The effectiveness of psychotherapy: Assessing evidence-based practice in treatment of psychiatric patients

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Abstract

Psychotherapy, as a treatment of choice for mental or emotional illnesses, has been constantly scrutinized for its effectiveness and efficacy in the treatment of diagnosable mental illnesses. Having been increasingly recognized as closely related to increased morbidity and mortality and represented major public health challenges, the importance of a well-researched treatment modality for mental illnesses cannot be overemphasized. This article seeks to extol, articulate and highlight areas of research in psychotherapy that should be prioritized, and made attractive to researchers, university lecturers, clinical practitioners, and students so that such collective efforts will expand the frontiers of treatments in mental health. Examination of modern approach to research in psychotherapy using systematic treatment review (STR) methods in studying the effectiveness of psychotherapy will be prioritized and explored.

Keywords: Psychotherapy, psychopathology, systematic treatment review, mental health, treatment, therapeutic effectiveness, psychopharmacology

The position of the American Psychological Association (APA), powered by thousands of individual clinical trials and hundreds of meta-analyses conducted over several decades, is that by any standard, psychotherapeutic interventions are an effective method in mental health treatment. Like any other treatment modality in health care system, the effectiveness of psychotherapy in the treatment of mental and emotional illnesses has been widely investigated. Areas of investigation include: a) psychotherapeutic theoretical framework (Shedler, 2010); b) therapist allegiance and therapeutic relationships (Norcross, 2011); c) therapist personal contributions to effectiveness of therapy (Beutler, Malik, Alimohamed, Harwood … Nobel, 2003); d) treatment formats and techniques (Burlingame, Fuhriman, & Mosier, 2003; Carr, 2009); e) patient dispositions (Cuijpers, van Straten, Andersson, & van Oppen, 2008; Hollon, Stewart, & Strunk, 2006); f) patient/client diversity (Huey & Polo, 2010; Knight, 2004; Miranda
et al., 2006; Vasquez, 2007), and g) a multitude of common factors that may influence treatment outcome (Wampold, 2010).

In fact, the question as to whether the efficacy and effectiveness of psychotherapy can be scientifically proven is the core aim of this paper. In a nutshell, the answer simply mimics the August 2012, APA resolution, which after consulting many scientific clinical studies, took a unanimous resolution that stated, when administered proper by well-trained clinicians, the effectiveness of psychotherapy is unquestionable and unmistakable across the board (Wampold, 2001; APA, 2010). This is because research in psychotherapy has produced irrefutable studies that buttress this claim to the amazement of sceptics whose negative appraisal of the effectiveness and reliability of psychotherapy in the treatment of mental illnesses have systematically refuted.

The search for the effectiveness of a treatment modality occupies a central role in the science of behavioural science and psychotherapy, just as it also appears to other healthcare disciplines such as medicine and pharmaceutical sciences. As a discipline and profession, clinical and counselling psychology, which prominently use psychotherapy as their treatment modality, have played vivid and successful roles in universal health care and social developments. Therapeutic interventions that are dedicated to fostering human mental well-being, have used high-powered scientific methods that range from research-oriented laboratory methods to practice-oriented clinical trials to evaluate different types of therapies used as “healing” or as curative means for healthcare interventions (Shadish et al., 2003). Furthermore, the modern evaluation of the efficacy and effective outcome of psychotherapy have been scientifically documented and anecdotally supported. Evidence-based clinical reports have also supported validity of the scientific research in psychotherapy. The study to underscore the effectiveness of a treatment is what we referred to as systematic treatment review (STR) or clinical trial. In clinical psychology, just as it is with medicine, STR is often recommended to optimize treatment outcome and its effectiveness, patient right, ethical regulation and cost-effectiveness (Prochaska & Norcross, 2013).

