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Q&A: A Yale Psychologist Calls for Radical Change in Therapy



By MAIA SZALAVITZ Tuesday, September 13, 2011 | 60 Comments

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(Updated) Is individual therapy overrated and outdated? In many ways, says Alan Kazdin, a professor of psychology and child psychiatry at Yale University, writing in the leading journal *Perspectives on*

Psychological Science.

Kazdin **contends** that treatments for mental health issues have made great strides over the last few decades, but the problem is that these evidence-based therapies aren't getting to the people who need them. Nearly 50% of the American population will suffer some kind of mental illness at least once in their lifetimes, but the mental health field, which relies largely on individual psychotherapy to deliver care, isn't equipped to help the vast majority of patients. Some 70% currently go untreated.

Healthland spoke with Kazdin about his views and recommendations for change. (*Note: we have updated this piece at Kazdin's request to include additional information on his perspective. Healthland will also continue its coverage of the controversial issues raised here.*)

Q: Why did you decide to speak out about this issue?

A: For me, it's like an emperor's new clothes situation. All these people — including me — do very expensive controlled trials of therapy and yet we see that most people aren't getting treatment at all. Something is wildly, drastically wrong.

In Manhattan, which has no shortage of therapists, I've asked for referrals for evidence-based treatments like cognitive behavioral therapy and several times had high-level professionals be unable to provide one.

Totally! [It is hard to get] evidence-based treatments. Among the many reasons is that scientific innovation in any field normally takes a decade or two to filter down to the public. It's somewhat sad, but normal.

Many therapists say they want to be "eclectic," rather than trying any new treatment system that has been proven to work.

That's a red herring: *I individually tailor treatment specifically for you.* The research shows that no one knows how to do that. [And they don't know how to monitor your progress.] Think about if you went to your physician and had a blood test, but they never read the results. They don't have any idea if you're getting better. It's ridiculous.

So why aren't patients clamoring for better therapy?

This is a very sad commentary for me. When I was starting out, I thought that the public would be an ally, but research shows that satisfaction with therapy is not very much related to getting better. [So, they don't necessarily realize they are not getting good treatment.]

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What do you think should be done?

The first thing we need is the commitment of professionals to really help people. We need very different ways of giving treatment. Many of them are out there already. For example, there are online treatments. There's self-help that could reach millions of people in need, if we did things other than one-to-one [New Yorker cartoon psychotherapy](#). We should have more guidelines [about what to do therapeutically] — that would offend the profession, but benefit the public.

I'm proselytizing only because someone has to look at this inertia. Right now in time zones all over country, someone is getting evidence-based treatment but there are eight or nine other people who aren't getting anything.

Any quarrel is not with psychotherapy and its effects. Yet, individual psychotherapy is the dominant mode of delivering psychological treatment and just cannot reach most people in need.

But if you don't rely on therapy for professional guidance, there's lots of self-help that is ineffective or even harmful.

Here's what's really hard. The self-help literature has a pile of evidence-based treatments that are well-studied in randomized controlled trials. But the poor public has no chance. You go to the bookstore or look online, and 99% of what you get is someone winging it. Those are not usually evidence based.

The profession should be out there taking the moral high ground [and providing appropriate guidance].

There are a couple of online cognitive behavioral treatments for clinical depression that have been shown to work in randomized controlled trials. The profession should be proselytizing, telling people that there's online treatment that's free or inexpensive, and if that doesn't help, then maybe you should see a therapist.

But what about the studies suggesting that it's the relationship between the therapist and the client — not the technique — that matters?

There's no real evidence for this. Yes, a good relationship is related to clinical outcome but it plays no causal role whatsoever. Some new therapies don't require a relationship at all. For example, there's essay-writing therapy for trauma. It's a set of self-administered treatments, there's no relationship there — it's not even an essential condition.

It's way overplayed. We did a study showing that the relationship isn't so special. The quality of the relationship [between therapist and patient] relates to how social the patient was before treatment. It may be correlated to effectiveness of treatment, but the relationship has not shown to be causally involved.

If you want to get over an anxiety disorder, do graduated exposure. But sit down and relate to me or love me like your mom and dad? There's no evidence for that.

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Don't people need some sort of social support, though?

Social support is needed. The feeling of isolation is related to immune system [dysfunction] and early death. Sometimes, that's all therapy is. There was a 1986 book called *Psychotherapy: The Purchase of Friendship*. So, what am I coming for? It might well just be to chat; that's beautiful, but don't come for anxiety or depression.

How about to mobilize people's own support systems?

