

Recognition of Psychotherapy Effectiveness¹

American Psychological Association

Council voted to adopt as APA policy the following Resolution on the Recognition of Psychotherapy Effectiveness:

WHEREAS: psychotherapy is rooted in and enhanced by a therapeutic alliance between therapist and client/patient that involves a bond between the psychologist and the client/patient as well as agreement about the goals and tasks of the treatment (Cuijpers, van Straten, Andersson, & van Oppen, 2008; Lambert, 2004; Karver, Handelsman, & Bickman, 2006; Norcross, 2011; Shirk & Karver, 2003; Wampold, 2007);

WHEREAS: psychotherapy (individual, group, and couple/family) is a practice designed varyingly to provide symptom relief and personality change, reduce future symptomatic episodes, enhance quality of life, promote adaptive functioning in work/school and relationships, increase the likelihood of making healthy life choices, and offer other benefits established by the collaboration between client/patient and psychologist (American Group Psychotherapy Association, 2007; APA Task Force on Evidence-Based Practice, 2006; Burlingame, Fuhrman, & Mosier, 2003; Carr, 2009a, 2009b; Kesters, Burlingame, Nachtigall, & Strauss, 2006; Shedler, 2010; Wampold, 2007, 2010);

Definitions

WHEREAS: evidence-based practice in psychology is “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA Task Force on Evidence Based Practice, 2006, p. 273);

WHEREAS: a working definition for Psychotherapy is as follows: “Psychotherapy is the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable” (Norcross, 1990, p. 218–220);

WHEREAS: a working definition for Treatment is as follows: Treatments when used in the context of health care refer to any process in which a trained health care provider offers assistance based upon his or her professional expertise to a person who has a problem that is defined as related to “health” or “illness.” In the case of “mental” or “behavioral” health, the conditions for which one may seek “treatment” include problems in living, conditions with discrete symptoms that are identified as or as related to illness

or disease, and problems of interpersonal adjustment. The treatment consists of any act or services provided by a bonafide health provider intended to correct, change, or ameliorate these conditions or problems (Beutler, 1983; Frank, 1973);

Research on Effectiveness

WHEREAS: the effects of psychotherapy are noted in the research as follows: The general or average effects of psychotherapy are widely accepted to be significant and large, (Chorpita et al., 2011; Smith, Glass, & Miller, 1980; Wampold, 2001). These large effects of psychotherapy are quite constant across most diagnostic conditions, with variations being more influenced by general severity than by particular diagnoses—that is, variations in outcome are more heavily influenced by patient characteristics for example, chronicity, complexity, social support, and intensity—and by clinician and context factors than by particular diagnoses or specific treatment “brands” (Beutler, 2009; Beutler & Malik, 2002a, 2002b; Malik & Beutler, 2002; Wampold, 2001);

WHEREAS: the results of psychotherapy tend to last longer and be less likely to require additional treatment courses than psychopharmacological treatments. For example, in the treatment of depression and anxiety disorders, psychotherapy clients/patients acquire a variety of skills that are used after the treatment termination and generally may continue to improve after the termination of treatment (Hollon, Stewart, & Strunk, 2006; Shedler, 2010);

WHEREAS: for most psychological disorders, the evidence from rigorous clinical research studies has shown that a variety of psychotherapies are effective with children, adults, and older adults. Generally, these studies show what experts in the field consider large beneficial effects for psychotherapy in comparison with no treatment, confirming the efficacy of psychotherapy across diverse conditions and settings (Beutler, 2009; Beutler et al., 2003; Lambert & Ogles, 2004; McMain & Pos, 2007; Shedler, 2010; Thomas & Zimmer-Gembeck, 2007; Verheul & Herbrink, 2007;

¹ Although statements about the effectiveness of psychotherapy must be accurate yet generalized in a policy document format, research studies have not equitably investigated all factors that either enhance or diminish psychotherapy effectiveness. Full explication of the differential status of any given variable and the state of research of any given factor in the practice of psychotherapy is beyond the scope of this document. The research citations that accompany each statement provide specificity of scope, limitations, and implications for psychotherapy practice and identify the therapeutic circumstances in which research has determined that psychotherapy is soundly effective. Examples of these important moderating variables include client/patient characteristics, clinician characteristics, context factors, diagnostic classification and severity, developmental status, and factors related to such human and cultural diversity as race, ethnicity, gender, sexual orientation, and disability status (Bernal, Jimenez-Chafey, & Domenech Rodriguez, 2009; Curry et al., 2006; Hinshaw, 2007; Kazdin, 2007; Kocsis et al., 2009; McBride, Atkison, Quilty, & Bagby, 2006; Miklowitz et al., 2009; Ollendick, Jarrett, Grills-Tauchel, Hovey, & Wolff, 2008).

In August 2012, the APA Council of Representatives approved this resolution on the recognition of psychotherapy effectiveness.

This resolution is available online at: <http://www.apa.org/news/press/releases/2012/08/resolution-psychotherapy.aspx>

Wampold, 2001). In contrast to large differences in outcome between those treated with psychotherapy and those not treated, different forms of psychotherapy typically produce relatively similar outcomes. This research also identifies ways of improving different forms of psychotherapy by attending to how to fit the interventions to the particular patient's needs (Castonguay & Beutler, 2006; Miklowitz, 2008; Norcross, 2011);

WHEREAS: comparisons of different forms of psychotherapy most often result in relatively nonsignificant difference, and contextual and relationship factors often mediate or moderate outcomes. These findings suggest that (1) most valid and structured psychotherapies are roughly equivalent in effectiveness and (2) patient and therapist characteristics, which are not usually captured by a patient's diagnosis or by the therapist's use of a specific psychotherapy, affect the results (Castonguay & Beutler, 2006; Livesley, 2007; Norcross, 2011);

WHEREAS: in studies measuring psychotherapy effectiveness, clients often report the benefits of treatment not only endure, but continue to improve following therapy completion as seen in larger effect sizes found at follow-up (Abbass, Kisely, & Kroenke, 2006; Anderson & Lambert, 1995; de Maat, de Jonghe, Schoevers, & Dekker, 2009; Grant, Huh, Perivoliotis, Solar, & Beck, 2012; Leichsenring & Rabung, 2008; Leichsenring, Rabung, & Leibing, 2004; Shedler, 2010);

WHEREAS: research using benchmarking strategies has established that psychotherapy delivered in routine care is generally as effective as psychotherapy delivered in clinical trials (Minami et al., 2008; Minami et al., 2009; Minami & Wampold, 2008; Nadort et al., 2009; Wales, Palmer, & Fairburn, 2009);

