



Psychotherapy
Action Network

Psychotherapy at a Crossroads:

The Algorithm Will See You Now

Silver Hill Hospital

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September 23, 2026

Disclosures

In compliance with the ACCME Standards for Commercial Support of CME, I am the chair and co-founder of the Psychotherapy Action Network (PsiAN).



Educational objectives

- 1) Summarize the impacts of new entrants to the mental health field, including venture capitalists and technology entrepreneurs
- 2) Compare the values of these entrants and their business models to therapeutic values
- 3) State benefits and risks of using practice management companies





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.

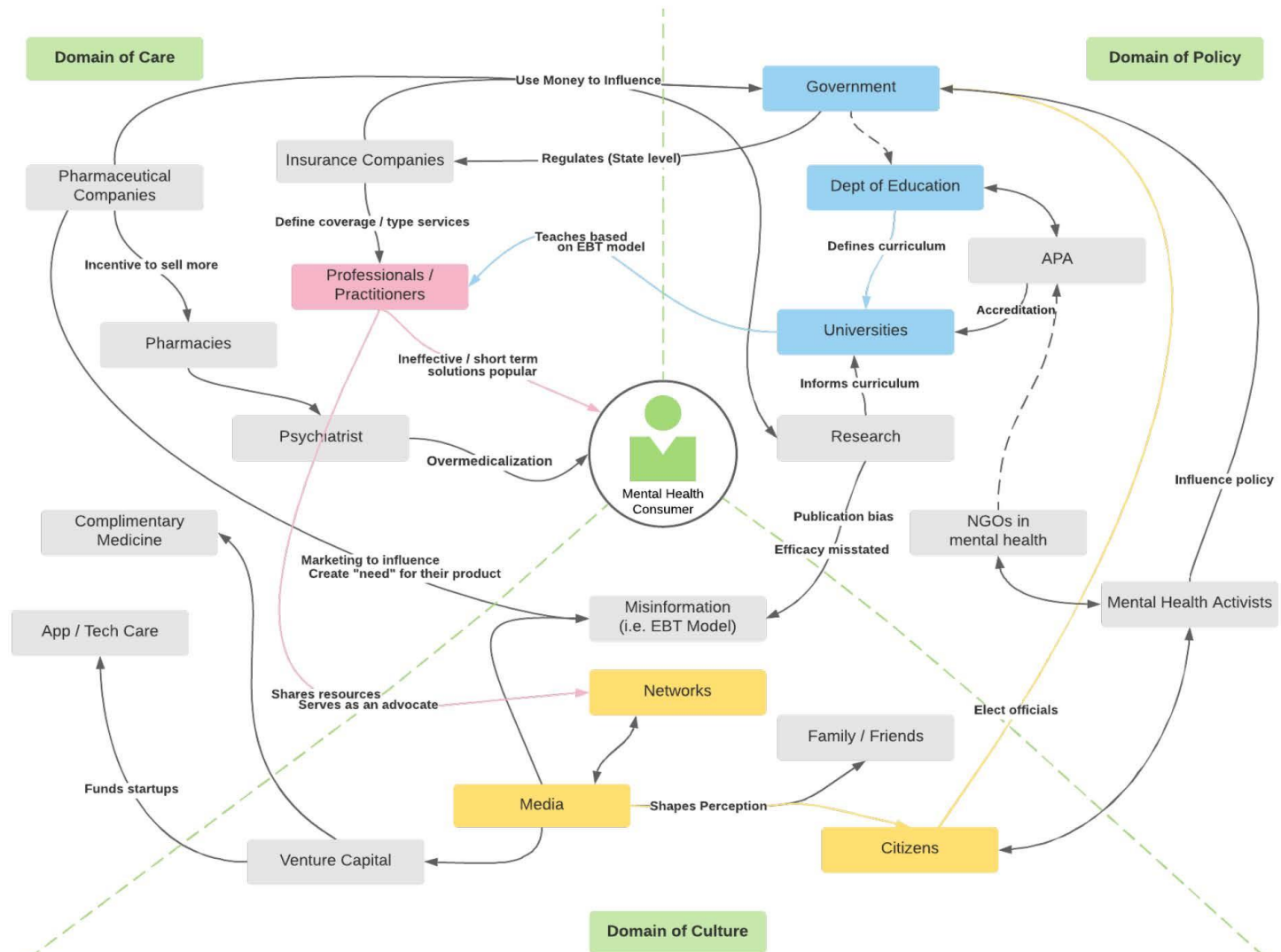
7,000 individual members * 100 organizational members

Agenda

- Mental health landscape
- Psychotherapy at a crossroads
 - What people want from therapy
 - What the marketplace is offering
 - New models for clinicians – and our research on PMCs
- What we need to do now



Mental health landscape



By the numbers...

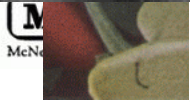
- internet traffic from bots 50%
- people who need MH care but don't get it 50%
- people worried about making ends meet 49%
- U.S. counties with shortage of MH clinicians
relative to population 60%
- MA/MS graduates who don't get licensed 54%
- change in cost of living over last 10 years 30%
- change in insurance premiums 35 – 50%
- change in reimbursement rates 0%
- real change in therapist pay **-30%**



How people learn about therapy

- Their doctor
 - 80% of antidepressant prescriptions
- Their local retailers
 - Amazon One Medical
 - 24/7, same/next-day appointments
 - Therapy / coaching
 - CVS Minute Clinic
- The media





NOW SHE
CAN COOK
BREAKFAST
AGAIN



... WHEN YOU PRESCRIBE NEW
MORNIDINE™
(BRAND OF PIPAMAZINE)

A new drug with specific effectiveness in nausea and vomiting of pregnancy, Mornidine eliminates the ordeal of morning sickness.

With its selective action on the vomiting center, or the medullary chemoreceptor "trigger zone," Mornidine possesses the advantages of the phenothiazine drugs without unwanted tranquilizing activity.

Doses of 5 to 10 mg., repeated at intervals of six to eight hours, provide excellent relief all day. In patients who are unable to retain oral medication when first seen, Mornidine may be administered intramuscularly in doses of 5 mg. (1 cc.).

Mornidine is supplied as tablets of 5 mg. and as ampuls of 5 mg. (1 cc.).

G. D. Searle & Co., Chicago 80, Illinois
Research in the Service of Medicine.

Set her free.
Can help her
anxious.

begins with

On the visible level, this middle-aged patient dresses to look too young, exhibits a tense, continuous smile, and may have bitten nails or overplucked eyebrows. Symptoms of anxiety are hard to miss. What doesn't show as clearly is the coexisting depression that often complicates treatment.

