

The Face of 2010: A Delphi Poll on the Future of Psychotherapy

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A panel of 62 psychotherapy experts using Delphi methodology predicted psychotherapy trends in the next decade. The observers forecasted changes in theoretical orientations, therapeutic interventions, psychotherapy providers, treatment formats, and future scenarios. Cognitive-behavior, culture-sensitive, cognitive, and eclectic/integrative theories were predicted to increase the most, whereas classical psychoanalysis, solution-focused theories, and transactional analysis were expected to decline. Directive, self-change, and technological interventions were judged to be in the ascendancy. Master's-level psychotherapists along with "virtual" therapy services were expected to flourish. Forecast scenarios with the highest likelihood centered on expansion of evidence-based therapy, practice guidelines, behavioral medicine, and pharmacotherapy.

What might the future of psychotherapy look like? What is hot and what is not in the new millennium? Where are the growth opportunities for psychologists? As we transition from the industrial era to an information era, it is imperative that we remain knowledgeable of how changes will impact psychotherapy, psychologists, and our patients (Lesse, 1987). As we move through the dawn of the new millennium, it is advantageous to reflect on where psychotherapy is heading.

Every 10 years, starting in 1980 (Norcross, Alford, & DeMichele, 1992; Prochaska & Norcross, 1982), we have conducted a Delphi poll on the future of psychotherapy. The 36 experts in the initial poll anticipated a variety of changes in psychotherapy, such as the shift in theoretical orientation from psychoanalytic to cognitive-behavioral and the replacement of long-term therapy with briefer therapy. Their optimistic forecasts included an increase in female and minority therapists, accelerated

services to underserved populations, coverage under national health insurance, and standard implementation of peer review. The 75 experts in our second Delphi poll, 10 years later, opined that self-help groups and social workers would proliferate and that the proportion of psychotherapy provided by psychiatrists would diminish. The results also predicted the centrality of program accreditation, psychotherapists becoming specialists rather than general practitioners, and mandatory certification/licensure of master's-level mental health professionals. Although not without erroneous predictions (such as coverage under national health insurance), these studies have highlighted core forces that gradually but persistently shape the face of psychotherapy.

This updated and expanded study was designed to garner expert consensual predictions on psychotherapy during the next decade. What will the face of psychotherapy look like in the year 2010?

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The Delphi Method

The Delphi methodology, developed in the early 1950s as a part of military research on expert opinion, structures communication so that a group of individuals, as a whole, can deal with a complex problem (Linstone & Turoff, 1975). A panel of experts answers the same questions at least twice. In the first round, the experts answer the questions anonymously and without knowledge of the responses of their peers. During subsequent rounds, the experts are provided with the responses of the entire panel and are given the opportunity to revise their predictions in light of the group judgment. The use of Delphi methodology has increased in such diverse fields as family therapy (Fish & Busby, 1996; Levine & Fish, 1999), education research (Boberg & Morris-Khoo, 1992), and water resource development (Malcolm Pirnie, Inc., 1980).

Delphi polls are an economical, time-efficient, and accurate means of gathering the opinions of a group of experts on future events or directions. Cumulative research indicates that the results of Delphi polls usually provide the most accurate answers to difficult questions compared with other prognostication techniques (Borinson, 1980). The group Delphi consensus also consistently outperforms the opinions of individual experts (Ascher, 1978; Linstone & Turoff, 1975). Another advantage of the technique, particularly relevant to our study, is that "the Delphi method attempts to negotiate a reality that can then be useful in moving a particular field forward, planning for the future or even changing the future by forecasting its events" (Fish & Busby, 1996, p. 470).

We adapted a five-page questionnaire from our previous Delphi polls (Norcross, Alford, & DeMichele, 1992; Prochaska & Norcross, 1982). Dated items were eliminated (e.g., neurolinguistic programming), and the questionnaire was augmented with new items (e.g., computerized therapies, neurobiofeedback) concerning recent developments. The questionnaire comprised five sections: theoretical orientations (29 items), therapeutic interventions (38 items), psychotherapists (14 items), therapy formats (9 items), and forecast scenarios (24 items). The panel was repeatedly asked to predict the probability of each item occurring during the next decade according to what *will* happen, as opposed to what they would personally *like* to happen. Responses on the first four sections were recorded on a 7-point, Likert-type scale where 1 = *great decrease*, 4 = *remain the same*, and 7 = *great increase*. Responses to the final section were recorded in a similar fashion, where 1 = *very unlikely*, 4 = *uncertain*, and 7 = *very likely*.

