Psychotherapy
Action Network

Effective Psychotherapy

What Works for the Public and Clinicians, and Why

San Francisco Board of Supervisors

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Board Chair | Psychotherapy Action Network

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Psychotherapy
Action Network

Expanding Access. Empowering Professionals.

Mission

As the national advocacy organization for psychotherapy, we champion psychotherapy access and defend clinicians and clinical standards, pushing back against automated substitutes and profit-driven shortcuts that undermine both.

Vision

We strive for a world in which psychotherapies that create meaningful change are universally accessible and protected.

6,500 individual members * 95 organizational members

What makes psychotherapy effective

- Decades of meta-analytic research across tens of thousands of patients point to the same conclusion: the **therapeutic alliance** is the main predictor of who benefits from therapy
- Therapeutic alliance requires building and maintaining solid, trusting relationship between therapist and patient
  - Capacity for collaboration
  - Agreement on goals
  - Therapist's empathy and positive regard for patient
  - Therapist's responsiveness to client feedback and progress

Sources: Wampold (2015, 2023), World Psychiatry — meta-analyses of bona fide psychotherapy outcomes and alliance-outcome correlation

Effective treatments must be individualized (not standardized) and of sufficient depth and duration

- Individualized approach is key
  - Diagnosis, complexity (personality features, co-existing issues), trauma history, and culture all affect what a given patient responds to
- Evidence-based standards of care should be followed for best outcomes
  - Treatment approach and duration depend on individual factors
  - Underlying and chronic conditions must be treated; symptom reduction/management is insufficient
- Depth and duration are needed to ensure long-term recovery
  - Studies have indicated that average client needs at least 50-75 sessions
  - In comprehensive study of 10,000 people, 75% needed 40 sessions to show significant clinical improvement

Source: Wit v. United Behavioral Health (2019)

1) Eliminating Clinician Voice Over the Model of Care

WHAT KAISER WANTS

A provision to have the sole discretion to determine or modify the clinical models of care

WHAT THE EVIDENCE SHOWS

- What reliably predicts outcome is the therapeutic alliance and the **clinician's ability to match and adapt** treatment and technique to each patient, and their unique issues, identities, reactions to treatment
- **One-size-fits-all works for no one**
  - Therapy results don’t come from a fixed protocol — they come from individualizing assessment, selecting treatment approach, flexibly modifying that over time as alliance and symptoms evolve
- Treatment starts with comprehensive assessments to minimize risk of misdiagnosis and wrong treatment selection before care even begins
- When patient doesn’t feel understood or helped, they **drop out** of treatment

2) Unilateral Control Over AI, With No “Support Not Replace” Commitment

WHAT KAISER WANTS

Flexibility around substituting clinicians’ work with AI, and a refusal to maintain the “assist, not replace” language it already agreed to for Southern California

WHAT THE EVIDENCE SHOWS

- AI mental health tools are most similar to **self-help** interactive guides or journals; they are not a replacement for psychotherapy
- Screening, triage, and assessment are not mere administrative functions replaceable by algorithms; they are the first steps of treatment and they require licensed clinical judgment
- **Safety risks are high**: LLMs have been shown to have stigmatizing or clinically inappropriate AI outputs, including gaps in responding to suicide-risk signals
- **No long-term studies** exist to show efficacy of AI-enabled treatment
- Several states already restrict AI to a **support role only**

Risks of replacing psychotherapy with AI

- No real therapeutic relationship
- Inadequate for high-risk or complex cases
- High risk of mishandling crisis, safety issues
- Illusion of care may delay real treatment
- Data privacy and surveillance concerns
- Reinforcement of maladaptive patterns
- Extremely limited long-term evidence
- Leveraging personal data to train their own models

3) Outsourcing without restriction

WHAT KAISER WANTS

Freedom to outsource psychotherapy to outside providers, noting that this "may" result in elimination of Kaiser jobs

