the Bateman and Fonagy program [2]) have generally followed ≥1 year of active treatment. These studies also required patients to be suicidal at intake, which we did not.

Finally, Dr. Schulte-Herbrüggen et al. suggest that the 1-year follow-up analysis should have included baseline values. Since we did not know whether the effect of the STEPPS program would follow the same pattern during the 20-week treatment period and 1-year follow-up, our strategy was to test for a treatment effect within each period. We considered testing from baseline to week 72 but chose not to in order to limit the number of statistical tests and because of the large proportion of patients who were lost to follow-up.

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Supportive Psychotherapy: The Nature of the Connection to Patients

TO THE EDITOR: As I read the article by Carolyn J. Douglas, M.D. (1), published in the April 2008 issue of the *Journal*, I recalled the words of a colleague who recently spoke to me about a mutual patient and emphasized that after four decades of practicing psychotherapy, he had concluded that the connection to a patient was the most essential element in working with patients, no matter what their condition. This colleague is a classically trained psychoanalyst and child psychiatrist who mostly treats adult patients.

I applaud Dr. Douglas' masterful exploration of the difficulties, ambiguities, and opportunities in psychotherapy practice in general, and specifically in exploring the nuances of these challenges and possibilities in the field of supportive psychotherapy. She provided superb and jargon-free explanations of the nature of supportive psychotherapy and the inherent controversies the field entails. Most important, she brought clarity to what the nature of the connection needs to be with our patients in order to be effective and what teachers of psychotherapy need to appreciate in order to supervise psychiatric residents.

Reference

1. Douglas CJ: Teaching supportive psychotherapy to psychiatric residents. Am J Psychiatry 2008; 165:445–452

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Developing Supportive Psychotherapy as Evidence-Based Treatment

TO THE EDITOR: In the April 2008 issue of the *Journal*, Carolyn J. Douglas, M.D. (1) discussed many issues involved in the surprisingly complex enterprise of teaching supportive psychotherapy. Dr. Douglas stated that "supportive therapy has not been sufficiently well defined in a manual or tested in controlled clinical trials to be considered evidence based" (1, p. 450). This assertion deserves exploration.

Supportive psychotherapy may be the most prevalent psychotherapy (2). In the 1998 National Survey of Psychiatric Practice, 36% of patients treated by psychiatrists received supportive psychotherapy, a higher percentage than that for insight-oriented therapy (19%), cognitive behavioral therapy (CBT) (6%), or psychoanalysis (1%). The practice of supportive psychotherapy seems likely to increase since 1) residency training in the United States currently requires competency in the area of supportive psychotherapy; 2) several supportive psychotherapy texts have been recently published (3–5); and 3) supportive psychotherapy applies to a wide range of patients and clinical situations.

Psychotherapy research has usually examined supportive psychotherapy as a comparison treatment for more specific—putatively more "active"—approaches that may have received more rigorous therapist training, greater researcher allegiance (6), and even a larger allotment of therapeutic hours. Thus, existing data pertaining to supportive psychotherapy are often suspect. Nevertheless, increasing literature on supportive psychotherapy suggests that it is active, efficacious, and often achieves lasting, meaningful results (3–5, 7, 8). In a recent borderline personality disorder study (9), supportive psychotherapy demonstrated generally comparable outcomes with those of dialectical behavioral therapy and transference-focused psychotherapy. In treating depression, supportive psychotherapy matched CBT despite fewer therapy sessions (10).

Perhaps now is the time to complete the process of establishing supportive psychotherapy as an evidence-based treatment. As the most common psychotherapy, supportive psychotherapy should receive high research priority and be developed, applied, and evaluated as rigorously as CBT or interpersonal psychotherapy. It can then be taught to residents and other students as a treatment with demonstrated efficacy and refined through further research.

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