

Suite 1208
28 Allegheny Avenue
Towson, MD 21204-3919
www.drstevesobelman.com

Tel – (410) 583-1221
Fax – (410) 583-1222
steve@drstevesobelman.com

Dr. Steven A. Sobelman, P.A

Recognition of Psychotherapy Effectiveness

The American Psychological Association (APA)

(Approved August, 2012)

This resolution reports on the general effectiveness of psychotherapy. In addition, APA is in the process of creating clinical treatment guidelines. These guidelines will help identify specific treatments which are most effective for particular problems or patients.

Introduction:

Council voted to adopt as APA policy the following Resolution on the Recognition of Psychotherapy Effectiveness¹:

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, et al., 2008, Lambert, 2004; Karver, et al., 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, et al., 2003; Carr, 2009a, 2009b; Kusters, et al., 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 healthcare 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 e.g., 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 to no treatment, confirming the efficacy of psychotherapy across diverse conditions and settings (Beutler, 2009; Beutler, et al., 2003; Lambert & Ogles, 2004; McMains & Pos, 2007; Shedler, 2010; Thomas & Zimmer-Gembeck, 2007; Verheul & Herbrink, 2007; 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, et al., 2006; Anderson & Lambert, 1995; De Maat, et al., 2009; Grant, et al., 2012; Leichsenring & Rabung, 2008; Leichsenring, et al., 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, et al., 2009; Minami, et al., 2009; Stiles, et al., 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-a-vis the cost of psychotherapy (Barlow, 2004; Barlow, Gorman, Shear, & Woods, 2000; Hollon, Stewart, & Strunk, 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 et al., 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 percent compared to a 12.3 percent increase in medical costs for those with no treatment for their mental disorder (Chiles, Lambert, & Hatch, 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 20-30 percent reduction in medical costs above the cost of the behavioral/psychological care (Cummings, et al., 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, Arnkoff, & 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 et al., 2008; Vocks et al., 2010). Research suggests that there are very high economic costs associated with high rates of antidepressant termination and non-adherence (Tournier, et al., 2009), and psychotherapy is likely to be a more cost effective intervention in the long term (Cuijpers, et al., 2010; Hollon, et al., 2005; 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 lifespan. 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, et al., 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 individuals 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 disabilities include: Glickman (2009), Hibbard, Grober, Gordon, & Aletta (1990), Kurtz & Mueser (2008), Livneh & Sherwood (2001), Lysaker, Glynn, Wilkniss, & Silverstein (2010), Olkin (1999), Perlman, Cohen, Altieri, Brennan, Brown, Mainka, & Diroff, (2010), Rice, Zitzelsberger, Porch, & Ignagni (2005), Radnitz (2000), and Vail & 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, et al., 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.

¹ While 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, Rohde, Simons, Silva, Vitiello, Kratochvil, et al., 2006; Hinshaw, 2007; Kazdin, 2007; Kocsis, Leon, Markowitz, Manber, Arnow, Klein, & Thase, 2009; McBride, Atkison, Quilty, & Bagby, 2006; Miklowitz, Axelson, George, Taylor, Schneck, Sullivan, et al., 2009; Ollendick, Jarrett, Grills-Taquechel, Hovey, & Wolff, 2008).

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
- 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
- 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
- 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.
- 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., Harpole, L., Williams, & J., 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. *Psychological 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. *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(3), 283-289.

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., et al. (2000). Assessing effectiveness of treatment of depression in primary care: Partially randomized preference trial. *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. (2002a) (Eds.), *Rethinking the DSM (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* (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., 227-306). New York: John Wiley & Sons.

Burlingame, G.M., Fuhriman, 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, NY, US: 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

Castonguay, L.G. & Beutler, L.E. (2006). *Principles of therapeutic change that work*. New York Oxford University Press.

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

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., Phillips, L., Ward, A., Lynch, R., Trent, L., Smith, R. L., Okamura, K. and 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 & 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'Donahue, 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., Reinecke, M., Feeny, N., Wells, K., Pathak, S., Weller, E., Rosenberg, D., Kennard, B., Robins, M., Ginsburg, G., & 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: 10.10880/16073220902742476

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 & 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., Buike, M.K., & 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, np. 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: 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. *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 (1), 15-17.

Himelhoch, S., Medoff, D.R., & Oyeniya, 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., 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

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_____

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., 451-465). New York: Guilford.

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 edition). Thousand Oaks, CA: Sage Publications.

Kocsis, J.H., Leon, A.C., Markowitz, J.C., Manber, R., Arnow, 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, 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*. Wiley: New York.

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* (111-130). Washington, D.C.: American Psychological Association.

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., 139-193). New York: Wiley.

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*, 200, 1551-1565. DOI: 10.1001/jama.300.13.1551

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/jama.290.18.2428

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 & 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 (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. *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., Dickinson, M., & 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, 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 & 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* (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.

Olkin, R. (1999). *What psychotherapists should know about disability*. New York: Guilford.

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., Altiere, 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., Fortney, J., & 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.

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., Means-Christensen, A., & 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., 590–646). New York, NY: 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*(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, N.Y., US: Teachers College Press.

Smith, M.L., Glass, G.V., & Miller, T.I. (1980). *The benefits of psychotherapy*. Baltimore, Md.: Johns Hopkins University Press.

Smyth, 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* (401-421). New York, NY, US: 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., Ginsburg, G.S., Rynn, M.A., McCracken, J., Waslick, B., Iyengar, S., March, J.S., & 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, N.J.: 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: 0.1037/0022-006X.73.5.914

Weisz, J.R., & Jensen, A.L. (2001). Child and adolescent psychotherapy in research and practice contexts: Review of the evidence and suggestions 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