WHEREAS: the research evidence shows that psychotherapy is an effective treatment, with most clients/patients who are experiencing such conditions as depression and anxiety disorders attaining or returning to a level of functioning, after a relatively short course of treatment, that is typical of well-functioning individuals in the general population (Baldwin, Berkeljon, Atkins, Olsen, & Nielsen, 2009; Minami et al., 2009; Stiles, Barkham, Connell, & Mellor-Clark, 2008; Wampold & Brown, 2005);

WHEREAS: research will continue to identify factors that make a difference in psychotherapy, and results of this research can then be reported to clinicians who can make better decisions (Gibbon et al., 2010; Kazdin, 2008);

WHEREAS: researchers will continue to examine the ways in which both positive and possible negative effects of psychotherapy occur, whether due to techniques, client/patient variables, therapist variables, or some combination thereof, in order to continue to improve the quality of mental health interventions (Barlow, 2010; Dimidjian & Hollon, 2010; Duggan & Kane, 2010; Haldeman, 1994; Wilson, Grilo, & Vitousek, 2007);

Effectiveness Related to Health Care Policies

WHEREAS: the effects produced by psychotherapy, including the effects for different age-groups (i.e., children, adults, and older adults) and for many mental disorders, exceed or are comparable to the size of effects produced by many pharmacological treatments and procedures for the same condition, and some of the medical treatments and procedures have many adverse side effects and are relatively expensive vis-à-vis the cost of psychotherapy (Barlow, 2004; Barlow, Gorman, Shear, & Woods, 2000; Hollon et al., 2006; Imel,

McKay, Malterer, & Wampold, 2008; Mitte, 2005; Mitte, Noack, Steil, & Hautzinger, 2005; Robinson, Berman, & Neimeyer, 1990; Rosenthal, 1990; Walkup et al., 2008; Wampold, 2007, 2010);

WHEREAS: a substantial body of scholarly work (e.g., Henggeler & Schaeffer, 2010; Roberts, 2003; Walker & Roberts, 2001; Weisz, Sandler, Durlak, & Anton, 2005) have documented the effectiveness of psychotherapy across a range of problems affecting children and adolescents;

WHEREAS: large multisite studies as well as meta-analyses have demonstrated that courses of psychotherapy reduce overall medical utilization and expense (Chiles, Lambert, & Hatch, 2002; Linehan et al., 2006; Pallak, Cummings, Dorken, & Henke, 1995). Further, patients diagnosed with a mental health disorder and who received treatment had their overall medical costs reduced by 17% compared with a 12.3% increase in medical costs for those with no treatment for their mental disorder (Chiles et al., 2002);

WHEREAS: there is a growing body of evidence that psychotherapy is cost-effective, reduces disability, morbidity, and mortality, improves work functioning, decreases use of psychiatric hospitalization, and at times also leads to reduction in the unnecessary use of medical and surgical services including for those with serious mental illness (Dixon-Gordon, Turner, & Chapman, 2011; Lazar & Gabbard, 1997). Successful models of the integration of behavioral health into primary care have demonstrated a 20% to 30% reduction in medical costs above the cost of the behavioral/psychological care (Cummings, O'Donahue, & Ferguson, 2003). In addition, psychological treatment of individuals with chronic disease in small group sessions resulted in medical care cost savings of \$10 for every \$1 spent (Lorig et al., 1999);

WHEREAS: there is strong scientific evidence to support the links between mental and physical health, and a growing number of models and programs support the efficacy of the integration of psychotherapy treatment within the primary health care system (Alexander, Armkoff, & Glass, 2010; Felker et al., 2004; Roy-Byrne et al., 2003). In fact, early mental health treatments that include psychotherapy reduce overall medical expenses, simplifies and provides better access to appropriate services and care to those in need, and improves treatment seeking;

WHEREAS: many people prefer psychotherapy to pharmacological treatments because of medication side effects and individual differences, and people tend to be more adherent if the treatment modality is preferred (Deacon & Abramowitz, 2005; Paris, 2008; Patterson, 2008; Solomon, Keitner, Ryan, Kelley, & Miller, 2008; Vocks et al., 2010). Research suggests that there are very high economic costs associated with high rates of antidepressant termination and nonadherence (Tournier et al., 2009), and psychotherapy is likely to be a more cost-effective intervention in the long term (Cuijpers, van Straten, Hollon, & Andersson, 2010; Hollon et al., 2007; Pyne et al., 2005);

Effectiveness With Diverse Populations

WHEREAS: the best research evidence conclusively shows that individual, group and couple/family psychotherapy are effective for a broad range of disorders, symptoms and problems with children, adolescents, adults, and older adults (American Group Psychotherapy Association, 2007; Burlingame et al., 2003; Carr, 2009a, 2009b; Chambless et al., 1998; Horrell, 2008; Huey &

Polo, 2008, 2010; Knight, 2004; Kusters et al., 2006; Lambert & Archer, 2006; Norcross, 2011; Pavuluri, Birmaher, & Naylor, 2005; Sexton, Alexander, & Mease, 2003; Sexton, Robbins, Hollimon, Mease, & Mayorga, 2003; Shadish & Baldwin, 2003; Stice, Shaw, & Marti, 2006; Wampold, 2001; Weisz & Jensen, 2001);

WHEREAS: the development and/or adaptation of evidence-based psychotherapy practices for each age-group have further demonstrated effectiveness in reducing symptoms and improving functioning across the life span. Specific challenges that emerge with age are addressed by developmental research that pinpoints the most efficacious content, vocabulary, and techniques used for different ages. As a result, substantial evidence supports psychotherapy as a front line intervention for community-dwelling older adults, older adults with medical illnesses, who are low-income, ethnic minority, and have co-occurring mild cognitive impairments. In addition, increasing evidence has documented that older adults respond well to a variety of forms of psychotherapy and can benefit from psychological interventions to a degree comparable with younger adults. Furthermore, many older adults prefer psychotherapy to antidepressants, and psychotherapy is an important treatment option for older adults who are often on multiple medications for management of chronic conditions and are more prone to the adverse effects of psychiatric medications than younger adults (Alexopoulos et al., 2011; APA, 2004; Areán et al., 2005a; Areán et al., 2005b; Areán, Gum, Tang, & Unutzer, 2007; Areán et al., 2010; Arnold, 2008; Gum, Areán, & Bostrom, 2007; Cuijpers, van Straten, & Smit, 2006; Kazdin et al., 2010; Kaslow, Broth, Smith, & Collins, 2012);

WHEREAS: researchers and practitioners continue to develop culturally relevant, socially proactive approaches and modalities that will allow psychologists to extend psychotherapeutic services to vulnerable and currently underserved populations such as adults, children, and families living in poverty (Ali, Hawkins, & Chambers, 2010; Belle & Doucet, 2003; Goodman, Glenn, Bohlig, Banyard, & Borges, 2009; Smith, 2005, 2010; Smyth, Goodman, & Glenn, 2006);

