

What Is Evidence-Based Psychotherapy?

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Evidence-based psychotherapy refers to therapeutic approaches that have been rigorously tested through scientific research, randomized controlled trials (RCTs), and meta-analyses. These therapies have demonstrated effectiveness for specific mental health conditions and are endorsed by organizations like the American Psychological Association (APA), the National Institute for Health and Care Excellence (NICE), and the Department of Veterans Affairs (VA).

Choosing the right therapy depends on the individual's:

- Needs
- Diagnosis
- Personal preferences

See [Div12](#) for a comprehensive list of treatments for specific disorders.

Common Types of Evidence-Based Psychotherapy

1. [Cognitive Behavioral Therapy \(CBT\)](#)
2. [Dialectical Behavior Therapy \(DBT\)](#)
3. [Acceptance and Commitment Therapy \(ACT\)](#)
4. [Exposure Therapy](#)
5. [Exposure and Response Prevention \(ERP\)](#)
6. [Prolonged Exposure \(PE\)](#)
7. [Cognitive Processing Therapy \(CPT\)](#)
8. [Eye Movement Desensitization and Reprocessing \(EMDR\)](#)
9. [Interpersonal Therapy \(IPT\)](#)
10. [Mindfulness-Based Cognitive Therapy \(MBCT\)](#)
11. [Motivational Interviewing \(MI\)](#)
12. [Brief Psychodynamic Therapy](#)
13. [Cognitive Behavioral Therapy for Insomnia \(CBT-I\)](#)

Cognitive Behavioral Therapy (CBT)

What it is: A structured, goal-oriented therapy that focuses on identifying and changing unhelpful or inaccurate thought patterns and behaviors and helps individuals see how their thoughts, emotions, and behaviors interact.

How it works: Uses cognitive restructuring (changing unhelpful thoughts) and behavioral techniques (e.g., exposure, problem-solving, activity scheduling).

Common uses: Depression, anxiety disorders, PTSD, OCD, insomnia, chronic pain.

Dialectical Behavior Therapy (DBT)

What it is: A “third-wave” CBT developed for individuals who struggle with intense emotions and impulsive behaviors.

How it works: Focuses on four key skills—mindfulness (learning to be present in the moment rather than ruminating on the present or worrying about the future), distress tolerance (coping with painful emotions without making the situation worse), emotional regulation (understanding and managing your emotions in a healthy way), and interpersonal effectiveness (communicating effectively and setting boundaries).

Common uses: Borderline personality disorder (BPD), self-harm, eating disorders, substance use, mood disorders, impulsive behaviors, volatile relationships, anger difficulties.

Acceptance and Commitment Therapy (ACT)

What it is: A “third-wave” mindfulness-based CBT that helps individuals accept their emotions rather than avoid them.

How it works: Encourages psychological flexibility by helping people accept discomfort, clarify values (and live in line with values), and commit to meaningful actions.

Common uses: Anxiety, depression, chronic pain, OCD, substance use disorders, eating disorders.

Exposure Therapy

What it is: A behavioral therapy designed to reduce fear and anxiety by gradually exposing individuals to feared objects, situations, or memories.

How it works: Uses graded exposure (slow, step-by-step exposure) or flooding (intense, rapid exposure) to desensitize the fear response.

Common uses: Anxiety disorders (phobias, social anxiety, panic disorder, generalized anxiety disorder).

Exposure and Response Prevention (ERP)

What it is: A specialized form of exposure therapy specifically designed for Obsessive-Compulsive Disorder (OCD).

How it works: Individuals are gradually exposed to feared situations but are prevented from engaging in their usual compulsions or avoidance behaviors.

Common uses: OCD, health anxiety, body dysmorphic disorder (BDD), body-focused repetitive behaviors (e.g., hair pulling, skin picking), some specific phobias (e.g., emetophobia or fear of vomiting).

Prolonged Exposure Therapy (PE)

What it is: A structured exposure-based therapy for PTSD, designed to help individuals process and reduce fear associated with trauma.

How it works: Involves repeated, detailed recounting of traumatic events (imaginal exposure) and real-life exposure to avoided situations (in vivo exposure).

Common uses: PTSD, trauma-related anxiety.

Cognitive Processing Therapy (CPT)

What it is: A cognitive-focused therapy for PTSD that helps individuals reframe maladaptive thoughts related to trauma.

How it works: Focuses on challenging distorted beliefs (e.g., "It was my fault") and replacing them with more adaptive perspectives.

Common uses: PTSD, especially for military veterans, sexual assault survivors, and first responders.

Eye Movement Desensitization and Reprocessing (EMDR)

What it is: A structured therapy for PTSD that helps the brain process traumatic memories through bilateral stimulation, often guided eye movements.

How it works: The therapist guides the individual through recalling traumatic memories while engaging in specific eye movements or other rhythmic stimulation.

Common uses: PTSD, complex trauma, dissociative disorders.

Interpersonal Therapy (IPT)

What it is: A structured therapy focused on improving interpersonal relationships and addressing social difficulties that contribute to depression.