In clinical trials, however, the STR applied to psychotherapy is mostly operationalized as a stand-alone intervention (i.e. not combined with other treatment modalities like psychotropic medication) during a short term clinical trials (Huiskes, Burger, van den Ende, & van den Bem, 2017; Lilienfeld, 2007). A blanket (one-size-fit-all or a belief that one therapy fits all disorder) approach to research in psychotherapy has been found to be faulty and ineffective methodology, and therefore has been found to be a wrong approach to research in psychotherapy. Rather, studies in STRs show that effectiveness approach to psychotherapy should focus on specific patient population and illness. For example, determining the effectiveness of Cognitive Behavioral Therapy (CBT) on addiction should undertake to investigate only an aspect of addiction (like substance-related, alcohol, narcotics, etc., or non-substance-related, gambling, gaming, internet, pornography, etc.) rather than a blanket study of all addictions. Thus, a study investigating, for example, the effect of CBT on a specific aspect of addiction, such as, alcohol, cannabis, internet, pornography, caffeine, etc., should specify the population of interest, like adolescents, students, airplane pilots, doctors, etc. Furthermore, the population of interest should be specified and studied differently. Like studies of mental health disorders and their intervention in late childhood and early adolescence should be separated from those of adult. Such specificity and operationalization are considered to have better research structure in
determining effectiveness of treatment modality than when a research tries to lump many (unrelated) variables together. This may sound strange to some school of researchers who believed that the more variables in a given research, the sounder the research. Nonetheless, multiple variables for a research is only acceptable for economy reason (especially in survey research), not for structural and methodological reasons. Generally, effectiveness study in mental health, requires pungent comparison of two related variables that measure a specific treatment outcome (Huiskes et al., 2017). Therefore, STR requires extreme specificity and parsimony (Huiskes et al., 2017; Norcross, 1990; Campbell, Norcross, Vasquez, Kaslow, 2013; Frank & Frank, 1991).

Unlike medical illnesses, however, most mental and emotional illnesses are less sensitive and more stringent in responding to “one-size-fits-all” treatment regimes. For medical treatment, for example, it can be proper to see a situation where a certain population that has a certain type of headache, can be prescribed certain analgesics, taken at a certain dose, and within a period of time. But this scenario cannot be applied similarly to psychological treatments. In fact, a psychotherapy that works for a certain population and for a certain disorder may not be as effective with another population with the same mental illness. For this reason, psychotherapy needs stricter randomized systematic treatment review (RSTR) procedure than pharmacological therapies or psychotropic therapies. Even when a given psychotherapy is used as a maintenance treatment, it is always recommended that its effectiveness with the given psychotropic medication be specifically studied (Ajaelu, 2011; Boisvert & Faust, 2007).

The term “maintenance treatment or therapy” is used here to refer to therapies designed to augment or help a primary treatment succeed. If, for example, Bupropion (Welbutrin) is the primary treatment of choice for a patient diagnosed with Major Depressive Disorder (MDD), and the clinician believed that adding CBT will help the patient gain a better treatment outcome, then CBT is the maintenance treatment in this treatment regime. Depending on the severity of the illness, the reverse could also be the case, where CBT is the primary treatment of choice, and Welbutrin becoming the maintenance treatment or therapy. Coordinated maintenance therapies are central to successful treatment of many serious mental and cognitive disorders (like schizophrenia, bipolar II disorder, Major Depressive Disorder, Autism Spectrum, etc), therefore research directed toward studying the effectiveness of psychotherapy as a maintenance treatment should be distinguished from those studying it as a stand-alone therapeutic intervention. This is why both psychopharmacology and psychotherapy are today studied together under mental and behavioural health to determine either for their maintenance treatment advantages (Lambert, 2007; Rhule, 2005), or for their stand-alone treatment potentials. As a general research recommendation, the study of the effectiveness of psychotherapy, either as a stand-alone treatment or as a maintenance treatment should be conducted under strict RSTR clinical trials. Although systematic review of evidence-based records and meta-analysis of clinical trials have been found profitable (Das, Salam, Lassi, Khan, Malmood…Bhutta, 2016).

It is, therefore recommended that in the absence of randomized head-to-head clinical trials, clinical psychotherapists, physicians, healthcare providers, and organizations responsible for
drafting treatment guidelines should rely on comparative data obtained from systematic reviews and meta-analyses while making treatment decisions and recommendations (Vieta, et al., 2011). For this reason, clinical studies of the effectiveness of psychotherapy should address these pertinent questions:

a. Does the therapy provide an immediate, but perhaps modest relief of psychological symptoms and burden of disease resulting from the illness?
b. Does the therapy decrease or dwindle symptoms, in part because the patient is better able to adhere to other treatment regimens, including the use of drugs and other organic therapies in combination with the therapy (i.e., as a maintenance treatment)?
c. Does the therapy help in accelerating a natural tendency of people to become well in time- and in certain chronic conditions a slowing of the pathological process?
d. Does the therapy help to diminish an avoidance tendency, especially certain social catastrophes that acutely disturbed patients’ abilities to become independent and self-sustenance, such as the loss of a job, the dissipation of savings, the disruption of a family, and so on?
e. What level of training and clinical experience does the researcher have in the subject area and what help was available for assistance to augment any lack of knowledge or experience.

