
1 Summary

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The treatment of mental, emotional, and behavioral dysfunctions has become one of the most controversial areas of health policy. Even though the prevalence and the pernicious effects of mental disorders are well known and have been documented recently in sources such as the report of the President's Commission on Mental Health (219), opinion about what should be done to treat these problems is not unanimous. A number of proposals to expand the mental health services system and to make treatment more widely available (e. g., through expanded insurance coverage) have been made. Yet, there is not agreement about how to expand mental health services, nor about what would be gained by their expansion.

In light of these disagreements, it is perhaps understandable that policy makers have been reluctant to commit additional public resources to mental health treatments. To make psychotherapeutic treatments more widely available is potentially expensive. It has been suggested, however, that the provision of psychotherapy reduces other costs currently borne by society. A central question is the extent to which psychotherapy can be scientifically assessed and its value demonstrated in a way useful for policy-making. The present report analyzes the current scientific literature on the evaluation of psychotherapy. It examines the efficacy and cost effectiveness of psychotherapeutic treatments and considers both the methodological problems of assessing psychotherapy and the state of current knowledge about its effects. It is hoped that this report will inform the developing congressional debate on Federal research and funding for psychotherapy.

As a background paper prepared in conjunction with OTA's assessment *The Implications of Cost-Effectiveness Analysis of Medical Technology* (see 203), the present report emphasizes methodological issues related to the assessment of psychotherapy and the use of cost-effectiveness/cost-benefit analysis (CEA/CBA) to evaluate psychotherapy's worth. It documents the

use of various evaluation strategies and considers the available evidence concerning psychotherapy's efficacy and cost effectiveness. The conclusions of the report relate both to the conduct of research on psychotherapy and the status of present scientific knowledge about psychotherapy.

The report discusses four issues centrally related to the evaluation of psychotherapy: 1) the definition and complexity of psychotherapy; 2) the degree to which psychotherapy is amenable to scientific analysis and the availability of appropriate methods for studying psychotherapy; 3) the evidence as to psychotherapy's efficacy, including the results of analyses that synthesize findings across studies; and 4) the appropriateness of CEA/CBAs of psychotherapy and the results of their application. Below, each of these sections of the report is briefly summarized.

Chapter 2 reviews a number of definitions and views of psychotherapy. It also attempts to delimit the scope of this background paper. Psychotherapy is not a simple treatment, and part of the confusion about its effectiveness has to do with the use of different views of what comprises psychotherapy. In order to represent the variety of contemporary therapy practices, the present report adopts a relatively comprehensive definition of psychotherapy. Included are treatments based on Freudian ideas about psychodynamics, as well as newer therapies based on behavioral theories of learning and cognition. One finding of the report is that psychotherapies are not distinguishable solely by their theoretical bases. In addition to the view of psychopathology adopted by the therapist, therapist variables (e.g., training and personality characteristics), patient variables (e. g., seriousness of condition), and the treatment setting (e. g., hospital, private office) affect the nature of psychotherapy treatments. Although the inclusion of such complex factors makes the analysis of psychotherapy more difficult, their inclusion is necessary to adequately assess the effects of psychotherapy.

Chapter 3 describes the scientific basis of efforts to assess the effectiveness of psychotherapy. Although the definition of psychotherapy employed in this report is complex, and perhaps open to dispute, the methods for assessing psychotherapy are better established. The present report describes and analyzes various methodological strategies for measuring the outcomes of psychotherapeutic treatment and the ways in which the reliability and validity of these measures are established. It also describes the variety of research design strategies that have been used to establish cause-effect relationships between psychotherapy and particular outcomes. The discussion indicates the conditions under which randomized control group procedures can be used to assess psychotherapy. Also analyzed are the use of quasi-experimental and nonexperimental procedures which, depending on what types of information are required, may provide useful data. The problems of carrying out psychotherapy research are also discussed, including the difficulties of withholding treatment from members of a control group and the problems of assessing multifactor treatment programs.

