

Beyond One-Size-Fits-All: The Case for Customized Psychotherapy in Clinical Practice

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ABSTRACT

Despite their rich theoretical foundations and empirical validation, traditional psychotherapeutic models often fail to accommodate the diverse and multifaceted nature of psychological disorders. Each school of psychotherapy, whether psychodynamic, cognitive-behavioral, humanistic, or third wave, offers valuable techniques and insights, yet none singularly addresses the complexity inherent in every client's lived experience, comorbidity profile, sociocultural background, and therapeutic responsiveness. This article critically examines the limitations of adopting a singular, rigid therapeutic modality and emphasizes the growing need for a personalized, integrative approach to psychotherapy. By drawing on contemporary research in psychotherapy integration, clinical flexibility, and patient-centered care, the article presents a conceptual and practical framework for developing customized psychotherapeutic interventions. Such a framework includes comprehensive case formulation, evidence-based integration of techniques, and ongoing feedback-informed treatment adaptation. The paper also highlights the ethical, cultural, and relational imperatives of personalizing psychotherapy. Ultimately, this work calls for a paradigm shift within clinical psychology from allegiance to specific schools of thought toward a flexible, compassionate, and scientifically grounded model of care that prioritizes the uniqueness of every client.

Keywords: Psychotherapy integration, personalized therapy, clinical flexibility, individualized treatment, therapeutic modalities, client-centred care, psychotherapy customization, evidence-based practice, therapeutic alliance, mental health ethics.

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INTRODUCTION

Psychotherapy, as a scientific and clinical field, has undergone significant evolution over the past century. From its early foundations in psychoanalysis, introduced by Sigmund Freud, the discipline has diversified into numerous theoretical schools and clinical approaches. These include behaviorism, which focused on observable behaviors and reinforcement principles; humanistic and existential therapies, which emphasized personal growth, self-actualization, and meaning; and cognitive-behavioral therapies (CBT), which integrated cognitive restructuring with behavioral techniques. More recently, third-wave approaches such as Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), and mindfulness-based interventions have expanded the therapeutic landscape by integrating acceptance, mindfulness, and values-driven behavior into clinical work [1-2].

Each of these modalities has demonstrated efficacy in treating a range of psychological disorders. Cognitive-behavioral therapy, for example, is considered a gold-standard treatment for anxiety and depression, while DBT has shown robust success in treating borderline personality disorder and emotion dysregulation. Likewise, psychodynamic therapies offer deep insights into unconscious processes and interpersonal functioning, often yielding long-term benefits in personality structure and self-understanding [3]. However, despite their individual strengths and research support, no single form of psychotherapy has proven universally superior across all diagnoses, client presentations, and cultural contexts.

Meta-analytic reviews and comparative outcome studies have repeatedly found what is often termed the "Dodo bird verdict" a reference to the idea that "everyone has won and all must have prizes" from Alice in Wonderland suggesting that different therapeutic approaches often yield equivalent outcomes when delivered by competent therapists [4-5]. Bruce Wampold's contextual model of psychotherapy highlights that the effectiveness of therapy is often better explained by common factors, such as the therapeutic alliance, client expectations, and therapist empathy rather than specific techniques or theoretical orientations [5]. This insight challenges the long-held belief that one school of therapy might eventually emerge as superior in all circumstances.

This empirical reality raises a critical question: why does a single form of psychotherapy often fail to work effectively for all clients? The answer lies in the multifaceted and individualized nature of human psychological functioning. Mental health issues are not monolithic; they arise from a complex interplay of genetic, neurobiological, psychological, developmental, social, and cultural factors. Consequently, therapeutic approaches that rigidly adhere to a singular theoretical lens may fail to address the full spectrum of variables influencing a client's distress and behavior.

This recognition has led many scholars and clinicians to advocate for more integrative and personalized approaches to therapy, wherein techniques are adapted to fit the unique needs, backgrounds, and strengths of each client [6]. Developing a customized psychotherapeutic approach is not just a clinical preference it is a practical and ethical necessity in the pursuit of more effective, inclusive, and responsive mental health care.

