

illnesses affects their daily life, focuses on how to best understand the illness and manage its symptoms and follow medical recommendations.

Types of Psychotherapy

There are numerous approaches to psychotherapy, also called talk therapy, from which mental health professionals draw their treatment practices. Different types of psychotherapies are often better-suited to specific types of problems. For example, some psychotherapies are designed mainly to treat disorders like [depression](#) or anxiety, while others focus more on helping people overcome problems with [relationships](#) or obstacles to greater life satisfaction. Some forms of psychotherapy are one-on-one with a therapist, while others are group-based or family-based. According to the American Psychological Association, those approaches fall into five broad categories.

Psychoanalytic or psychodynamic therapies. The idea behind this kind of therapy is that people's lives are affected by unconscious issues and conflicts. The goal of the therapist is to help the person bring those issues to a conscious level where they can be understood and dealt with. This may involve analyzing [dreams](#) or exploring a person's personal history.

Behavioral Therapy. This approach to therapy focuses on learning and behavior in an effort to change unhealthy behavioral patterns. Some therapists try to help patients learn new associations by using a system of reward and punishment to bring about certain behavioral changes. Another approach might involve a controlled series of exposures to a [phobia](#) trigger to desensitize a person to an unreasonable fear.

Cognitive Therapy. The emphasis in cognitive therapy is on a person's thoughts. The idea is that dysfunctional thinking is what leads to dysfunctional emotions or behaviors. The goal is to help the person recognize unhealthy thinking patterns and to recognize and change inaccurate beliefs.

Group Therapy. One or more behavioral providers leads a group of 5-15 patients a few hours per week. Groups are typically designed to help each other deal with a particular issues, including obesity, social anxiety, grief, chronic pain, or substance abuse.

Humanistic Therapy. This approach to therapy is based on the idea that people are capable of making rational choices and developing their maximum potential. This approach to therapy is often client centered, with the client being seen as the authority on what is going on inside.

Integrative or Holistic Therapy. This approach relies on integrating multiple approaches to therapy based on the client's individual needs. For instance, cognitive behavioral therapy is a combination of the two individual therapies and focuses on both thought and behavior.

Getting Started With a Mental Health Professional

Finding the right mental health professional and the right approach to therapy is as important as finding the right medical doctor. Whether you are planning to see a psychologist or a psychiatrist or another type of mental health professional, you should start with a phone call to the professional. Ask about the professional's approach to dealing with mental issues and how they generally work with clients. Ask about whether or not they accept insurance and how payments are handled. You might describe your reason for wanting to make an appointment and ask if they are experienced in dealing with such issues. If you are comfortable talking with them, the next step is to make an appointment.

At your first office visit, the mental health professional will want to talk with you about why you think you need to come to therapy. They will want to know about what your symptoms are, how long you've had them and what, if anything, you've done about them in the past. They will probably ask you about your family and your work as well as what you do to relax. This initial conversation is important in developing the appropriate approach to treatment. Before you leave the office, the mental health professional should describe to you the plan for treatment and give you an opportunity to ask any questions you might have.

It will likely take several weeks before you become fully comfortable with your therapy. If you still aren't feeling comfortable after two or three visits, let the mental health professional know and explain why you feel that way. The two of you need to work together as a team in order to get the most out of your treatment.

 **Show Sources**

SOURCES:

Mental Health America: "Types of Mental Health Professionals."

National Alliance on Mental Illness: "Mental Health Professionals: Who They Are and How to Find One."

AllPsychologySchools.com: "Psychology vs. Psychiatry -- Do You Know the Difference?"

Encyclopedia of Mental Disorders: "Psychiatrist."

National Institute of Mental Health: "Psychotherapies."

American Psychological Association: "Different approaches to psychotherapy."

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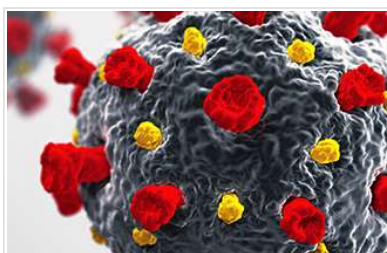
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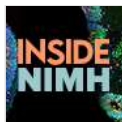
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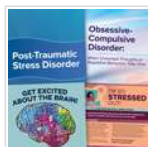
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psychotherapy (n.)

"art of curing mental diseases," 1892, from **psycho-** + **therapy**, on model of French *psychothérapie* (1889). In early use also of treatment of diseases by "psychic" methods (mainly hypnotism). *Psychotherapeia* was used in medical writing in 1853 as "remedial influence of the mind." Related: *Psychotherapeutic* (1890, in reference to hypnotic treatment); *psychotherapeutics* (1872).

Entries linking to *psychotherapy*

psycho-

word-forming element meaning "mind, mental; spirit, unconscious," from Greek combining form of *psykhē* "the soul, mind, spirit; life, one's life, the invisible animating principle or entity which occupies and directs the physical body; understanding, the mind (as the seat of thought), faculty of reason" (see **psyche**). It also was used to form compounds in Greek, such as *psychapates* "soul-beguiling" (with *apate* "deceit").

therapy (n.)

1846, "medical treatment of disease," from Modern Latin *therapia*, from Greek *therapeia* "curing, healing, service done to the sick; a waiting on, service," from *therapeuein* "to cure, treat medically," literally "attend, do service, take care of" (see **therapeutic**).

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specialist in or practitioner of psychotherapy, 1874, from **psychotherapy** + **-ist**.

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Definitions of *psychotherapy*



Dictionary entries near *psychotherapy*

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psychosis

psychosocial

psychosomatic

psychotherapist

psychotherapy

psychotic

psychotropic

psychro-

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Learn how to choose a psychologist, how therapy works, how long it lasts and what should and shouldn't happen during psychotherapy.

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Introduction

Do you ever feel too overwhelmed to deal with your problems? If so, you're not alone.

According to the [National Institute of Mental Health](http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml) (http://www.nimh.nih.gov/statistics/1ANYDIS_ADULT.shtml), more than a quarter of American adults experience depression, anxiety, or another mental disorder in any given year. Others need help coping with a serious illness, losing weight, or stopping

smoking. Still others struggle to cope with relationship troubles, job loss, the death of a loved one, stress, substance abuse, or other issues. And these problems can often become debilitating.