Questionnaires were mailed with a cover letter and a stamped, return envelope in January 2001. The responses were then pooled and analyzed. The same instrument was then redistributed to the panelists in April 2001, along with feedback on the responses of the panel as a whole. Feedback was provided for each item in terms of means and standard deviations, which were depicted both numerically and graphically.

The Expert Panel

Members of the expert panel were selected from two samples: the 54 living participants from our previous Delphi study and 30 editors of leading mental health journals. These samples were combined for a pool of 84 possible participants. Sixty-five (77%) returned the first round of the questionnaire, but three were not usable, leaving 62 participants. Sixty-two of the 65 participants

(95%) completed the second round of the study and served as the panel of experts. Individual responses were not (and cannot be) associated with them personally.

The panel consisted of distinguished mental health professionals. All 62 participants held a doctorate (58 PhDs, 3 MDs, and 1 EdD) and reported an average of 30 years ($SD = 9.77$) of post-doctoral clinical experience. The panel was composed of 15 women and 44 men (3 did not indicate gender). On average, they devoted their professional time to clinical work (30% of their time), research (28%), teaching (18%), administration (11%), and supervision (9%). The most prevalent employment settings were university departments (58%), independent practices (26%), and medical schools (11%). The experts represented a diversity of self-reported theoretical orientations: cognitive-behavioral (32%), eclectic/integrative (26%), psychodynamic (18%), humanistic/experiential (9%), behavioral (5%), feminist (5%), and systems/family systems (4%).

Methodology and Its Discontents

The primary goal of Delphi methodology is to reach a consensus among the experts. The achievement of this goal was illustrated by consistent decreases in standard deviations from the first to second round for 103 of the 114 items (90%). Providing feedback to the panel of experts thus reduced disparity and encouraged consensus concerning future directions in psychotherapy.

At the same time, there are several limitations to this type of research and to this study in particular. First, our panel was composed solely of psychotherapists living inside the United States; generalizations to other countries are unwarranted. Second, these distinguished psychotherapy researchers and practitioners may be committed to the status quo and thus inclined to favor those therapies and theories currently in favor. Third, our experts' predictions do not and cannot reflect absolute changes but rather relative increases and decreases in the orientations, techniques, and providers. That is, we asked about change as opposed to final status. A theoretical orientation or a clinical method could increase substantially in the next decade but still not be a frequent or common event. Fourth, our sample included only 15 women and 3 psychiatrists, and thus we undersampled women and psychiatrists relative to their numbers in the mental health professions. However, statistical analyses revealed few differences between the responses of men and women in this sample (fewer than expected by chance), so gender did not exert an appreciable impact. And fifth, although the item standard deviations did decrease from the first to second round of data collection, congruent with Delphi methodology, they were still rather large and reflected considerable variation in experts' forecasts.

The following tables present the item means and standard deviations from both data waves, but the items are rank-ordered in terms of the results of the second wave. Rules in the tables divide the items into three rationally created categories: those items the experts expect to increase (item mean of 4.5 and greater), those items predicted to remain about the same (mean ranging from 3.5 to 4.49), and those predicted to decrease (mean of 3.49 and less) in the next decade.

Theoretical Orientations

Our experts rated the extent to which a variety of theoretical orientations will be employed over the next decade. As presented in Table 1, cognitive-behavior therapy, culture-sensitive/multicultural, cognitive (Beck), interpersonal therapy, technical eclecticism, and theoretical integration were expected to increase the most. By contrast, classical psychoanalysis, implosive therapy, transactional analysis, and Adlerian therapy were expected to decrease.