TRIAVIL offers effective tranquilizer-antidepressant therapy. TRIAVIL provides perphenazine to help allay anxiety and amitriptyline HCl to lift depressive mood and relieve the functional somatic complaints often encountered in patients of this age group.

FOR MODERATE TO SEVERE ANXIETY WITH DEPRESSION

TRIAVIL
TRANQUILIZER-ANTIDEPRESSANT

Patients who have received MAO inhibitors within two weeks should not receive TRIAVIL. Those on TRIAVIL should be warned that response to alcohol may be potentiated. The drug may impair alertness in some patients; operation of automobiles and other activities made hazardous by diminished alertness should be avoided. Contraindicated in glaucoma, in patients expected to experience problems of urinary retention, in CNS depression from drugs, and in bone marrow depression. Should not be given with guanethidine or similarly acting compounds. Not recommended in pregnancy. Since the possibility of suicide is inherent in any serious depressive illness, close supervision of patients is essential until you are satisfied that significant remission has taken place.

For additional prescribing information, please see following page.

INDICATIONS: Patients with moderate to severe anxiety and/or agitation and depressed mood; patients with depression in whom anxiety and/or agitation are severe; patients with depression and anxiety in association with chronic physical disease; schizophrenics with associated depressive symptoms.

CONTRAINDICATIONS: Central nervous system depression from drugs (barbiturates, alcohol, narcotics, analgesics, antihistamines); bone marrow depression; urinary retention; pregnancy; glaucoma. Do not give in combination with MAOI drugs because of possible potentiation that may even cause death. Allow at least 2 weeks between therapies. In such patients therapy with TRIAVIL should be initiated cautiously, with gradual increase in the dosage required to obtain a satisfactory response.

WARNINGS: Patients should be warned against driving a car or operating machinery or apparatus requiring alert attention, and that response to alcohol may be potentiated.

PRECAUTIONS: Suicide is always a possibility in mental depression and may remain until significant remission occurs. Supervise patients closely in case they may require hospitalization or concomitant electroshock therapy. Unwanted reactions have been reported after the combined use of antidepressant agents having various modes of action. Accordingly, consider possibility of potentiation in combined use of antidepressants. Not recommended for use in children. Mania or hypomania may be precipitated in manic-depressive (bipolar) depression. In TRIAVIL, seems to reduce likelihood of this effect. If hypomania develops, epinephrine should not be employed, as its action is blocked and partially reversed by perphenazine. Caution patients about errors of judgment due to change in mood.

SIDE EFFECTS: Similar to those reported with either constituent alone.

Perphenazine: Should not be used indiscriminately. Use caution in patients with history of convulsive disorders or severe reactions to other phenothiazines. Likelihood of untoward actions greater with high doses. Closely supervise with any dosage. Side effects may be any of those reported with phenothiazine drugs: blood dyscrasias (granulocytopenia, purpura, leukopenia, agranulocytosis, eosinophilia), liver damage (jaundice, biliary stasis), extrapyramidal symptoms (opisthotonos, oculogyric crisis, hyperreflexia, dystonia, akathisia, dyskinesia, parkinsonism) usually controlled by the concomitant use of effective antiparkinsonian drugs and/or by reduction in dosage, but sometimes persist after discontinuation of the phenothiazine; anorexia, acute hypotension (of particular concern in patients with mitral insufficiency or pheochromocytoma); skin disorders (photosensitivity, itching, erythema, urticaria, eczema, up to exfoliative dermatitis); other allergic reactions (asthma, laryngeal edema, angioneurotic edema, anaphylactoid reactions); peripheral edema; reversed epinephrine effect; endocrine disturbances (lactation, galactorrhea, disturbances of menstrual cycle); grand mal convulsions; cerebral edema; altered cerebrospinal fluid proteins; polyphagia; paradoxical excitement; photophobia; skin pigmentation; failure of ejaculation; EKG abnormalities (quinidine-like effect); reactivation of psychomotor processes; cataplexy-like states; autonomic reactions such as dryness of the mouth, headache, nausea, vomiting, constipation, diarrhea, urinary frequency, blurred vision, nasal congestion, and a change in the pulse rate; hypotensive effects; supraventricular tachycardia and ventricular palpitation; occasional lassitude; muscle weakness; mild insomnia; significant unexplained rise in body temperature may suggest intolerance to perphenazine, in which case discontinue. Antiemetic effect may obscure signs of toxicity due to overdose of other drugs or make diagnosis of other disorders such as brain tumors or intestinal obstruction difficult. May potentiate central nervous system depressants (opiates, analgesics, antihistamines, barbiturates, alcohol), atropine, heat, and phosphorus insecticides.

Amitriptyline: Careful observation of all patients recommended. Side effects include drowsiness (may occur within the first few days of therapy), dizziness, nausea, excitement, hypotension, headache, fine tremor, jitteriness, weakness, headache, heartburn, anorexia, increased perspiration, incoordination; allergic-type reactions manifested by skin rash, swelling of face and tongue, itching, numbness and tingling of limbs, including peripheral neuropathy; activation of latent schizophrenia (however, the perphenazine content may prevent this reaction in some cases); epileptiform seizures in chronic schizophrenics; temporary confusion, disturbed concentration, or transient visual hallucinations on high doses; evidence of anticholinergic activity, such as tachycardia, dryness of mouth, blurring of vision, urinary retention, constipation, paralytic ileus, agnathocytosis, jaundice. The antidepressant activity may be evident within 3 or 4 days or may take as long as 30 days to develop adequately, and laps of response sometimes occur. Response to medication in any condition to severity as well as type of depression present. Elderly patients and adolescents can often be managed on lower dosage levels.

For more detailed information consult your Merck Sharp and Dohme representative or see the package circular.