The Limitations of Singular Psychotherapeutic Models

1. Individual Variability in Psychopathology:

One of the fundamental challenges in psychotherapy is the high degree of individual variability in the etiology, manifestation, and experience of psychological disorders. Although psychiatric classifications such as those found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) provide a standardized framework for diagnosis, the same diagnosis may be present differently across individuals due to a multitude of contributing factors, including genetic predispositions, personality traits, life history, environmental context, and current psychosocial stressors [7]. For instance, two individuals diagnosed with major depressive disorder may exhibit markedly different symptom profiles: one may be experiencing depression rooted in early childhood trauma and attachment disruption, while another may struggle due to neurochemical imbalances or chronic maladaptive thought patterns. A rigid, single-modality approach such as strictly cognitive-behavioral therapy (CBT) may not adequately address trauma-related affect regulation or deep-seated relational patterns, which are better conceptualized and treated using psychodynamic or trauma-informed approaches [8]. Thus, a narrow therapeutic lens can lead to misattuned interventions, ultimately reducing therapeutic efficacy and client satisfaction [9].

2. Complex Comorbidity:

Psychiatric comorbidity is more the rule than the exception in clinical settings. Clients often present with multiple overlapping diagnoses such as anxiety co-occurring with depression, post-traumatic stress disorder (PTSD) alongside substance use, or borderline personality disorder coupled with eating disorders. These complex clinical profiles require a multidimensional and flexible treatment strategy [10]. For example, treating PTSD in isolation without accounting for concurrent alcohol misuse may lead to limited outcomes or even symptom exacerbation. Singular therapeutic modalities often prioritize specific symptom clusters or treatment goals. While exposure therapy might effectively address fear-based symptoms, it may not sufficiently tackle coexisting dissociative or self-harming behaviors. Research suggests that integrative and modular approaches, which allow for the sequential or simultaneous targeting of multiple disorders, can be more effective in such cases [11]. Therefore, psychotherapists need the clinical agility to move across theoretical boundaries to respond to the intricate realities of comorbid mental health conditions.

3. Cultural and Contextual Differences:

Most evidence-based psychotherapies have been developed, tested, and validated in Western, industrialized, educated, rich, and democratic (WEIRD) societies, often privileging individual autonomy, rationality, and

verbal expression [12]. However, these underlying assumptions do not universally apply to all cultures. In collectivist societies, for instance, emotional restraint, interdependence, and hierarchical family roles may be more culturally normative than open emotional disclosure or autonomous decision-making. Standard Western psychotherapeutic practices may inadvertently pathologize cultural values or fail to engage clients meaningfully when those values are not shared [13]. Furthermore, therapists who adhere strictly to culturally incongruent models may unintentionally reinforce cultural mistrust or perpetuate microaggressions, thereby weakening the therapeutic alliance. Cultural adaptation of psychotherapy through language modification, incorporation of indigenous healing practices, and alignment with cultural narratives has been shown to significantly improve therapeutic outcomes [14]. Therefore, a one-size-fits-all therapeutic model risks not only ineffectiveness but also ethical shortcomings in diverse clinical settings.

4. Client-Therapist Fit and Preferences:

The therapeutic alliance, the collaborative and affective bond between therapist and client is one of the most robust predictors of therapeutic outcome across all modalities [15]. An important determinant of this alliance is the congruence between client preferences and the therapist's theoretical orientation or method of intervention. Clients enter therapy with diverse expectations, values, learning styles, and degrees of psychological mindedness. Some may benefit more from structured, goal-oriented approaches like CBT, while others may prefer exploratory, insight-oriented conversations found in psychodynamic or existential therapies. When clients perceive a mismatch between their needs and the therapist's approach, they may disengage, resist the process, or terminate prematurely [16]. Furthermore, a rigid adherence to one method can limit the therapist's responsiveness and attunement to client cues, undermining empathy and collaboration. As such, therapists must cultivate a flexible, client-centered stance that honors individual preferences while drawing from an evidence-informed repertoire of interventions. This adaptability not only enhances therapeutic engagement but also respects the client's autonomy and lived experience.

The Case for Customized Psychotherapy

The complexity and heterogeneity of psychological disorders have necessitated a shift from rigid, protocol-driven psychotherapeutic models to more flexible, individualized approaches. Customized psychotherapy refers to the intentional integration of techniques, theories, and empirical practices drawn from multiple therapeutic modalities to meet the unique needs of a particular client. This approach is grounded in the understanding that psychological suffering does not present uniformly across individuals, even when diagnostic categories are the same and therefore requires tailored interventions rather than a one-size-fits-all solution [6]. Customized therapy respects the client's personal history, culture, values, attachment style, cognitive processing, and emotional regulation patterns, thus offering a more holistic and efficacious pathway to healing.