What is psychotherapy?

A psychologist can help you work through such problems. Through psychotherapy, psychologists help people of all ages live happier, healthier, and more productive lives.

In psychotherapy, psychologists apply scientifically validated procedures to help people develop healthier, more effective habits. There are several approaches to psychotherapy—including cognitive-behavioral, interpersonal, and other kinds of talk therapy—that help individuals work through their problems.

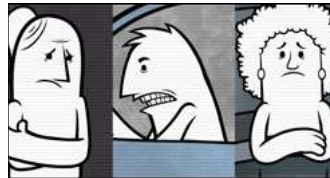
Psychotherapy is a collaborative treatment based on the relationship between an individual and a psychologist. Grounded in dialogue, it provides a supportive environment that allows you to talk openly with someone who's objective, neutral, and nonjudgmental. You and your psychologist will work together to identify and change the thought and behavior patterns that are keeping you from feeling your best.

By the time you're done, you will not only have solved the problem that brought you in, but you will have learned new skills so you can better cope with whatever challenges arise in the future.

When should you consider psychotherapy?

Because of the many [misconceptions about psychotherapy](#) ([/topics/psychotherapy/myths](#)), you may be reluctant to try it out. Even if you know the realities instead of the myths, you may feel nervous about trying it yourself.

Overcoming that nervousness is worth it. That's because any time your quality of life isn't what you want it to be, psychotherapy can help.



Some people seek psychotherapy because they have felt depressed, anxious, or angry for a long time. Others may want help for a chronic illness that is interfering with their emotional or physical well-being. Still others may have short-term problems they need help navigating. They may be going through a divorce, facing an empty nest, feeling overwhelmed by a new job, or grieving a family member's death, for example.

Signs that you could benefit from therapy include:

You feel an overwhelming, prolonged sense of helplessness and sadness

Your problems don't seem to get better despite your efforts and help from family and friends

You find it difficult to concentrate on work assignments or to carry out other everyday activities

You worry excessively, expect the worst, or are constantly on edge

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Your actions, such as drinking too much alcohol, using drugs, or being aggressive, are harming you or others

What are the different kinds of psychotherapy?

There are many different approaches to psychotherapy. Psychologists generally draw on one or more of these. Each theoretical perspective acts as a roadmap to help the psychologist understand their patients and their problems and develop solutions.

The kind of treatment you receive will depend on a variety of factors: current psychological research, your psychologist's theoretical orientation, and what works best for your situation.

Your psychologist's theoretical perspective will affect what goes on in his or her office. Psychologists who use cognitive-behavioral therapy, for example, have a practical approach to treatment. Your psychologist might ask you to tackle certain tasks designed to help you develop more effective coping skills. This approach often involves homework assignments.

Your psychologist might ask you to gather more information, such as logging your reactions to a particular situation as they occur. Or your psychologist might want you to practice new skills between sessions, such as asking someone with an elevator phobia to practice pushing elevator buttons. You might also have reading assignments so you can learn more about a particular topic.

In contrast, psychoanalytic and humanistic approaches typically focus more on talking than doing. You might spend your sessions discussing your early experiences to help you and your psychologist better understand the root causes of your current problems.

Your psychologist may combine elements from several styles of psychotherapy. In fact, most therapists don't tie themselves to any one approach. Instead, they blend elements from different approaches and tailor their treatment according to each patient's needs.

The main thing to know is whether your psychologist has expertise in the area you need help with and whether your psychologist feels he or she can help you.

Finding a psychologist

Once you've decided to try psychotherapy, you need to find a psychologist.

Why choose a psychologist for psychotherapy?

Psychologists who specialize in psychotherapy and other forms of psychological treatment are highly trained professionals with expertise in mental health assessment, diagnosis, and treatment, and behavior change.

After graduating from a four-year undergraduate college or university, psychologists spend an average of seven years in graduate education and training to earn a doctoral degree. That degree may be a PhD, PsyD or EdD.

As part of their professional training, psychologists must complete a supervised clinical internship in a hospital or organized health setting. In most states, they must also have an additional year of post-doctoral supervised experience before they can practice independently in any health care arena. It is this combination of doctoral-level training and clinical internship that distinguishes psychologists from many other mental health care providers.



Psychologists pass a national examination and must be licensed by the state or jurisdiction in which they practice. Licensure laws are intended to protect the public by limiting licensure to those who are qualified to practice psychology as defined by state law. Most states also require psychologists to stay up-to-date by earning several hours of continuing education credits annually.

In addition, APA members adhere to a strict code of professional ethics.

How do I find a psychologist?

If you plan to use your insurance or employee assistance program to pay for psychotherapy, you may need to select a psychologist who is part of your insurance plan or employee assistance program. But if you're free to choose, there are many ways to find a psychologist:

Ask trusted family members and friends.

Ask your primary care physician, obstetrician/gynecologist, pediatrician, or another health professional. If you're involved in a divorce or other legal matters, your attorney may also be able to provide referrals.

Search online for psychologists' websites.

Contact your area community mental health center.

Consult a local university or college department of psychology.

Call your local or state psychological association ([/about/apa/organizations/associations](#)), which may have a list of practicing psychologists organized by geographic area or specialty.

Or use a trusted online directory, such as APA's Psychologist Locator service (<http://locator.apa.org/>). This service makes it easy for you to find practicing psychologists in your area.

Psychologists may work in their own private practice or with a group of other psychologists or health care professionals. Practicing psychologists also work in schools, colleges and universities, hospitals, health systems and health management organizations, veterans' medical centers, community health and mental health clinics, businesses and industry, and rehabilitation and long-term care centers.

Selecting a psychologist

APA estimates that there are about 85,000 licensed psychologists in the United States. How can you find the one who's right for you?

Psychologists and patients work together, so the right match is important. Good “chemistry” with your psychologist is critical, so don’t be afraid to interview potential candidates about their training, clinical expertise, and experience treating problems like yours. Whether you interview a psychologist by phone, during a special 15-minute consultation, or at your first session, look for someone who makes you feel comfortable and inspires confidence.

But it’s also important to check more practical matters, too.

What should you ask yourself?

When you’re ready to select a psychologist, think about the following points:

Do you want to do psychotherapy by yourself, with your partner or spouse, or with your children?