MERCK SHARP & DOHME
Division of Merck & Co., Inc. West Point, Pa. 19380
where today's therapy is tomorrow's therapy

MILES PRODUCTS

In confusion and vulnerability, some see profits

- Increased demand for therapy; fixed supply

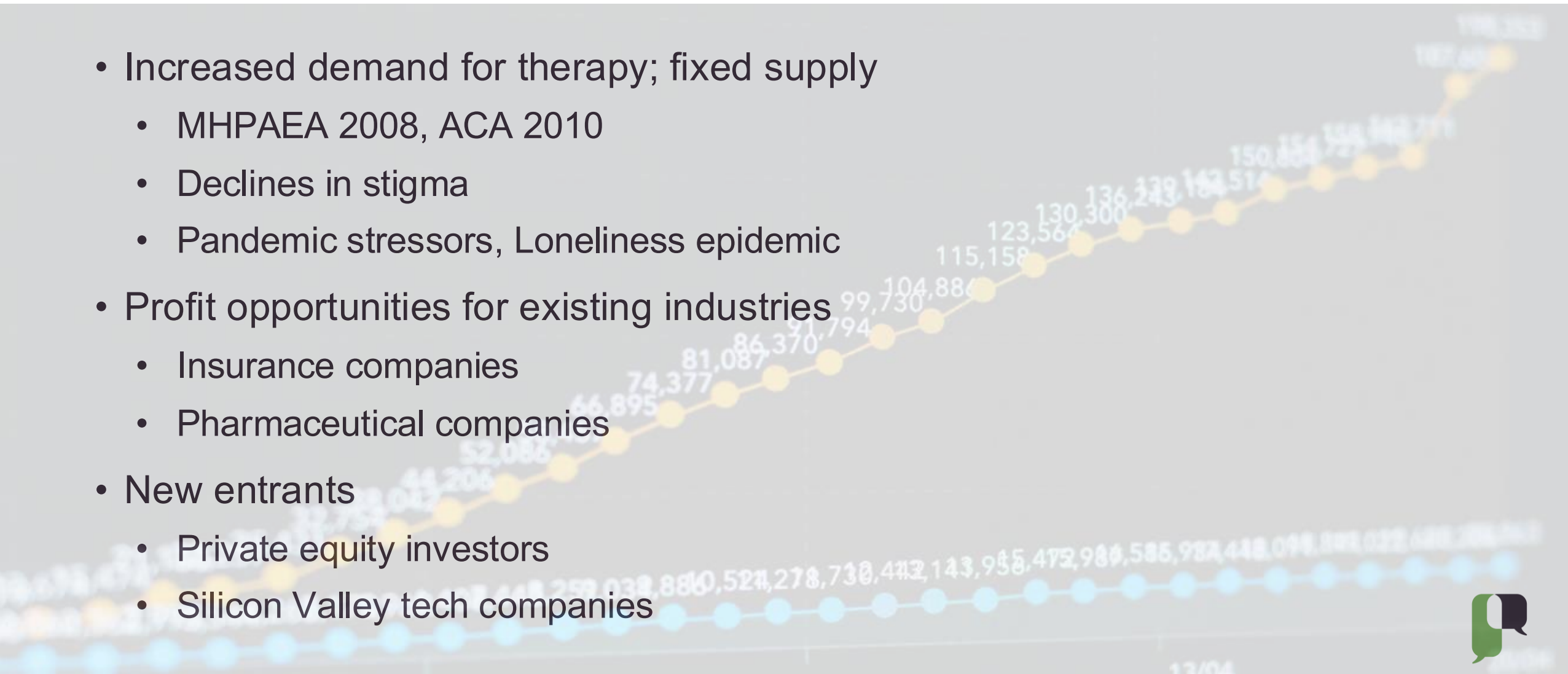
- MHPAEA 2008, ACA 2010
- Declines in stigma
- Pandemic stressors, Loneliness epidemic

- Profit opportunities for existing industries

- Insurance companies
- Pharmaceutical companies

- New entrants

- Private equity investors
- Silicon Valley tech companies



Resulting misconceptions in mental health care

- Therapy should be brief
- Therapy should mainly focus on symptom reduction and management
- CBT is the gold standard
- Newer meds are vastly superior to older ones
- Emerging forms, like “text-therapy” and “AI therapy,” are legitimate
- Coaching and self-help are equivalent substitutes



The New York Times

OPINION
LETTERS

Why TikTok Therapy Isn't Psychotherapy

Aug. 21, 2026



Agenda

- Mental health landscape
- **Psychotherapy at a crossroads**
 - **What people want from therapy**
 - What the marketplace is offering
 - New models for clinicians – and our research on PMCs
- What we need to do now



What people want from therapy

From PsiAN's two nationwide research studies:

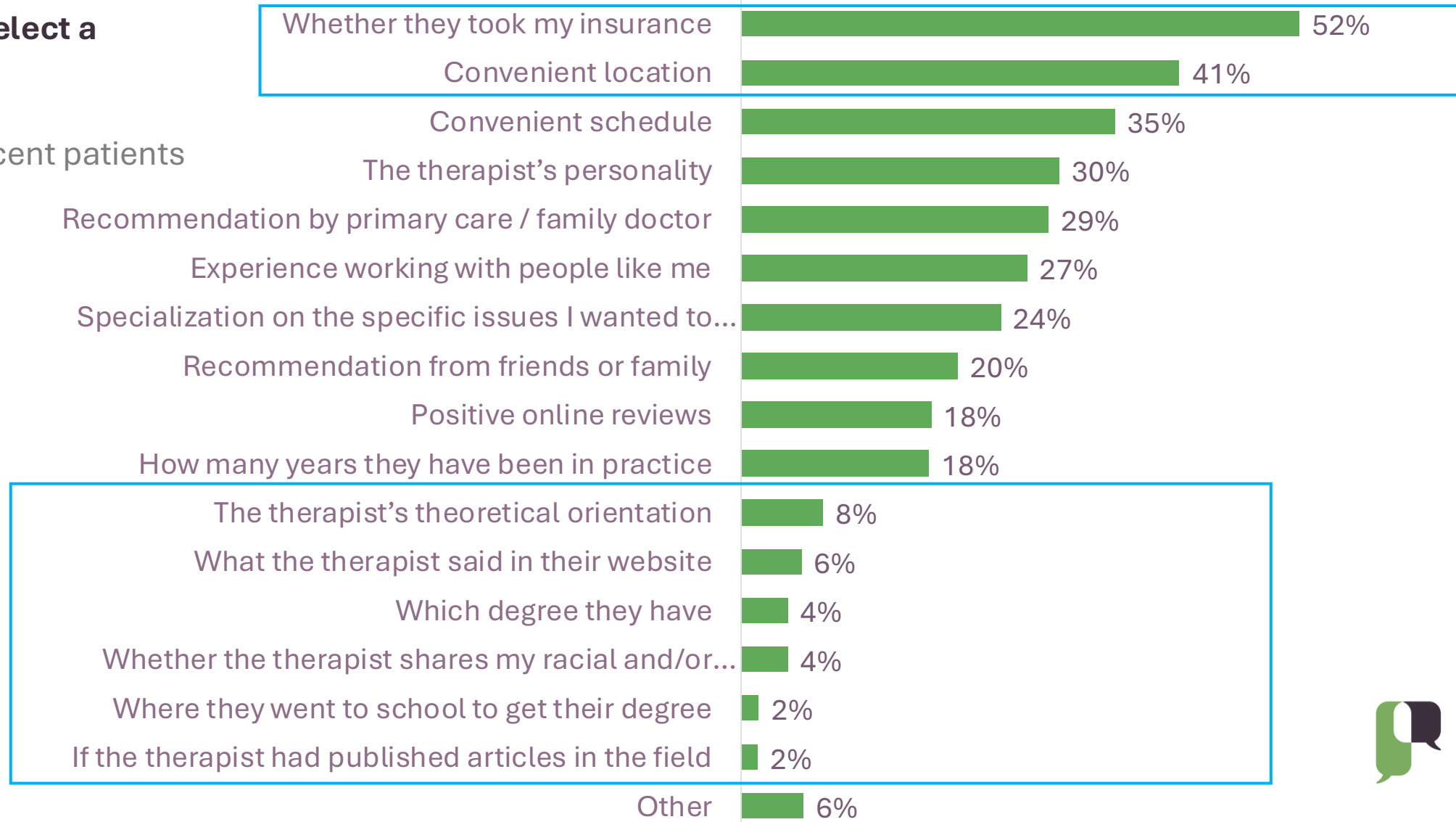
- They want a safe, nonjudgmental space
- They want to change repeating patterns and open up more choice
- They understand therapy takes time, and is a worthwhile investment
- They know it's about the relationship
- 70% want to get to the root of themselves and their issues
- 90% prefer a therapy that gets to the root, even if it takes longer