This person-centered approach aligns closely with the broader movement toward personalized medicine in healthcare, which seeks to tailor treatments based on individual genetic, environmental, and lifestyle factors [17]. In psychotherapy, this translates into interventions that are sensitive to the client's presenting problems as well as their readiness for change, resilience, identity factors, and previous therapeutic experiences. Furthermore, the ethical principles underpinning psychological practice namely autonomy, beneficence, and nonmaleficence support the rationale for customization. To uphold a client's autonomy, the therapist must co-construct the therapeutic process in collaboration with the client, honoring their unique preferences and goals [18]. Beneficence requires clinicians to act in the best interest of the client, which may involve drawing from diverse frameworks to ensure the most effective treatment.

One of the key advantages of customized psychotherapy is greater client engagement. When therapy is tailored to reflect the client's cultural background, belief systems, communication style, and expectations, it enhances their willingness to participate in the therapeutic process [19]. A rigid application of a particular modality may inadvertently alienate clients whose worldview does not align with the therapist's framework. For example, clients from collectivist cultures may find more meaning in interpersonal and community-based interventions, which may be overlooked in purely individual-focused therapies. Customized approaches allow therapists to build rapport more effectively and foster a sense of relevance and respect within sessions.

Another important benefit is improved clinical outcomes. Empirical studies suggest that when treatments are flexibly applied to suit individual characteristics such as level of insight, affect regulation capacity, or interpersonal style clients tend to show better progress than when subjected to inflexible, manualized treatments [20]. For example, cognitive-behavioral techniques may be highly effective for clients who are analytically inclined and comfortable with structured interventions, while others may respond better to experiential or emotion-focused strategies. By combining evidence-based methods in a strategic and responsive manner, therapists can more effectively address the multifaceted nature of psychological disorders.

Customized therapy also contributes to a stronger therapeutic alliance, which is widely recognized as one of the most robust predictors of positive therapy outcomes across modalities [15]. Responsiveness to client feedback, preferences, and evolving needs strengthens this alliance and increases mutual trust. Research on feedback-informed treatment (FIT) has shown that soliciting client feedback and adjusting interventions accordingly significantly improves outcomes, particularly for clients at risk of dropping out or deteriorating [21]. This responsiveness is integral to a customized therapeutic approach and allows the therapist to adapt not just their interventions, but their relational stance.

Finally, customization has been linked to reduced dropout rates and improved long-term adherence to therapy. Dropout remains a significant problem in mental health treatment, with estimates ranging from 20% to 50% depending on the setting and population [22]. When therapy is not attuned to the client's lived reality, perceived relevance, or emotional readiness, the likelihood of disengagement increases. On the other hand, personalized interventions that validate the client's concerns and accommodate their pace can create a more supportive therapeutic environment, increasing the likelihood of treatment retention and long-term benefit [23]. This is especially crucial in treating chronic or treatment-resistant disorders, where persistence in therapy often predicts functional recovery.

Developing Customized Psychotherapy: A Framework

1. Comprehensive Case Conceptualization

The cornerstone of any effective customized psychotherapy is a thorough case conceptualization that considers the client in their full biopsychosocial and cultural complexity. A multidimensional understanding involves exploring biological factors (e.g., genetic predispositions, neurochemical imbalances, medical history), psychological variables (e.g., cognitive patterns, emotional regulation, personality structure), social dynamics (e.g., relationships, occupational stress, family systems), and cultural context (e.g., ethnicity, religion, migration history, and systemic oppression). This holistic approach allows therapists to move beyond symptom management toward deeper insight into the underlying mechanisms driving distress.

According to Eells [24], case formulation helps clinicians derive treatment goals, predict likely obstacles, and make informed clinical decisions. Integrative formulations should also assess clients' attachment history, trauma exposure, coping styles, and underlying core beliefs, key variables that influence how individuals respond to various interventions [25-26]. For example, a client with early relational trauma and disorganized attachment may require a very different therapeutic strategy than one presenting with situational anxiety and secure attachment patterns.

Moreover, contemporary integrative models like the Functional Analytic Case Formulation (Persons, 2008) and the Cognitive-Interpersonal Formulation [27] illustrate how diverse theoretical elements can be combined to construct a dynamic picture of the client's difficulties, vulnerabilities, and strengths.