Where these factors are not duly considered, especially during clinical trials, the STR of the studied therapy will be drastically affected, which could also affect the entire result of the study.

The Meaning and Concept of Psychotherapy

Psychotherapy is the systematic application of scientifically defined methods in the treatment of psychopathological conditions or mental disorder. Mental disorder, as defined in the DSM (2013), “is a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning (p.20)”. It is encapsulated by mental and emotional conditions, that could be clinical mental/emotional disorder, psychosomatic complaints, compulsive and pervasive personality, distorted thought, as well as life crises of various origins (Ajaelu, 2010). Generally, psychotherapy is studied as a treatment modality in clinical mental health care, and its fundamental treatment modality centres around personal skills and the relationship the clinician (psychotherapist) shares with his or her patient (in a clinical setting) or client (in a non-clinical setting). The end purpose of psychotherapy is to heal, reduce burden of suffering, and to improve personal and interpersonal well-being across life-span, targeting mostly people with mental and emotional problems, as well as those who would like to extend their possibilities for social and “inward” actions. This makes psychotherapy a very important intervention, either as a curative or preventative care. Its curative or preventative propensities are beneficial not only in mental health problems, but also to medical problems.

The term, psychotherapy is derived from two Ancient Greek words “psyche (ψυχή)”, which literally translates as breath, spirit, or mind, and therapeia (θεραπεία), which means healing, treatment, or intervention. Therefore, psychotherapy means, treatments geared toward relieving,
healing or preventing mental health problems, emotional challenges, and psychosomatic disorders (Brazier, 2017; Sundberg, Norman, Winebarger, Allen, Taplin, & Julian, 2001). It is also considered as the “treatment of disorders of the mind or personality through psychological methods (OED Online, 2015; Ajaelu, 2011). As modern therapeutic framework expands in its search of effectiveness, biological and cultural perspectives are prominently considered in psychotherapy research techniques. This technique also emerged as a very important aspect in the search for the effectiveness of psychotherapy (Nathan & Gorman, 2007). While some of these techniques extol the basic inclusiveness of psychological theories, others portray major differences and diversities in human behaviours, including culture, individual differences, ethics (how to live) or environmental concerns (Brazier, 2017). Psychologists (Clinical), psychiatrists, and clinical social workers are trained in the theory and practice of psychotherapy, which give them the skill and knowledge to not only provide psychotherapy to children, adolescents, and adults in individual, group, couples, and family therapy sessions (Seligman, 1995), but also to pursue scientific research to determine the best practice and effectiveness of the treatments provided (Lambert, & Vermeersch, 2002).

Within this broader context, psychotherapy can be defined as a skilled method of treatment in the field of clinical psychology or psychiatry that is used to treat, modify, prevent and manage thoughts, feelings, and behaviours of a person in order to facilitate optimum functioning and life adjustment (Ajaelu, 2011; Lambert, & Vermeersch, 2002). It is, therefore, the work and responsibilities of University lecturers, private practitioners, clinicians and therapist in mental health and hospital setting to learn and apply practical research techniques that lead to effective implementation of psychotherapeutic practices (Ajaelu, 2010).

**Model for Research in Psychotherapy**

As we have previously stated, in order to become a psychotherapist, one must have the prerequisites, which include a knowledge-base on psychological theories, principles, and practices, a skill set in techniques and methods of diagnosis, clinical interview, treatment plan, treatment conceptualization, and a scientist-oriented framework. Hence, psychotherapy is not something out there to "believe in" or “act upon,” but involves intellectual and practical activity encompassing systematic study of mental and behaviour structures, as well as natural world through observation and experimentation. It requires a deep knowledge of human behaviour, interpersonal relationships, and family dynamics that include emotional wellness and illness, awareness of the impact of environmental, personal, and behavioural characteristics. It further requires communication skills, as well as a capacity for insight, intuitive and creative understanding, the ability to suspend judgment, and a knack for making connections between seemingly unrelated events, behaviour, and feelings (Ajaelu, 2011/2010; Norcross, 1990). The knowledge and the skills needed for the practice of and research in psychotherapy are embedded in science and scientific processes (Norcross, 1990). In other words, one must first be a scientist-practitioner before becoming a proficient researcher in psychotherapy.
Boundaries and Techniques in Psychotherapeutic Intervention