WHEREAS: both evidence-based psychotherapy practice for the general population and culturally adapted interventions are generally effective with racial/ethnic minorities; psychologists who work with marginalized populations, such as people living in poverty and/or other socially excluded groups, can improve the effectiveness of their interventions through awareness of unintentional age, race, class, and/or gender bias. The acquisition of multicultural competence and the adaptation of psychotherapy, whether in content, language, or approach, can improve client engagement and retention in treatment and can enhance development of the therapeutic alliance (Griner & Smith, 2006; Horrell, 2008; Huey & Polo, 2008, 2010; Miranda et al., 2005; Miranda et al., 2006; Vasquez, 2007; Whaley & Davis, 2007);

WHEREAS: the research continues to support that psychotherapy, both group and individual models of clinical interventions, is effective treatment for individuals with disabilities. The studies also indicate that psychotherapy is effective for a variety of disability conditions including cognitive, intellectual, physical, visual, auditory, and psychological impairments. The research supports that psychotherapy is effective for individuals with disabilities over the life span. A sample of the research reflecting the effectiveness of therapy with individuals with disabili-

ties include: Glickman (2009); Hibbard, Grober, Gordon, and Aletta (1990); Kurtz and Mueser (2008); Livneh and Sherwood (2001); Lysaker, Glynn, Wilkniss, and Silverstein (2010); Olkin (1999); Perlman et al. (2010); Rice, Zitzelsberger, Porch, and Ignagni (2005); Radnitz (2000), and Vail and Xenakis (2007);

WHEREAS: research indicates the beneficial effects of psychotherapy as a means of improving mood and reducing depression among individuals with acute and chronic health conditions (e.g., arthritis, cancer, HIV/AIDS) (Fisch, 2004; Himelhoch, Medoff, & Oyeniyi, 2007; Lin et al., 2003);

WHEREAS: although some cultural adaptations already have demonstrated effectiveness as mentioned above, many underserved communities can continue to benefit from specific adaptations or demonstrated effectiveness of evidence-based psychotherapy practice. For example, current psychotherapy research suggests that racial/ethnic minorities, those with low socioeconomic status, and members of the LGBT community may face specific challenges not addressed by current evidence-based treatment. In conducting psychotherapy, practitioners are sensitive to these challenges and pursue appropriate adaptations (Butler, O'Donovan, & Shaw, 2010; Cabral & Smith, 2011; Gilman et al., 2001; Smith, 2005; Sue & Lam, 2002);

THEREFORE: Be It Resolved that, as a healing practice and professional service, psychotherapy is effective and highly cost-effective. In controlled trials and in clinical practice, psychotherapy results in benefits that markedly exceed those experienced by individuals who need mental health services but do not receive psychotherapy. Consequently, psychotherapy should be included in the health care system as an established evidence-based practice.

Be It Further Resolved that APA increase its efforts to educate the public about the effectiveness of psychotherapy; support advocacy efforts to enhance formal recognition of psychotherapy in the health care system; help ensure that policies will increase access to psychotherapy in the health care system, with particular attention on addressing the needs of underserved populations, and encourage integration of research and practice; and support advocacy for funding.

Be It Further Resolved that APA encourages continued and further research on the comparative effectiveness and efficacy of psychotherapy.

References

- Abbass, A., Kisely, S., & Kroenke, K. (2006). Short-term psychodynamic psychotherapy for somatic disorders: Systematic review and meta-analysis of clinical trials. *Psychotherapy and Psychosomatics*, *78*, 265–274. doi:10.1159/000228247
- Alexander, C. L., Arnkoff, D. B., & Glass, C. R. (2010). Bringing psychotherapy to primary care. *Clinical Psychology: Science and Practice*, *17*, 191–214. doi:10.1111/j.1468-2850.2010.01211.x
- Alexopoulos, G. S., Raue, P., Kiosses, D. N., Mackin, R. S., Kanellopoulos, D., McCulloch, C., & Areán, P. S. (2011). Problem solving therapy and supportive therapy in older adults with major depression and executive dysfunction: Effect on disability. *Archives of General Psychiatry*, *63*, 33–41. doi:10.1001/archgenpsychiatry.2010.177
- Ali, A., Hawkins, R. L., & Chambers, D. A. (2010). Recovery from depression for clients transitioning out of poverty. *American Journal of Orthopsychiatry*, *80*, 26–33. doi:10.1111/j.1939-0025.2010.01004.x

