CHOOSING A THERAPIST

(Adapted from: "Want Bad Advice? Ask A Journalist How To Find A Therapist by Todd Essig)

Part 1:

That the world's supply of advice often exceeds the competence of its suppliers was amply illustrated this past week by *NY Times* journalist Harriet Brown in "**Looking for Evidence that Therapy Works**." Both ill-informed and with a potentially harmful conclusion, the article requires comment, two of them actually in this two-parter.

But first, the positive side: the problem she writes about is an important one. Many people struggle with how to find a therapist who will help; how does one know who to see to get help when help is needed? While many avoid the issue by seeing a managed-care in-network recommendation, that often exacerbates the problem of finding a helpful therapist because their concern is cost, not quality of care.

That's pretty much it for the positive side because the article significantly mis-reads the research and the state of the field. Brown gets it wrong by over-emphasizing the role of technique in successful treatment; confusing research-supported therapy for those therapies practiced with the aid of a treatment manual; and under-valuing the human reality that all effective psychotherapy, even manualized approaches, are relationships between people.

The article goes wrong by taking the losing side in an old controversy that has been settled in the other direction. The losing side maintains that this or that therapy provides unique, special effectiveness impossible to achieve with other approaches. These will often include TLA (three-letter acronym) treatments such as CBT or RET. Of course, TLA treatments help lots of people. They are effective, well deserving of being branded an EBT (an evidence based therapy). However, one should not then conclude that other treatments lack evidence for their effectiveness, a frequent mistake and one made by the *NY Times*. Non-TLA therapies, therapies not branded as an EBT, also have scientific evidence documenting effectiveness. For example, Barbara Milrod and colleagues have documented the **effectiveness of psychoanalytic psychotherapy for treating Panic Disorder**.

So, despite what the *NY Times* would have you believe, TLA-warriors armed with manuals have lost the battle for exclusive control over the term "scientific." In fact, there is significant research documenting that when you compare the relative effectiveness of established therapies (established means getting rid of the quacks) you do not find systematic differences in effectiveness between them. This may be surprising but it is true; there is no difference. It even has a catchy name: the **Dodo Bird Hypothesis**, named as such because the Dodo in *Alice in Wonderland* famously said "Everybody has won and all must have prizes."

Consider the following from a **formal resolution on psychotherapy effectiveness adopted by the APA** in August 2012, a document that should have been referenced in the *Times* article but was not:

"comparisons of different forms of psychotherapy most often result in relatively non-significant difference, and contextual and relationship factors often mediate or moderate outcomes. These findings suggest that (1) most valid and structured psychotherapies are roughly equivalent in effectiveness and (2) patient and therapist characteristics, which are not usually captured by a patient's diagnosis or by the therapist's use of a specific psychotherapy, affect the results." via **Recognition of Psychotherapy Effectiveness**.

As a boots-on-the-ground clinician the power of "patient and therapist characteristics" to influence outcome rings true. The eventual gold standard for treatment is never going to be this manual for that diagnosis. "Patient and therapist characteristics"—who the people are and how they relate—are just too important. Still on the horizon are answers for the classic question first posed in a classic 1967 article by Gordon Paul in the *Journal of Clinical Psychology*: **"*what* treatment, by *whom*, is most effective for *this* individual with *that* specific problem, and under *which* set of circumstances?"**

The fact is that neither the Dodo—nor any TLA–is close to answering this question. The current state of the field is that we do not yet know. We know several ways to help that work, that have been shown to be effective. We also know some things that do not help, that are just branding without therapeutic substance (like NLP, so-called neuro-linguistic programming debunked by research). But we do not have research that explains the fit between person, circumstance, problem, therapist, and technique.

Brown simply gets it wrong. The *Times* article makes it seem as if research has established a gold standard for treatment and that gold standard is a treatment manual. This is wrong. Brown and the *Times* should know better. And because they did not, at the very least, readers should approach the advice offered at the end of the article with not just a grain but a whole dish of salt.

Part 2:

The worst part of the Harriet Brown piece from the *NY Times*, "Looking for Evidence that Therapy Works" is not mis-reading the role of evidence in psychotherapy (the topic of the first part of this two-parter). The worst part is the advice given at the end for what people should have in mind when trying to find, as she described it, "a therapist well-grounded in the latest research."

Clearly, finding "a therapist well-grounded in the latest research" should be part of everyone's search for a therapist. But following manuals—which is at the core of her advice—is not the same thing as being well-grounded in the latest research. Nor does being a manual-expert say anything about being a good therapist. Everybody has to find the right person for them.

