adults say they have had some form of therapy or counseling, and 4% are currently in therapy.—Freud in Our Midst, by J. Adler, *Newsweek*, March 27, 2006.

**The Psychotherapy Process.** Not all talk therapies are the same. Although each approach involves verbal communication between a clinician and a patient, the philosophy behind each approach requires different training for the clinician and provides a different experience for the patient.

According to the American Psychiatric Association, no one therapy is “better” than another. As with all medical situations, the clinician’s recommendation of therapy depends on the patient’s particular illness and circumstances. The main point is that psychotherapy works, as confirmed by countless studies.

Psychotherapy requires the concentration, energy, and commitment of both the patient and the therapist. The patient must be candid and honest and willing to address problems; the therapist must be professional, knowledgeable, supportive, and maintain strict confidentiality. Because the patient and the therapist are full partners in the process, both participate in making treatment decisions.

Confidentiality between patients and therapists is emphasized in the code of ethics of the American Psychiatric Association and other professional mental health organizations.

Psychotherapy can be short-term, with just a couple of sessions, or long-term, involving multiple sessions over several years. Many patients, though, complete psychotherapy in 16 or fewer sessions, which are usually 45-50 minutes long.

Psychotherapy most often takes place in individual sessions, but it can also be conducted in couple, family, or group settings. Psychotherapy may also be combined with other treatment, such as medication.

**Most Commonly Prescribed Psychotherapies.** The most frequently prescribed psychotherapies for individuals are psychodynamic, interpersonal, cognitive, behavioral, and a combination of cognitive and behavioral called cognitive-behavioral therapy (CBT).

- **Psychodynamic psychotherapy** is one of the most common forms of psychotherapy. It is based on the principles of psychoanalysis [see description below] but is less intensive than psychoanalysis—usually occurring once a week and for a shorter period of time (a year or less).

Psychodynamic psychotherapy holds that human behavior is determined by one's past experiences, but it may give relatively more attention to the individual's current situation than psychoanalysis. It focuses on increasing the patient's awareness of unconscious thoughts and behaviors, developing new insights into his or her feelings and motivations, and resolving conflicts to live a more fulfilling life.

Therapists use a variety of therapeutic techniques in psychodynamic psychotherapy, such as exploring your life experience, confronting your emotions, beliefs and actions, offering support, and interpreting your thoughts and behavior. During therapy, patients usually sit face to face with the therapist.

Individuals need to check their health plan benefits carefully. Many plans pay only a certain percentage of a therapist's fee, up to a stated maximum; limit the number of sessions covered; have an annual or lifetime cap on the amount paid; and place restrictions on the type of therapist a patient may see.—[www.HealthyMinds.org](http://www.HealthyMinds.org).

- **Interpersonal psychotherapy** focuses on your *current* life and relationships within your family, social, and work environments. In this case, you learn how to evaluate the way you interact with others and develop strategies for dealing with relationships and communication problems. Common themes include unresolved grief, transitions from one social or occupational role to another, conflict between you and significant people in your life, and deficiencies in your capacity to relate to others.
- **Behavioral therapy** focuses on changing unwanted or unhealthy behaviors through rewards, reinforcement, and desensitization. Desensitization, or exposure therapy, is a process of confronting something that arouses anxiety, discomfort, or fear and overcoming the unwanted responses. Behavioral therapy often involves the cooperation of others, especially family and close friends, to reinforce a desired behavior.
- **Cognitive therapy** aims to identify and correct distorted thinking patterns that can lead to feelings and behaviors that may be troublesome, self-defeating, or even self-destructive. The goal is to replace such thinking with a more balanced view that, in turn, leads to more fulfilling and productive behavior. Like behavior therapy, cognitive therapy focuses on your current problems,

rather than addressing underlying or past issues or conflicts. Unlike behavior therapy, however, your experiences are an important part of the cognitive therapy process.

- **Cognitive-behavioral therapy (CBT)** combines features of both cognitive and behavior therapies to identify unhealthy, negative beliefs and behaviors and replace them with healthy, positive ones. According to the Mayo Clinic's Web site, CBT is based on the idea that your own thoughts—not other people or situations—determine how you behave. Even if an unwanted situation doesn't change, you can change the way you think and behave in a positive way.

The usual format for CBT is weekly therapy sessions coupled with daily practice exercises designed to help you apply CBT skills at home. "The nice thing about CBT," one psychiatrist told *Psychiatric News*, "is that you can use it in a 15-minute appointment, a 60-minute appointment, or on an inpatient service."

Self-report data collected in 2000 suggest that more than 50% of psychiatrists used CBT techniques at least some of the time during the month preceding the study.— Increasing Use of CBT Suggests Promising Future, by J. Arehart-Treichel, *Psychiatric News*, Feb. 3, 2006, p. 21.

**What's Freud Got To Do With It?** When people think of psychotherapy or talk therapy, many still think of psychoanalysis—a practice that evolved out of theories developed by Sigmund Freud in the late 1800s. During psychoanalysis, patients examine their unconscious thought processes, both past and present, to understand their current feelings and behavior. It is a long-term, intensive therapy with a psychoanalyst that usually involves several sessions a week for several years. In formal psychoanalysis, the patient lies on a couch, and the therapist sits unseen behind the patient. Not many people still seek psychoanalysis, but according to *Newsweek's* article on Freud, "the vast proliferation of talk therapies testify to the enduring power of [Freud's] idea."