- American Group Psychotherapy Association (AGPA). (2007). *Practice guidelines for group psychotherapy*. New York: American Group Psychotherapy Association.
- American Psychological Association (APA). (2004). Guidelines for psychological practice with older adults. *American Psychologist*, *59*, 236–260. doi:10.1037/0003-066X.59.4.236
- Anderson, E. M., & Lambert, M. J. (1995). Short-term dynamically oriented psychotherapy: A review and meta-analysis. *Clinical Psychology Review*, *15*, 503–514. doi:10.1016/0272-7358(95)00027-M
- APA Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *American Psychologist*, *61*, 271–285. doi:10.1037/0003-066X.61.4.271
- Areán, P. A., Ayalon, L., Hunkeler, E. M., Tang, L., Unutzer, J., Lin, E., . . . Hendrie, H. (2005a). Improving depression care in older minority primary care patients. *Medical Care*, *43*, 381–390. doi:10.1097/01.mlr.0000156852.09920.b1
- Areán, P. A., Gum, A., McCulloch, C. E., Bostrom, A., Gallagher-Thompson, D., & Thompson, L. (2005b). Treatment of depression in low-income older adults. *Psychology and Aging*, *20*, 601–609. doi:10.1037/0882-7974.20.4.601
- Areán, P. A., Gum, A. M., Tang, L., & Unutzer, J. (2007). Service use and outcomes among elderly persons with low incomes being treated for depression. *Psychiatric Services*, *58*, 1057–1064. doi:10.1176/appi.ps.58.8.1057
- Areán, P. A., Raue, P., Mackin, R. S., Kanellopoulos, D., McCulloch, C., & Alexopoulos, G. S. (2010). Problem-solving therapy and supportive therapy in older adults with major depression and executive dysfunction. *The American Journal of Psychiatry*, *167*, 1391–1398. doi:10.1176/appi.ajp.2010.09091327
- Arnold, M. (2008). Polypharmacy and older adults: A role for psychology and psychologists. *Professional Psychology: Research and Practice*, *9*, 283–289. doi:10.1037/0735-7028.39.3.283
- Baldwin, S. A., Berkeljon, A., Atkins, D. C., Olsen, J. A., & Nielsen, S. L. (2009). Rates of change in naturalistic psychotherapy: Contrasting dose-effect and good-enough level models of change. *Journal of Consulting and Clinical Psychology*, *77*, 203–211. doi:10.1037/a0015235
- Barlow, D. H. (2004). Psychological treatments. *American Psychologist*, *59*, 869–878. doi:10.1037/0003-066X.59.9.869
- Barlow, D. H. (2010). Negative effects from psychological treatments: A perspective. *American Psychologist*, *65*, 13–20. doi:10.1037/a0015643
- Barlow, D. H., Gorman, J. M., Shear, M. K., & Woods, S. W. (2000). Cognitive behavioral therapy, imipramine, or their combination for panic disorder: A randomized controlled trial. *Journal of the American Medical Association*, *283*, 2529–2536. doi:10.1001/jama.283.19.2529
- Bedi, N., Chilvers, C., Churchill, R., Dewey, M., Duggan, C., Feilding, K., . . . Williams, I. (2000). Assessing effectiveness of treatment of depression in primary care: Partially randomized preference trial. *The British Journal of Psychiatry*, *177*, 312–318. doi:10.1192/bjp.177.4.312
- Belle, D., & Doucet, J. (2003). Poverty, inequality, and discrimination. *Psychology of Women Quarterly*, *27*, 101–113. doi:10.1111/1471-6402.00090
- Bernal, G., Jimenez-Chafey, M. I., & Domenech Rodriguez, M. M. (2009). Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice*, *40*, 361–368. doi:10.1037/a0016401
- Beutler, L. E. (1983). *Eclectic psychotherapy: A systematic approach*. New York: Pergamon Press.
- Beutler, L. E. (2009). Making science matter in clinical practice: Redefining psychotherapy. *Clinical Psychology: Science and Practice*, *16*, 301–317. doi:10.1111/j.1468-2850.2009.01168.x
- Beutler, L. E., & Malik, M. L. (Eds.). (2002a). *Rethinking the DSM* (pp. 3–16). Washington, D. C.: American Psychological Association.
- Beutler, L. E., & Malik, M. L. (2002b). Diagnosis and treatment guidelines: The example of depression. In L. E. Beutler & M. L. Malik (Eds.), *Rethinking the DSM* (pp. 251–278). Washington, D. C.: American Psychological Association.
- Beutler, L. E., Malik, M. L., Alimohamed, S., Harwood, T. M., Talebi, H., & Nobel, S. (2003). Therapist variables. In M. J. Lambert (Ed.), *Handbook of psychotherapy and behavior change* (5th ed., pp. 227–306). New York: John Wiley & Sons.
- Burlingame, G. M., Fuhrman, A., & Mosier, J. (2003). The differential effectiveness of group psychotherapy: A meta-analytic perspective. *Group Dynamics: Theory, Research & Practice*, *2*, 101–117. doi:10.1037/1089-2699.7.1.3
- Butler, C., O'Donovan, A., & Shaw, E. (Eds.). (2010). *Sex, sexuality, and therapeutic practice: A manual for therapists and trainers*. New York: Routledge/Taylor & Francis.
- Cabral, R. R., & Smith, T. B. (2011). Racial/ethnic matching of clients and therapists in mental health services: A meta-analytic review of preferences, perceptions, and outcomes. *Journal of Counseling Psychology*, *58*, 537–554. doi:10.1037/a0025266
- Carr, A. (2009a). The effectiveness of family therapy and systemic interventions for adult-focused problems. *Journal of Family Therapy*, *31*, 46–74. doi:10.1111/j.1467-6427.2008.00452.x
- Carr, A. (2009b). The effectiveness of family therapy and systemic interventions for child-focused problems. *Journal of Family Therapy*, *31*, 3–45. doi:10.1111/j.1467-6427.2008.00451.x
- Castonguay, L. G., & Beutler, L. E. (2006). *Principles of therapeutic change that work*. New York: Oxford University Press.
- Chambless, D. L., Baker, M. J., Baucom, D. H., Beutler, L. E., Calhoun, K. S., & Daiuto, A. (1998). Update on empirically validated therapies, II. *The Clinical Psychologist*, *51*, 3–16. doi:10.1037//0022-006X.66.1.53
- Chiles, J. A., Lambert, M. J., & Hatch, A. L. (2002). Medical cost offset: A review of the impact of psychological interventions on medical utilization over the past three decades. In N. A. Cummings, W. T. O'Donohue, & K. E. Ferguson (Eds.), *The impact of medical cost offset on practice and research*. Reno, NV: Context Press.
- Chorpita, B. F., Daleiden, E. L., Ebesutani, C., Young, J., Becker, K. D., Nakamura, B. J., . . . Starace, N. (2011). Evidence-based treatments for children and adolescents: An updated review of indicators of efficacy and effectiveness. *Clinical Psychology: Science and Practice*, *18*, 154–172. doi:10.1111/j.1468-2850.2011.01247.x
- Cuijpers, P., van Straten, A., Andersson, G., & van Oppen, P. (2008). Psychotherapy for depression in adults: A meta-analysis of comparative outcome studies. *Journal of Consulting and Clinical Psychology*, *76*, 909–922. doi:10.1037/a0013075
- Cuijpers, P., van Straten, A., Hollon, S. D., & Andersson, G. (2010). The contribution of active medication to combined treatments of psychotherapy and pharmacotherapy for adult depression: A meta-analysis. *Acta Psychiatrica Scandinavica*, *121*, 415–423. doi:10.1111/j.1600-0447.2009.01513.x
- Cuijpers, P., van Straten, A., & Smit, F. (2006). Psychological treatment of late-life depression: A meta-analysis of randomized clinical trials. *International Journal of Geriatric Psychiatry*, *21*, 1139–1149. doi:10.1002/gps.1620
- Cummings, N. A., O'Donohue, W. T., & Ferguson, K. E. (Eds.). (2003). Behavioral health in primary care: Beyond efficacy to effectiveness. *Cummings foundation for behavioral health: Health utilization and cost series* (Vol. 6). Reno, NV: Context Press.
- Curry, J., Rohde, P., Simons, A., Silva, S., Vitiello, B., Kratochvil, C., . . . March, J. (2006). Predictors and moderators of acute outcome in the Treatment for Adolescents with Depression Study (TADS). *Journal of the American Academy of Child and Adolescent Psychiatry*, *45*, 1427–1439. doi:10.1097/01.chi.0000240838.78984.e2
- Deacon, B. J., & Abramowitz, J. S. (2005). Patients' perceptions of pharmacological and cognitive-behavioral treatments for anxiety disorders. *Behavior Therapy*, *36*, 139–145. doi:10.1016/S0005-7894(05)80062-0