That's not what therapists are talking about. *It's me, my wonderful relationship to you is going to change your whole life?* It's way outdated.

Is there a role for individual therapy? What is its proper place?

Individual therapy has three important roles. First, many variations have been effective in treating debilitating psychological problems — for example, depression — and hence, is a viable tool to help. Second and related, many crises of life — death of a loved one, divorce, stress — can be helped by temporary aid or by providing coping techniques. Psychotherapy can help with these situations too. Third, from therapies we know to work, perhaps we extract their essence and provide that in novel ways to reach many people.

Right now, therapy is often the first resort or the only resort of receiving needed psychological services. My view is that it ought to be only *one* way of providing treatment and perhaps late in the game, if more easily disseminable interventions have not worked. This is analogous to holding off on back surgery until we know that much more user-friendly and widely spread interventions — for example, exercise, programmed activities — are not working.

What are some types of individual therapy that are supported by evidence?

There are now many forms of individual therapy with strong evidence. Two prominent examples for adults are graduated exposure for the treatment of anxiety, and cognitive therapy for the treatment of depression. There are Internet and self-administered versions of these that also are effective.

Two prominent examples for children are behavior analysis for children with autism spectrum disorders, and parent management training for the treatment of children with severe aggressive and antisocial behavior. These and other evidence-based treatments can help a variety of clinical disorders.

So, who's going to help people find treatment? A general practitioner?

It's unrealistic to ask GPs to do it. It might be handled by professional authorities, or government could help people find the appropriate consortium of online services. You could have some sort of decision tree. Right now, we're missing most people who need care. There could be an app for this.

And how do you let people know about the help that could be available?

That itself needs a portfolio of communications. There could be pamphlets and brochures available when you go to the doctor's office. In [Scandinavian countries,] when they want to get rid of bullying, they do things like put information on milk cartons. But that's a marketing, communications, business school issue. It's a challenge for psychology, but we also really need to get collaborators involved and bring in the expertise of other fields to make it happen.

What do you think people can do to help change the mental health system?

We should unite in some way to try to bring together a critical mass of people who would have a voice to educate the public and serve at least as triage.

Won't psychologists see this as a threat to their livelihood?

They're already not doing too well. And if professional and public priorities come into conflict, the only way to go is to [favor] the public, to take the moral high ground. People are genuinely suffering.

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Maia Szalavitz is a health writer at TIME.com. Find her on Twitter at @maiasz. You can also continue the discussion on TIME Healthland's [Facebook page](#) and on Twitter at @TIMEHealthland.

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drreisner

Alan Kazdin argues that individual therapy is "way outdated," that there is no evidence that the therapeutic relationship is effective ("a good [therapeutic] relationship...plays no causal role whatsoever"), and that very few psychologists over 50 know what they're doing ("[It is hard to get] evidence-based treatments...Most people practicing who are 50 years old or older weren't trained in them and they don't know how").

Kazdin's argument is based on a narrow and peculiarly American approach to mental health care: that mental health is measured solely by externally defined symptoms and symptom relief, and not by self-report of well-being ("research shows that satisfaction with therapy is not very much related to getting better") nor by the complex interplay of biopsychosocial influences that make up an individual's psychological state. His is a remarkably selective analysis of data (authorizing his own as the only valid research, and advocating solely for the validity of his own brand of treatment), all the while claiming that he speaks, not out of self-interest, but from the "moral high ground"!

Kazdin embodies problems I believe are associated with the current for-profit, corporate driven health-care prioritization of so-called 'evidence-based treatment' that only accepts as "evidence" research derived from this symptom-focused premise. From my point of view, Kazdin's notion that a machine can do therapy and should be consulted first ("The profession should be proselytizing, telling people that there's online treatment that's free or inexpensive, and if that doesn't help, then maybe you should see a therapist") only makes sense in that context - one in which we are treating symptoms and not people.

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Speaking for the American Psychological Association, APA President Melba Vasquez released a statement blaming the reporter and giving former APA President Kazdin a notably undeserved pass. If we are going to counter Kazdin's call for replacing psychotherapy with mechanized symptom-reduction treatment, we'll have to do better than "for some disorders, psychotherapy treatment can be more effective, safer, and less expensive in the long-term than drug treatment." We are going to have to take on the premises of corporate-driven for-profit healthcare and its ever-narrowing definition of mental illness and homogenization of treatment. Simultaneously, we must reclaim the therapeutic discourse and cite the vast quantitative and qualitative research literature that supports what clients have experienced, that there is no machine that can compete with a compassionate, highly-skilled individual therapist can provide. The American Psychological Association should be promoting a health care system in which psychologists can do what they do best: provide humane and useful therapy, research, teaching and training – independent of corporate and government pressures – for the good of all and available to all.

