

# Psychotherapy in decline: what steps are needed to promote evidence-based practice?

“...basing mental treatment on the best practices, whether medication, psychotherapy or their combination, is of critical importance.”

**Keywords:** cognitive behavioral therapy • empirically supported treatments • evidence-based practice • pharmacotherapy • psychotherapy

## Psychotherapy in decline, medication use rising

Although mental health treatment utilization has increased overall in recent years, this has mainly been driven by the increased number of individuals receiving pharmacotherapy [1]. At the same time, there has been a decrease in psychotherapy use. The disparity between these treatments does not necessarily reflect differences in efficacy. Various psychosocial interventions have garnered considerable empirical support over recent decades as stand-alone treatments for the most common psychiatric conditions, including depression, anxiety disorders and substance abuse [2]. Adjunctive psychotherapy also has been shown to significantly improve outcomes for patients already receiving pharmacotherapy for bipolar disorder and schizophrenia. In addition, combined treatment with pharmacotherapy and psychotherapy is sometimes (e.g., severe depression), but not always (e.g., mild depression, certain anxiety disorders) more effective than psychotherapy alone [3]. Furthermore, research consistently demonstrates that the public expresses a preference for psychotherapy over medications (by a three to one ratio) for the treatment of common mental health problems [4]. Unfortunately, the evidence that has accumulated to support certain types of psychotherapy has not translated into increases in their use to parallel the rise in psychotropic medications. For example, use of psychotherapy alone decreased from 15.9 to 10.5% in mental health treatment settings over the last decade [1].

## Why is psychotherapy on the decline?

The decline in psychotherapy can be attributed to a variety of interrelated reasons [5]. First, direct-to-consumer advertising is used to market brand name medications to the public, even though this practice is banned in all western countries except for the United States and New Zealand. The pharmaceutical industry spends upwards of \$5 billion per year in the United States on such advertising [6], and psychosocial treatments lack the resources for similar promotion. Second, efforts to redefine mental health problems as putative ‘brain diseases’ have further justified the use of medications even for milder psychiatric disorders [7]. This increasing medicalization of mental health problems can have the negative effect of minimizing the importance of environmental factors and decreasing the focus on psychosocial outcomes that are typically the focus of psychotherapy. Third, another challenging barrier that psychotherapy faces is a decrease in reimbursement rates from insurance companies for psychotherapy [8]. Although often undervalued by insurers, evidence-based psychotherapies including cognitive-behavioral therapy have proven their worth as frontline treatments for depression and anxiety disorders, often with long-term advantages in terms of their ability to prevent relapse better than medications [9] and to show greater cost-effectiveness [10]. Fourth, patients are increasingly receiving mental health treatment from primary care physicians instead of psychiatrists, further increasing the use of psychotropic medica-



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tions as more patients receive nonspecialized care [11]. Fifth, many therapists do not believe that they need to provide the types of psychotherapies currently supported by research, and instead rely on their personal experience to inform their treatment decisions [12]. A national survey of 756 therapists revealed that a mere 8% report frequently using treatment manuals in their practice, which can assist in the delivery of psychotherapies in ways that have been found to be effective from research [13]. There is little to formally compel clinicians to use particular evidence-based psychotherapies if they are not interested in doing so.

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### What should be done to promote the evidence-based practice of psychotherapy?

In order to reach its full potential as an evidence-based mental health practice, wide-reaching changes must be made in the ways that psychotherapy is studied, disseminated to mental health professionals and promoted to service users and their families.

### Market psychotherapy better

One challenge psychotherapy will need to face is the ability to compete with direct-to-consumer advertising of psychotropics. Using similar efforts to promote empirically supported psychotherapies has the potential to educate consumers about their wider array of treatment options, and can help to destigmatize psychotherapy utilization to the public. Santucci, McHugh and Barlow argue that direct-to-consumer advertising has the ability to build ‘pull demand,’ in which requests from consumers for such treatments can, in turn, elicit a concurrent increase in clinician training and utilization of psychotherapy [14]. The American Psychological Association recently launched a media campaign called ‘psychotherapy works’ [15] to promote therapy and counteract drug advertising, but additional efforts are needed. ‘Viral video’ campaigns may help to market psychotherapy without the need to spend millions of dollars on traditional media advertising, especially for reaching younger portions of the public.