- de Maat, S., de Jonghe, F., Schoevers, R., & Dekker, J. (2009). The effectiveness of long-term psychoanalytic therapy: A systematic review of empirical studies. *Harvard Review of Psychiatry, 17*, 1–23. doi:10.1080/10673220902742476
- Dimidjian, S., & Hollon, S. D. (2010). How would we know if psychotherapy were harmful? *American Psychologist, 65*, 21–33. doi:10.1037/a0017299
- Dixon-Gordon, K. L., Turner, B. J., & Chapman, A. L. (2011). Psychotherapy for personality disorders. *International Review of Psychiatry, 23*, 292–302. doi:10.3109/09540261.2011.586992
- Duggan, C., & Kane, E. (2010). Developing a national institute of clinical excellence and health guideline for antisocial personality disorder. *Personality and Mental Health, 4*, 3–8. doi:10.1002/pmh.109
- Felker, B. L., Barnes, R. F., Greenberg, D. M., Chancy, E. F., Shores, M. M., Gillespie-Gateley, L., . . . Morton, C. E. (2004). Preliminary outcomes from an integrated mental health primary care team. *Psychiatric Services, 55*, 442–444. doi:10.1176/appi.ps.55.4.442
- Fisch, M. (2004). Treatment of depression in cancer. *Journal of the National Cancer Institute Monographs, 32*, 105–111. doi:10.1093/jncimonographs/lgh011
- Frank, J. D. (1973). *Persuasion and healing: A comparative study of psychotherapy* (rev. ed.). Baltimore: The Johns Hopkins University Press.
- Gibbon, S., Duggan, C., Stoffers, J., Huband, N., Vollm, B. A., Ferriter, M., et al. (2010). Psychological interventions for antisocial personality disorder. *Cochrane Database of Systematic Reviews, 16*, CD007668. doi:10.1002/14651858.CD007668.pub2
- Gilbody, S., Bower, P., Flethcer, J., Richards, D., & Sutton, A. J. (2006). Collaborative care for depression: A cumulative meta-analysis and review of longer term outcomes. *Archives of Internal Medicine, 166*, 2314–2321. doi:10.1001/archinte.166.21.2314
- Gilman, S. E., Cochran, S. D., Mays, V. M., Hughes, M., Ostrow, D., & Kessler, R. C. (2001). Risk of psychiatric disorders in individuals reporting same-sexual partners in the National Comorbidity Survey. *American Journal of Public Health, 91*, 933–939. doi:10.2105/AJPH.91.6.933
- Glickman, N. S. (2009). Adapting best practices in CBT for deaf and hearing persons with language and learning challenges. *Journal of Psychotherapy Integration, 19*, 354–384. doi:10.1037/a0017969
- Goodman, L. A., Glenn, C., Bohlig, A., Banyard, V., & Borges, A. (2009). Feminist relational advocacy: Processes and outcomes from the perspective of low income women with depression. *The Counseling Psychologist, 37*, 848–876. doi:10.1177/0011000008326325
- Grant, P. M., Huh, G. A., Perivoliotis, D., Solar, N., & Beck, A. T. (2012). Randomized trial to evaluate the efficacy of cognitive therapy for low-functioning patients with schizophrenia. *Archives of General Psychiatry, 69*, 121–127. doi:10.1001/archgenpsychiatry.2011.129
- Griner, D., & Smith, T. B. (2006). Culturally adapted mental health interventions: A metaanalytic review. *Psychotherapy, 43*, 531–548. doi:10.1037/0033-3204.43.4.531
- Gum, A. M., Areán, P. A., & Bostrom, A. (2007). A. Low-income depressed older adults with psychiatric comorbidity. Secondary analyses of response to psychotherapy and case management. *International Journal of Geriatric Psychiatry, 22*, 124–130. doi:10.1002/gps.1702
- Gum, A. M., Areán, P. A., Hunkeler, E., Tang, L., Katon, W., Hitchcock, P., et al. (2006). Depression treatment preferences in older primary care patients. *The Gerontologist, 46*, 14–22. doi:10.1093/geront/46.1.14
- Haldeman, D. C. (1994). The practice and ethics of sexual orientation conversion therapy. *Journal of Consulting and Clinical Psychology, 62*, 221–227. doi:10.1037/0022-006X.62.2.221
- Henggeler, S. W., & Schaeffer, C. M. (2010). Treating serious emotional and behavioural problems using multisystemic therapy. *Australian and New Zealand Journal of Family Therapy, 31*, 149–164. doi:10.1375/anft.31.2.149