The research in effectiveness of psychotherapy looks at the relationship between help-seekers and health-providers as determinants in formulating research in effectiveness study. The former (help-seeker or patient/client) seeks to regain “freedom” from infirmity and maladjustment (Change), while the later (clinician/health-provider) tries to understand the dynamics that determined and shape the help-seeker’s situations. In this relationship, the therapist acts as a scientist and a practitioner (healthcare-provider). To play this role effectively and credibly the therapist should be trained and grounded in scientist-practitioner model, where his or her expanded knowledge-base in psychology should involve the following:

a. The fundamental problems facing the health-seeker (diagnosis);
b. Assessment of motivation and capacity for change (boundaries, ethics, and non-reciprocity);
c. Consideration of available resources and motivation for change (levels of commitment to change, power, and stamina);
d. Identification of the progressive stages of change and ensure the role and responsibility of the health-provider is clear and understood (communicator, facilitator, and subject matter expert);
e. Maintenance of change structure through communication, feedback, follow-up, and group coordination; and
f. Knowledge of when to gradually terminate the therapeutic relationship, as the change becomes part of an organizational structure of the health-seeker.

There are more to psychotherapy than “talking” to a patient or client. Rather, it is a technique that culminates in the knowledge of diagnosis, clinical interview and prescription. In fact, the foundation of good treatment starts with good diagnosis, which is an act, as well as a science. In the same way, it sounds almost impossible to conceive of a good therapist with a poor diagnostic background and interpersonal relationship. The key research in psychotherapy is the ability and skill to know and name the right disorder implicated in a given mental health condition (diagnosis) and how the symptoms caused by the disorder can be reduced, diminished or irradiated (treatment). The Student and the directors or educators of training programme(s) must know that while certain principles underlying therapy and therapeutic processes have some kinds of professional relationship, yet there are many therapeutic techniques and basic practices that cannot be simply learned from a book but should be transferred through practical and clinical practices. In fact, the techniques in psychotherapy (as it is in pharmacotherapy) must be experienced and felt, and the processes are purely art. So, psychotherapy has an aspect that is purely a science and the other aspect that is purely an art. It is the combination of competency in practical application of the theories of psychotherapy and the therapist’s adequate disposition to form a “trustworthy” and “confidence-inducing relationship with the patient/client that constitutes effective psychotherapy.
Mode of Research in Psychotherapy
The prospects of research in psychotherapy hinge on quality education universities and individual researchers can offer. With the application of state-of-the-art scientific research methods, coupled with innovations in laboratory and observational experiments, durable research in psychotherapy is leading practitioners to better treatment outcome. In the United States and Europe, where psychotherapy has gained an enormous popularity, new breakthroughs in the effectiveness of psychotherapy has emerged, bringing new exciting fields of psychiatry, clinical psychology and counselling psychology. But, in developing nations, like Nigeria, the situation seems precarious. Clinical psychology is still in its embryonic stage, marred in multifaceted unstable factors that include, but not limited to poor background in scientific research methods and psychological principles, lack of research incentives, and administrative incompetency, lack of regulation, and in many cases, corrupt practices.

To be able to sustain a remarkable growth in research in psychotherapy, knowledge-base in clinical psychology must be strictly rooted in scientist-practitioner model. That is, the training in clinical psychology or mental health psychology (counselling psychology) should be based on a model that gives students impeccable access to knowledge in experimental research methods, clinical practice, with health care management component. In this model, students are required to be adequately trained in diagnosis and screening, evaluation and testing, treatment and clinical/laboratory research procedures, as well as training in clinical psychopathology and a period of supervised clinical internship. Such training should qualitatively and adequately cover all nomenclature and classifications of mental/emotional disorders, with special reference to the Diagnostic and Statistical Manual for Mental Disorders, fifth edition (DSM-5) and International Classification of Diseases, tenth edition (ICD-10). Other areas of importance to be included in the graduate training programmes include, but not limited to, prescription of therapies to different disorders, treatment planning, progress report, and treatment modality, population and the type of mental/emotional problem effective in treating a given disorder.