Insurance coverage and convenient locations/schedule are among the most important factors when choosing a therapist

Decision criteria to select a therapist

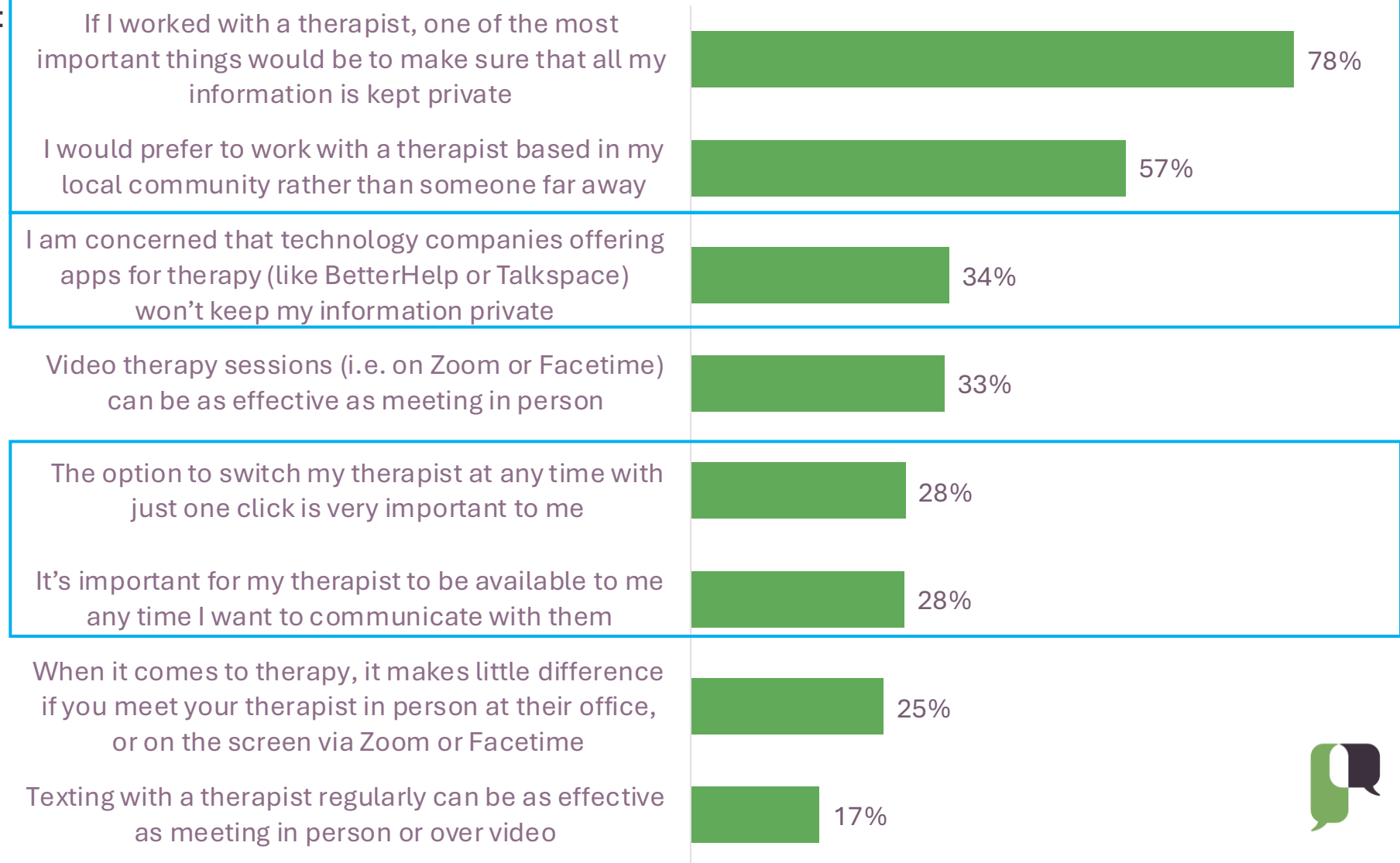
Among current and recent patients
(past 3 years)



People have concerns about privacy and information security, and aren't impressed with features advertised by apps