We repeatedly emphasized that participants should predict what would happen rather than what they would like to happen. However, in addition to being experts, our observers might have been prone to present their own preferred theories in a more favorable light. To investigate the possibility of a rating bias, we compared the mean predictions on three superordinate orientations (i.e., psychodynamic/psychoanalytic, cognitive-behavior, and eclectic/integrative) as a function of the panelist's theoretical orientation. Participants who identified themselves as psychoanalytic/psychodynamic rated the future of classical psychoanalysis significantly more favorably ($p < .05$) than did the cognitive-behaviorists and eclectic/integrationists (a difference of 1.02 and 1.67 points on the 1-7 rating scale). Cognitive-behavior

therapists, in addition, rated the future of psychodynamic therapy significantly lower ($p < .05$) than did the other groups (a difference of 1.23 and 1.40). However, no differential ratings were made on the future of cognitive-behavior or eclectic/integrative therapies. Thus, there was robust convergence in predictions for the future but modest allegiance bias with regard to psychodynamic and psychoanalytic therapies.

Therapeutic Interventions

As Table 2 shows, 18 of the 38 interventions were predicted to increase in the next decade. Those methods characterized by computer technology (virtual reality, computerized therapies), client self-change (self-change, self-help resources, self-control procedures), and therapist didactic-direction (homework assignments, relapse prevention, problem-solving techniques, and cognitive restructuring) were forecast to increase. Panel members forecasted that free association, encounter exercises, emotional flooding/implosion, and dream interpretation would diminish.

Psychotherapists

As displayed in Table 3, over half of the 14 different types of psychotherapists were expected to expand in the future and only

Table 1
Predicted Changes in Theoretical Orientations in Rank Order

Theoretical orientation	Round 1		Round 2		Rank
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Cognitive-behavioral therapy	5.54	1.42	5.67	0.99	1
Culture-sensitive/multicultural	5.41	1.23	5.40	0.98	2
Cognitive therapy (Beckian)	5.20	1.38	5.07	1.18	3
Interpersonal therapy (IPT)	4.88	1.18	5.05	1.11	4
Technical eclecticism	4.72	1.33	4.89	1.20	5
Theoretical integration	4.84	1.07	4.89	1.07	6
Behavior therapy	4.53	1.67	4.81	1.09	7
Systems/family systems therapy	4.57	1.14	4.80	0.96	8
Exposure therapies	4.88	1.51	4.70	1.34	9
Solution-focused therapy	4.47	1.26	4.70	0.99	10
Motivational interviewing	4.58	1.45	4.47	1.35	11
Feminist therapy	4.22	1.22	3.92	1.27	12
Rational-emotive behavior therapy	3.82	1.37	3.83	1.24	13
Narrative therapy	4.07	1.47	3.83	1.15	14
Psychodynamic therapy	3.88	1.39	3.80	1.19	15
Male-sensitive therapy	4.08	1.34	3.58	1.36	16
Experiential therapy	3.51	1.49	3.58	1.12	17
Transtheoretical therapy	3.83	1.45	3.56	1.46	18
Client/person-centered therapy	3.38	1.39	3.20	1.24	19
Eye movement desensitization and reprocessing (EMDR)	3.66	1.66	3.18	1.43	20
Humanistic therapy	3.05	1.21	3.03	1.03	21
Reality therapy	3.37	1.16	2.95	1.06	22
Existential therapy	3.02	1.24	2.85	1.09	23
Gestalt therapy	2.93	1.10	2.78	0.88	24
Jungian	2.72	1.39	2.33	0.95	25
Adlerian	2.43	1.25	2.25	0.89	26
Transactional analysis	2.55	1.02	2.13	0.77	27
Implosive therapy	2.47	1.47	1.91	0.94	28
Psychoanalysis (classical)	2.14	1.11	1.16	1.07	29

Note. 1 = great decrease, 4 = remain the same, 7 = great increase.