The culmination and high quality training in research in psychotherapy should be structured around students’ exposure to real life cases in clinical or hospital settings. This exposure introduces the student to evidence-based research, implementation and dissemination oriented scientific investigations. In this train in, psychotherapy, among other treatment modalities, should be presented in such a way that students gain quality understanding about treatment of choice of a given population and prescription of an effective therapy for a given mental or emotional illness. The knowledge and understanding of compatibility of a given therapy with a given population help clinicians escape trial-by-error treatment methods. For example, a review of 166 studies predicted a favourable outcome when treatment of choice for adults with moderate to severe mental problems was individual psychotherapy, rather than group therapy. In this review, the main interest was to determine which factor in psychotherapy predicts a better treatment outcome, the patient, therapist, or treatment of choice. It was discovered that when
effectiveness of treatment is the object of consideration of a clinical trial, patient factors should be highly considered, followed by therapist and treatment factors. Variables or factors responsible for such higher treatment outcome are presented in Table 1.

Table 1: The Patient-Therapist factors that Promote Higher Treatment Outcome

<table>
<thead>
<tr>
<th>Patient Factors</th>
<th>Therapist Factors</th>
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<tr>
<td>a) Psychological health or adequacy of personality functioning;</td>
<td>a) Acumination of adequate and quality knowledge-base and experience</td>
</tr>
<tr>
<td>b) Absence of schizoid or psychotic trends</td>
<td>b) attitude and interest patterns</td>
</tr>
<tr>
<td>c) Motivation;</td>
<td>c) Empathy</td>
</tr>
<tr>
<td>d) Intelligence;</td>
<td>d) Compatibility (similarity of patient and therapist);</td>
</tr>
<tr>
<td>e) Educational and social assets;</td>
<td>e) Congruency</td>
</tr>
<tr>
<td>f) Anxiety;</td>
<td></td>
</tr>
<tr>
<td>g) Experiencing (rated from early sessions)</td>
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Based on these findings, the American Psychological Association (APA) adopted a resolution in 2012, in which psychotherapy was defined as 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 behaviours, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable (Campbell, Norcross, Vasquez, Kaslow, 2013; Frank & Frank, 1991; Norcross, 1990). It is based on this definition that research in psychotherapy is reconstituted as a scientifically propelled clinical intervention, with high treatment outcome and effectiveness in mind.

**The Science of Psychotherapeutic Practises**

Although widely known to be used in conjunction with pharmaceutical therapy (psychotropic medications) for some mental health conditions, psychotherapy when considered as a stand-alone intervention is based on the science of human behaviour that ties to explore and discover the individual’s own mental strength and experiences in order to bring about the desired behavioural changes. The concept and cause of mental illnesses are at the centre of the science of psychotherapy, and it is to relief that pains and suffering induced by these mental illnesses that the research on best practice in psychotherapy is conceived. This very concept constitutes the foundation, the frame, and the roof of theories and techniques of psychotherapy, and they make up the science of psychotherapy. Everything else (understanding the therapeutic dynamics, patient/therapist relationships, therapist personal demeanour, choices of suitable and applicable therapeutic model to a given situation or condition, strategic approach to each model, etc) is classified as an art.
The importance of psychotherapy and its effectiveness to alleviating psychological or psychiatric symptoms has been likened to what pharmacological interventions are to medicine (Allen, 2012; Creed, Fernandes, Guthrie, Palmer, Ratcliffe…Tomenson, 2003; Lambert & Vermeersch, 2002; Seligman, 1995). For the therapy to be dependent upon, both the patient and therapist factors should be analyzed and measured in the context of their effectiveness through proven scientific methods. This is because in the course of psychotherapy, the good therapists are expected to take up a special place in their patients’ treatment experience. According to Neuman (2013), when patients see a therapist, they do as a rule feel less anxious and less depressed. They are encouraged and comforted by the process of psychotherapy, and that alone could be sufficient justification to assert therapeutic effectiveness. Therefore, if psychotherapy’s ultimate goal is aimed at treatment, prevention, and management that lead to alleviating physical or mental disabilities, incapacitations, abnormalities, dysfunctionality, and maladjustment, then the test of its effectiveness should revolve around scientific methods (Lambert & Vermeersch, 2002; Weisz, Weiss, Alicke, Klotz, 1987).