Apparently, the bulk of the research evidence already supports the fact that clients say that they get better from individual therapy - but, hey, who are you going to believe, the clients and the literature or Kazdin?

Steven Reisner, Ph.D.
Candidate for President of the
American Psychological Association

2 months ago | 40 Likes

Like



bohart8

I am a psychologist who has written extensively on

evidence-based treatment. Readers should know that, while no responsible psychologist disputes the need for psychotherapy practice to be evidence-based, just how it should be evidence-based and what the evidence shows is under considerable dispute. Kazdin presents one-sided views on these issues, stating his opinions as if they were fact. An objective portrayal of the evidence on the importance of the relationship in psychotherapy would have said "There is debate over it. Many believe the evidence shows that it is a strong factor in promoting positive change. Others, including myself, dispute that."

Kazdin didn't bother to mention that there are over 1000 studies that show a stronger association between the therapeutic relationship and effectiveness of psychotherapy than for any other factor. And, yes, there is evidence that the relationship is causal. That the relationship may not always be necessary does not invalidate all that evidence. Other evidence, which Kazdin would dispute, shows that all bona fide approaches to therapy work, and work equally well for most disorders.

Many psychological scientists disagree with Kazdin's conclusions. Be aware that his conclusions are opinions, not facts.

2 months ago | 36 Likes

Like



Moriquenda M. Moriquenda

This man's argument is so full of holes, it's not even worth debating. Sounds more like a bid for attention.

2 months ago | 33 Likes

Like



abellg

I've been a psychologist doing NIH-supported research and clinical practice with medical patients for more than 15 years. So let me understand this... Dozens of studies support the idea that the therapeutic relationship is more important than the type of psychological treatment (including evidence-based treatments and pharmacotherapy), but Kazdin did "a study" and decides that it "isn't so special"? And ridicules it as "the purchase of friendship" and getting someone to "love you like your mom and dad"? And I should believe anything else he has to say? Surely there are better ways to advocate for needed improvements in the quality of psychotherapeutic treatment and the use of technological advances to access it. Kazdin may think he is rallying support for his position, but he has seriously undermined his credibility with me and, I expect, much of the psychological community with this off-the-cuff, biased and non-evidence-based interview. Sad for him, at the end of his otherwise illustrious career, but far more sad for those who will read this and not seek out the quality psychotherapy they need.

2 months ago | 30 Likes

Like



usm_sed

"Surely there are better ways to advocate for needed improvements in the quality of psychotherapeutic treatment and the use of technological advances to access it."

Amen!

2 months ago | in reply to abellg | 2 Likes

Like



Guest

What a bizarre mishmash of unsubstantiated and unsupported claims. I am a mental health professional. I and my colleagues are trained in multiple modalities and include cognitive therapies, neuropsychological diagnoses and treatment, psychodynamic (talk) therapy, and a host of others in conjunction with drug treatment where needed. We constantly study and search for new modalities. I have no idea what world the author is in, but it is not the current psychotherapy one.

2 months ago | 30 Likes

Like



Guest

Interesting btw that I am listed as Brett in NY, which I am not. But my post stands.

2 months ago in reply to Guest 1 Like

Like

**Eric Rogers**

Brett, you are a prisoner of your own experience/practice setting. As I am as well. Everyones view is gonna have some bias and some distortion in regards to prevalence of any practice related issue. No way around that. BUT take a look around, man. Its the wild west out there. Angel therapy, past life regression therapy, psychoanalysis for run-of-the-mill depression, EMDR neurobabble nonsense, a lack of real training and acceptance of empirically supported therapies. None of these are uncommon to see out in the community. I am pretty well insulated here in my academically-affiliated VA med center, but out in the community, the practitioners here are NOT up to date on how to really treat many things...at least not very efficiently or scientifically. PTSD for example. How can you not know what prolonged exposure therapy or cognitive processing therapy is and actually call your self a psychologist?! Its not like PTSD is an uncommon in the general outpatient population that seeks Tx in the community. I just dont get it.

So yes, I see what Kazdin is saying. I see it every day out in the community. Just because you and your group (and the ones around you) maintain good practice does NOT mean that's how everyone does it.

2 months ago in reply to Guest 7 Likes

Like

**Gary Sweeten**

Read the literature: The relationship of the Helper is more important than the intervention used. Take a look at the placebo studies. Faith is the key not the placebo.