What are your main goals for psychotherapy?

Will you use your health insurance or employee assistance program to pay for psychotherapy?

If you’ll be paying out of pocket, how much can you afford?

How far are you willing to drive?

What days and times would be convenient?

What should you ask a psychologist?

You’ll need to gather some information from the psychologists whose names you have gathered.

The best way to make initial contact with a psychologist is by phone. While you may be tempted to use email, it’s less secure than the telephone when it comes to confidentiality. A psychologist will probably call you back anyway. And it’s faster for everyone to talk rather than have to write everything down.

Psychologists are often with patients and don’t always answer their phones right away. Just leave a message with your name, phone number, and brief description of your situation.

Once you connect, some questions you can ask a psychologist are:

Are you accepting new patients?

Do you work with men, women, children, teens, couples, or families? (Whatever group you are looking for.)

Are you a licensed psychologist in the state where I live?

How many years have you been practicing?

What are your areas of expertise?

Do you have experience helping people with symptoms or problems like mine?

What is your approach to treatment? Have the treatments you use been proven effective for dealing with my problem?

What are your fees? Do you have a sliding-scale policy if I can't afford your regular fees? Do you accept credit cards or personal checks? Do you expect payment at the time of service?

Do you accept my insurance? Are you affiliated with any managed care organizations? Do you accept Medicare or Medicaid?

Will you accept direct billing to or payment from my insurance company?

What are your policies concerning things like missed appointments?

If you have particular concerns that are deal-breakers for you, ask the psychologist about them. You might want to work with a psychologist who shares your religious views or cultural background, for example. While some psychologists are more open to disclosing personal information than others, the response will give you important information about whether you'll work well together.

While you're assessing a psychologist, he or she will also be assessing you. To ensure that psychotherapy is successful, the psychologist must determine whether there's a good match when it comes to personality as well as professional expertise. If the psychologist feels the fit isn't right—perhaps because you need someone with a different specialty area—he or she will refer you to another psychologist who can help.

Getting started

How can I pay for psychotherapy?

If you have private health insurance or are enrolled in a health maintenance organization or other type of managed care plan, it may cover mental health services such as psychotherapy. Before you start psychotherapy, you should check with your insurance plan to see what is covered.

Thanks to the [Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 \(topics/managed-care-insurance/parity-law-resources\)](#), group insurers of more than 50 employees that offer mental health and substance use services must cover both mental and physical health equally. That means insurers are no longer allowed to charge higher copays or deductibles for psychological services or arbitrarily limit the number of psychotherapy sessions you can receive.

However, insurance companies vary in terms of which mental health conditions they cover. That means some insurance policies may not cover certain mental health disorders.

Your employer may also offer an employee assistance program. These programs typically offer one to eight sessions of mental health treatment for free or at a very low cost. Your spouse or partner may also be eligible for these benefits.



Government-sponsored health care programs are another potential source of mental health services. These include Medicare for people age 65 and older and people with disabilities, as well as health insurance plans for military personnel and their dependents. In some states, Medicaid programs may also cover mental health services provided by psychologists.

Other options include community mental health centers, free clinics, religious organizations, and university and medical center training programs. These groups often offer high-quality services at low cost.

What should I ask my insurance company?

Look on the back of your insurance card for a phone number for mental or behavioral health or call your insurance company's customer service number. Before your first psychotherapy appointment, ask your insurer the following questions:

Does my plan cover mental health services?

Do I have a choice about what kind of mental health professionals I can see? Ask whether your plan covers psychologists and what kinds of treatments are covered and excluded.

Is there a deductible? In some plans, you have to pay a certain amount yourself before your benefits start paying. Also ask how much the deductible is, what services count toward your deductible and when your deductible amount starts over again. Some deductibles re-set at the first of the year, for example, while others re-set at the beginning of your employer's fiscal year.

What is my copayment? Your plan probably requires you to pay for part of treatment yourself by paying either a set amount or a percentage of the fee directly to your psychologist for each treatment session.

Is there a limit to the number of sessions? Unlike group or employer-based insurance that must provide mental health parity, private insurance does not. It may only be willing to pay for a certain number of sessions.

Making your first appointment

You may feel nervous about contacting a psychologist. That anxiety is perfectly normal. But having the courage to overcome that anxiety and make a call is the first step in the process of empowering yourself to feel better. Just making a plan to call and sticking to it can bring a sense of relief and put you on a more positive path.

Psychologists understand how difficult it can be to make initial contact. The first call is something new for you, but it's something they handle regularly. Leave a message with your name, your contact number, and why you are calling. It's enough to just say that you are interested in knowing more about psychotherapy. Once your call is returned, they'll lead a brief conversation to get a better sense of what you need, whether they are able to help, and when you can make an appointment.

You might be tempted to take the first available appointment slot. Take a few minutes to stop and think before you do. If it does not fit with your schedule, you can ask if there are other times available that might fit better for you.

What factors should you consider?

You'll need to think about the best time of day and week to see your psychologist.

Factors to consider include:

Your best time of day. Whether you're a morning person or a night owl, know when you're at your best and schedule your appointment accordingly.

Work. If you have to take time off from work, ask your human resources department if you can use sick leave for your psychotherapy sessions. You might also want to schedule your first appointment later in the day so you don't have to go back to work afterward. If you have an upsetting topic to discuss, you may be tired, emotionally spent, puffy-eyed, or distracted after your first session.

Family responsibilities. Unless your children are participating in treatment, it's usually not a good idea to bring them along. Choose a time when you will have child care available.

Other commitments. A psychotherapy session typically lasts 45 to 50 minutes. Try to schedule your session at a time when you won't have to rush to your next appointment afterward. Worrying about being late to your next commitment will distract you from your psychotherapy session.

How should I prepare for the appointment?

Once you've made an appointment, ask your psychologist how you should prepare. A psychologist might ask you to:

Call your insurer to find out what your outpatient mental health benefits cover, what your copay is, and whether you have a deductible. If you don't get this information ahead of time, your psychologist may ask you to come to your appointment a little early so he or she can help you verify your benefits.

Fill out new patient paperwork for your psychologist. Your psychologist may have a website with forms you can download and fill out before you arrive at your appointment. If not, you can ask your psychologist to get you the forms and fill them out at home rather than while sitting in the psychologist's waiting room. Your psychologist may also provide a packet of materials covering logistical issues, such as cancellation fees and confidentiality.