The scientific concept of psychotherapy is based on psychological, ecological and biochemical approach to human behavioural and mental processes, which is structured around human natural propensities to change (evolve), adapt (natural selection), and reconstruct (restructure) their worldview and approaches to life. In fact, the specific framework or assumption in the formulation and practice of psychotherapy centres on the basic concept of human personality, behavioural and cognitive outlook to life, the outside world, and the person’s internal construct of reality (Lambert & Vermeersch, 2002). The therapeutic process, such as the patient/client’s motivation to seek for a change, as well as the therapist’s genuine relationships with the patient/client is an essential factor. To “reconstruct” a person’s distorted and catastrophic leaning tendencies or to help a person change and overcome existential and destructive mental construct that limit functionality and self-reliance is the “medical” or healing aspect of psychotherapy. So, the aim of the science of psychotherapeutic practices is to discover the best practice and treatment method aimed at improving individuals’ mental health, resolve or mitigate troublesome behaviour, compulsions, thoughts, or emotions, and improve relationships and social skills that may be the source of the individual’s dysfunctionality. Therefore, the science of psychotherapy is embedded in the techniques and systems of practise, which include reliability, validity, verifiability, parsimony, and replicability of the claims it holds to be true of therapeutic outcomes.

**The Use of Humans in Randomized Controlled (Clinical) Trail (RCT)**

The use of humans in carrying out research to ascertaining the effectiveness of a given therapy is recommended for most clinical trials in research in psychotherapy. Although ethical regulations have put some restrictions on the extent humans can be used in randomized head-to-head clinical
Where it is allowed and appropriately guided, clinical trial avails both the scientists and the participants (the mentally ill) the opportunity to recapitulate the effectiveness of the treatment in its first value. The individuals involved in clinical trials directly or indirectly benefit from the clinical trial by gaining remarkable improvements in their mental, behavioural and personality dysfunctions (McGivern et al, 2009), and they are better able to cope with stress and with the vicissitudes of living (McGivern & Fischer, 2012). Evidence-based research and clinical trials show that individuals who have been in a successful and effective psychological treatment, to a greater extent, master themselves and are able to navigate through the challenges placed by their environment. In such way, it is to be said that psychotherapy has an inherent propensity to excite positive impact on the life of someone who is struggling with mental or emotional problems, slowly but profoundly affecting both his or her cognitive ability, attitudes and behaviour toward life (Priebe & Wright, 2006; Boisvert & Faust, 2007). Based on this, it has been estimated that psychotherapy, when adequately implemented, is effective for about 80 to 90 per cent of people with mental and emotional problems, with about 10 per cent of the patients without any positive treatment effects (Wood, Garb, Lilienfeld, & Nezworski, 2002).

Like every other treatment procedures in health care, the quality and effectiveness of any treatment depend extensively on the quality of training and experience of the scientist and the practitioner. For example, Dragoiti and colleagues, in their meta-analytic study of 247 types of psychotherapy, maintained that even though most of the psychotherapies analyzed were found to be effective in treating the mental problems it purported to treat, yet some were believed to have serious methodological short-comings, believed to emanate from researcher allegiance and/or lack of skill and knowledge in scientific methods of research (Dragioti, Dimoliatis & Evangelou, 2015; Leykin & DeRubeis, 2009). This is known to increase risk of bias and ineffectiveness in psychotherapy outcome clinical trials or research (Dragioti et al., 2015). Critical evaluation of Dragoiti’s reports revealed that randomly controlled clinical trials (and by extension, meta-analyses based on those trials) or systematic treatment review carried out by a poorly trained scientist or practitioner is not really an appropriate way to ascertain the effectiveness of psychotherapy. Ascertaining psychotherapeutic effectiveness by reviewing if researcher allegiance (RA) or poor/lack of training was reported in meta-analyses and randomized controlled trials (RCTs) of psychotherapeutic treatments is the core aim of systematic treatment review (STR) (Wampold & Imel, 2015).

