

attempts at control—largely because Alzheimer's robs the patient and the family of any semblance of control, further compromising the cohesive family that everyone needs during this "long goodbye." All family members have individual strengths to tap, so that each can be a resource to the others in a well-functioning family. Talking with "I messages," taking a realistic position of what you can and cannot do, sharing honest feelings and decision making, and remembering self-care strategies make this more bearable for all baby boomers and leave a far better legacy once the parent's journey ends. Thank you for your coverage.

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## When Seeking Psychotherapy

KUDOS TO SHARON BEGLEY FOR HIGHLIGHTING an important but neglected topic in behavioral health ("Get Shrunk at Your Own Risk," June 18). Psychotherapy is indeed a potent intervention. Research conducted over the last 40 years shows that it produces results equivalent to or greater in magnitude than many accepted and frequently performed medical procedures (e.g., coronary-bypass surgery). Sadly, the same studies confirm what Begley and the two psychologist experts she cites (Scott Lilienfeld and John Norcross) note: that on average 10 percent of people who enter treatment are worse off. The question, of course, is the cause. On this point, we respectfully disagree with Begley and the experts she cites. Fringe psychological treatments are available, but are far too rare to account for those either not helped or worse off following psychotherapy. Moreover, citing these extreme examples serves to distract professional organizations, licensing boards and quality-assurance agencies from addressing the real cause: ineffective therapists and poor therapist-client matches. The solution is simple: provide consumers with access to the results of individual health-care providers, and give providers ongoing feedback about the effectiveness of their services. Results from multiple carefully controlled clinical trials show that access to such data improves success while significantly decreasing the risk of deterioration.

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WHEN I LOST SOMEONE I DEARLY LOVE to suicide, I felt vaguely fortunate that my health insurance covered grief counseling, as everyone around me softly encouraged it. My physician nudged me to go and did the legwork for me, finding a therapist with extensive experience in grief therapy. I was not categorically opposed to counseling, having undergone various forms of it over the years. I was, however, anxious that in my raw state, anyone could possibly help me. I proved to be among the "four in 10" who "would have been better off without treatment." My first session was hard enough to get out of bed to attend; the therapist's words "Well, what I think you and I should work on is that this person is dead, the relationship is gone and you need to get on with your life" proved the trip to be

## 'Not all mental-health providers are equal—just as in every other profession where there are good providers and questionable ones.'

not worth the effort. This insensitivity rattled me: it was less than a month after the funeral, and I was already shell-shocked. Needless to say, I did not continue therapy. I've heard that group therapy, in particular for survivors of suicide, can be extremely helpful. I might someday try that, but two years into my grief, I am most grateful for the unconditional support of my family and close friends, who have proved to be the best therapy in my loss.

JOHANNA THOMASHEFSKI  
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AS A PSYCHOTHERAPIST, I WAS PLEASED that you alerted readers to the dangers of some psychotherapies. But not all therapy techniques are potentially risky and untested. Cognitive behavioral therapy, which I practice, has undergone extensive scrutiny through dozens of patient trials. It has proved highly effective for depression, anxiety, trauma and eating disorders, and medical conditions such as chronic pain and insomnia. Brain-imaging studies even reveal that CBT can be as effective as some antidepressants.

So there's more to psychotherapy than years of ranting about Mom and Dad.

STACY TAYLOR  
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"GET SHRUNK AT YOUR OWN RISK" IS an unfortunate example of overreactive scare tactics that likely hurt the public more than actually inform them of important information. It is akin to warning people who need to be hospitalized to stay away from hospitals because they might be injured by medication mistakes or surgical errors, or they might catch a secondary infection, when everyone is willing to acknowledge that the potential good in hospitals far outweighs the potential risks. Such is the case with psychotherapy when done by a well-trained and ethical provider. Consumers need to remember that they have a responsibility to select a provider with care; choose one who has been trained at a respected, accredited university and accredited internship; make sure the provider is licensed and, ideally, a member of both national and state associations (e.g., American Psychological Association), and ask questions about therapy methods and experience levels. Not all mental-health providers are equal—just as in every other profession, where there are good providers and questionable ones. Good mental-health services are an extremely important part of overall health care, reducing costs in the workplace and in primary care when used appropriately.