Get records from other psychologists or health care providers you've seen.

You may also want to prepare a list of questions, such as the average treatment duration, the psychologist's feelings about medication, or good books on your issue.

Learn about therapy. If any of your friends have done psychotherapy, ask them what it was like. Or read up on the subject. If you've had psychotherapy before, think about what you liked and didn't like about your former psychologist's approach.

Keep an open mind. Even if you're skeptical about psychotherapy or are just going because someone told you to, be willing to give it a try. Be willing to be open and honest so you can take advantage of this opportunity to learn more about yourself.

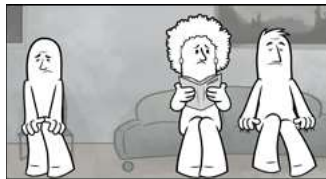
Going to your first appointment

It's normal to feel nervous when you head off to your first psychotherapy appointment. But preparing ahead of time and knowing what to expect can help calm your nerves.

What should I bring?

A typical psychotherapy session lasts 45 to 50 minutes. To make the most of your time, make a list of the points you want to cover in your first session and what you want to work on in psychotherapy. Be prepared to share information about what's bringing you to the psychologist. Even a vague idea of what you want to accomplish can help you and your psychologist proceed efficiently and effectively.

If you've been referred by another professional, such as a physician or attorney, notes about why they did so can be helpful. If a teacher suggested that your child undergo psychotherapy, you might bring in report cards or notes from his or her teacher. Your



psychologist can also call these professionals for additional information if you give written permission. Records from previous psychotherapy or psychological testing can also help your new psychologist get a better sense of you.

If you're on any medications, jot down which medications and what dosage so your psychologist can have that information.

It can be difficult to remember everything that happens during a psychotherapy session. A notebook can help you capture your psychologist's questions or suggestions and your own questions and ideas. Jotting a few things down during your session can help you stay engaged in the process.

Most people have more than a single session of psychotherapy. Bring your calendar so you can schedule your next appointment before you leave your psychologist's office.

You'll also need to bring some form of payment. If you'll be using your health insurance to cover your psychotherapy, bring along your insurance card so your psychologist will be able to bill your insurer. (Some insurers require psychologists to check photo IDs, so bring that along, too.) If you'll be paying for psychotherapy out of pocket, bring along a credit card, checkbook, or cash.

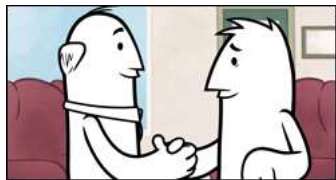
What should I expect?

For your first session, your psychologist may ask you to come in a little early to fill out paperwork if you haven't already done so.

Don't worry that you won't know what to do once the session actually begins. It's normal to feel a little anxious in the first few sessions. Psychologists have experience setting the tone and getting things started. They are trained to guide each session in

effective ways to help you get closer to your goals. In fact, the first session might seem like a game of 20 questions.

Sitting face to face with you, your psychologist could start off by acknowledging the courage it takes to start psychotherapy. He or she may also go over logistical matters, such as fees, how to make or cancel an appointment, and confidentiality, if he or she hasn't already done so by phone.



Then the psychologist may ask a question like, “What brought you here today?” or “What made you decide to come in now rather than a month or a year ago?” It helps to identify your problem, even if you're not sure why you have it or how to handle it.

For example, you might feel angry or sad without knowing what's causing your feelings or how to stop feeling that way. If the problem is too painful to talk about, the psychologist shouldn't push you to say more than you're comfortable sharing until you get to know each other better. It's OK for you to say that you are not ready to talk about something just yet.

Your psychologist will also want to know about your own and your family's history of psychological problems such as depression, anxiety, or similar issues. You'll also explore how your problem is affecting your everyday life. Your psychologist will ask questions like whether you've noticed any changes in your sleeping habits, appetite or other behaviors. A psychologist will also want to know what kind of social support you have, so he or she will also ask about your family, friends and coworkers.

It's important not to rush this process, which may take more than one session. While guiding you through the process, your psychologist will let you set the pace when it comes to telling your story. As you gain trust in your psychologist and the process, you may be willing to share things you didn't feel comfortable answering at first.

Once your psychologist has a full history, the two of you will work together to create a treatment plan. This collaborative goal-setting is important, because both of you need to be invested in achieving your goals. Your psychologist may write down the goals and read them back to you so you're both clear about what you'll be working on. Some psychologists even create a treatment contract that lays out the purpose of treatment, its expected duration, and goals, with both the individual's and psychologist's responsibilities outlined.

At the end of your first session, the psychologist may also have suggestions for immediate action. If you're depressed, for example, the psychologist might suggest seeing a physician to rule out any underlying medical conditions, such as a thyroid disorder. If you have chronic pain, you may need physical therapy, medication, and help for insomnia as well as psychotherapy.

By the end of the first few sessions, you should have a new understanding of your problem, a game plan, and a new sense of hope.

Undergoing psychotherapy

Psychotherapy is often referred to as talk therapy, and that's what you'll be doing as your treatment continues. You and your psychologist will engage in a dialogue about your problems and how to fix them.

What should I expect as I continue psychotherapy?

As your psychotherapy goes on, you'll continue the process of building a trusting, therapeutic relationship with your psychologist.

As part of the ongoing getting-to-know-you process, your psychologist may want to do some assessment. Psychologists are trained to administer and interpret tests that can help to determine the depth of your depression, identify important personality characteristics, uncover unhealthy coping strategies such as drinking problems, or identify learning disabilities.

If parents have brought in a bright child who's nonetheless struggling academically, for example, a psychologist might assess whether the child has attention problems or an undetected learning disability. Test results can help your psychologist diagnose a condition or provide more information about the way you think, feel and behave.

You and your psychologist will also keep exploring your problems through talking. For some people, just being able to talk freely about a problem brings relief. In the early stages, your psychologist will help you clarify what's troubling you. You'll then move into a problem-solving phase, working together to find alternative ways of thinking, behaving, and managing your feelings.

You might role-play new behaviors during your sessions and do homework to practice new skills in between. As you go along, you and your psychologist will assess your progress and determine whether your original goals need to be reformulated or expanded.

