

How long should I be in therapy? ^[1]

Dear Alice,

How long is psychotherapy supposed to take? I was in therapy for twelve years and felt much worse coming out of it than I did going in. My obsessive compulsive disorder remained unchanged, my socially avoidant behavior was the same, I was still depressed. In fact, I really think I felt worse because I was now angry at therapists. And yet the word on the street is that therapy really works, and I think it is supposed to take less than twelve years. Please answer me, I think this is an important question.

Answer

Dear Reader,

Twelve years may seem like a long time to be in therapy, but for some people, this amount of time is beneficial or even necessary to receive the treatment they need. Although, according to the [American Psychological Association](#) ^[2], approximately 50 percent of people report seeing improvements after 15 to 20 sessions, the length of time spent in psychotherapy varies depending on the person, their presenting concerns, and type of therapy in which they're participating. Therefore, it's not uncommon for people to be in therapy for longer periods of time. Your current frustrations — feeling as though your concerns aren't being addressed and are getting worse — may not necessarily imply giving up on therapy entirely. If you're still in therapy, you might consider speaking with your mental health professional about your concerns, and begin to have an ongoing conversation about your goals and expected course of treatment. Additionally, whether you're currently in therapy or not, you may also want to consider speaking to a mental health professional to learn more about types of treatments known to effectively address your needs and consider changing the modality of treatment if you and your provider see fit.

It's unclear whether you're still in therapy, or if not, whether the determination to end therapy was your decision alone. If a person is dissatisfied with their treatment or the person providing it, it's recommended to bring this up for discussion in a session. Here, you and your mental health professional may discuss any questions or frustrations you have, the expected length of treatment, and your worries about symptoms staying the same, or getting worse. A skilled professional welcomes this kind of discussion and uses such feedback to make informed

decisions about their work with individual patients. Once your concerns are out in the open, you may find that your experience in therapy improves.

Another option is to search for a new mental health professional who may help you address the conditions you mentioned — obsessive-compulsive disorder (OCD), socially avoidant behavior, and depression. In your initial sessions, it may be helpful to bring up your past anger towards and distrust from your previous experiences. Building trust and a strong, positive relationship with your mental health professional is a vital component of successful treatment. Note that people will often meet and work with a few mental health professionals before finding one with whom they feel comfortable.

You also point out feeling angry at mental health professionals, and perhaps the profession in general. It makes sense that you feel this way, especially given the time (and, possibly, financial commitment) you've spent on therapy, while still feeling as though you're facing the same problems. Additionally, if you feel angry with your mental health professional, it's possible that you may experience anger when dealing with other people or circumstances in your life as well. It may also be constructive to address this anger. If you talk about this them, you may have the opportunity to analyze and better understand this anger, and come up with possible solutions to be applied, both in therapy and elsewhere in your life. However, if you continue to feel angry and don't address it, this may prevent you from benefiting from treatment altogether.

If your current therapy setup doesn't seem to be helping even after discussing your concerns with your mental health professional, another option is to explore other modes of therapy or ancillary treatment known to be effective for the conditions you present. For example, there's evidence that cognitive behavior therapy (CBT) is effective in treating symptoms related to OCD, depression, and socially avoidant behavior. In fact, for OCD, a certain type of CBT treatment — exposure and response prevention (ERP) — is often the go-to. Additionally, in terms of medication, selective-serotonin reuptake inhibitors (SSRIs) are often prescribed to treat OCD, depression, and social anxiety, and may be recommended in combination with therapy.

In summary, it may be worth giving therapy — or other types of treatment — another try. As you determine how you might move forward, you may consider speaking with a mental health professional or health care provider to discuss potential next steps. Best of luck!

Alice!

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