Brown ignores that good therapy starts with a good fit between patient or client and the therapist, not with the therapist's relationship to manualized treatments. In fact, someone can find a prospective therapist expert in the latest manualized treatment who also happens to be a lousy therapist, or a lousy therapist for a particular person.

I have got nothing against manuals. I have read and learned many. It's just that following one is not that useful in actual clinical work (as opposed to research studies). Let me illustrate with an example from Arnold Lazarus, a real luminary of behavioral, manualized treatments. He is the man who actually coined the phrase "behavior therapy" (think of him as not quite the Pope of CBT but as one of the most powerful Cardinals).

Along with psychologist Simon Rego, he just published a short piece in the March 2013 issue of ***The Behavior Therapist***. In it he briefly describes treating a severely traumatized young woman. He noted how she needed a long time to "get it all out" before he could slowly introduce the behavioral techniques available at that time, things like relaxation and systematic desensitization. He was way off the manual path. This helpful treatment illustrates how manuals only make sense inside relationships that work. I shudder to think how this woman might have continued suffering had she read and followed Brown's advice to start her treatment focused on Lazarus' relationship to technical manuals rather than his capacity for trust and understanding.

Lazarus says it well reflecting on the research-guided development of manualized treatments witnessed during his long, illustrious career: “as impressive as these changes and new developments have been, it is my opinion that they cover only a small segment of the issues that motivate people to seek clinical attention. The huge panorama of problems, issues, untoward thoughts, negative emotions, conflicts, sensory dysphoria, interpersonal ineptitude, and intrusive images that bring most people to therapists far outweigh the relatively small number of complaints that are thus far amenable to empirical methods and manualized therapy.” via ***March 2013, The Behavior Therapist***

So, where does that leave someone who may be looking for a therapist. I must say general advice for how to pick a therapist is at best dicey. Psychotherapy is not one-size fits all. Plus, different people want and need different things, and those differences matter. With depression, for example, research suggests **patient preference influences how well someone is able to both start and engage a treatment**. What I see in my practice is that some people want immediate relief for a specific problem. Others are looking to change enduring patterns of feeling, thinking, and relating they know to be problematic. Many want both. Advice helpful for one would not be helpful to the other. And making matters even dicier, as the psychoanalyst **Philip Bromberg** once said, “people want to change by staying exactly the same.”

In addition, all advice reflects the values and interests of the advice giver. That’s true for everyone, me included. My advice inevitably inclines people towards what I consider to be high-quality psychoanalytic psychotherapy. Why? Well, that is what I value; what has helped me, my family, and my friends over the years; how I read the research and professional literature; and is the goal for my practice.

After making sure the person is properly licensed with reputable education and training, my advice emphasizes whether the initial consultation feeds curiosity and hope; whether the prospective therapist conveys something usefully new about the problem; and whether questions about what the treatment will require of the patient, and what might reasonably be expected in return, are taken seriously and answered—even if the answer is “no way to know.” In short, my advice, even with all the caveats, is to go for an initial consultation and see if there is a good fit.

But that’s just me. So I asked a colleague of mine, Dr. Shane Owens, a board-certified psychologist practicing cognitive-behavioral therapy on Long Island, what advice he would give. No surprise, but his advice would incline people towards CBT. But however dissimilar we were in specifics, we started at the same place, the place Brown’s article dismisses: the relationship between patient and therapist. I want to quote him because he says it well: **“It is my belief that a patient needs to select a therapist with whom he or she can partner in the process of change.”**

My only modification might be to add “partner in a process of growth and exploration.” But both of us believe the place to start when looking for “a therapist well-grounded in the latest research” is to find a therapist with whom you can work, really work because psychotherapy is difficult. Change (or growth) is often hard. Worth it, yes. But it is hard.

With that said, and however much I value psychoanalytic psychotherapy, if someone shows up in my office, for example, with a flying phobia with a business trip a few months down the road then my advice will be to go see someone else. I will refer them to someone specifically skilled in that particular problem. Remember, psychotherapy is not one-size fits all.

So what does one do? How can someone find “a therapist well-grounded in the latest research.” Perhaps the best one can do is realize that good psychotherapy is the art of applying science to the human problems of a unique person. Bad psychotherapy, and there is too much of it out there, lots of

hacks have hung shingles, can come from bad art, no art, bad science, no science, any combination, or just a bad fit between the people involved. My bottom line advice is to embrace the former and avoid the later by having an open conversation with your prospective therapist. Remember, you are looking for a partner in the process of change.