2. Assessment of Evidence-Based Strategies

Once a comprehensive formulation has been established, the next step involves selecting interventions that are empirically supported for the client's presenting problems. Evidence-based practice (EBP) integrates three core components: the best available research, clinical expertise, and patient values and preferences [28]. Therapists should be familiar with a range of treatment protocols and their efficacy profiles. For instance, exposure-based therapies are widely validated for specific phobias and obsessive-compulsive disorder [29], while dialectical behavior therapy (DBT) has proven effective for emotional dysregulation and borderline

personality disorder [30]. Likewise, mindfulness-based cognitive therapy (MBCT) has been shown to prevent relapses in recurrent depression by enhancing meta-cognitive awareness and emotional regulation [31]. A personalized treatment plan should, therefore, match the client's symptom presentation with strategies that have demonstrated efficacy in similar clinical contexts, while remaining sensitive to individual preferences and motivation for change.

3. Therapeutic Integration

Therapeutic integration refers to the process of synthesizing concepts and interventions from multiple psychotherapeutic models to enhance treatment effectiveness and personalization. Rather than being confined to one rigid theoretical framework, integrative therapists draw from the strengths of various modalities to respond flexibly to clients' evolving needs [11].

For example, a client presenting with chronic depression and low self-worth might benefit from cognitive restructuring techniques from CBT to challenge maladaptive beliefs, while simultaneously engaging in emotion-focused work from the humanistic tradition to deepen self-compassion and emotional processing [32]. Similarly, ACT's mindfulness and values-based strategies can be seamlessly incorporated into a CBT framework to foster psychological flexibility [33].

There are several models of integration, including technical eclecticism (e.g., Lazarus's multimodal therapy), theoretical integration, and assimilative integration. Each provides a unique pathway for clinicians to blend interventions based on empirical support and client responsiveness.

4. Flexibility and Feedback

Customized psychotherapy is inherently dynamic and iterative. Therapists must continually monitor client progress, assess the therapeutic alliance, and adapt strategies based on feedback. This process is often referred to as adaptive expertise, which involves learning from clinical encounters and modifying techniques in real time to meet client needs. Routine outcome monitoring (ROM) has emerged as a vital tool in this regard. It involves using standardized measures (e.g., Outcome Questionnaire-45, Session Rating Scale) to track client progress over time and adjust interventions accordingly. Research indicates that ROM can enhance treatment outcomes and reduce dropout by identifying early signs of treatment failure or alliance rupture [35-36].

Feedback-informed treatment (FIT), developed by Scott Miller and colleagues, emphasizes the importance of using client-reported data to guide therapy decisions. This approach aligns with person-centered ethics and empowers clients to participate actively in shaping their therapy experience.

5. Cultural Competence and Ethics

Cultural competence is essential in customized psychotherapy, ensuring that therapeutic interventions are sensitive to and congruent with the client's cultural identity, values, and lived experience. Culture shapes not only the way psychological distress is expressed but also how clients perceive healing, suffering, and help-seeking [37].

Culturally responsive therapy involves understanding the client's cultural background, acknowledging the impact of systemic oppression or marginalization, and modifying interventions to align with cultural norms and beliefs. For instance, a collectivist client may prefer family-involved therapy, while a religious client may frame distress through spiritual meaning systems. Imposing standard Western models without adaptation risks alienating the client and replicating systemic harm.

Ethically, therapists are bound by principles of respect for autonomy, beneficence, and justice [38]. These principles demand that psychotherapy be not only effective but also inclusive, respectful, and equitable. Developing cultural humility, engaging in continuous education, and consulting multicultural frameworks (e.g., the DSM-5 Cultural Formulation Interview) are practical steps toward this goal.

Why This Matters: The Future of Psychotherapy

The future of psychotherapy rests on its ability to remain responsive to the changing landscape of human mental health, which is increasingly shaped by diversity in identities, trauma histories, and neurodevelopmental differences. In recent years, the field has witnessed a paradigm shift toward recognizing

that psychological well-being is deeply embedded in personal, social, cultural, and biological contexts. The rise of trauma-informed care, increased recognition of neurodivergent experiences (such as autism and ADHD), and the demand for culturally competent treatment have all underscored the limitations of applying a singular, rigid psychotherapeutic model across diverse populations.

Traditional “one-size-fits-all” approaches, often grounded in narrow theoretical frameworks, can fail to accommodate the layered complexities of a client’s identity, history, and coping mechanisms. Such rigidity risks not only therapeutic ineffectiveness but also potential harm, as it may inadvertently invalidate a client’s lived experience or overlook essential aspects of their psychological functioning. For example, clients with complex trauma may not respond well to cognitively focused interventions alone and may require phase-based treatment that incorporates somatic awareness, attachment repair, and emotional regulation [39]. Similarly, individuals from historically marginalized communities may experience therapy that ignores cultural and systemic factors as alienating and dismissive [40].