The immediate effects of psychotherapy have been very important in both RCTs and evaluation of researcher allegiance. After all, the term “therapeutic effectiveness” should not be studied in isolation to the primary need to patients (Chief complaint), and how a given therapy succeeded in alleviating concerns or what patients are looking for when they come to treatment (Wampold & Imel, 2015; APA, 2013; Neuman, 2013). It is certain that in many cases, patients seek therapy in the midst of serious health problem or social crisis that touches the very life of the individual,
family or the society. In some cases, they may be order by the court due to the danger they pose to themselves or others. These real-life situations may be classified as, although not limited to, a) addictive and impulsive personality that has resulted in faltering of a relationship the ability to function meaningfully; b) inability to secure or retain a job or to support oneself; c) anger tantrum that leaves interpersonal relationships in shamble or in danger; d) thought distortion or attention deficit that may lead to bizarre, awkward and risky behaviours; e) crisis that come as a result of developmental milestone such as a middle-aged person has to cope with the various physical and emotional demands of a University or College student or living alone in a city outside of the laws of parents. These are some of the circumstances that may warrant immediate therapeutic interventions, but the symptoms of these conditions may come in different forms which may be unrecognizable to untrained persons. For this reason, students in health care related disciplines such as medicines (psychiatry), clinical or counselling psychology, and nursing programmes should be exposed to a verse array of knowledge-base that covers the whole spectrum of therapeutic orientation, which may take some years to master.

**The Practical Modality in Psychotherapy:**

The prior personal concept or belief of a student about psychotherapy, that is, before he or she starts a training programme in clinical and counselling psychology, forms a strong base for the knowledge of psychotherapy. Where a solid foundation is not established, this primary concept may become a stumbling block to ultimate and effective clinical practices and research endeavour. In Nigeria, where psychological treatment is unpopular, and often over powered by religiosity, graduate students come into the programme with street-concept or even superstitious idea of psychotherapy. Without a grounded knowledge-base that challenges and dismantles these make-up-beliefs or superstitious thinking the student will never be an effective and successful scientist-practitioner. Science and superstition are endemically opposed to each other.

As a practice that extols scientific methods, psychotherapy bases its concepts and theories on structured scientific principles that must be respected and followed for effective and valid results and outcome. A radical deviation from these principles leads to ineffective treatment methods and inadequate practice. Therefore, it is extremely recommended that students in training should be exposed to theories and research methods and methodologies in psychotherapy, which are the basis for scientific background of most psychotherapeutic models. As an art, however, students of clinical psychology should be trained to acquire practical and clinical styles of diagnosing, evaluating and screening patients/client, which should be tailored to students’ population of interest. This will help in familiarizing themselves with major approaches to therapeutic practice that will later help them develop interest in scientific research in psychotherapy (Corey, 1996).
Types of Therapy

Even though there are many types of psychotherapies, all have similar basic principles and practice oriented strategies that are rooted in human personality, behaviour, and cognition. Most of these therapies are formulated for a one-to-one session (between a patient/client and a therapist), but their use for as a group therapy (known as group or family therapy) is fashionable only when one is especially trained for that purpose (OED Online, 2015). Some psychotherapies formulated for individual session only cannot be prescribed for group therapy, without due research to determine that they can be effectively used for groups (Health.usnews, 2017; Das et al., 2016).

Many people, even psychologists themselves, may not know that there are about thousands of psychotherapeutic techniques available for the treatment of different types of mental and emotional illnesses (see Table 1). When used by trained mental health professionals, such as clinical psychologists, counselling psychologist, psychiatrists, educational psychologist(s), clinical social workers, marriage and family therapists, as well as some medical professionals (who use brief therapy or psycho-education to achieve patient’s optimum health), psychotherapeutic techniques provide empirical validation for effectiveness in the treatment of mental disorders (Seligman, 1995).

While therapy can be done in different formats, like family, group, and individual, there are also several different approaches that mental health professionals can take to provide therapeutic interventions that are effective and affordable. Nevertheless, the choice of a given therapy or a combination of two or more may be ascertained through clinical interview, diagnosis, and appropriate psychological or even medical tests. It is after going through these processes with the patient about their disorder, that the clinician or therapist will decide which approach to use based on the suspected underlying factors contributing to the patient’s condition. In Table 1, the list of the more common psychotherapeutic techniques is presented for readers’ prospective effectiveness and efficiency research, believing that extensive research in this area will help to expand the availability of well-researched psychotherapeutic interventions in (the) mental health sector.
Table 1: Different Types of Psychotherapies

