

Let the people have (empirically valid) therapy

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As the 21st Century begins, the psychotherapy industry is facing the challenge of providing mental health service to a large number of people in a manner that is both efficient economically



and effective in terms of outcome. Currently, available governmental resources are decreasing at the same time as third party payers, including insurance companies and the managed care industry, are unwilling to provide service to the many in need of extended mental health care. This is while the need for extensive service is clearly indicated by the large number of people incarcerated in prisons, suffering from active addiction, overtly mentally disabled and homeless, and inflicted with lifestyle related physical illnesses. In addition to the population clearly in need of mental health services, others want and need psychotherapy as a way of creating a replacement for the intimacy provided by a closely knit social group of friends and genetic relatives often absent in post modern culture. In many cases, the psychotherapy relationship has



and/or individual psychotherapy services. Providing enough high quality psychotherapy for this large and diverse group of people may be the most fundamental challenge facing the industry. An additional and related challenge is that of integrating the work of often competing disciplines and specialties represented by case workers, peer counsellors, social workers, marriage and child counsellors, psychologists, and psychiatrists, such that they can work effectively together, providing a range of services informed by and contributing to current research in the behavioral sciences.

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From our biopsychosocial perspective on psychopathology and the psychotherapy process, it is assumed that basic human mental capacities and processes cut across disciplines and types of psychotherapy. People are highly motivated to pursue normal developmental goals, and to overcome their psychological and other health problems. They seek treatment from mental health providers with specific ends in mind. For example middle-aged clients who have been diagnosed with heart disease, may begin psychotherapy in an effort to change the basic health habits that

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and types of psychotherapy. People are highly motivated to pursue normal developmental goals, and to overcome their psychological and other health problems. They seek treatment from mental health providers with specific ends in mind. For example middle-aged clients who have been diagnosed with heart disease, may begin psychotherapy in an effort to change the basic health habits that

contributed to the development of their physical illness, and which if altered, may greatly effect its course and ultimately, their life expectancy.

Psychotherapy may focus on the pathogenic beliefs and expectations, derived from earlier life experiences, that have interfered in the development of more adaptive lifestyle patterns, and interfered with this health-related goal. Younger adults often enter therapy to overcome inhibitions that result in, for example, problems in career development, psychological vulnerability to addiction, or an inability to settle into stable relationships. In these cases, psychotherapy may focus on changing the underlying dysfunctional beliefs, also derived from earlier life experiences, that led to these problems. And people of all ages may enter therapy in order to seek help coping with biologically based mental disorders such as a psychotic, bipolar, or depressive disorders.

Again, therapy may focus on pathogenic beliefs, such as those that stop clients from managing their symptoms and coping with the effects of their illness, for example, beliefs that warn them against consistently taking effective medications. In most if not all cases, clients come to therapy with specific internal and external goals, and hope to change the pathogenic cognitions that get in the way of their achievement. Across disciplines, treatment providers who are able to ascertain their clients' goals for treatment, to help clients discover and modify the beliefs that prevent them from optional functioning, and to help them in achieving these goals, are likely to be effective and contribute to a positive outcome.

Historically, mental health providers have minimized the role of the client as the primary agent of change, who is driving the course of his or her own therapy. A major challenge at this time is to more effectively train clinicians across mental health disciplines, to have a positive and goal-oriented perspective on their clients' basic motivations in treatment. This point of view may help the therapy process become more efficient economically, as well as more effective in terms of outcome. Furthermore, this perspective may help to coordinate and integrate the work of the team of mental health providers. The psychologist, psychiatrist, case worker and others with a positive health-seeking view of the client may more easily work together, as the client is essentially setting the agenda. Thus, psychotherapy providers with different levels of training and areas of expertise may all contribute to the clients' positive outcome.

An effective treatment team may also help the psychotherapy industry face another major contemporary

challenge, that is the transmission and integration of the expanding body of information derived from current research in the behavioural sciences. Psychotherapists from differing disciplines and training experiences need a way to access and integrate the latest information from neuroscience and related areas. Having a unified perspective on human motivation and working in teams may facilitate the dissemination of current research data. And finally, practitioners in the 21st Century are facing the challenge of engaging in an ongoing study of psychotherapy itself, in regards to both

outcome and psychotherapy process, making use of the new methods and results of research throughout behavioural science. In order to know that we are providing high quality therapy, the empirical study of therapy outcome is called for, and evaluating psychotherapy outcome has been and will continue to be an important challenge.

Furthermore, we are challenged to empirically investigate and better understand the mechanisms that underlie important factors that are now only broadly defined, such as the therapeutic alliance, the corrective emotional experience, changes in basic psychological schemas, beliefs,

mood states and neurochemistry in the therapy process. Conducting and integrating psychotherapy research will be a central component to our work as clinicians in the new century.

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Harold Sampson, Ph.D., is on the faculty at the San Francisco Psychoanalytic Institute and the University of California, San Francisco and President of the Board of the San Francisco Psychotherapy Research Group. In collaboration with Weiss, developed and carried out psychotherapy research projects in order to empirically study Control Mastery Theory.

