

## Does Therapy Work?

About 50% of patients get better if they engage in therapy and do not drop out prematurely. And they get significantly better with an effect size between .68 to 1.51 (Lambert & Ogles, 2004; Shedler, 2010; Wampold, 2001, 2007, 2013). Considering that the placebo effect is about .25 and psychotropic medications get an effect size of about .3, therapy can be very effective. However, 40-50% of patients drop out of treatment before they get any benefit (Wierzbiki & Pekarik, 1993). One study (Lambert, et al, 2045) found that treatment made 8% of patients worse! And even when patients benefit from therapy, between 35 and 70% of them relapse later (Wiborg & Dahl, 1996). Think about it: only about half of patients benefit from therapy. And then nearly half of them relapse. Why?

Most therapy models are effective with easy patients. You know: the ones who are young, adult, verbal, insightful, and motivated. The ones we rarely see. However, those same therapy models are much less effective with patients who show up in our clinics and offices: the ones who have multiple diagnoses, somatic conditions, personality disorders, or treatment resistant depression.

What effect does this problem have on therapists? Orlinsky & Ronnstad (2005) found that most therapists feel they can establish rapport with their patients. But 76% of them said that they lack the skills to motivate patients to work hard in therapy, and they didn't know how to use specific techniques for specific patients. And how many of these highly educated and experienced clinicians felt a sense of mastery? Fewer than 47%. And later, you'll find out that even this estimate is sadly wrong

Our field is young, just over 100 years old. We have great theories. We have a wealth of outcome data. We have over 400 models of psychotherapy. But we still have no agreement on what basic skills therapists need to learn to be effective. We have no large body of research yet to show that supervision or psychotherapy training leads to improved outcome. And as a result, clinical outcomes have not improved in 50 years (Ecker, 2015).

Rather than focus on the specific skills therapists need to learn, our field has been involved in a decades long turf war. "My therapy model is better than yours." However, the research does not yet support any particular model as being uniquely more effective than another with all patients. I was trained at a time when psychoanalysis was idealized and other models were devalued. Today CBT is often idealized and psychoanalysis is devalued. Sadly, this irrational pattern of idealization and devaluation

to grab market share has distracted us from the hard work of determining the skills necessary for therapeutic competence and then teaching and learning those skills. Does therapy work? Yes. What skills do you need to make therapy work? Our task here is determining what those trans-theoretical skills are so that we can learn to become effective therapists more quickly.

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