### Lobby government agencies

It will also be important for professional organizations with an interest in psychotherapy to pull their resources together to better promote and disseminate these treatments. Recent budget cuts to the US National Institutes of Health, which is the major source of funding for mental health research, have hampered research on

psychotherapies that provide the very evidence-base justifying and supporting their use in the healthcare system [16]. Furthermore, little money is devoted to implementing evidence-based psychotherapies, and so many consumers cannot find qualified therapists. Recently, the UK government devoted hundreds of millions of dollars to training therapists in cognitive-behavioral therapy, and similar efforts are critically needed in the United States and other countries [17]. It will take a concerted effort led by psychotherapy-oriented professional organizations to push for these much needed resources in the new era of perpetual budget cuts.

### Educate the public & dispel myths

Efforts by consumer groups like the National Alliance for the Mentally Ill (NAMI) and similar organizations have the ability to publicize and disseminate facts about the effectiveness of psychotherapy and dispel common myths. Thus, evidence-based psychotherapists must team up with such groups to get their message heard like the pharmaceutical industry has already done to further increase the ‘pull demand’ for psychotherapeutic services. Education campaigns are needed to dispel what Lilienfeld and colleagues call ‘psychomythology,’ or the popular misconceptions and misrepresentations of psychological science in the media and public [18]. Common myths about psychotherapy include that it requires years of treatment to get better, is less effective than medications in most cases, involves only talking about problems without doing anything about them, focuses on blaming parents, is only for the rich and is self-indulgent. Modern, evidence-based psychotherapy has nothing to do with these common caricatures of the treatment.

### Develop psychotherapy-specific treatment guidelines

In order to fix psychotherapy’s image problem and increase reimbursement coverage, promotion efforts must stress that particular psychotherapies have been rigorously studied, while others have not [19]. The current state-of-affairs in which few standards or regulations are in place to protect the public from ineffective or even potentially iatrogenic psychotherapies cannot continue in a modern healthcare system if therapists expect to continue to be reimbursed for their practices. To aid in these efforts, psychotherapists need to formalize their own evidence-based guidelines similar to other healthcare professionals. Although the American Psychological Association has created a basic list of what it calls ‘empirically supported treatments’ based on the psychotherapies that have been found to be efficacious in randomized controlled trials [2], formal guidelines are now needed to provide more spe-

cific direction to clinicians and consumers. Treatment guidelines inform clinicians about what therapy to use first, second and so on for different patient subgroups based on the latest in scientific evidence in an ever-evolving process [20].

### Utilize new technologies

The use of smartphones, tablet computers and other mobile devices is increasingly popular, and provides opportunities for delivering ‘psychotherapy’ in innovative new ways to reach more people [21]. For example, smartphones offer a novel medium through which assessments and interventions can be used to provide personalized treatment outside the traditional office setting. Thus, there is great potential for these strategies to be used either as stand-alone interventions for less severe problems, or as adjunctive tools between traditional treatment sessions to extend the ‘reach’ of the therapist. Nevertheless, there exists a potential downside to this technology—the elimination of the interpersonal context of treatment, which is one of the important functions of psychotherapy. In other words, it will be important that this new technology not be used to replace person-to-person psychotherapy merely as a way to reduce costs. One way of addressing this issue is by utilizing video conferencing technology as a means of administering ‘in-person’ therapy, combining both the convenience of technology and the value of an interpersonal experience. Similar technologies can also be used to train therapists in the latest evidence-based interventions using web-based

programs, to support therapists’ implementation of new treatments via mobile apps and to provide remote supervision through videoconferencing.

### Conclusion

The path may be long and uphill for psychotherapy in the current healthcare climate, but basing mental treatment on the best practices, whether medication, psychotherapy or their combination, is of critical importance if our aim is to reduce the personal and societal burden of mental illness throughout the world. Psychotherapists must learn from the successes that other groups have achieved in increasing the utilization of certain treatments, and redouble their efforts to promote effective psychotherapies. Similar to the process of psychotherapy itself, there is no ‘magic bullet’ solution, and it will take concerted and sustained efforts in a number of related areas to chip away at this problem to improve access to the best evidence-based psychotherapies for those most in need.

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