

Advocacy for Psychodynamic Psychotherapy

Challenges and Benefits

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KEYWORDS

- Advocacy • Psychodynamic psychotherapy • Psychodynamic therapy • Challenges
- Advocates

KEY POINTS

- Psychodynamic psychotherapy, also called psychodynamic therapy (PDT), is an effective and cost-effective mental health treatment.
- An array of factors, such as stigma, managed care reimbursement practices, and a bias toward pharmacotherapy, create barriers for patients to access PDT.
- To improve access to PDT, psychiatrists have a responsibility to advocate for changes in the current and future financial, regulatory, and attitudinal systems.
- Psychiatrists have not been trained in advocacy skills and face additional challenges to advocacy.
- Requisite advocacy skills and an approach to advocacy for PDT are described.

The American mental health care delivery system is undergoing a foundational transformation. The decisions made in the next few years will affect the way health care is organized and delivered for the next generation. Psychodynamic psychotherapy, also called psychodynamic therapy (PDT), is an effective mental health treatment that is currently under siege on several fronts. It is at risk of being effectively excluded from the future of American health care. Psychiatrists need to advocate for a future mental health care delivery system that ensures their patients have access to PDT and other quality mental health treatments.

Psychiatrists who practice PDT face increasing barriers. They must frequently allocate valuable patient time to preauthorization requests and other utilization review tasks. These chores detract from seeing patients and other professional responsibilities. Adding to this burden, managed care organizations routinely deny treatment, often at rates that defy the promise of parity created by the 2008 Mental Health Parity and Addiction

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Equity Act. As a preemptive move, some psychiatrists choose not to accept insurance. However, this creates financial barriers for many patients and does not address the underlying problem: the current PDT reimbursement system favors managed care organizations, puts the onus on psychiatrists, and punishes patients.

There are additional barriers to the practice of PDT: inadequate state insurance laws and regulations; lack of enforcement of current state and federal parity and insurance laws¹; health care systems' exclusion of PDT from treatment options; public misperceptions about the benefits, efficacy, and cost of PDT; research bias against PDT²; the stigma against PDT by other physicians and non-PDT psychiatrists³; the pharmacology industry's substantial financial support for medication-only interventions; and inconsistent PDT training in psychiatric residency programs.

Psychiatrists need to advocate for systemic changes (financial, regulatory, and attitudinal) that facilitate their ability to practice PDT, improve patients' access to PDT, and eliminate unreasonable barriers to PDT. However, calls for vigorous advocacy for PDT⁴ have gone largely unheeded. Psychiatrists may feel reluctant or unprepared to advocate. This article examines the challenges that prospective psychiatrist-advocates face and offers suggestions for an approach to advocacy for PDT. Psychiatrists need to advocate for PDT before the opportunity is gone.

THE BENEFITS OF PSYCHODYNAMIC THERAPY

PDT has a strong evidence base as an effective treatment.⁵ A meta-analysis by Leichenring and colleagues⁶ demonstrated that PDT is highly effective in treating a range of psychiatric disorders with robust effect sizes that far surpass the effect sizes associated with many medication trials.⁷ A 2017 meta-analysis by Steinert and colleagues⁸ found that PDT is as efficacious as cognitive behavioral therapy, which has a well-established evidence base for efficacy. Also, a meta-analysis by Huhn and colleagues⁹ found PDT to be as effective as pharmacotherapy. With many cohorts of patients, a combined medical and PDT approach for certain disorders has been shown to be more effective¹⁰ and less complicated¹¹ than split treatment. In addition, when PDT is added to pharmacotherapy, the response rate for patients increases.¹²

PDT can lead to enduring psychological improvement, even after treatment has ended.¹³ Furthermore, PDT has proven to be cost-effective for many psychiatric disorders, especially chronic complex disorders.^{14,15} PDT has no medication-related side effects and has lower rates of dropout than medication alone.⁵ Few adverse effects for PDT have been identified, although more research is needed in this area.¹⁶

PDT skills are foundational to the practice of psychiatry, such that the Accreditation Council for Graduate Medical Education requires psychiatry residency training programs to include PDT within their core competencies.¹⁷ Although psychiatrists may ultimately specialize in other aspects of psychiatry, learning PDT skills is considered essential. As a result, psychiatrists receive the most intensive medical training and PDT education compared with all other providers, including pediatricians, internists, family practitioners, Advanced Practice Registered Nurses, and psychologists with prescribing privileges.

THE NEGATIVE PUBLIC PERCEPTION OF PSYCHIATRISTS

A recent online comment to an editorial read, "Psychiatry as a profession has been incredibly dishonest and manipulative, not to mention dogmatic and defensive when legitimate critiques are raised...When psychiatrists stop being arrogant know-it-alls who aren't really interested in either scientific data or their own patient's reactions to their vaunted 'treatments,' then maybe the well-deserved 'stigma' toward psychiatry might begin to abate."¹⁸

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