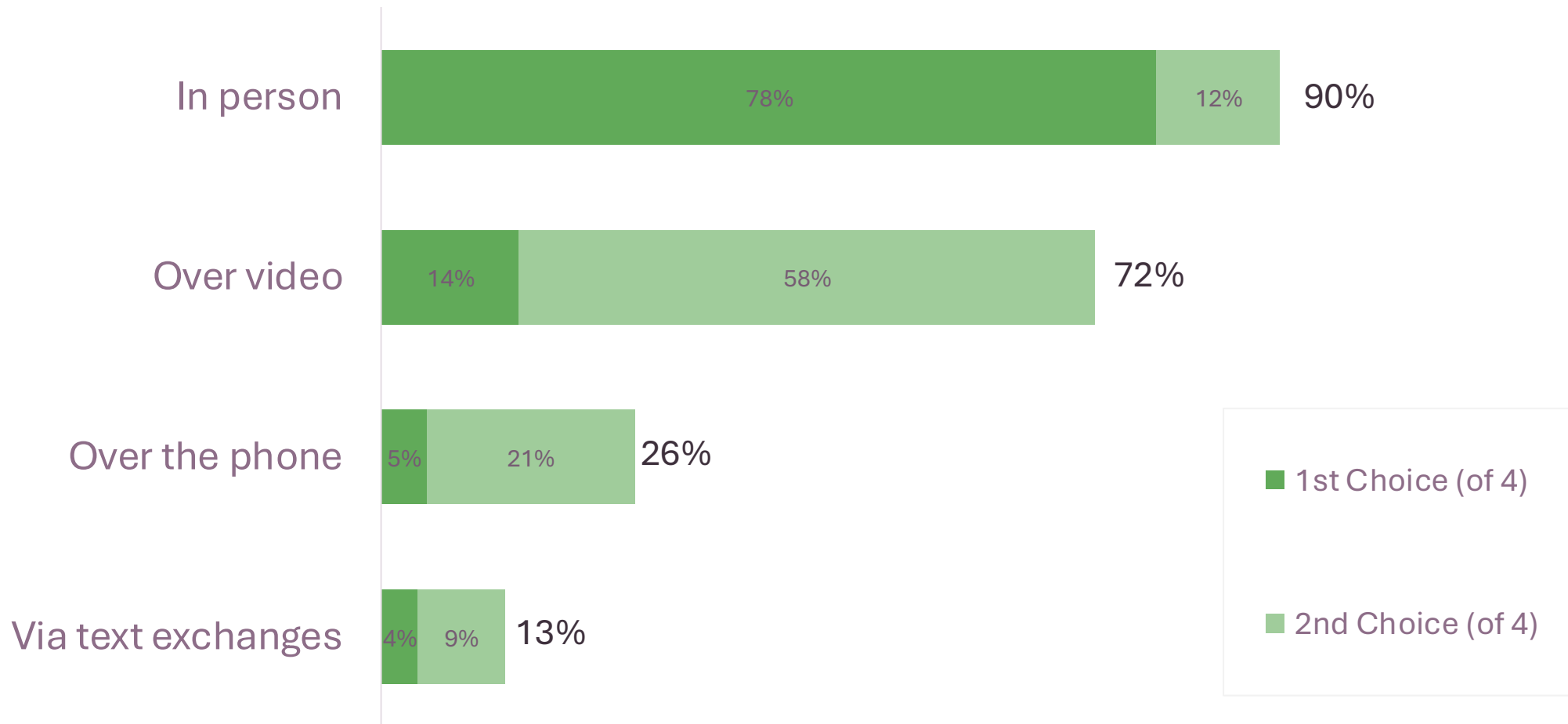
Thoughts on therapy engagement

% Agree + Strongly Agree



If people are willing to consider therapy, they have a strong preference for in-person interactions, followed by video

Preferred communications method for interacting with a therapist or counselor



More people are using more psychotherapy

- Pendulum swinging back toward therapy among public
 - Psychotherapy-only treatment increased, from 11% to 15%
 - Medication-only treatment decreased, from 68% to 62%
 - Better retention in therapy: therapy visits/year/pt rose from 9.8 to 11.8
 - National psychotherapy expenditures grew from \$31B to \$51B
- Psychiatry is interesting paradox
 - Residents have strong interest in psychotherapy (82%), yet interest declines over time
 - 74% of programs don't have a psychotherapy track



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

- **Therapeutic alliance** is best predictor of outcome
- **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



What people want aligns with benefits of relational/depth therapies

Defining aspects of PDT evidence base

- Highly effective for a variety of conditions and populations
- As efficacious as traditional EBTs (CBT/meds)
- Specific benefits for complex cases – personality disorders, chronic depression/anxiety, comorbidities
- Benefits continue – even increase – over the long-term

“What evidence does PDT really have?”

340	Ziapour, et al.	2023	60	Depression	Adult	Intensive Short-Term Dynamic Psychotherapy (ISTDP; Davanloo, 1990; Abbass, 2015)	No treatment	Ziapour, A., Hajiazizi, A., Ahmadi, M., & Dehghan, F. (2023). Effect of short-term dynamic psychotherapy on sexual function and marital satisfaction in women with depression: Clinical trial study. <i>Health Science Reports</i> , 6(6). https://doi.org/10.1002/hsr2.1370
341	Zilcha-Mano, et al.	2021	100	Depression	Adult	Supportive-Expressive Psychotherapy (SEP; Luborsky, 1984)	Supportive Therapy (Luborsky, 1984 without expressive elements)	Zilcha-Mano, S., Goldstein, P., Dolev-Amit, T., Ben David-Sela, T., & Barber, J. P. (2021). A randomized controlled trial for identifying the most suitable treatment for depression based on patients' attachment orientation. <i>Journal of Consulting and Clinical Psychology</i> , 89(12), 985–994. https://doi.org/10.1037/ccp0000696
342	Zipfel, et al.	2013	242	Anorexia	Adult	Focal psychodynamic therapy (FPT; Schauenburg et al., 2009)	1. Enhanced cognitive behavior therapy (CBT-E; Fairburn, 2008) 2. Optimized TAU	Zipfel, S., Wild, B., Groß, G., Friederich, H., Teufel, M., Schellberg, D., ... Zwaan, M. De. (2013). Focal psychodynamic therapy, cognitive behaviour therapy, and optimised treatment as usual in outpatients with anorexia nervosa (ANTOP study): randomised controlled trial. <i>The Lancet</i> , 383, 127–137. https://www.ncbi.nlm.nih.gov/pubmed/24131861
343	Zwerenz, et al.	2017	319	Work-related stress	Adult	Online intervention based on Supportive-Expressive Psychotherapy (SEP; Luborsky, 1984)	Online control group	Zwerenz, R., Becker, J., Gerzymisch, K., Siepmann, M., Holme, M., Kiwus, U., ... Beutel, M. E. (2017). Evaluation of a transdiagnostic psychodynamic online intervention to support return to work: A randomized controlled trial. <i>Plos One</i> , 12(5), e0176513. http://doi.org/10.1371/journal.pone.0176513
344	Zwerenz, et al.	2017	229	Depression (inpatients)	Adult	Inpatient Psychodynamic Psychotherapy (program of different interventions, no manual referenced) + Internet intervention (Deprexis)	Inpatient Psychodynamic Psychotherapy (program of different interventions, no manual referenced) + Internet control intervention	Zwerenz, R., Becker, J., Knickenberg, R. J., Siepmann, M., Hagen, K., & Beutel, M. E. (2017). Online Self-Help as an Add-On to Inpatient Psychotherapy: Efficacy of a New Blended Treatment Approach. <i>Psychotherapy and Psychosomatics</i> , 341–350. http://doi.org/10.1159/000481177



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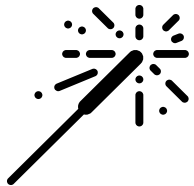
Corporate profit motive has brought us...