Also considered in chapter 3 are two recent methodological developments. One is the conduct of program evaluation studies, in which sets of psychotherapy variables are investigated simultaneously. Such evaluation studies may be useful where several psychotherapy-related variables are considered in conjunction with one another and where it is difficult to separate treatment components. Another recent methodological development is the use of systematic procedures for synthesizing the findings of multiple investigations. These data integration methods are new and somewhat controversial procedures for assessing the implications of the psychotherapy research literature. Both of these methods, along with scientifically rigorous studies of psychotherapy, may prove useful to developing mental health policy.

Chapter 4 selectively describes the substantive literature on psychotherapy's effects. A number of prominent reviews of the psychotherapy literature, and the commentary generated by these reviews, are analyzed (along with sev-

eral individual evaluative studies). Despite some fundamental differences, both in the criteria for assessing psychotherapy and in the studies included, the reviews all report—under specified conditions—evidence for psychotherapy's effectiveness. This finding is stronger the more recent the literature that is reviewed. In fact, there seems to be little negative evidence as to the efficacy of psychotherapeutic treatments. Although it is difficult to make global statements, the evidence seems more supportive of psychotherapy than of alternative explanations (e.g., spontaneous remission, placebo effects). The available research, some of which meets rigorous methodological standards, seems to indicate that psychotherapy treatment is clearly better than no treatment. However, while the literature supports a generally positive conclusion with respect to the effectiveness of psychotherapy, there is a lack of specific information about the conditions under which psychotherapy is effective. It is not clear which aspects of therapy (e.g., treatment protocol v. the nature of the therapist's relationship with the patient) are responsible for particular outcomes.

Methods for assessing the costs and benefits of psychotherapy and for developing CBAs are described in chapter 5. The application of CEA/CBA to psychotherapy is much more recent, and less developed, than efficacy research. Although the methods for CEA/CBAs of psychotherapy are based on applications of such analyses to other types of health and nonhealth problems, in some instances (e.g., application of the "willingness-to-pay" concept), the translation to psychotherapy is difficult. An additional problem with psychotherapy assessments has to do with the comprehensiveness of cost and benefit assessment—in particular, our ability to value in pecuniary terms the effects of psychotherapy. Because of this difficulty, much of the recent cost analysis research has involved cost-effectiveness comparisons rather than cost-benefit comparisons. Potentially, however, both CEA and CBA techniques may be useful to improve our understanding of the effects of psychotherapy and the resources necessary for its efficient use. Such CEA/CBA research may be an important adjunct to effectiveness studies that will enhance their policy use.

Chapter 6 reviews the available literature on the use of CEA/CBA for assessing psychotherapy. The literature which reports actual CEA/CBA studies varies, both in terms of its focus on different problems and its methodological adequacy. Because of the problem of valuing psychotherapy outcomes, a great number of the available cost studies focus on low-cost treatments. This may create an incorrect impression about psychotherapy's effects. In terms of their limitation of problem focus, many of these analyses have been conducted on treatment settings characteristics (e. g., institutional v. noninstitutional care), rather than on different therapies or therapists. The findings of these studies seem to indicate that more efficient ways of delivering psychotherapy can be developed. Unfortunately, it is difficult to interpret the results of many of these studies, because they ignore important costs or benefits or because they use inadequate

research designs. In some cases (e. g., the effects of psychotherapy on medical utilization rates), at least the potential for psychotherapy to provide society with large net benefits has been demonstrated. It will be necessary, however, to validate these findings using better procedures and a wide range of mental health problems.

In summary, OTA finds that psychotherapy is a complex—yet scientifically assessable—set of technologies. It also finds good evidence of psychotherapy's positive effects. Although this evidence may not be generalizable to the wide range of problems for which therapy is employed, it suggests that additional research may provide data useful for the development of mental health policy. Given the potential net benefits of psychotherapy, this effort would seem to be justified.