- Hibbard, M., Grober, S., Gordon, W., & Aletta, E. (1990). Modification of cognitive psychotherapy for the treatment of post-stroke depression. *The Behavior Therapist, 13*, 15–17.
- Himelhoch, S., Medoff, D. R., & Oyeniyi, G. (2007). Efficacy of group psychotherapy to reduce depressive symptoms among HIV-infected individuals: A systematic review and meta-analysis. *AIDS Patient Care and STDs, 21*, 732–739. doi:10.1089/apc.2007.0012
- Hollon, S. D., DeRubeis, R. J., Shelton, R. C., Amsterdam, J. D., Salomon, R. M., O'Reardon, J. P., & Hinshaw, S. P. (2007). Moderators and mediators of treatment outcome for youth with ADHD: Understanding for whom and how interventions work. *Ambulatory Pediatrics, 7*, 91–100. doi:10.1016/j.ambp.2006.04.012
- Hollon, S. D., Stewart, M. O., & Strunk, D. (2006). Enduring effects for cognitive behavior therapy in the treatment of depression and anxiety. *Annual Review of Psychology, 57*, 285–315. doi:10.1146/annurev.psych.57.102904.190044
- Horrell, S. C. V. (2008). Effectiveness of cognitive-behavioral therapy with adult ethnic minority clients: A review. *Professional Psychology: Research and Practice, 39*, 160–168. doi:10.1037/0735-7028.39.2.160
- Huey, S. J. Jr., & Polo, A. J. (2008). Evidence-based psychosocial treatments for ethnic minority youth. *Journal of Clinical Child and Adolescent Psychology, 37*, 262–301. doi:10.1080/15374410701820174
- Huey, S. J. Jr., & Polo, A. J. (2010). Assessing the effects of evidence-based psychotherapies with ethnic minority youths. In J. B. Weisz & A. E. Kazdin (Eds.), *Evidence-based psychotherapies for children and adolescents* (2nd ed., pp. 451–465). New York: Guilford Press.
- Imel, Z. E., McKay, K. M., Malterer, M. B., & Wampold, B. E. (2008). A meta-analysis of psychotherapy and medication in depression and dysthymia. *Journal of Affective Disorders, 110*, 197–206. doi:10.1016/j.jad.2008.03.018
- Karver, M. S., Handelsman, J. B., & Bickman, L. (2006). Meta-analysis of therapeutic relationship variables in youth and family therapy: The evidence for different relationship variables in the child and adolescent treatment outcome literature. *Clinical Psychology Review, 26*, 50–65. doi:10.1016/j.cpr.2005.09.001
- Kaslow, N. J., Broth, M. R., Smith, C. O., & Collins, M. H. (2012). Family-based interventions for child and adolescent disorders. *Journal of Marital and Family Therapy, 38*, 82–100. doi:10.1111/j.1752-0606.2011.00257.x
- Kazdin, A. E. (2007). Mediators and mechanisms of change in psychotherapy research. *Annual Review of Clinical Psychology, 3*, 1–27. doi:10.1146/annurev.clinpsy.3.022806.091432
- Kazdin, A. E. (2008). Evidence-based treatment and practice. *American Psychologist, 63*, 146–159. doi:10.1037/0003-066X.63.3.146
- Kazdin, A. E., Hoagwood, K., Weisz, J. R., Hood, K., Kratochwill, T. R., Vargas, L. A., & Banez, G. A. (2010). A meta-systems approach to evidence-based practice for children and adults. *American Psychologist, 65*, 85–97. doi:10.1037/a0017784
- Knight, B. G. (2004). *Psychotherapy with older adults* (3rd ed). Thousand Oaks, CA: Sage Publications.
- Kocsis, J. H., Leon, A. C., Markowitz, J. C., Manber, R., Arnou, B., Klein, D. N., & Thase, M. E. (2009). Patient preference as a moderator of outcome for chronic forms of major depressive disorder treated with nefazodone, cognitive behavioral analysis system of psychotherapy, or their combination. *Journal of Clinical Psychiatry, 70*, 354–361. doi:10.4088/JCP.08m04371
- Kosters, M., Burlingame, G. M., Nachtigall, C., & Strauss, B. (2006). A meta-analytic review of the effectiveness of inpatient group psychotherapy. *Group Dynamics: Theory, Research, and Practice, 10*, 146–163. doi:10.1037/1089-2699.10.2.146
- Kurtz, M. M., & Mueser, K. T. (2008). A meta-analysis of controlled research on social skills training for schizophrenia. *Journal of Consulting and Clinical Psychology, 76*, 491–504. doi:10.1037/0022-006X.76.3.491