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## For the Record

WE WERE GLAD TO SEE GOOD NEWS traveling fast about how highly qualified women are able to re-enter the work force after taking time off to care for children ("Trying to Opt Back In," May 28). However, an important detail was omitted from the piece: the research done by Leslie Morgan Steiner on the topic originated at *More Magazine* and appears in detail in our June issue ("Back in Business"). For our story, Leslie tracked down and talked to dozens of college-educated, professional women ages 40 to 59 and confirmed what we had already begun to suspect: that for many women, getting rehired is not the minefield we've come to dread.

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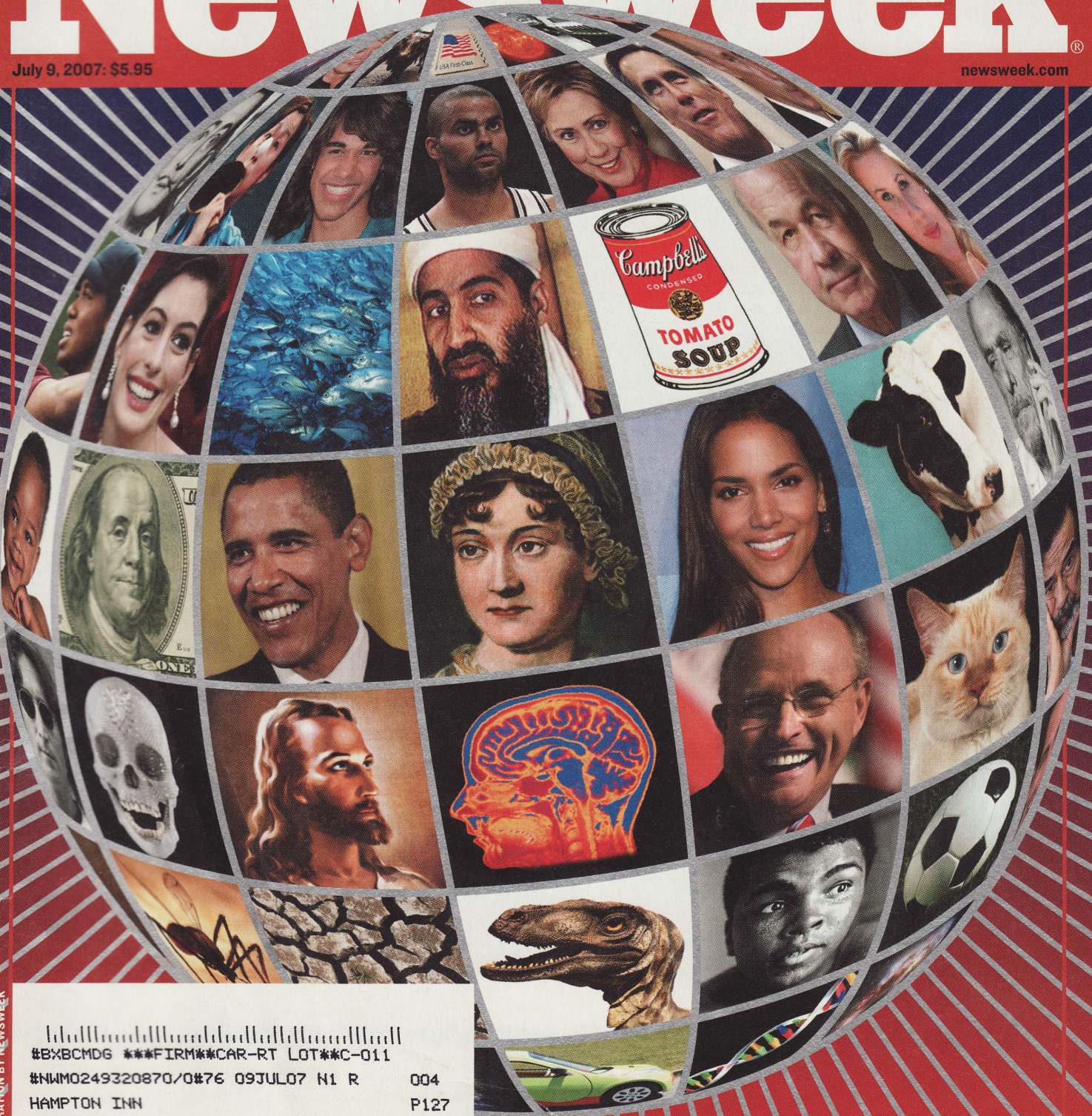
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