What Is the Future of Psychotherapy in Psychiatry?

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This issue of *Psychiatric Annals*, guest edited by Jeffrey W. Katzman, MD, and Patricia Coughlin, PhD, presents a focus on intensive short-term dynamic psychotherapy (ISTPD).

Drs. Coughlin and Katzman describe what this therapy aims to do and how it differs from more traditional, often longer-term dynamic psychotherapy. David M. Wolff, MD, describes the differences between practicing ISTDP and more-traditional dynamic psychotherapy and presents several cases to illustrate how ISTDP can be combined with the use of psycho-active medications.

Allan Ab-...ass, MD, FRCPC, and Dr. Katzman present a review of 13 cost-effective-ness studies of ISTDP-treated patients. Joel M. Town, DClinPsy, and Ellen Driessen, PhD, review the efficacy of ISTDP in the treatment of personality and somatic disorders. Lastly, Dr. Ab-...ass, Steve Kisely, MD, PhD, Daniel Rasic, MD, MSc, and Dr. Katzman describe outcome studies in patients treated with ISTDP by psychiatric residents under supervision and shows positive outcomes correlated with the amount of video supervision provided to resident therapists.

This series also presents the outcome data, with follow-up data ranging from 1 to 3 years, showing efficacy. Follow-up outcome data were missing in the era of psychoanalyti-cally oriented dynamic psychotherapy that dominated psychiatric practice before the dawn of the psychopharma-cologic revolution in the mid-1960s.

Though initially conceptualized by psychiatrist Aaron Beck, MD, cogni-tive therapy was rapidly adopted by psychologists, with teaching in psychia-tric residency programs gradually added over the past 5 to 10 years.

This raises the question, what will be the fate psychotherapy in psychiat-ric practice? Psychoanalytic psychotherapies could no longer dominate psychiatric practice in the face of medications approved for use on the basis of randomized, placebo-controlled, double-blind efficacy studies. Managed care, on the basis of these data, used economic leverage to favor the use of medications to treat psychiatric disor-ders, resulting in a total reversal in psychia-tric practice over the past 50 years.

As a resident and beginning prac-titioner, I was frustrated by the appar-ent resistance to using medications in appropriate clinical situations. How-ever, now that we know the limitations and the benefits of medications, there seems to be a reluctance to appropri-ately employ psychotherapies, despite evidence of their effectiveness and cost-effectiveness.

The field is now being presented with evidence of the cost-effectiveness of newer therapies such as ISTDP, and studies such as STAR*D, CATIE and STEP-BD have demonstrated the limita-tions of certain medications. Therefore, it seems we should reevaluate the appropriate use of both types of treatment. It is time to determine the cost-effectiveness of a mix of psycho-pharmacologic treatment and specific psychotherapies in various diagnoses and behavioral dimensions.

We need more federally funded studies of combination medication- and evidence-based, short-term psychotherapy treatments with a reasonable follow-up period (minimum 1 year) to allow for cost-benefit outcome studies.

We do not have to wait until re-search domain criteria studies reveal the biological basis of all of our hetero-geneous disorders and their most-effective personalized treatment to demonstrate effectiveness. If studies are funded, we might show that the appropriate combination of effective psychotherapies and medications can produce good, lasting outcomes.