

Review of Information on the Number of Therapy Sessions Needed to Create “Appreciable Benefit”

There are conditions that influence the efficacy of psychotherapy, some of which can be difficult to measure. These conditions include, counselor effectiveness, client commitment to change, and the severity of a condition upon beginning psychotherapy (whether early in a condition such as depression vs. having it for years before accessing treatment). Solution-focused brief therapy is the model used by EAP's and is intended, by its very nature, to be short-term and addresses presenting problems using a strength-based, problem-solving approach. This model is not intended to treat chronic mental health disorders which require long-term and, in some cases, life-long clinical support. Nevertheless, the method is within the umbrella of Cognitive Behavioral Therapy which is the most widely tested and proven efficacious form of therapy for almost all mental health conditions and disorders. A good example of expected efficacy of therapy as it relates to number of sessions is to note how federally and state funded or institution-funded services are made available. At the time of this writing, Medicaid authorizes 12 sessions at a time and if more are needed, a treatment plan showing goals and timelines is required. Many universities that offer mental health services provide 4 to 6 sessions per year or semester. These plans and benefits can vary but there seems to be a standard of anywhere in that range.

According to Dr. James Hawkins of Good Medicine, a widely used assessment measure for improvement with regard to psychotherapy is called the “reliable change index” (RCI) which takes into account pre and post treatment measures and the accuracy of the measure being used. The following quote is referring to the RCI as the means of measurement.

“How quickly am I likely to feel appreciable benefit?” A good place to look for answers to this question is in the 2013 sixth edition of the excellent *“Handbook of psychotherapy and behavior change”*. In his chapter *“The efficacy and effectiveness of psychotherapy”*, Michael Lambert reviews relevant publications and concludes (p.204) *“Therapy is highly efficient for a large minority of clients, perhaps 30% of whom attain a lasting benefit after only three sessions.”* and when monitoring for *“reliable improvement ... it appears 50% of patients respond by the 8th session and 75% are predicted to need at least 14 sessions to experience this degree of relief (Dr. Hawkins, Good Medicine, May 2015)”*.

The term “reliable improvement” is a way of describing a less formal term “appreciable benefits” but it's not “full recovery”. According to “the Handbook of Psychotherapy and Behavior Change”, clinically significant change or “reliable improvement” and “full recovery” are measured as follows: *“(1) treated clients make statistically reliable improvements as a result of treatment (improvement), (2) treated clients are empirically indistinguishable from ‘normal’ peers following treatment (recovery), (http://www.goodmedicine.org.uk/stressedtozest/2015/04/if-you-see-therapist-how-many-sessions-are-you-likely-need)”*.

According to Dr. Hawkins' article, “full recovery” is preferred to “reliable improvement” for many reasons and is measured by achieving a status of being *“indistinguishable from ‘normal’ peers”*. About “full recovery, he adds,

“Again Michael Lambert's chapter is an excellent source of evidence-based information and he

writes *"For patients who begin therapy in the dysfunctional range, 50% can be expected to achieve ... recovery after about 20 sessions of psychotherapy. More than 50 sessions are needed for 75% of patients to meet this criterion."* Now these are average findings. Some therapists achieve better results than this and others worse (Dr. Hawkins, *Good Medicine*, May 2015)".

The American Psychological Association (APA) states that hundreds of studies have found that psychotherapy makes positive changes in people's lives, expressly, these studies show that 75% of people that enter psychotherapy show some benefit. According to the APA, "Successful treatment is the result of three factors working together: Evidence-based treatment that is appropriate for your problem; The psychologist's (provider's) clinical expertise; Your characteristics, values, culture and preferences (<http://www.apa.org/helpcenter/understanding-psychotherapy.aspx>)". This website states vaguely, "Some people begin to feel better in about six to twelve sessions".

According to a 2012 NY Times article titled, "In Therapy Forever: Enough Already", the author refers to a 2001 study from the Journal of Counseling Psychology that found patients improved most dramatically between their seventh and tenth sessions. And a 2006 study published in the Journal of Consulting and Clinical Psychology, a review of 2000 people that underwent counseling for one to twelve sessions found that 88 percent improved after one session but the rate fell to 62 percent after twelve sessions (<http://www.nytimes.com/2012/04/22/opinion/sunday/in-therapy-forever-enough-already.html>).

Conclusion: Most employees seeking help through counseling are dealing with treatable, manageable problems or situations such as a life transition, incidental stressors, grief and loss, and interpersonal problems, for which the skilled EAP counselor is effective in helping the client (given client's compliance and motivation) learn useful tools and new skills that will lead to greater life satisfaction. At the same time, there are mental health disorders (i.e. Major Depression, Stress Disorders like OCD, PTSD, Eating Disorders, or personality disorders) or events that arise or are present for which the EAP counselor can also be of benefit but more sessions are needed for the client to achieve "reliable improvement" or "full recovery". The EAP is also a gateway for those with chronic mental health disorders to begin treatment if they've never had the exposure or opportunity to work with a counselor. In these cases, the EAP serves as a starting point and will refer the employee for longer term care to be covered by health insurance or self-pay. Given the variables inherent in attaining positive outcomes, from the clinician's skill levels and methods used, to the client's motivation levels and intentions, the appropriate number of sessions that will reap positive change is undeterminable but anywhere from 3 to 8 sessions seems to be an average range according the articles reviewed in this brief report.

References

<http://www.goodmedicine.org.uk/stressedtozest/2015/04/if-you-see-therapist-how-many-sessions-are-you-likely-need>

<http://www.apa.org/helpcenter/understanding-psychotherapy.aspx>

<http://www.nytimes.com/2012/04/22/opinion/sunday/in-therapy-forever-enough-already.html>