Table 2
Predicted Changes in Therapeutic Interventions in Rank Order

Therapeutic intervention	Round 1		Round 2		Rank
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Homework assignments	5.25	1.18	5.52	0.94	1
Relapse prevention	5.25	1.11	5.44	0.92	2
Use of virtual reality	5.42	1.07	5.32	1.20	3
Problem-solving techniques	5.05	1.07	5.30	0.85	4
Computerized therapies	5.50	1.21	5.28	1.16	5
Cognitive restructuring	5.07	1.25	5.25	1.00	6
Self-change techniques	5.10	1.08	5.07	0.93	7
Solution-focused methods	4.97	0.94	5.10	0.93	8
Recommending self-help resources (beyond books)	4.92	1.27	4.98	0.85	9
Teaching/advising	4.80	1.19	4.87	0.90	10
Interpersonal support	4.70	1.01	4.85	0.78	11
Relaxation techniques	4.60	1.08	4.80	0.98	12
Communication skills	4.76	1.01	4.79	0.82	13
Assertion/social skills training	4.62	0.99	4.77	0.78	14
Expressing caring and warmth	4.55	1.08	4.75	1.07	15
Self-control procedures	4.65	1.09	4.70	0.99	16
In vivo exposure	4.77	1.14	4.68	1.14	17
Bibliotherapy	4.55	1.16	4.63	1.06	18
Population-based interventions	4.75	1.21	4.49	1.06	19
Behavioral contracting	4.30	1.17	4.42	0.88	20
Imagery and fantasy	4.31	1.05	4.33	0.94	21
Acceptance methods	4.44	1.19	4.27	1.09	22
Therapist self-disclosure	4.25	1.10	4.27	1.01	23
Forgiveness methods	4.12	1.12	4.17	1.11	24
Neurobiofeedback	4.53	1.28	4.16	1.24	25
Accurate empathy	4.05	1.02	4.07	1.04	26
Biofeedback	4.02	1.05	3.92	0.95	27
Confrontation	3.83	1.04	3.57	0.83	28
Systematic desensitization	3.73	1.31	3.52	1.13	29
Analysis of resistance	3.44	1.33	3.35	1.18	30
Hypnosis	3.48	1.31	3.34	0.83	31
Transference interpretations	3.27	1.29	3.24	1.10	32
Paradoxical interventions	3.33	1.04	3.20	1.03	33
Cathartic methods	3.27	1.21	3.02	1.00	34
Dream interpretation	2.78	1.18	2.69	0.99	35
Emotional flooding/implosion	3.02	1.27	2.68	1.21	36
Encounter exercises	2.95	1.13	2.68	0.95	37
Free association	2.68	1.37	2.54	1.06	38

Note. 1 = great decrease, 4 = remain the same, 7 = great increase.

one to decrease. Master's-level practitioners, clinical social workers, and technological therapy services (e.g., Internet and telephone services) should expand in the first decade of the millennium. The use of self-help groups was also judged to be on the rise as compared with other psychotherapy providers, such as primary-care providers, peer counselors, and psychologists, who were judged to remain about the same. Psychiatrists as psychotherapists, by contrast, were expected to experience a marked decline.

Therapy Formats

Our experts foresaw four therapy formats increasing, three remaining about the same, and only one decreasing in the next decade. Short-term therapy (second-round $M = 5.70$), psychoeducational groups for specific disorders ($M = 5.56$), crisis intervention ($M = 4.95$), group therapy ($M = 4.82$), and couples/marital

therapy ($M = 4.56$) were predicted to increase, in that order. Three therapy formats—conjoint family therapy ($M = 4.16$), individual therapy ($M = 4.07$), and single-session therapy ($M = 4.03$)—were expected to experience essentially no change in the future. Our panel members forecasted that only one format on our list would decline: long-term therapy ($M = 2.70$).

Forecast Scenarios

The panel's collective projections on 23 scenarios are summarized in Table 4. Future scenarios with the highest likelihood centered on the expansion of evidence-based therapies, master's-level psychotherapists (including mandatory licensure/certification), practice guidelines, technology in psychotherapy, behavioral medicine, and pharmacotherapy. The experts thought it slightly likely that a number of states would legislatively allow psycholo-

Table 3
Predicted Changes in Psychotherapists in Rank Order

Type of therapist	Round 1		Round 2		Rank
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Master's-level counselors	5.30	1.15	5.44	0.81	1
Internet therapy services	5.55	1.21	5.39	0.92	2
Clinical social workers	5.10	1.26	5.38	0.78	3
Telephone therapy services	5.17	1.24	5.20	0.96	4
Master's-level family therapists	5.02	1.09	5.10	0.83	5
Self-help groups	5.05	0.98	5.11	0.90	6
Psychiatric nurses	4.97	1.16	5.07	1.04	7
Paraprofessionals	4.85	1.12	4.51	1.18	8
Peer counselors	4.60	1.06	4.43	0.92	9
Pastoral counselors	4.49	0.94	4.39	0.84	10
Primary care providers	4.17	1.22	4.11	0.97	11
Mass media "therapy" shows	4.33	1.30	4.10	1.03	12
Psychologists	4.07	1.45	3.92	1.13	13
Psychiatrists	2.48	1.10	2.15	0.85	14

Note. 1 = great decrease, 4 = remain the same, 7 = great increase.

gists to prescribe psychotropic medications in the next decade. Several future scenarios were judged to experience no change in the future. Among these were the integration of spirituality into therapy and funding for psychotherapy research. Scenarios least likely to be seen in the future were increased funding for psychotherapy training, psychotherapy regulation by a federal agency, and the number of doctoral-level specialists in the field increasing at the expense of master's-level therapists.