In some cases, your psychologist may suggest involving others. If you're having relationship problems, for instance, having a spouse or partner join you in a session can be helpful. Similarly, an individual having parenting problems might want to bring his or her child in. And someone who has trouble interacting with others may benefit from group psychotherapy.

As you begin to resolve the problem that brought you to psychotherapy, you'll also be learning new skills that will help you see yourself and the world differently. You'll learn how to distinguish between situations you can change and those you can't and how to focus on improving the things within your control.

You'll also learn resilience, which will help you better cope with future challenges. A 2006 study of treatment for depression and anxiety (<http://www.ncbi.nlm.nih.gov/pubmed/16318597>), for example, found that the cognitive and behavioral approaches used in psychotherapy have an enduring effect that reduces the risk of symptoms returning even after treatment ends. Another study found a similar result when evaluating the long-term effects of psychodynamic psychotherapy (<https://news/press/releases/2010/01/psychodynamic-therapy>).

Soon you'll have a new perspective and new ways of thinking and behaving.

How can I make the most of psychotherapy?

Psychotherapy is different from medical or dental treatments, where patients typically sit passively while professionals work on them and tell them their diagnosis and treatment plans. Psychotherapy isn't about a psychologist telling you what to do. It's an active collaboration between you and the psychologist.

In fact, hundreds of studies have found that a very important part of what makes psychotherapy work ([/news/press/releases/2009/12/wampold](https://www.apa.org/news/press/releases/2009/12/wampold)) is the collaborative relationship between psychologist and patient, also known as a therapeutic alliance. The therapeutic alliance is what happens when the psychologist and patient work together to achieve the patient's goals.



So be an active, engaged participant in psychotherapy. Help set goals for treatment. Work with your psychologist to come up with a timeline. Ask questions about your treatment plan. If you don't think a session went well, share that feedback and have a dialogue so that the psychologist can respond and tailor your treatment more effectively. Ask your psychologist for suggestions about books or websites with useful information about your problems.

And because behavior change is difficult, practice is also key. It's easy to fall back into old patterns of thought and behavior, so stay mindful between sessions. Notice how you're reacting to things and take what you learn in sessions with your psychologist and apply it to real-life situations. When you bring what you've learned between sessions back to your psychologist, that information can inform what happens in his or her office to further help you.

Through regular practice, you'll consolidate the gains you've made, get through psychotherapy quicker, and maintain your progress after you're done.

Should I worry about confidentiality?

Psychologists consider maintaining your privacy extremely important. It is a part of their professional code of ethics. More importantly, it is a condition of their professional license. Psychologists who violate patient confidentiality risk losing their ability to practice psychology in the future.

To make your psychotherapy as effective as possible, you need to be open and honest about your most private thoughts and behaviors. That can be nerve-wracking, but you don't have to worry about your psychologist sharing your secrets with anyone except in the most extreme situations.

If you reveal that you plan to hurt yourself or others, for example, your psychologist is duty-bound to report that to authorities for your own protection and the safety of others. Psychologists must also report abuse, exploitation, or neglect of children, the elderly, or people with disabilities. Your psychologist may also have to provide some information in court cases.

Of course, you can always give your psychologist written permission to share all or part of your discussions with your physician, teachers, or anyone else if you desire.

Psychologists take confidentiality so seriously that they may not even acknowledge that they know you if they bump into you at the supermarket or anywhere else. And it's OK for you to not say hello either. Your psychologist won't feel bad; he or she will understand that you're protecting your privacy.

Understanding medication

In our quick-fix culture, people often hope a pill will offer fast relief from such problems as depression or anxiety. And primary care physicians or nurse practitioners—most people's first contact when they have a psychological problem—are typically trained to prescribe medication. They don't have the extensive training or the time to provide psychotherapy.

Is medication effective?

There are some psychological conditions, such as severe depression, bipolar disorder, or schizophrenia, where medication is clearly warranted. But many other cases are less clear-cut.

Evidence suggests that in many cases, medication doesn't always work. In a 2010 study in the *Journal of the American Medical Association*, for instance, researchers reviewed previous research on the effectiveness of antidepressants (<http://www.ncbi.nlm.nih.gov/pubmed/20051569>). They found that antidepressants did help people with severe cases of depression. For mild to moderate depression, however, the medication wasn't any more effective than a placebo.

What's more, medications don't help you develop the skills you need to deal with life's problems. Once you stop taking medication, your problems often remain or come back. In contrast, psychotherapy will teach you new problem-solving strategies that will also help you cope with future problems.

Do I need medication?

If you can function relatively well—meaning you can function well at work or school and have healthy relationships with family and friends—the answer is probably no. Psychotherapy alone can be very effective. Or you might just need a more balanced lifestyle—one that combines work, exercise, and social interactions.

Medication can be useful in some situations, however. Sometimes, people need medication to get to a point where they're able to engage in psychotherapy.

Medication can also help those with serious mental health disorders. For some conditions, combining psychotherapy and medication works best.

How can I get medication if I need it?

If you need medication, your psychologist will work with your primary care provider or a psychiatrist to ensure a coordinated approach to treatment that is in your best interest.

Five states, Idaho, Illinois, Iowa, Louisiana, and New Mexico, have laws allowing licensed psychologists with advanced training to prescribe certain medications to treat emotional and mental health problems. In those states, the psychologists must have completed a specialized training program (often earning a master's degree in psychopharmacology), passed an examination for prescribing, and be additionally licensed as prescribing psychologists.

Assessing psychotherapy's effectiveness

Some people wonder why they can't just talk about their problems with family members or friends. Psychologists offer more than someplace to vent. Psychologists have years of training and experience that help people improve their lives. And there is significant evidence showing that psychotherapy is a very effective treatment.

How effective is psychotherapy?

Hundreds of studies have found that psychotherapy helps people make positive changes in their lives.

Reviews of these studies show that about 75% of people who enter psychotherapy show some benefit. Other reviews have found that the average person who engages in psychotherapy is better off by the end of treatment than 80% of those who don't receive treatment at all.

How does psychotherapy work?