- New products – for consumers, therapists, and practices



- New stakeholders – venture capitalists, technologists, private equity investors



- Promises of growth and access

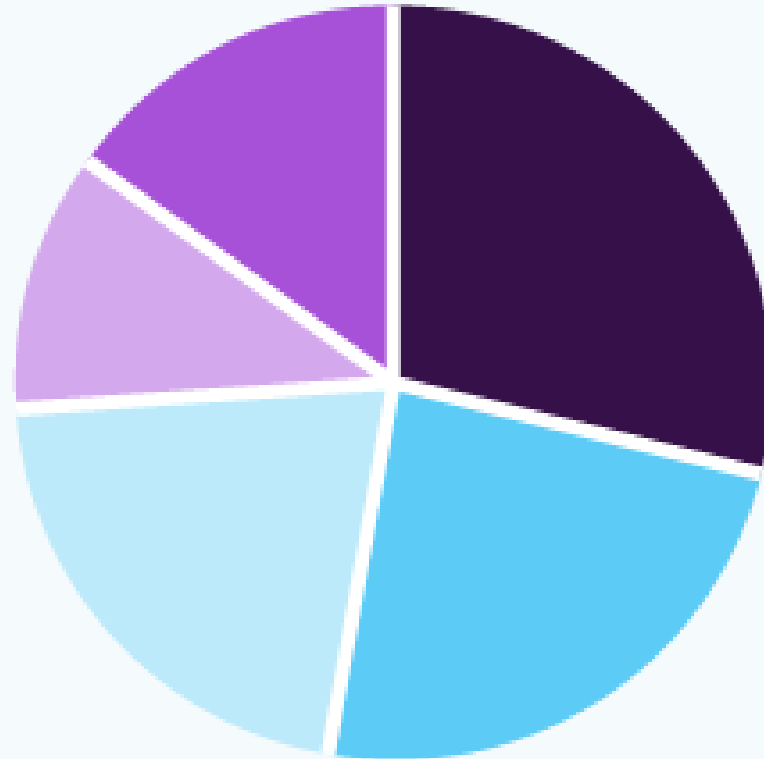


- New values



Global Mental Health Apps Market

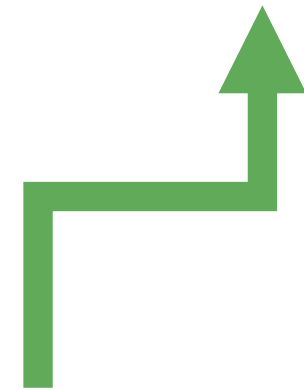
Share, by Application Type, 2023 (%)



- Depression & Anxiety Management
- Meditation Management
- Stress Management
- Wellness Management
- Others

\$8.68 B 2026

\$25 B 2034



Many of these apps are not therapy

- Self help
 - Often based on CBT principles
- Symptom tracking
- Meditation exercises
- Mindfulness exercises
- Tips for better sleep, deep breathing
- Journaling
- Coaching





- “You deserve to be happy”
- 31,000 licensed therapists
 - At least 1,000 hours
- Access therapist 24/7/365 **
- Can switch therapists at any time **



- “therapy for all”
- More than 60,000 5-star reviews
- Access therapist 24/7/365 **
- Can switch therapists at any time **

** Per PsiAN market research, general public is **not** interested in this feature.

Public values the relationship, and constant/immediate access is not significant.

How BetterHelp pursues growth and “access”

- Advertising
 - \$100MM ad spend 2023, top sponsor of podcasts
 - PsiAN’s Push Back on Apps campaign
- Partnered with CareDash as a way to get new customers, misleading consumers
- Sanctioned by FTC for violating promises that it would keep data private
 - Issued \$10/person refund
 - BetterHelp lawyer notifies PsiAN



Better Help payment schedule

✓ How much money will I earn?

Your payment is based on your engagement with your subscribers and you will be paid as follows:

For the first 5 hours in the week	\$30 per hour
Between 5-10 hours in the week	\$35 per hour
Between 10-15 hours in the week	\$40 per hour
Between 15-20 hours in the week, for those hours	\$45 per hour
Between 20-25 hours in the week, for those hours	\$50 per hour
Between 25-30 hours in the week, for those hours	\$55 per hour
Between 30-35 hours in the week, for those hours	\$60 per hour
Beyond 35 hours in the week, for those hours	\$70 per hour

\$30 – 70/hour



Holding Talkspace to account, part 1

- 7/9/18 – PsiAN writes to APA, Michael Phelps
- **7/12/18** – Talkspace CEO invites us to chat
- **7/13/18** – Talkspace lawyer sends Cease & Desist, deadline **7/15/18**
- 7/25/18 – PsiAN's lawyers respond, citing First Amendment and Talkspace's own website
- 8/18 – APA disallows Talkspace advertising



Holding Talkspace to account, now with UBH, part 2

- **6/4/19** – PsiAN writes to APA
- **6/4/19** – Talkspace lawyer sends Cease & Desist
- 6/24/19 – **Talkspace files \$40MM lawsuit against PsiAN**
- 7/1/19 – PsiAN lawyers resign
- 7/22/19 – PsiAN engages Arnold & Porter
- 8/23/19 – PsiAN files motion
- 9/16/19 – Talkspace files motion
- 10/4/19 – PsiAN files response
- 1/21/20 – Judge dismisses case - **we win!**



Talkspace: Intersection of apps and private equity

- Jan 2021 – Talkspace goes public
 - \$1.4 B valuation
- Nov 2021 – leadership resigns
 - after “questionable conduct at offsite event”
- Jan 2022 – Stock price down 82% from IPO
- Jan 2022 class action for securities fraud
 - TS failed to disclose declining user base and increased advertising costs, overvalued accounts
- Mar 2026 – sold to Universal Health Services for \$835 MM



Tee, by Talkspace – AI therapy companion bot

- Trained on 8 billion words and 140 M messages captured from *customers*
- "one of the largest mental health data banks in the world"
- Talkspace's [privacy policy](#) states that chat, audio, and video communication can be used to "develop new products."
- "If you do not want us to share personal data or feel uncomfortable with the ways we use information in order to deliver our Services, please do not use the Services."
- "Tee is an AI, not a licensed professional. Tee is a supportive tool only for individuals and should not be used as a substitute for clinical mental health care. Tee should not be used in crisis. Tee may provide inaccurate, incomplete or biased responses, and although Tee is reviewed for safety, there is no real-time human monitoring of your conversations."