| A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S |
| Acceptance and Commitment Therapy (ACT) | Body Psychotherapy | Coherence Therapy | Depth-Oriented Brief Therapy | Collaborative Couple Therapy (CCT) | Collaborative Therapy | Compassion-Focused Therapy (CFT) | Complementary and Alternative Medicine (CAM) | Conflict Resolution Therapy | Constructivism | Contemplative Psychotherapy | Continuum | Core Mastery Theory | Core Energies | Core Process | Critical Incident Stress Management | Dance / Movement Therapy (DMT) | Depth Hypnosis | Depth Therapy |
| Attachment-Based Family Therapy (ABFT) | Breathwork | Equine-Assisted Therapy | Existential Psychotherapy | Exposure Therapy | Expressive Arts Therapy | Eye Movement | Eye Movement | Eye Movement | Eye Movement | Eye Movement | Eye Movement | Eye Movement | Eye Movement | Expression Therapy | Expressive Arts Therapy | Expression Therapy | Expression Therapy |
| Anger Management | Bibliotherapy | Falstaffian Method | Feminist Therapy | Feminist Theory | Focusing | Focusing | Focusing | Focusing | Focusing | Focusing | Focusing | Focusing | Focusing | Focusing | Focusing | Focusing | Focusing | Focusing |
| Animal-Assisted Psychotherapy | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C |
| Applied Behavior Analysis (ABA) | Body Talk System | Gestalt Therapy | Gottman Method | Guided Therapeutic Imagery | Journal Therapy | Journal Therapy | Jungian Psychotherapy | Lifespan Integration | (LI) Logotherapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy |
| Art Therapy | Brainspotting (BSP) | Gestalt Therapy | Gottman Method | Guided Therapeutic Imagery | Journal Therapy | Journal Therapy | Jungian Psychotherapy | Lifespan Integration | (LI) Logotherapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy |
| Attachment-Based Family Therapy (ABFT) | Breathwork | Gestalt Therapy | Gottman Method | Guided Therapeutic Imagery | Journal Therapy | Journal Therapy | Jungian Psychotherapy | Lifespan Integration | (LI) Logotherapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy |
| Authentic Movement | Bibliotherapy | Gestalt Therapy | Gottman Method | Guided Therapeutic Imagery | Journal Therapy | Journal Therapy | Jungian Psychotherapy | Lifespan Integration | (LI) Logotherapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy | Mentalization-Based Therapy |
| Autogenic Training | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C |
| Aversion Therapy | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C |

Conclusion

Evidently, it could be concluded that years of clinical trials and laboratory research in psychotherapy have immensely benefited the treatment of mental/emotional illness in the world. They have produced compelling evidence for the effectiveness of psychotherapy in the treatment and management of mental, emotional and some physical illnesses. Contrary to Hans J. Eysenck’s controversial publication regarding the efficacy of psychotherapy, outcome scientific
studies on the effectiveness of psychotherapy have confirmed that patients benefit from treatment in a variety of domains that may be comparable with psychopharmacology, or even better in some cases. According to the dose-effect literature reviews, where therapeutic processes and techniques are duly followed, benefits derived from psychotherapy transpire in relatively brief periods of time, although, some mental or emotional conditions may require a long-term treatment. However, patient outcome analysis reveals that individual patients experience treatment outcomes differently, and this discrepancy, like any other treatment procedures in healthcare, can be attributed or counted for by myriads of factors. These factors include, but not limited to therapist level of training and clinical exposition while in programme, disposition and experience, environmental constraint, and availability of resources.

Other research findings have also highlighted other factors believed to facilitate or impede therapeutic outcome and effectiveness. They include, the individual’s desire to change, the level of interpersonal skills and education, as well as awareness of the problems and its relevance to life in general (Lambert & Vermeersch, 2002; Bergin & Garfield, 1994). Where these factors are fully considered, one-half of all patients with clinical disorders will return to normal functioning in 5 to 20 sessions. An additional 25% of patients will experience a similar level of substantial improvement when dosage levels are increased to 30 to 50 sessions. The benefits from treatment appear to be durable, as the results of follow-up studies suggest that the effects of treatment last at least one to two years subsequent to treatment.

Good foundation in psychology will dispose prospective researchers especially students in clinical psychology training programmes, as well as those specializing in experimental psychology, to initiate meaningful research endeavours that will add more credence to the effectiveness of psychotherapy. Although researchers have produced empirical evidence supporting the effectiveness of psychotherapy, they are just learning to understand why patients tend to improve. Psychologists, psychiatrists, and clinical social workers are authorized to provide psychotherapy to children, adolescents, and adults in individual, group, couples, and family therapy sessions, they are also responsible to show whether the treatments they provide are effective, and if it, what factors are responsible for a therapy’s effectiveness.

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