Successful treatment is the result of three factors working together:

- Evidence-based treatment that is appropriate for your problem

- The psychologist's clinical expertise

- Your characteristics, values, culture, and preferences

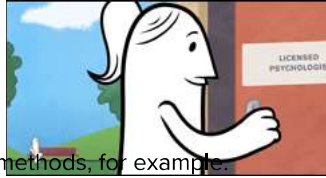
When people begin psychotherapy, they often feel that their distress is never going to end. Psychotherapy helps people understand that they can do something to improve their situation. That leads to changes that enhance healthy behavior, whether it's improving relationships, expressing emotions better, doing better at work or school, or thinking more positively.

While some issues and problems respond best to a particular style of therapy, what remains critical and important is the therapeutic alliance and relationship with your psychologist.

What if psychotherapy doesn't seem to be working?

When you began psychotherapy, your psychologist probably worked with you to develop goals and a rough timeline for treatment. As you go along, you should be asking yourself whether the psychologist seems to understand you, whether the treatment plan makes sense, and whether you feel like you're making progress.

Some people begin to feel better in about six to 12 sessions. If you don't start seeing signs of progress, discuss it with your psychologist. Your psychologist may initiate a conversation about what to do. If he or she doesn't, bring it up yourself. You could ask your psychologist about additional or alternative treatment methods, for example. Sometimes speaking up to your psychologist can be very empowering, especially since your psychologist will be understanding and nonjudgmental instead of offended.



Keep in mind that as psychotherapy progresses, you may feel overwhelmed. You may feel more angry, sad, or confused than you did at the beginning of the process. That doesn't mean psychotherapy isn't working. Instead, it can be a sign that your psychologist is pushing you to confront difficult truths or do the hard work of making changes. In such cases, these strong emotions are a sign of growth rather than evidence of a standstill. Remember, sometimes things may feel worse before they get better.

In some cases, of course, the relationship between a patient and the psychologist isn't as good as it should be. The psychologist should be willing to address those kinds of issues, too. If you're worried about your psychologist's diagnosis of your problems, it might be helpful to get a second opinion from another psychologist, as long as you let your original psychologist know you're doing so.

If the situation doesn't improve, you and your psychologist may decide it's time for you to start working with a new psychologist. Don't take it personally. It's not you; it's just a bad fit. And because the therapeutic alliance is so crucial to the effectiveness of psychotherapy, you need a good fit.

If you do decide to move on, don't just stop coming to your first psychologist. Instead, tell him or her that you're leaving and why you're doing so. A good psychologist will refer you to someone else, wish you lucky, and urge you not to give up on psychotherapy just because your first attempt didn't go well. Tell your next psychologist what didn't work to help ensure a better fit.

Knowing when you're done

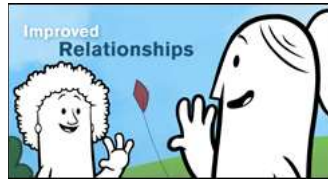
You might think that undergoing psychotherapy means committing to years of weekly treatment. Not so.

How long should psychotherapy take?

How long psychotherapy takes depends on several factors: the type of problem or disorder, the patient's characteristics and history, the patient's goals, what's going on in the patient's life outside psychotherapy, and how fast the patient is able to make progress.

Some people feel relief after only a single session of psychotherapy. Meeting with a psychologist can give a new perspective, help them see situations differently, and offer relief from pain. Most people find some benefit after a few sessions, especially if they're working on a single, well-defined problem and didn't wait too long before seeking help.

If you've been suffering from extreme anxiety, for example, you might feel better simply because you're taking action—a sign of hope that things will change. Your psychologist might also offer a fresh perspective early in your treatment that gives you a new understanding of your problem. And even if your problem doesn't go away after a few sessions, you may feel confident that you're already making progress and learning new coping skills that will serve you well in the future.



Other people and situations take longer—maybe a year or two—to benefit from psychotherapy. They may have experienced serious traumas, have multiple problems, or just be unclear about what's making them unhappy. It's important to stick with psychotherapy long enough to give it a chance to work.

People with serious mental illness or other significant life changes may need ongoing psychotherapy. Regular sessions can provide the support they need to maintain their day-to-day functioning.

Others continue psychotherapy even after they solve the problems that brought them there initially. That's because they continue to experience new insights, improved well-being, and better functioning.

How do I know when I'm ready to stop?

Psychotherapy isn't a lifetime commitment.

In one classic study, half of psychotherapy patients improved (<http://www.ncbi.nlm.nih.gov/pubmed/3516036>) after eight sessions. And 75% improved after six months.

You and your psychologist will decide together when you are ready to end psychotherapy. One day, you'll realize you're no longer going to bed and waking up worrying about the problem that brought you to psychotherapy. Or you will get positive feedback from others. For a child who was having trouble in school, a teacher might report that the child is no longer disruptive and is making progress both academically and socially. Together you and your psychologist will assess whether you've achieved the goals you established at the beginning of the process.

What happens after psychotherapy ends?

You probably visit your physician for periodic check-ups. You can do the same with your psychologist.



You might want to meet with your psychologist again a couple of weeks or a month after psychotherapy ends just to report how you're doing. If all is well, you can wrap things up at that follow-up session.

And don't think of psychotherapy as having a beginning, middle and end. You can solve one problem, then face a new situation in your life and feel the skills you learned

during your last course of treatment need a little tweaking. Just contact your psychologist again. After all, he or she already knows your story.

Of course, you don't have to wait for a crisis to see your psychologist again. You might just need a "booster" session to reinforce what you learned last time. Think of it as a mental health tune-up.

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U.S.

'Gay Conversion' Therapy Is Not Protected Free Speech

By Erwin Chemerinsky

DECEMBER 10, 2012

SHARE 

Just because a treatment is carried out through words doesn't mean it's safeguarded by the First Amendment.



A sign at a rally in Wheaton, Illinois, protesting gay conversion therapy (Andrew Ciscel/Flickr)

The government unquestionably has the power to protect children from treatments by state-licensed mental health professionals that are harmful and ineffective. Thousands, and perhaps tens of thousands, of children have been subjected to aggressive efforts by therapists to try and change their sexual orientation. Parents, learning their children are expressing attraction to the same sex, have put them in so-called "conversion" or "reparative" therapy--despite warnings by medical and mental health organizations that these practices have no scientific credibility and put youth at risk of serious harms.