2 months ago in reply to Eric Rogers 6 Likes

Like

**r a**

What so many people making these claims don't tell you is how participants in psychotherapy research are weeded so that only "clinically pure" samples are reported on. Meaning that comorbidity (i.e. alcoholism with depression, anxiety with dissociative characteristics, etc are not included in the evidence of evidence-based therapy. Proponents of evidence-based therapies frequently act as though comorbidity and/or other mental health issues simply don't exist. For example, CBT or online therapy for an adult survivor of sexual abuse hasn't been tested at all. To say that the therapies that have provided positive results for people for decades now should be done away with is premature at best. There have also been recent studies showing that psychodynamic therapy has longer-lasting benefits than CBT and that after completing therapy, individuals continue to progress over time rather than plateau.

What the industry needs is more discussion - anyone who falls too firmly into a particular camp is jumping the gun. There just isn't enough evidence of real-life client scenarios to be making such firm claims.

2 months ago | 20 Likes |

Like

**Joe Burke**

Agreed. Sounds like a complete bid for attention by Dr. Kazdin. There has been scientific, evidence-based research done on the critical role of the relationship in therapeutic progress. Carl Rogers, one of the most influential American psychologists, spent most of his life proving that point until his death in the mid 80s. Everyone today wants fast results ("There should be an app for that" I believe was Kazdin's quote). Yes, therapy or mental health treatments will never be like a blood test or CAT scan. To make that suggestion just underscore's this doc's poor frame of reference.

The truth is, we're social creatures and relationships- healthy, understanding kinds that relate personally to us are one of the best ways to mend very personal mental issues. CBT and other evidence-based modalities have their place for certain issues. But it's ridiculous to suggest that relationship-based methods are antiquated and ineffective.

Way to reach for the low-hanging sensationalist fruit, Times. The quality of your publication is embarrassing.

2 months ago | 19 Likes |

Like

**anagcosta**

I can't agree. I don't work in this area but I have known several Psychologists throughout my life, as well as doctors, and I cannot believe that no Psychologist know how to approach a specific patient in a specific manner. Just being with an individual it makes it almost impossible not to treat him differently from any others. It's like teachers, you can't teach all the students the same way. You eventually learn about each individualities and deal with those.

2 months ago | 17 Likes |

Like

**rkfarb2011**

Research shows that psychotherapy is a highly effective treatment for many disorders including anxiety and depression. For some disorders, psychotherapy treatment can be more effective, safer, and less expensive in the long-run than drug treatment -- a fact that Maia Szalavitz ignores in her article. Two such proven interventions for aggressive and anti-social behavior in children have been created by Dr. Kazdin himself. Dismissing the value of individual psychotherapy is not fact-based and not productive. Where the discipline and policy makers should put their energies is toward studying and, where appropriate, embracing new and innovative ways of ensuring access to evidence-based care for patients who don't currently have such access.

Melba J. T. Vasquez, President
American Psychological Association

2 months ago | 9 Likes

Like



Donna Goldstein

Is it mentioned that Dr. Kazdin's primary approach to treatment involves manuals and books. While he believes in evidence based therapies, he also is a strong advocate of manualized approaches as well. There may be some self-interest, myopia, and allegiance to his own research and belief system that informs his assertion to eliminate psychotherapy. The elimination of psychotherapy is likely to have no adverse impact on his bank balance and may actually improve it!

2 months ago | 8 Likes

Like



Gary Sweeten

Read the manual online, take two aspirins and call me in the morning.

2 months ago | in reply to Donna Goldstein | 1 Like

Like



AtticusFinch1

Over 17 years I have had the experience from Hell. Too unaware and Co-Dependent to pull myself back. My Ex was the "Identified" patient--but I became ill along the way, as well.

I have had direct experiences with MD (Psychiatrists), PhD(Psychologists) and MS level(Therapists). Also with group led "therapies". AA, Al-Anon. Mix of both Genders.

4 out of 5 Psychiatrists were only interested in Pharmacology--even though it was joint/ couples therapy as well (Ex was AXIS I BP II and BPD); 2 were either insane or poorly titrated on Risperadone/Klonopin, etc.

Phd's were an eclectic, insecure, neurotic mixed bag. 2 out of 6 were okay--the rest were straight out of "running with scissors". They hate Psychiatrists. They hate clients who ask intelligent, goal directed questions--hiding behind odd notions of "transference/ Countertransference". Some worked with the kids as a result of the Divorce. One was good and 3 were Pathologic.

MS--2 out of 6 were sane and fairly logical and helpful/practical. 4 were from your anus..they should never see a "client" in a clinical setting--ever!