How it works: Helps individuals navigate grief, role transitions, conflicts, and social isolation to improve mood and overall well-being.

Common uses: Depression, perinatal mood disorders, social anxiety, eating disorders.

Mindfulness-Based Cognitive Therapy (MBCT)

What it is: A therapy that combines CBT with mindfulness meditation practices to prevent relapse in depression and reduce stress.

How it works: Helps individuals observe their thoughts without reacting to them, reducing rumination and emotional distress.

Common uses: Depression relapse prevention, anxiety, stress-related disorders.

Motivational Interviewing (MI)

What it is: A goal-oriented, client-centered counseling style designed to enhance motivation for behavioral change.

How it works: Uses open-ended questions, affirmations, reflective listening, and exploring ambivalence to encourage positive change. Often used before progressing into another type of therapy.

Common uses: Addiction, smoking cessation, weight loss, chronic illness management, lifestyle changes.

Brief Psychodynamic Therapy

What it is: A time-limited adaptation of traditional psychodynamic therapy that focuses on resolving a specific issue.

How it works: It helps individuals identify and understand unconscious conflicts and patterns originating in early relationships or past experiences. The therapy is structured with a defined focus, usually lasting around 12–40 sessions. Brief psychodynamic therapy retains the core principles of traditional psychodynamic therapy but delivers them in a more focused, practical, and research-informed manner, making it more suitable for short-term treatment goals.

Common uses: Depression, anxiety disorders, and interpersonal difficulties.

Cognitive Behavioral Therapy for Insomnia (CBT-I)

What it is: A specialized form of CBT designed to treat chronic insomnia.

How it works: It combines cognitive strategies (to challenge unhelpful beliefs about sleep) with behavioral techniques (like stimulus control, sleep restriction, and sleep hygiene education).

Common uses: Chronic insomnia, often co-occurring with depression, anxiety, PTSD, or chronic pain

Popular Therapies That Are Not Evidence-Based

Not all popular therapies have strong scientific backing. Some therapies may offer personal value to some individuals without meeting the rigorous scientific standards required to be classified as evidence-based treatments. Below are some (not all) common approaches that are not considered evidence-based therapies:

Psychodynamic Therapy

This approach delves into unconscious processes, childhood experiences, and past relationships to explain current behavior and emotions. While it remains widely used, research has not consistently shown it to be as effective as structured, evidence-based treatments like CBT. Some studies suggest it may provide insight and self-reflection, but its effectiveness in treating specific disorders remains unclear.

Internal Family Systems (IFS)

A therapy that conceptualizes the mind as composed of multiple sub-personalities or "parts," with the goal of achieving harmony among them. While some individuals find it helpful for self-exploration and emotional processing, there is limited empirical research validating its efficacy for mental health conditions. Unlike evidence-based approaches, IFS lacks large-scale, randomized controlled trials proving its effectiveness.

Emotion-Focused Therapy (EFT)

This approach emphasizes the importance of emotions in psychological well-being and helps clients process and regulate emotions through experiential techniques. While EFT has shown promise, particularly in couples therapy and some mood disorders, it lacks the extensive empirical validation of other evidence-based treatments like CBT or DBT. More research is needed to confirm its effectiveness across a broad range of mental health conditions.

Talk Therapy (Unstructured Psychotherapy)

A general form of psychotherapy in which clients discuss their emotions, experiences, and challenges without a structured treatment plan. While it can provide emotional support and catharsis, studies indicate that structured therapies like CBT, DBT, and IPT are more effective for treating specific mental health conditions. Without a focused approach, talk therapy alone may not lead to measurable improvements in mental health outcomes.

For further questions or help finding a therapist who meets your needs, feel free to visit sarahpist.com or email sarah@sarahpist.com

Therapy	Main Focus	Effectiveness Rating	Typical Duration
Cognitive Behavioral Therapy (CBT)	Changing negative thoughts & behaviors	□□□□□	12-20 sessions
Dialectical Behavior Therapy (DBT)	Emotion regulation & distress tolerance	□□□□□	6-12 months
Acceptance and Commitment Therapy (ACT)	Psychological flexibility & values-based action	□□□□	8-16 sessions
Exposure Therapy	Reducing fear through gradual exposure	□□□□□	8-15 sessions
Exposure and Response Prevention (ERP)	Preventing compulsions in OCD	□□□□□	12-20 sessions
Prolonged Exposure Therapy (PE)	Processing trauma by confronting memories	□□□□□	8-15 sessions
Cognitive Processing Therapy (CPT)	Challenging & modifying trauma-related thoughts	□□□□□	12 sessions
Eye Movement Desensitization and Reprocessing (EMDR)	Reprocessing traumatic memories	□□□□	8-12 sessions
Interpersonal Therapy (IPT)	Improving social relationships & communication	□□□□	12-16 sessions
Mindfulness-Based Cognitive Therapy (MBCT)	Preventing depression relapse	□□□□	8-12 sessions
Motivational Interviewing (MI)	Enhancing motivation for change	□□□□	1-5 sessions