It was in light of this overwhelming medical consensus that the California legislature passed SB 1172, which prohibits a mental health professional from engaging in "sexual orientation change efforts" with a patient under age 18. The bill quotes findings from groups such as the American Psychological Association that such therapy does not succeed in changing a person's sexual orientation and often causes great psychological harm.

Now some groups are challenging this law as violating the First Amendment, especially as a restriction on freedom of speech. These lawsuits miss the point: SB 1172 should be upheld. Courts, including the United States Supreme Court, long have maintained that the government may ban treatments, whether for physical or mental conditions, that are ineffective or harmful. The Food and Drug Administration, for example, has done this since 1906 for drugs and medical devices. Courts have repeatedly rejected the claim that

MORE ON GAY CONVERSION



Is It Unconstitutional to Outlaw Gay Conversion?



California's Historic Move to Ban Gay Conversion Therapy

individuals have a constitutional right to use treatments that are banned as harmful or ineffective. Above all, the government always has the power to safeguard children from physical or mental abuse.

In the case of "conversion therapy," the process is often lengthy, seeking to change a child's behavior as well as his or her gender identity, thoughts, and feelings. The treatment is based, in part, on the idea that people are gay because they are insufficiently masculine or feminine. Treatment often focuses on removing boys from the "influence" of their mothers and sisters and encouraging them to do more conventionally "masculine" things. At times, the therapy has included aversive treatments, such as the application of electric shock to the hands and genitals and nausea-inducing drugs administered simultaneously with the presentation of homoerotic stimuli.



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There is no evidence that such "conversion therapy" works and significant evidence that it doesn't and that it causes real harm, such as depression and even suicide. Besides, the "treatment" assumes that being gay or lesbian is a disease to be cured, and no reputable medical or psychological organization accepts that premise.

In fact, such efforts to change sexual orientation have uniformly been condemned by the nation's most respected and prestigious health care organizations, including the American Medical Association, the American Academy of Pediatrics, the American Psychological Association, the American Counseling Association, the American Association for Marriage and Family Therapy, the American Psychiatric Association, the American Psychoanalytic Association, the American School Counselor Association, and the National Association of Social Workers.

A therapist cannot treat a condition such as "female hysteria" that has long since ceased to be recognized as a psychiatric disorder.

The fact that conversion therapy is done primarily through words does not mean that it is automatically protected as speech under the First Amendment. Never have the courts treated the First Amendment as an absolute protection for speech, and indeed they have upheld many laws that restrict speech by

professionals, such as doctors and lawyers. For example, the Supreme Court has said that once an attorney enters the courtroom, "whatever right to 'free speech' an attorney has is extremely circumscribed." Similarly, doctors may be sanctioned for their speech during treatment, such as when they express an incompetent or false medical opinion to a patient, or fail to provide adequate instructions or ask necessary questions.

With respect to therapists specifically, state licensing boards and courts already enforce a plethora of speech-based restrictions and requirements, including barring false, deceptive, or harmful statements. There is no First Amendment barrier to such regulations, and there is none to SB 1172. Just as a therapist cannot lawfully endanger a person with anorexia by telling her "you are too fat," or treat a condition such as

"female hysteria" that has long since ceased to be recognized by modern medical authorities as a psychiatric disorder, so therapists in California cannot subject minors to dangerous practices based on scientifically false and discredited views about sexual orientation.

Contrary to the assertions of the law's opponents, SB 1172 does not prohibit anyone - including a therapist or doctor - from expressing the view that homosexual conduct is morally wrong outside the context of providing treatment to minor patients under the auspices of a state license. Nothing in the law says or even implies such a prohibition. But it does say that no mental health professional can attempt to systematically change the sexual orientation of a person under 18.

Nor do other constitutional claims against the law have any merit. Parents certainly have the constitutional right to control the upbringing of their children, but not when it involves subjecting the children to harmful and ineffective forms of treatment.

SB 1172 is groundbreaking in preventing the harms of sexual orientation change efforts. But it fits squarely within a state's well-established authority to prevent health care professionals, including therapists, from harming their patients. The ultimate question for the courts is whether the California legislature was reasonable in concluding that conversion therapy is a form of mental health treatment that is harmful and ineffective. In light of all available evidence and the conclusion of every reputable professional organization, the answer is clear.

Medical Informed Consent: General Considerations for Physicians

TIMOTHY J. PATERICK, BA; GEOFF V. CARSON, JD; MARJORIE C. ALLEN, JD; AND TIMOTHY E. PATERICK, MD, JD

Medical informed consent is essential to the physician's ability to diagnose and treat patients as well as the patient's right to accept or reject clinical evaluation, treatment, or both. Medical informed consent should be an exchange of ideas that buttresses the patient-physician relationship. The consent process should be the foundation of the fiduciary relationship between a patient and a physician. Physicians must recognize that informed medical choice is an educational process and has the potential to affect the patient-physician alliance to their mutual benefit. Physicians must give patients equality in the covenant by educating them to make informed choices. When physicians and patients take medical informed consent seriously, the patient-physician relationship becomes a true partnership with shared decision-making authority and responsibility for outcomes. Physicians need to understand informed medical consent from an ethical foundation, as codified by statutory law in many states, and from a generalized common-law perspective requiring medical practice consistent with the standard of care. It is fundamental to the patient-physician relationship that each partner understands and accepts the degree of autonomy the patient desires in the decision-making process.

Mayo Clin Proc. 2008;83(3):313-319

Every human being of adult years and sound mind has a right to determine what shall be done with his own body; and a surgeon who performs an operation without his patient's consent commits an assault, for which he is liable in damages.

Justice Benjamin Cardozo, 1914¹

Medical informed consent is ethically, morally, and legally mandated by the fiduciary responsibilities flowing from the patient-physician relationship. Negligence per se occurs when an actor's violation of a statute or regulation causes the kind of harm the statute was intending to prevent.² Ethically, physicians engaged in patient-physician relationships involving medical informed consent have a moral responsibility to identify the best treatments for each patient on the basis of available medical evidence and to discuss with patients the hoped-for benefits and the potential risks. Physicians must allow for patients' questions about the proposed treatments, benefits, and risks and must answer those questions from the available medical literature and their professional experience. This exchange of information and ideas is the foundation of the patient-physician partnership and promotes informed decision making in the most complex medical situations.

