

Ideal Efficacy Study Components

1. The patients are randomly assigned to treatment and control conditions.
2. The controls are rigorous: Not only are patients included who receive no treatment at all, but placebos containing potentially therapeutic ingredients credible to both the patient and the therapist are used in order to control for such influences as rapport, expectation of gain, and sympathetic attention (dubbed nonspecifics).
3. The treatments are manualized, with highly detailed scripting of therapy made explicit. Fidelity to the manual is assessed using videotaped sessions, and wayward implementers are corrected.
4. Patients are seen for a fixed number of sessions.
5. The target outcomes are well operationalized (e.g., clinician-diagnosed DSM—IV disorder, number of reported orgasms, self-reports of panic attacks, percentage of fluent utterances).
6. Raters and diagnosticians are blind to which group the patient comes from. (Contrary to the "double-blind" method of drug studies, efficacy studies of psychotherapy can be at most "single-blind," since the patient and therapist both know what the treatment is.)
7. The patients meet criteria for a single diagnosed disorder, and patients with multiple disorders are typically excluded.
8. The patients are followed for a fixed period after termination of treatment with a thorough assessment battery.

From:

Seligman, M. (1995). The effectiveness of psychotherapy: The Consumer Reports study. *American Psychologist*, 50(12), 965-974.