- Lambert, J. J., & Ogles, B. M. (2004). The efficacy and effectiveness of psychotherapy. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 139–193). New York: Wiley.
- Lambert, M. J. (Ed.). (2004). *Bergin and Garfield's handbook of psychotherapy and behavior change* (4th ed.). New York: Wiley.
- Lambert, M. J. (Ed.). *Handbook of psychotherapy and behavior change*. New York: Wiley.
- Lambert, M. J., & Archer, A. (2006). Research findings on the effects of psychotherapy and their implications for practice. In C. D. Goodheart, A. E. Kazdin, & R. J. Sternberg (Eds.), *Evidence-based psychotherapy: Where practice and research meet* (pp. 111–130). Washington, D. C.: American Psychological Association.
- Lazar, S. G., & Gabbard, G. O. (1997). The cost-effectiveness of psychotherapy. *Journal of Psychotherapy Practice and Research*, 6, 307–314. doi:9292445
- Leichsenring, F., & Rabung, S. (2008). Effectiveness of short-term psychodynamic psychotherapy: A meta-analysis. *Journal of the American Medical Association*, 299, 1551–1565. doi:10.1001/jama.299.13.1551
- Leichsenring, F., Rabung, S., & Leibing, E. (2004). The efficacy of short-term psychodynamic psychotherapy in specific psychiatric disorders: A meta-analysis. *Archives of General Psychiatry*, 61, 1208–1216. doi:10.1001/archpsyc.61.12.1208
- Lin, E. H., Katon, W., Von Korff, M., Tang, L., Williams, J. W., Kroenke, K., et al. (2003). Effect of improving depression care on pain and functional outcomes among older adults with arthritis: A randomized controlled trial. *Journal of the American Medical Association*, 290, 2428–2429. doi:10.1001/jama.290.18.2428
- Linehan, M. M., Comtois, K. A., Murray, A. M., Brown, M. Z., Gallop, R. J., Heard, H. L., et al. (2006). Two-year randomized controlled trial and follow-up of dialectical behavior therapy vs therapy by experts for suicidal behaviors and borderline personality disorder. *Archives of General Psychiatry*, 63, 757–766. doi:10.1001/archpsyc.63.7.757
- Livesley, W. J. (2007). An integrated approach to the treatment of personality disorder. *Journal of Mental Health*, 16, 131–148. doi:10.1080/09638230601182086
- Livneh, H., & Sherwood, A. (2001). Application of personality theories and counseling strategies to clients with physical disabilities. *Journal of Counseling and Development*, 69, 528–538. doi:10.1002/j.1556-6676.1991.tb02636.x
- Lorig, K. R., Sobel, D. S., Steward, A. L., Brown, B. W., Bandura, A., Ritter, P., et al. (1999). Evidence suggesting that a chronic disease self-management program can improve health status while reducing hospitalization: A randomized trial. *Medical Care*, 37, 5–14. doi:10.1097/00005650-199901000-00003
- Lovett, M. L., Young, P. R., Haman, K. L., Freeman, B. B., & Gallop, R. (2005). Prevention of relapse following cognitive therapy vs medications in moderate to severe depression. *Archives of General Psychiatry*, 62, 417–422. doi:406AB7E4BD67CD847C23
- Lysaker, H., Glynn, S. M., Wilkniss, S. M., & Silverstein, S. M. (2010). Psychotherapy and recovery from schizophrenia: A review of potential applications and need for future study. *Psychological Services*, 7, 75–91. doi:10.1037/a0019115
- Malik, M. L., & Beutler, L. E. (2002). The emergence of dissatisfaction with the DSM. In L. E. Beutler & M. L. Malik (Eds.), *Rethinking the DSM* (pp. 3–16). Washington, D. C.: American Psychological Association.
- McBride, C., Atkinson, L., Quilty, L. C., & Bagby, R. M. (2006). Attachment as moderator of treatment outcome in major depression: A randomized trial of interpersonal psychotherapy versus cognitive behavior therapy. *Journal of Consulting and Clinical Psychology*, 74, 1041–1054. doi:10.1037/0022-006X.74.6.1041
- McMain, S., & Pos, A. E. (2007). Advances in psychotherapy of personality disorders: A research update. *Current Psychiatry Reports*, 9, 46–52. doi:10.1007/s11920-007-0009-7
- Miklowitz, D. J. (2008). Adjunctive psychotherapy for bipolar disorder: State of the evidence. *The American Journal of Psychiatry*, 165, 1408–1419. doi:10.1176/appi.ajp.2008.08040488
- Miklowitz, D. J., Axelson, D. A., George, E. L., Taylor, D. O., Schneck, C. D., Sullivan, A. E., . . . Birmaher, B. (2009). Expressed emotion moderates the effects of family-focused treatment for bipolar adolescents. *Journal of American Academy of Child and Adolescent Psychiatry*, 48, 643–651. doi:10.1097/CHI.0b013e3181a0ab9d
- Minami, T., Davies, D., Tierney, S. C., Bettmann, J., McAward, S. M., Averill, L. A., et al. (2009). Preliminary evidence on the effectiveness of psychological treatments delivered at a university counseling center. *Journal of Counseling Psychology*, 56, 309–320. doi:10.1037/a0015398
- Minami, T., & Wampold, B. E. (2008). Adult psychotherapy in the real world. In W. B. Walsh (Ed.), *Biennial review of counseling psychology* (Vol. I, pp. 27–45). New York: Taylor and Francis.
- Minami, T., Wampold, B. E., Serlin, R. C., Hamilton, E., Brown, G. S., & Kircher, J. (2008). Benchmarking the effectiveness of psychotherapy treatment for adult depression in a managed care environment: A preliminary study. *Journal of Consulting and Clinical Psychology*, 76, 116–124. doi:10.1037/0022-006X.76.1.116
- Miranda, J., Bernal, G., Lau, A., Kohn, L., Hwang, W. C., & LaFromboise, T. (2005). State of the science on psychosocial interventions for ethnic minorities. *Annual Review of Clinical Psychology*, 1, 113–142. doi:10.1146/annurev.clinpsy.1.102803.143822
- Miranda, J., Green, B. L., Krupnick, J. L., Chung, J., Siddique, J., Beslin, T., & Revicki, D. (2006). One-year outcome of a randomized clinical trial treating depression in low-income minority women. *Journal of Consulting and Clinical Psychology*, 74, 99–111. doi:10.1037/0022-006X.74.1.99
- Mitte, K. (2005). Meta-analysis of cognitive-behavioral treatments for generalized anxiety disorder: A comparison with pharmacotherapy. *Psychological Bulletin*, 131, 785–795. doi:10.1037/0033-2909.131.5.785
- Mitte, K., Noack, P., Steil, R., & Hautzinger, M. (2005). A meta-analytic review of the efficacy of drug treatment in generalized anxiety disorder. *Journal of Clinical Psychopharmacology*, 25, 141–150. doi:10.1097/01.jcp.0000155821.74832.f9
- Nadort, M., Arntz, A., Smit, J. H., Giesen-Bloo, J., Eikelenboom, M., Spinhoven, P., et al. (2009). Implementation of outpatient schema therapy for borderline personality disorder with versus without crisis support by the therapist outside office hours: A randomized trial. *Behaviour Research and Therapy*, 47, 961–973. doi:10.1016/j.brat.2009.07.013
- Norcross, J. C. (1990). An eclectic definition of psychotherapy. In J. K. Zeig & W. M. Munion (Eds.), *What is psychotherapy? Contemporary perspectives* (pp. 218–220). San Francisco, CA: Jossey-Bass.
- Norcross, J. C. (Ed.). (2011). *Psychotherapy relationships that work: Evidence-based responsiveness* (2nd ed). New York: Oxford University Press. doi:10.1093/acprof:oso/9780199737208.001.0001
- Olkin, R. (1999). *What psychotherapists should know about disability*. New York: Guilford Press.
- Ollendick, T. H., Jarrett, M. A., Grills-Taquechel, A. E., Hovey, L. D., & Wolff, J. C. (2008). Comorbidity as a predictor and moderator of treatment outcome in youth with anxiety, affective, attention deficit/hyperactivity disorder, and oppositional/conduct disorders. *Clinical Psychology Review*, 29, 1447–1471. doi:10.1016/j.cpr.2008.09.003
- Pallak, M. S., Cummings, N. A., Dörken, H., & Henke, C. J. (1995). Effect of mental health treatment on medical costs. *Mind/Body Medicine*, 1, 7–12.
- Paris, J. (2008). Clinical trials of treatment for personality disorders. *Psychiatric Clinics of North America*, 31, 517–526. doi:10.1016/j.psc.2008.03.013
- Patterson, T. L. (2008). Adjunctive psychosocial therapies for the treatment of schizophrenia. *Schizophrenia Research*, 100, 108–199. doi:10.1016/j.schres.2007.12.468

