

Origination Date: 02/10/09	Revision Date(s): 8/25/09, 4/20/10
Developed By: Medical Criteria Committee	

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Description: Long-term psychotherapy is typically referred to as psychotherapy that exceeds the normal parameters of time allotted for the treatment of most psychological disorders. For the purposes of these criteria, “long-term” is defined as an episode of treatment lasting more than 12 visits. There is no generally accepted standard duration of treatment defined as “long-term”, and evidence suggests that short-term psychotherapy is sufficiently effective for most individuals experiencing psychological distress. However, certain individuals with complex and/or more debilitating psychological disorders may require psychotherapy up to one year and beyond and are evaluated on a case-by-case basis.

Criteria: Individuals with certain chronic psychological conditions may require psychotherapy and mental health services beyond the typical timeframe for treating these conditions. Conditions that may warrant these additional services include:

- Eating disorders
- Borderline Personality Disorder
- Major Depressive Disorder, recurrent, severe
- Bipolar Disorder
- Dissociative Identity Disorder
- Individuals with chronic, multiple psychological disorders

Information to be Submitted with Request for Authorization:

A request for extended authorization for long-term psychotherapy should include the following information:

- Multi-axial diagnosis
- Presenting symptoms
- Relevant psycho-social and treatment history
- Assessment of both substance abuse and mental health concerns
- Measurable treatment goals
- Scope and duration of planned treatment interventions
- The client’s prognosis based upon diagnosis, baseline functioning, and client’s capacity for change.
- The therapist’s estimation of the client’s level of functioning without treatment
- The plan for preventing the client’s dependency on therapy and encouraging expansion of social supports.
- Interventions and treatment approaches that have benefitted the client.

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Criteria for Continued Treatment:

Continued authorization is indicated by **ALL** of the following:

1. Treatment is provided at the lowest level of intensity (including frequency and duration of outpatient sessions) necessary to maintain the patient's stability and achieve progress toward appropriate treatment goals.

Plus **1 or more** of the following:

2. Continued measurable progress toward restoration of baseline functioning. Patients must demonstrate progress in treatment as evidenced by an increase in GAF score and improvement in behavioral outcome measures.
3. Continued progress toward development of skills to prevent relapse.
4. Treatment plan revision to address lack of progress. If no improvement is noted, the treatment plan should be modified to include the consideration of
 - Need for medication evaluation
 - Possibility of underlying Axis II condition
 - Need for psychosocial interventions (i.e, support groups)
 - Possibility of co-occurring conditions that need attention (e.g. medical conditions, substance abuse)

Notes:

1. *If there is a clear risk of deterioration with no further treatment, additional sessions may be authorized. If continued treatment is intended primarily to prevent deterioration, and significant improvement in symptoms is not expected, treatment should be provided at the least intensive level required to prevent deterioration. Periodic treatment plan updates may be required to track patient's progress.*
2. *While extended outpatient visits (75-90 minutes) may be appropriate on occasion for crisis management, the routine use of extended outpatient visits lacks empirical support and is not covered. Special circumstances may be discussed with an ODS Behavioral Health Care Coordinator in advance.*

Termination Criteria:

Termination of continued authorization is indicated by **1 or more** of the following:

1. Patient has returned to previous functioning and has developed appropriate relapse prevention skills.
2. Patient is not improving, despite amendments to the treatment plan (consider referral to another therapist or another form of treatment)
3. Patient has achieved a stable level of functioning and further treatment is not expected to produce significant improvement.

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References:

Coutois, C. *Risk Management and Ethics Issues in Termination of Long-Term Psychotherapy*. Available at http://www.apatraumadivision.org/program/2008_termination/courtois_slides.pdf. Retrieved January 22, 2009.

Joyce, A, Piper, W, Ogrodniczuk, J, Klien, R. (2007). *Termination in psychotherapy: A psychodynamic model of processes and outcomes*. (pp. 81-96). Washington, DC, US: American Psychological Association.

Kopta, S, Howard, K, Lowry, J, Beutler, L. (1994). Patterns of symptomatic recovery in psychotherapy. *Journal of Consulting and Clinical Psychology*. 62(5): 1009-1016.

Leichsenring, F, Rabung, S. (2008). Effectiveness of long-term psychodynamic psychotherapy: A meta-analysis. *JAMA*. 300(13): 1551-1565.

Levy, K et al. (2006). Change in attachment patterns and reflective function in a randomized control trial of transference-focused psychotherapy for borderline personality disorder. *Journal of Consulting and Clinical Psychology*. 74(6): 1027-1040.

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