AA --was full of a gobble of sober, dry drunks/ Sociopaths--still on the make and dangerous... and/or sad, forlorn, chronically depressed "martyrs" paying for past sins and paying dues to an angry "God"and a bunch of Co-dependents. There were a few good people there--why? I'm not sure... I cut away after 10 years. I went there to try and save a marriage. Don't try it there!

Al-Anon was full of angry women and a few masochistic males. There were some good people there, though. Not therapeutic. More Anger than Co-Dependency--there.

What helped me most? Surviving the above--resolving to make a set of changes----getting a divorce, getting custody of my kids, changing jobs, getting a very sick ex-wife and substance abuse ridden brother completely out of my life--and doing work with good old Beck & Ellis--especially Albert Ellis --who detested "Psychoanalysts" since the 1960's.

Ellis felt the basics of RET / REBT should be taught in the schools. I agree. It should also be taught in the workplace. Easy, cheap, direct, goal oriented, and available on line.

We need to learn how to stop "Upsetting ourselves". Keep "Emotional Vampires" at bay. (Bernstein has a nice little book on that) Practice Mental Health hygiene. Keep a healthy lifestyle. Love. Laugh. Not upset ourselves needlessly.

I spent 20 years and thousands of \$\$ on the above people.

My Filtering process yielded the following:

Those who didn't want to be my friend--were most effective. They have my gratitude.

Those who said this Therapy is "time limited"--were 2nd most effective. Honest people.

Those who were honest and self assured--She's a mess--learn to take care of yourself/ kids learn like the Red Cross--make sure a drowning person doesn't turn into 2 drowned people. Walk away ! THANK YOU !

Grief work with a good, experienced person --is wonderful. Short. direct. Freeing. Forgiving. Cheap. Effective. Kick starts arrested "healing".

Pharmacology is an inexact science--regardless of who is Prescribing the pills---especially when an unstable AXIS II Borderline is the Patient.

Borderlines are Freaks of nature. Fully 1/2 of the PHd's and "Therapists" didn't catch the Borderline Dx until they were over their head...The Shrinks knew--but left me/ kids to twist in the wind.

There are just a lot of people out there who lack the "Hudspa" and Support to take on massive change and learn to calm themselves. They take lots of "Baby steps" with incompetent Professionals--over years. It is like watching a Train wreck in slow motion. Very sad.

When you are tired of heaping Hope upon hope, ..it's time for change. Pop-eye was right, after all. (.."...I had enough, and I can't stands no more!"

The Author has a valid point. Individual therapy is pretty worthless, After all.

G'nite

2 months ago | 8 Likes

Like



Eloisala

Absolutely agree with this guy 100%. I tried several therapists before I found one that actually spoke of a treatment plan. Most of them were willing to sit and listen to me talk and offered me not a smidgen of input, other than, "That must have been a difficult time for you." Duh. But as long as my insurance was footing the bill, none of them were willing to tell me they didn't have a clue as to what might help me with my anxiety and depression. I finally found that a good AI-anon meeting offered much more practical and useful tools for me than any of the highly educated therapists did. And it's free.

2 months ago | 8 Likes

Like



anagcosta

One shouldn't judge all Psychologists through the experience one had with only a few.

2 months ago in reply to Eloisala | 6 Likes

Like



usm_sed

I'm sorry that you had such bad experiences. Sincerely. I will say, however, that there are good therapists out there. I will also say that I count myself as one of them. There are those of us who put a lot of energy into designing treatment plans, using gradual methods of implementing change... there are those of us who genuinely care and who spend hours outside of therapy researching methods that have extensive scientific/empirical support. There are those of us who practice good psychology and help our clients make measurable improvements. I have had a client who went from spending 2 hours every morning checking the door locks and stove burners, to less than 5 minutes. I have had clients who measurably improved their social functioning and decreased their depression over the course of a few months. I recently had a child client who went from providing no verbal response to verbal questions, to responding more than 60% of the time with correct responses... change is gradual and hardly ever happens all at once. Psychologists... therapists... many of us work hard along with our clients to create change. Many of us work for little money, do pro bono... and many of us don't give a flip who is footing the bill-- we just want to see our clients functioning better than they were. Again, I say that I am sad you have had bad experiences, but please do not believe that the therapists you met represent all of us.

-sd, M.A.

Clinical Psychology Doctoral Student

CBT Therapist

2 months ago in reply to Eloisala | 3 Likes

Like



drreisner

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Steven Reisner, Ph.D.
Candidate for President of the
American Psychological Associationwww.reisnerforpresi...

2 months ago | 6 Likes



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