- Pavuluri, M. N., Birmaher, B., & Naylor, M. W. (2005). Pediatric bipolar disorder: A review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry, 44*, 846–871. doi:10.1097/01.chi.0000170554.23422.c1
- Perlman, L. M., Cohen, J. L., Altieri, M. J., Brennan, J. A., Brown, S. R., Mainka, J. B., & Diroff, C. R. (2010). A multidimensional wellness group therapy program for veterans with comorbid psychiatric and medical conditions. *Professional Psychology: Research and Practice, 41*, 120–127. doi:10.1037/a0018800
- Pyne, J. M., Rost, K. M., Farahati, F., Tripathi, S., Smith, J., Williams, D. K., . . . Coyne, J. C. (2005). One size fits some: The impact of patient treatment attitudes on the cost-effectiveness of a depression primary-care intervention. *Psychological Medicine, 35*, 839–854. doi:4376A5EC9718E4D852BA
- Radnitz, C. L. (Ed.). (2000). *Cognitive-behavioral interventions for persons with disabilities*. Northvale, NJ: Jason Aronson, Inc.
- Rice, C., Zitzelsberger, H., Porch, W., & Ignagni, E. (2005). Creating community across disability and difference. *Canadian Woman Studies/Cahiers de la Femme, 24*, 187–193.
- Roberts, M. C. (Ed.). (2003). *Handbook of pediatric psychology* (3rd ed.). New York: Guilford Press.
- Robinson, L. A., Berman, J. S., & Neimeyer, R. A. (1990). Psychotherapy for the treatment of depression: A comprehensive review of controlled outcome research. *Psychological Bulletin, 108*, 20–49. doi:10.1037/0033-2909.108.1.30
- Rosenthal, R. (1990). How are we doing in soft psychology? *American Psychologist, 45*, 775–777. doi:10.1037/0003-066X.45.6.775
- Roy-Byrne, P. P., Sherbourne, C. D., Craske, M. G., Stein, M. B., Katon, W., Sullivan, G., . . . Bystritsky, A. (2003). Moving treatment research from clinical trials to the real world. *Psychiatric Services, 54*, 327–332. doi:10.1176/appi.ps.54.3.327
- Sexton, T. L., Alexander, J. F., & Mease, A. L. (2003). Levels of evidence for the models and mechanisms of therapeutic change in family and couple therapy. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 590–646). New York: John Wiley & Sons.
- Sexton, T. L., Robbins, M. S., Hollimon, A. S., Mease, A. L., & Mayorga, C. C. (2003). Efficacy, effectiveness, and change mechanisms in couple and family therapy. In T. L. Sexton, G. R. Weeks, & M. S. Robbins (Eds.), *Handbook of family therapy* (pp. 229–261). New York: Brunner-Routledge.
- Shadish, W. R., & Baldwin, S. A. (2003). Meta-analysis of MFT interventions. *Journal of Marital and Family Therapy, 29*, 547–570. doi:10.1111/j.1752-0606.2003.tb01694.x
- Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist, 65*, 98–109. doi:10.1037/a0018378
- Shirk, S. R., & Karver, A. (2003). Prediction of treatment outcome from relationship variables in child and adolescent therapy: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 71*, 452–464. doi:10.1037/0022-006X.71.3.452
- Smith, L. (2005). Psychotherapy, classicism, and the poor: Conspicuous by their absence. *American Psychologist, 60*, 687–696. doi:10.1037/0003-066X.60.7.687
- Smith, L. (2010). *Psychology, poverty, and the end of social exclusion: Putting our practice to work*. New York: Teachers College Press.
- Smith, M. L., Glass, G. V., & Miller, T. I. (1980). *The benefits of psychotherapy*. Baltimore, MD: Johns Hopkins University Press.
- Smuth, K. F., Goodman, L., & Glenn, C. (2006). The full-frame approach: A new response to marginalized women left behind by specialized services. *American Journal of Orthopsychiatry, 76*, 489–502. doi:10.1037/0002-9432.76.4.489
- Solomon, D. A., Keitner, G. I., Ryan, C. E., Kelley, J., & Miller, I. W. (2008). Preventing recurrence of bipolar I mood episodes and hospitalizations: Family psychotherapy plus pharmacotherapy versus pharmacotherapy alone. *Bipolar Disorders, 10*, 798–805. doi:10.1016/j.jad.2006.05.036
- Stice, E., Shaw, H., & Marti, C. N. (2006). A meta-analytic review of obesity prevention programs for children and adolescents: The skinny on interventions that work. *Psychological Bulletin, 132*, 667–691. doi:10.1037/0033-2909.132.5.667
- Stiles, W. B., Barkham, M., Connell, J., & Mellor-Clark, J. (2008). Responsive regulation of treatment duration in routine practice in United Kingdom primary care settings: Replication in a larger sample. *Journal of Consulting and Clinical Psychology, 76*, 298–305. doi:10.1037/0022-006X.76.2.298
- Sue, S., & Lam, A. G. (2002). Cultural and demographic diversity. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 401–421). New York: Oxford University Press.
- Thomas, R., & Zimmer-Gembeck, M. J. (2007). Behavioural outcomes of Parent-Child Interaction Therapy and trip P-Positive Parenting Program: A review and meta-analysis. *Journal of Abnormal Child Psychology, 35*, 475–495. doi:10.1007/s10802-007-9104-9
- Tournier, M., Moride, Y., Crott, R., duFort, G. G., Ducruet, T., Tournier, M., et al. (2009). Economic impact of non-persistence to antidepressant therapy in the Quebec community-dwelling elderly population. *Journal of Affective Disorders, 115*, 160–166. doi:10.1016/j.jad.2008.07.004
- Vail, S., & Xenakis, N. (2007). Empowering women with chronic, physical disabilities: A pedagogical/experiential group model. *Social Work in Health Care, 46*, 67–86. doi:10.1300/J010v46n01_05
- Vasquez, M. J. T. (2007). Cultural difference and the therapeutic alliance: An evidence-based analysis. *American Psychologist, 62*, 878–886. doi:10.1037/0003-066X.62.8.878
- Verheul, R., & Herbrink, M. (2007). The efficacy of various modalities of psychotherapy for personality disorders: A systematic review of the evidence and clinical recommendations. *International Review of Psychiatry, 19*, 25–38. doi:10.1080/09540260601095399
- Vocks, S., Tuschen-Caffier, B., Pietrowsky, R., Rustenbach, S. J., Kersting, A., & Hertpertz, S. (2010). Meta-analysis of the effectiveness of psychological and pharmacological treatments for binge eating disorder. *International Journal of Eating Disorders, 43*, 205–217. doi:10.1002/eat.20696
- Wales, J. A., Palmer, R. L., & Fairburn, C. G. (2009). Can treatment trial samples be representative? *Behaviour Research & Therapy, 47*, 893–896. doi:10.1016/j.brat.2009.06.019
- Walker, C. E., & Roberts, M. D. (Eds.). (2001). *Handbook of clinical child psychology* (3rd ed.). New York: Wiley.
- Walkup, J. T., Albano, L. M., Piacentini, J., Birmaher, B., Compton, S. N., Sherrill, J. T., . . . Kendall, P. C. (2008). Cognitive behavioral therapy, sertraline, or a combination in childhood anxiety. *The New England Journal of Medicine, 359*, 2753–2766. doi:10.1056/NEJMoa0804633
- Wampold, B. E. (2001). *The great psychotherapy debate: Model, methods, and findings*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Wampold, B. E. (2007). Psychotherapy: The humanistic (and effective) treatment. *American Psychologist, 62*, 857–873. doi:10.1037/0003-066X.62.8.857
- Wampold, B. E. (2010). *The basic of psychotherapy: An introduction to theory and practice*. Washington, D. C.: American Psychological Association.
- Wampold, B. E., & Brown, G. S. (2005). Estimating therapist variability: A naturalistic study of outcomes in managed care. *Journal of Consulting and Clinical Psychology, 73*, 914–923. doi:10.1037/0022-006X.73.5.914
- Weisz, J. R., & Jensen, A. L. (2001). Child and adolescent psychotherapy in research and practice contexts: Review of the evidence and sugges-

- tions for improving the field. *European Child and Adolescent Psychiatry*, 10 (Supplement 1), S12–S18. doi:10.1007/s007870170003
- Weisz, J. R., Sandler, I. N., Durlak, J. A., & Anton, B. S. (2005). Promoting and protecting youth mental health through evidence-based prevention and treatment. *American Psychologist*, 60, 628–648. doi:10.1037/0003-066X.60.6.628
- Whaley, A. L., & Davis, K. E. (2007). Cultural competence and evidence-based practice in mental health services: A complementary perspective. *American Psychologist*, 62, 563–574. doi:10.1037/0003-066X.62.6.563
- Wilson, G. T., Grilo, C. M., & Vitousek, K. M. (2007). Psychological treatment of eating disorders. *American Psychologist*, 62, 199–216. doi:10.1037/0003-066X.62.3.199

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