WHAT THE EVIDENCE SHOWS

- The alliance requires continuity of care; shuffling patients to external contractors resets that clock, possibly repeatedly, **compromising treatment outcomes and increasing dropout rates**
- Any short-term cost savings will be overshadowed by **increased long-term costs**
  - Higher continuity of care is independently tied to lower hospitalization rates and total healthcare
- National outpatient practice-management platforms already show **significant problems** in treatment efficacy, therapist satisfaction and confidence, patient privacy, transparency in fees, ownership structure, and AI tools

What the data show about practice management companies

- **Privacy problems**
  - 81% of clinicians using a PMC believe it does not adequately protect patient information, versus 96% who rate privacy as extremely important
  - Data tracking, third-party sharing, and AI training convert private thoughts, feelings, worries into commercial assets
- **Lack of transparency**
  - 70% don't know who owns their PMC platform, and 85% would not use it if they knew insurers were involved
    - Most PMCs are owned by the same insurers clinicians already contend with
  - PMCs are bypassing clinicians to collect symptom data from patients, for PMCs' benefit
- **Fundamental replacement of psychotherapy with crisis management**
  - Clinicians report session limits and capitated payment tied to symptom scores rather than time — destabilizing continuity and shifting care toward crisis management

Source: Psychotherapy Action Network (2025); Michaels (2026), TAP Magazine.

4) Limited definition of clinical time

WHAT KAISER WANTS

Removal of 7 hours/week of protected time for charting, patient calls and emails, and coordination with other clinicians

WHAT THE EVIDENCE SHOWS

- **Consultation, collaboration, and care coordination** with other clinicians in the treatment team are all clinical time and all are essential for high-quality care
- If new intakes are booked into this time, there likely won't be sufficient capacity for timely follow-up with these patients, creating the **illusion of access**
- **Autonomy** over one's own schedule is a documented protective factor against **burnout**, and burnout is direct precursor of **turnover**
- Turnover costs include not only recruiting, ramp-up, and lost billings, but the unmeasurable costs of those patients who leave treatment when their clinician departs Kaiser

Kaiser's proposals will undermine the very factors that make psychotherapy effective, and have high costs to all

Predicted results for clinicians:

- Reduced capacity for clinicians to practice effective psychotherapy
- Higher burnout
- Greater turnover

Predicted results for patients:

- Greater likelihood of receiving acute crisis management help, rather than psychotherapy
- Worse outcomes of care
- Reduced access to care
- Less affordable care

Predicted results for Kaiser:

- Increased employee dissatisfaction, burnout and turnover
- Increased long-term costs to Kaiser

What the Board should support to ensure access to quality mental healthcare

- Preserve clinician expertise over the model of care — treatment-design decisions require individualized, licensed clinical judgment
- Limit AI to a clinician-supervised support role, consistent with Kaiser's own prior commitment and with emerging state law
- Limit outsourcing of care to for-profit third parties
- Retain the 7-hour protected-time guarantee and protect its intended purpose
- Stand up for the proven principles of evidence-based care and what works for clinicians and patients

Thank you!

Linda Michaels, PsyD, MBA is a psychologist with a private practice in Chicago. She is Chair and Co-Founder of the Psychotherapy Action Network (PsiAN), a nonprofit organization that advocates for expanding access to effective psychotherapy. She is a Consulting Editor of *Psychoanalytic Inquiry*, Clinical Associate Faculty at the Chicago Center for Psychoanalysis, and a Fellow of the Lauder Institute Global MBA program.

She is author of numerous articles and the book *Advancing Psychotherapy for the Next Generation*. She has been interviewed by the New York Times, Wall St. Journal, NPR and other national media on the value of psychotherapy. Linda has a former career in business, with over 15 years' experience consulting to organizations in the US and Latin America.

In addition to her doctorate degree in clinical psychology from the Illinois School of Professional Psychology, Linda has an MBA from Wharton and a BA from Harvard.

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