Conversely, personalized psychotherapy that adapts to the needs, preferences, and contexts of individual clients has been shown to foster more effective and enduring therapeutic outcomes. Research on treatment tailoring suggests that when therapy is adapted based on client characteristics, such as personality traits, readiness for change, cultural background, or comorbid conditions, outcomes are significantly improved [11]. This approach goes beyond merely mixing techniques from different modalities; it involves a deliberate, empirically informed process of case conceptualization, intervention planning, and outcome monitoring. Personalized psychotherapy is thus both evidence-based and context-sensitive, integrating the best of scientific rigor with clinical intuition.

Additionally, customized psychotherapy embodies what has been described as “clinical wisdom,” the art of knowing when, how, and for whom certain interventions are appropriate [43]. It reflects a mature, integrative understanding of psychotherapy as both a science and an art one that values not only symptom reduction but also client empowerment, meaning making, and resilience. In this way, customized therapy aligns with contemporary frameworks such as the common factors model, which highlights the therapeutic alliance, empathy, goal consensus, and client expectations as pivotal to success across modalities [44].

Looking ahead, the future of psychotherapy must prioritize adaptability, inclusivity, and responsiveness. This involves training therapists to be culturally competent, trauma-informed, and fluent in multiple therapeutic approaches; promoting research that supports transdiagnostic and idiographic interventions; and fostering collaborative, client-centered therapeutic relationships. In doing so, psychotherapy can fully honor the richness and variability of human experience, while remaining grounded in rigorous empirical standards. In essence, personalized psychotherapy is not a luxury, it is a clinical imperative in the face of psychological diversity and complexity. By aligning clinical practice with both individual realities and evolving scientific insights, therapists can offer care that is not only effective but truly humane [45].

CONCLUSIONS

Psychotherapy, in its most effective and humane form, must rise above the confines of strict adherence to a single theoretical model. The field's history is rich with the contributions of varied schools of thought from the unconscious conflicts explored in psychoanalysis, to the structured, symptom-focused strategies of cognitive-behavioral therapy, to the experiential depth of humanistic and existential approaches. Each modality offers valuable insights and tools; however, the growing consensus within the clinical and research communities is that no single approach is sufficient to address the multifaceted and deeply individualized nature of psychological distress.

Clients arrive in therapy with a diversity of problems, experiences, temperaments, and cultural backgrounds. Treating these clients with a one-size-fits-all approach can lead to therapeutic mismatches, reduced engagement, and poor outcomes. In contrast, personalized psychotherapy, also referred to as tailored or integrative psychotherapy, respects the individuality of the client by drawing upon multiple evidence-based techniques and theories to create a flexible treatment plan. This method not only addresses the immediate symptoms but also considers underlying psychological, developmental, relational, and cultural factors. It is particularly effective in addressing comorbidities, complex trauma, and treatment-resistant conditions, which rarely respond adequately to a narrow theoretical approach.

Furthermore, the movement toward customized care aligns with the broader shift in healthcare toward personalized medicine. Just as treatment for physical health conditions increasingly incorporates genetic, lifestyle, and environmental information to optimize outcomes, psychotherapy must similarly evolve to consider the full psychosocial and neurobiological profile of each individual client. Psychotherapists, therefore, must not only be trained in diverse modalities but also be able to conceptualize cases in a multidimensional manner, grounded in clinical evidence and guided by client feedback.

Importantly, developing personalized approaches is not merely a matter of clinical efficiency, it also reinforces the ethical foundations of the therapeutic relationship. Central ethical principles such as autonomy, beneficence, and respect for persons are inherently embedded in personalized care. By honoring the client's unique context, values, and goals, the therapist affirms their dignity and capacity for growth. The therapeutic relationship itself becomes a vehicle for empowerment, change, and healing not just through techniques, but through empathy, collaboration, and cultural humility.

Overall, as clinical researchers and practitioners, the future of psychotherapy lies in developing and delivering individualized treatments that are informed by empirical research, guided by compassion, and responsive to the full spectrum of human diversity. This integrative, flexible, and client-centered approach does not weaken the discipline's scientific integrity; rather, it strengthens its relevance, inclusivity, and capacity to foster genuine psychological transformation.

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