Panel members were generally doubtful of the group's ability to accurately predict the future of psychotherapy. When asked the likelihood that a panel of expert psychotherapists could accurately predict the future of psychotherapy, the average response was slightly unlikely ($M = 3.26$, $SD = 1.50$). This prediction provides an important caveat that our experts were not confident in the forecasts of the entire panel.

Whither the Future?

What will the face of psychotherapy resemble in the new millennium? Four themes account for the majority of changes predicted by our Delphi panel of experts. *Efficiency* is an economic theme that emphasizes the briefest therapies, the cheapest therapists, and the least expensive techniques. *Evidence* is a scientific theme that rewards research on the efficacy of treatments, therapists, and clinical interventions. *Evolution* is a theoretical theme that supports gradual change that builds on, rather than breaks with, historical trends in therapeutic theories and techniques. And *integration* is a knowledge theme that seeks increasing cohesion to counter historical fragmentation. These four themes are the key drivers of change in the profession of psychotherapy.

Economic efficiency is the primary driver in all of health care, so it is not surprising that it should be the primary driver of predicted changes in mental health care. Of the 114 ratings, short-term therapy received the highest absolute rating in terms of expected increases. Long-term therapy was the only format pre-

dicted to decrease. Almost all of the theoretical orientations predicted to increase supported the use of short-term therapy. Psychoanalysis was the theory predicted to decrease the most. The psychotherapists predicted to increase the most were master's-level (counselors, social workers, psychiatric nurses), those using lower cost Internet services or telephones, paraprofessionals, and self-help groups. The most costly therapists, namely psychiatrists, were the only professional group expected to decrease, and psychologists were next in line for the least growth. The therapeutic interventions predicted to increase included those that can be used at home (e.g., homework, computers, self-help resources, and self-control) and those that contribute to short-term treatments (e.g., problem solving, cognitive restructuring, solution-focused, and skill training). Techniques predicted to decrease precipitously were those that are part of long-term therapies (e.g., free association, analysis of resistance, transference and dream interpretations).

In the first round of the Delphi poll the most likely scenario in all of psychotherapy was that evidence-based psychotherapies would be required by health care systems. In the second round this scenario slipped to number two, but four of the top six scenarios all supported evidence-based practice (e.g., research generates prescriptive treatments, practice guidelines become standard, and therapists increasingly treat health-related behaviors). For the most part, the ascending theoretical orientations were those with the most intense involvement in controlled research. This does not necessarily mean that these therapies have greater efficacy, but they do have greater evidence. So the Dodo bird prediction (Luborsky, Singer, & Luborsky, 1975) from the past is probably untrue in the health care market, and it is unlikely to be the case that "All have won and all must receive prizes." Theories that will win the most prizes are those that have won the support of the most researchers.

The history of psychotherapy indicates that old theories and therapies do not fade away; instead, they typically evolve into what the next generation believes to be new theories and therapies (Prochaska & Norcross, 2002). The Delphi poll predicted a similar form of evolution rather than a revolution. The second least likely scenario in the study was that revolutionary psychotherapy techniques will be discovered and will replace traditional treatments. Historically, Adlerian therapy preceded rational-emotive behavior therapy, which contributed to cognitive-behavioral and cognitive therapies. Similarly, psychoanalysis led to psychodynamic therapy, which led to certain forms of interpersonal therapy. Person-centered therapy had a profound influence on contemporary experiential therapies and motivational interviewing. Feminist therapy has been an important contributor to multicultural therapy. Some therapies, like solution-focused and reality therapies, may be evolving into therapeutic methods.