Legally, a physician must understand that many states have codified medical informed consent into statutory law, and lack of adherence to the statute can lead to per se negligence for the physician. The jurisdictions vary, and

violation of the statute can be considered intrinsically negligent or merely a rebuttable presumption of negligence. Several states have codified medical informed consent to varying degrees (Table 1). All physicians would be prudent to educate themselves regarding their states' statutory laws concerning medical informed consent. Further, every practicing physician should understand the underpinnings of the common-law analysis of medical informed consent and negligence. The common law and statutory law create a burden on physicians that varies in different jurisdictions.

Ethically and legally, all physicians have a mandatory obligation to understand the medical informed consent process. Understanding this process allows for the exchange of ideas in medical practice that will yield informed decisions and will lead to the best outcomes on the basis of shared information. Further, informed consent limits the potential for negligence cases brought for lack of informed consent. Table 2 provides an outline of teaching points that should be followed in the informed consent process.

GENERAL CONSIDERATIONS IN INFORMED CONSENT

Informed consent is the legal embodiment of the concept that each individual has the right to make decisions affecting his or her health. It is generally accepted that patients should consider the potential risks and benefits flowing from their medical decisions. Patients must acknowledge those potential risks and benefits to make informed decisions. Generally, the law protects the patient's right to informed consent by requiring physicians to disclose all pertinent information about risks and benefits of the procedure to the patient. Medical informed consent law requires disclosure of the risks of the suggested medical procedure and the risks of the alternatives to enable patients to make knowledgeable decisions.³ A patient's understanding of the

[For editorial comment, see page 272](#)

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MEDICAL INFORMED CONSENT

TABLE 1. States With Statutes and Their Citations

State	Citation
AK	Alaska Stat 09.55.556
AR	ACA §16-114-206
DE	18 DeC §6852
FL	Fla Stat 766.103
GA	OCGA 31-9-6.1
HI	HRS §671-3
IN	IC 34-18-12-3
IA	ICA §147.137
KY	KRS §304.40-320
LA	LSA-RS 40:1299.40
ME	24 MRSA § 2905
NE	Neb Rev Stat §44-2816
NV	NRS 41A.110
NH	NH Rev Stat §507-E:2
NY	McKinney's Pub Health L §2805-d
NC	NCGSA §90-21.13
OH	RC §2317.54
OR	ORS §677.097
PA	40 PS §1303.504
RI	Tentative. Gen Laws 1956, §9-19-32 (Judge will pass informed consent question to jury only if the court finds that reasonable minds could disagree.)
SD	SDCL §34-23A-1.7 (skews more toward abortion than general informed consent)
TX	VTCA, Civil Practice & Remedies Code §74.104 and 74.105
UT	UCA 1953 §78-14-5
VT	12 VSA §1909
WA	West's RCWA 7.70.050
WI	WSA 448.30

potential risks of proposed treatment is critical to medical informed consent.

Risk can be defined as exposure to a chance of injury or loss.⁴ This definition contains 2 distinct components: (1) chance related to uncertain events—those that are unpredictable in any single case, but for which a probability that an event will occur in any 1 case can be estimated through statistical pooling of large databases, and (2) injury or loss, including any consequences for which the patient sustains a disability. The law places a positive obligation on physicians to disclose information about the risks to any patient who is at risk of an adverse event, that is, who will suffer injury if a chance event occurs.⁵

DEVELOPMENT OF INFORMED CONSENT LAW

Medical informed consent law developed from the intentional tort of battery, which protects individuals from an unwanted physical touching of the body by others having neither express nor implied consent of the person touched. Battery occurs in medicine when a physician performs a treatment without the patient's consent, performs a substantially different procedure than the one for which consent was given, or exceeds the scope of the consent, or when a physician other than the one to whom consent was given carries out the procedure.^{6,7}

TABLE 2. Prudent Behaviors of Physicians Engaged in the Process of Medical Informed Consent

The physician directly involved in the proposed treatment should conduct the informed consent discussion. The discussion should include the treatment, the risks and benefits of treatment, and alternative therapies with associated risks and benefits
The physician directly involved in the proposed treatment should discuss the most likely outcome with no treatment, on the basis of the best available medical or surgical evidence
The physician directly involved in the proposed treatment should always discuss the severe risks, such as death, paralysis, loss of cognition, or loss of a limb, even if the probability of occurrences is negligible
The physician involved in the proposed treatment should always disclose less severe risks that occur frequently. Courts do not place emphasis solely on consequences; they recognize frequency as an important component of risk
The physician directly involved in the proposed treatment should discuss informed consent in language the patient can understand, and treatment should not proceed until the physician believes the patient understands the risks and benefits and has made a rational decision
The physician directly involved in the proposed treatment must understand that the medical consent form is not medical consent; it represents evidence that the consent process occurred. The dialogue between the patient and physician is the essence of the consent process
The physician directly involved in the proposed treatment should document all patient-imposed restrictions in the medical record and the discussion with the patient about how the restrictions limit the physician's ability to provide standard medical care
The physician directly involved in the proposed treatment may advise the patient to seek care with an alternative health care provider if the restrictions imposed by the patient seem to inhibit good medical practice and seem likely to lead to a suboptimal medical outcome
The physician directly involved in the proposed treatment must understand the informed consent can be withdrawn at any time. When physicians allow 24 to 48 hours for patients to reflect after consent to a treatment strategy, the period of reflection validates the notion of informed consent. Withdrawal of consent should include a discussion and documentation through a withdrawal of consent form on which time and date are noted
When physicians and patients take medical informed consent seriously, the patient-physician relationship becomes a partnership, with shared authority, decision making, and responsibility for outcomes
The physician directly involved in the proposed treatment can enhance the informed consent process through appropriate use of additional learning materials, such as pamphlets and video, and through involvement of support staff, such as physician assistants, in providing information that can be discussed by the responsible physician

The legal analysis of medical informed consent has evolved over the years from an allegation of battery to an allegation of negligence. Currently, the courts nearly unanimously characterize lack of informed consent as a matter of negligence of the physician to disclose necessary information to patients.⁸⁻¹⁷ Negligence requires that 4 elements be established for liability of the physician-defendant: (1) a duty of the physician to meet a particular standard of care, (2) the physician's failure to perform that duty, (3) a causal connection (proximate cause) between the physician's failure and the patient's injury, and