Award Winning



Meet **Ebb**, your empathetic **AI companion**



You

I'm tired of always feeling tired. Idk how I'm going to get through today.

Ebb

Not getting enough sleep can be rough. What do you think has been keeping you up at night?

You

So many things. Family, work, money.

Ebb

No wonder it's hard to sleep. Sounds like you're carrying a lot on your shoulders right now.



Sleep with Ease
Meditation (9 min)



Therabot – AI chatbot for therapy

“AI Therapist Matches Human Care In Groundbreaking Mental Health Trial”



“Our results are comparable to what we would see for people with access to gold-standard cognitive therapy with outpatient providers.”

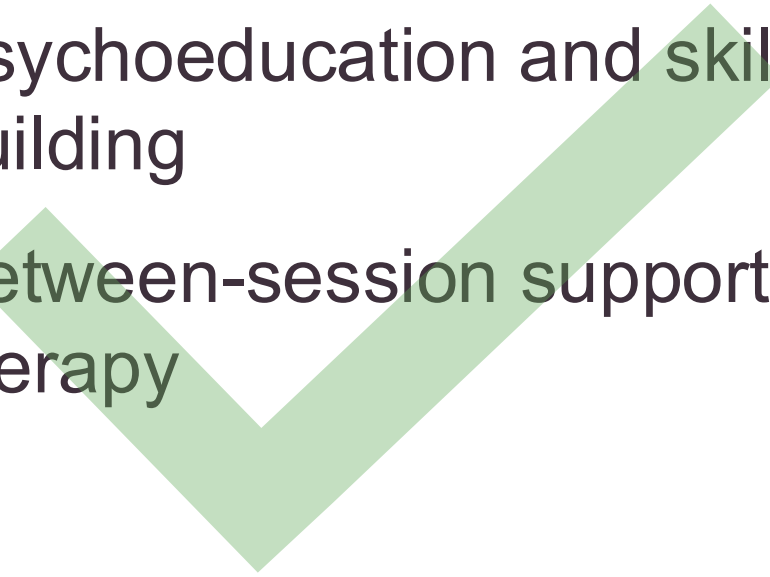


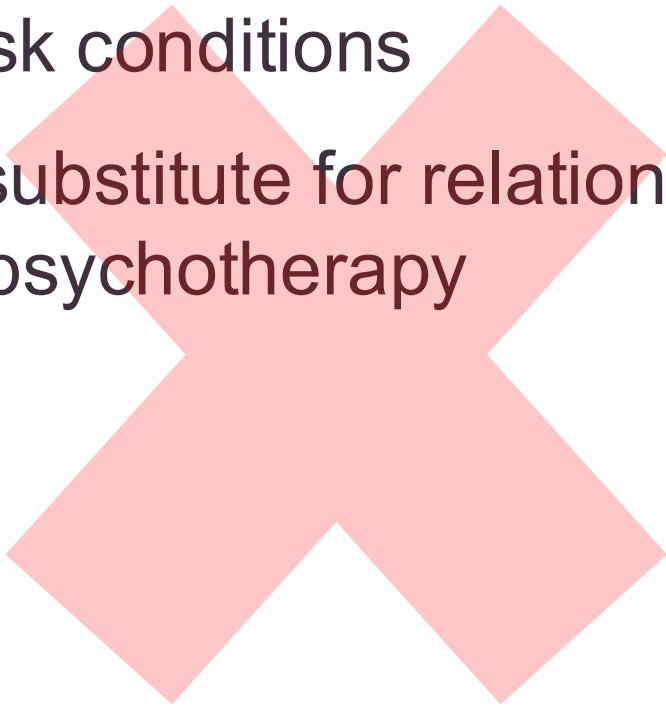
What AI tools offer relative to psychotherapy

- Immediate access and scalability
- Lower cost or free options
- Structured tools and guided self-help (CBT, journaling, mindfulness)
- Between-session support for therapy
- Perceived non-judgment and consistency
- No involvement from health insurance!



Where AI tools may be most appropriate

- Mild distress and early support
 - Psychoeducation and skill-building
 - Between-session support in therapy
- 

- Not appropriate for complex or high-risk conditions
 - Not a substitute for relational, depth psychotherapy
- 



Cons and risks of replacing psychotherapy with AI

- No real therapeutic relationship
- Superficial or misattuned understanding
- 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 sell ads to user
- Distorted experiences of empathy, mutual understanding, conflict, sense of self



Chatbot users, in their own words

- *My therapist didn't always agree with me. My therapist was asking me to do difficult things.*
- *When you are 300 prompts deep, the guardrails aren't there.*
- *There is no grounding in reality – the tools just predict the next step in the sequence. It will only amplify what the user puts into it.*
- *It doesn't know how to stop. It doesn't know how to say no.*
 - *It's built like a rocket ship – only goes in one direction.*
- *It's a brain in a box. Is that sufficient?*
- *My therapist doesn't want me for engagement and doesn't want me as a client for life. ChatGPT does.*



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Private equity comes to our doorstep

- LifeStance Health
 - 33 states, 550 centers, 7000 clinicians
- Case study of one of its purchases:
 - Mass exodus of therapists
 - Fired support staff; CEO and senior leadership left
 - (3) clinical directors in one year
 - Staff burnout, increased caseloads
 - Nationalized intake
 - Put resources into further expansion
 - New hires are recent MSW grads
 - Culture and values of the practice are crushed



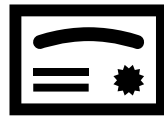
Graduate education and PE: Destroying value(s)



Illinois School of Professional
Psychology (1976)



Bought by Educational Management Corporation
(2007)



Renamed: Argosy University



Bought by The Dream Center (2017)