Integration could be seen as a more intentional and inclusive approach to evolution. The integration movement seeks to combine the best ideas and the efficacious methods of leading systems of psychotherapy. On a smaller scale, cognitive-behavioral therapies have synthesized some of the best of behavior and cognitive therapies. More ambitious integrations are found in theoretical integration and technical eclecticism, which are predicted to be two of the top six growth areas in the next decade. Theoretical integration seeks systematic ways to conceptually combine processes and principles across systems of psychotherapy, whereas technical eclecticism seeks systematic ways to empirically identify

Table 4
Predicted Scenarios in Rank Order

Scenario	Round 1		Round 2		Rank
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Licensure or certification becomes mandatory for the mental health specialist at the master's level	5.63	1.23	5.67	0.85	1
Evidence-based psychotherapies are required by health care systems	5.75	0.99	5.48	1.23	2
Psychotherapy research provides prescriptive "treatments of choice" for certain disorders and people	5.32	1.48	5.31	1.13	3
Practice guidelines become a standard part of daily psychotherapy	5.12	1.23	5.30	0.92	4
Psychotherapists routinely treat the behavioral components of health problems and chronic illnesses	5.28	1.21	5.25	1.01	5
A growing percentage of psychotherapy will be offered by telephone, videophone, or e-mail	5.39	1.27	5.20	1.18	6
Psychopharmacology expands at the expense of psychotherapy	4.92	1.57	4.98	1.12	7
Master's-level mental health specialists flood the job market, making it difficult for PhDs to find work	4.95	1.44	4.90	1.27	8
Master's-level graduate training for the mental health specialist becomes highly specialized	5.03	1.17	4.79	1.02	9
Psychotherapists become specialists rather than general practitioners	4.80	1.29	4.77	1.06	10
Psychiatry as a mental health specialty within the medical profession declines in popularity	4.62	1.69	4.74	1.49	11
A number of states legislatively allow psychologists to prescribe psychotropic medications	4.66	1.64	4.66	1.33	12
The overall effectiveness of psychotherapy improves appreciably	4.47	1.70	4.52	1.31	13
A renewed emphasis emerges on the creation and centrality of the therapeutic relationship	4.50	1.63	4.39	1.26	14
Psychotherapists increasingly integrate spiritual and religious content into treatment	4.22	1.56	4.20	1.12	15
Psychotherapists become more involved in community action, e.g., politics, social change	4.17	1.49	4.15	1.24	16
Funding for psychotherapy research increases (relative to inflation)	3.95	1.48	3.95	1.19	17
Master's-level therapists conduct virtually all of the psychotherapy in the public sphere	4.03	2.04	3.85	1.74	18
The number of positions will keep pace with the number of new psychotherapists entering the field	3.03	1.55	3.18	1.16	20
Funding for psychotherapy training increases (relative to inflation)	3.29	1.56	3.13	1.02	21
Psychotherapy is regulated by a federal agency, e.g., the FDA	3.10	1.65	2.85	1.31	22
Revolutionary new techniques of psychotherapy are discovered and replace traditional treatments	3.07	1.81	2.62	1.24	23
Doctoral-level mental health specialists flood the job market, making it difficult for MAs to find work	2.86	1.72	2.46	1.16	24

Note. 1 = very unlikely, 4 = uncertain, 7 = very likely.

which treatment methods and relationship stances work best with which patients. Ideally, such integration would serve as a framework for evidence-based approaches to practice.

If the economic value of efficiency, the scientific value of evidence, and change values of gradual evolution and growing integration do in fact increase as predicted, then psychotherapy approaches that cannot adapt to these change drivers are likely to decline. Therapies such as classical psychoanalysis that are least efficient in terms of time and training, have limited empirical evidence, are most resistant to integration, and are likely to lose the most. Therapies that are fundamentally more conceptual and

value-based, such as humanistic, existential, Gestalt and Jungian, are also expected to have diminishing influence, especially as the field relies increasingly on techniques like the Internet and telephone. Such technologies tend to be anathema to therapies that value human relationships as the essence of healthy functioning. A major exception to this trend is the predicted growth of culturally sensitive and multicultural therapies, which rely more on constructivist principles and cultural values that seek to protect the experiences of minority groups from being dominated by the worldviews of powerful groups that dominate the discourse of mental health.

A major challenge for the field of psychotherapy will be to discover creative ways to integrate the values and worldviews of multiple cultures within the discourse of efficiency and evidence that currently dominate health care. Such integration would produce a healthier future for the field and for populations that turn to psychotherapy to help them develop healthier and more balanced approaches to life.

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