**Psychotherapy Works.** Research shows that psychotherapy helps individuals suffering from a variety of illnesses, such as mood disorders (depression and bipolar disorder); anxiety disorders (panic disorder and obsessive-compulsive disorder); eating disorders; substance use disorders; problems related to life events (loss, grief, marital difficulties, abuse, or trauma); problems at work; developmental and behavioral disorders in children; personality disorders (borderline or narcissistic); and even schizophrenia.

The most frequently recommended psychotherapies (described previously) have all been subjected to scientific study. The results demonstrate that most patients who receive psychotherapy experience enduring improvement that is evident on long-term evaluation. These results have even been verified by changes in the images of biological processes in the brain. Psychiatrist R.M. Glass, M.D., wrote recently in the *Journal of the American Medical Association (JAMA)* that psychotherapy affects regional cerebral blood flow, neurotransmitter metabolism, gene expression, and persistent modifications in synaptic plasticity.

Of patients who received psychodynamic psychotherapy for panic disorder, 73% responded positively.—A Randomized Controlled Clinical Trial of Psychoanalytic Psychotherapy for Panic Disorder, B. Milrod, et al., *American Journal of Psychiatry*, Feb. 2007, pp. 265-272.

All forms of psychotherapy and medication were equally effective for mildly to moderately depressed patients. For severe depression, interpersonal therapy was as effective as the antidepressant drug in some respects and superior to the placebo. —Interpersonal Psychotherapy, *Harvard Mental Health Letter*, August 2004.

CBT has received the most scrutiny to date. *Psychiatric News* reported in 2006 that more than 375 trials are described in the research literature, and “robust evidence” exists of CBT’s efficacy in treating depression and various forms of anxiety disorders.

Seventy-five percent of depressed patients show significant improvements after CBT treatment.—Cognitive Behavioral Therapy. University of Michigan Depression Center ([www.med.umich.edu/depression/cbtprn.htm](http://www.med.umich.edu/depression/cbtprn.htm)).

It’s important to note, again, that psychotherapy need not require years of treatment to be effective. Many patients complete psychotherapy in 16 or fewer sessions, especially for behavior-specific problems. More complex mental health problems may take longer, but often respond well to long-term psychodynamic psychotherapy (see recent article in *JAMA* by Leichsenring and Rabung).

**Psychotherapy Plus Medication May Work Better.** A growing body of evidence suggests that psychotherapy used in conjunction with medication may work better than either medication or psychotherapy alone, especially in more severe mental illness.

Hospitalized patients with major depressive disorder who received interpersonal psychotherapy in addition to pharmacotherapy improved significantly more than those who received only standard treatment (medication plus routine clinical management).—An Intensive Treatment Program of Interpersonal Psychotherapy Plus Pharmacotherapy for Depressed Inpatients: Acute and Long-Term Results, E. Schramm et al., *American Journal of Psychiatry*, May 2007, pp. 768-777.

Psychotherapy alongside medication is more effective at treating bipolar disorder than medication alone. —Cognitive Behavioral Therapies Effective for Bipolar. [www.psychcentral.com](http://www.psychcentral.com). April 3, 2008.

When patients received CBT in addition to medication for panic disorder, patients improved significantly more than patients who took medication only. —Does the Addition of Cognitive Behavioral Therapy Improve Panic Disorder Treatment Outcome Relative to Medication Alone in the Primary-Care Setting? by M.G. Craske et al., *Psychological Medicine*, Nov. 2005, pp. 1645-1654.

Psychiatrist Norman A. Clemens, M.D., described the relationship between psychotherapy and medication this way:

*“It is like surgery for hip replacement or medication for a heart attack where the attitude and cooperation of the patient as well as concurrent services are crucial to the outcome. So it is with the combination of medication and psychotherapy. A patient’s psychiatrist can both prescribe medication and conduct psychotherapy. Alternatively, a psychiatrist or primary care physician may manage medication and a psychologist, social worker, or counselor conduct psychotherapy with both the physician and the psychotherapist coordinating their work. In either case, the patient’s active engagement in the therapy is crucial.”*

No matter which psychotherapy approach is used, researchers continue to find that psychotherapy works and that it enables patients to function more effectively and comfortably once a mental disorder is properly diagnosed and treated.

**Sources:**

American Psychiatric Association public information Web site, [www.HealthyMinds.org](http://www.HealthyMinds.org).

*JAMA*, Effectiveness of Long-Term Psychodynamic Psychotherapy by F. Leichsenring and S. Rabung, Oct. 1, 2008, pp. 1551-1565.

*JAMA*, Psychodynamic Psychotherapy and Research Evidence; Bambi Survives Godzilla? by R.M. Glass. Oct. 1, 2008, pp. 1587-1589.

Mayo Clinic Web site, [www.mayoclinic.com](http://www.mayoclinic.com). See “psychotherapy.”

National Mental Health Information Center: *About Traditional Medical and Psychotherapies*. The Center provides information about mental health via a toll-free telephone number (800-789-2647) and at [www.mental-health-matters.com](http://www.mental-health-matters.com).

*Newsweek*: Freud in Our Midst, by J. Adler, March 27, 2006.

*Psychiatric News*: Increasing Use of CBT Suggest Promising Future, by J. Arehart-Treichel, Feb. 3, 2006, p. 21.

**General Resource:**

Partnership for Workplace Mental Health ([www.workplacentalhealth.org](http://www.workplacentalhealth.org)).

**Clinical Resource:**

*What Works for Whom? A Critical Review of Psychotherapy Research*, 2<sup>nd</sup> edition, A. Roth and P. Fonagy. New York: Guilford Press, 2004, 611 pp.