Closes its doors forever
(2019)

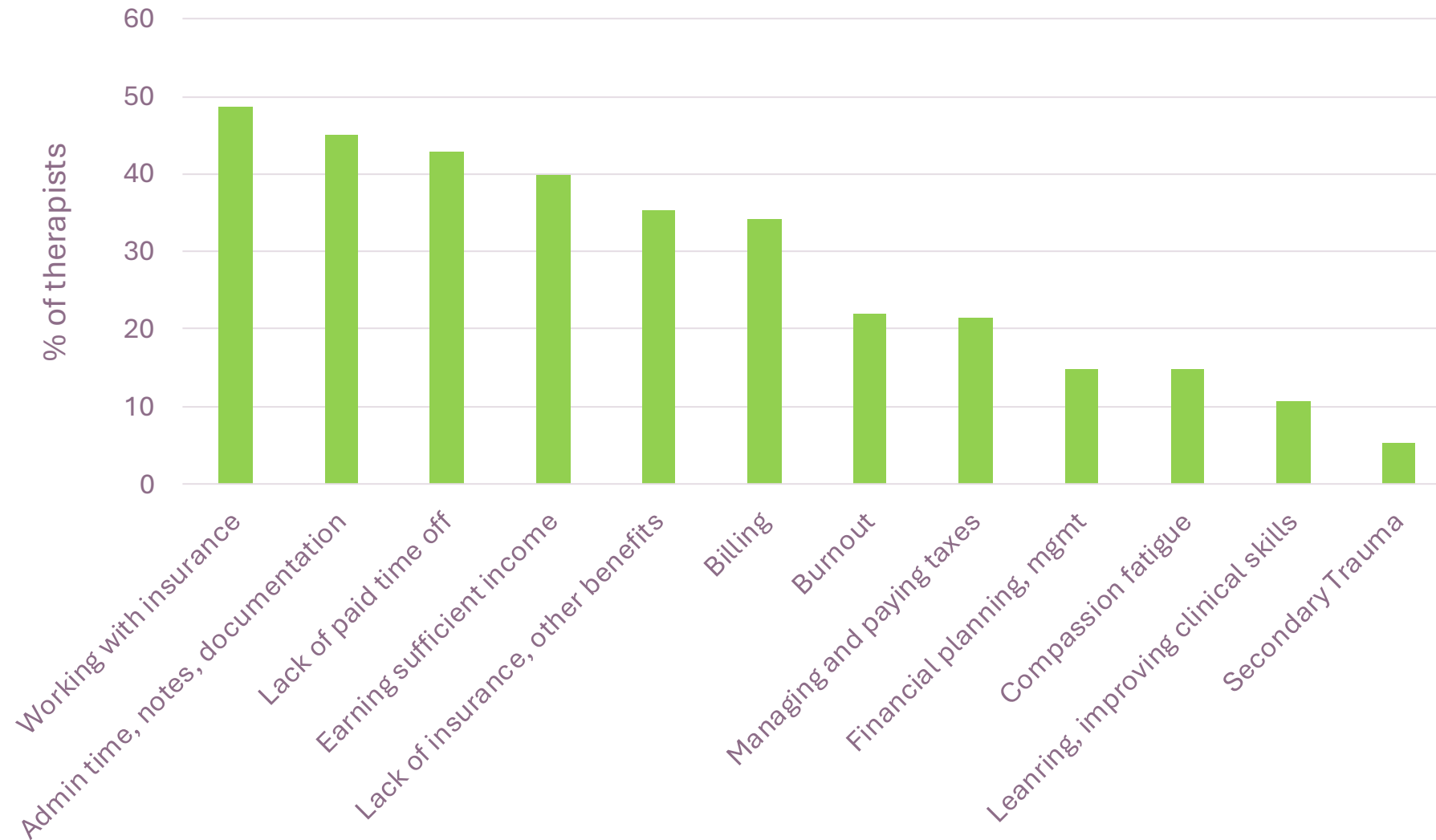


New products for therapists' businesses

- Practice management companies (PMCs)
- Credentialing, billing, marketing, EHR, and a higher reimbursement rate/session
- Headway:
 - \$2.3B / 60,000 therapists
- Rula
 - \$1.3 B valuation / 20,000 therapists
- Alma/Spring Health:
 - \$220M / 21,000 therapists



Therapists' primary pain points are insurance, admin, lack of income and benefits



PMCs operate as ‘mega group’ practices, but offer few of those benefits

	Group practice	PMC
Marketing	✓	✓
Collegiality	✓	
Benefits – health insurance, 401k, paid leave	✓	
Billing, admin support	✓	✓
Office space	✓	
Supervision/Consultation/Mentoring	✓	
Insurance credentialing	✓	✓



Surprisingly, income isn't routinely higher with PMCs, and about half report no change or lower income

- **Financial reality check:**

- 52% report higher income using PMCs
- **18%** report about the same income
- **32%** report lower income

- **Transparency Issues:**

- **84%** weren't told about fee-splitting arrangements before joining
- Many don't know how much PMCs are paid or retain
- Hidden costs may emerge over time



The Hidden Ownership Problem

- **85%** of therapists wouldn't use a PMC if they knew it was owned by an insurance company
- **But most PMCs are owned by insurance companies:**
 - **Headway:** Blue Cross Blue Shield (HCSC), Google Ventures, Evernorth, Cigna Ventures
 - **Alma & Grow Therapy:** Cigna Ventures, Optum Ventures
 - **Rula:** Amazon Health Services
- **70%** of therapists are unaware of PMC ownership structures



81% of therapists state that PMCs do not adequately protect client information

- Who owns the patient data and records?
- How is client data stored and shared?
- What happens to data if you leave the platform?
- How are data breaches or sharing with third parties handled?
- How are new AI documentation tools and the session recordings protected?

➤ **Headway is currently being sued for allegedly sharing patient data with Google**



Alma – taking more control

Aug 2025: Default now enrolls all clients in monthly PHQ-9 and GAD-7 assessments.

“This change is largely driven by our payer partners’ increasing emphasis on measurement-informed care, aligning with broader shifts in insurance reimbursement models across the industry.”

Jun 2026: Alma cuts rates for 90837, doctoral clinicians billing Aetna

Jul 2026: Alma/Aetna reversed those cuts, and then reduced rates for all CPT codes and all clinicians



TOPICAL WEBINAR FOR APA MEMBERS

An Educational Resource from Alma.

Making Value-Based Care Models Work for Mental Health Care Providers

October 30, 2024

PAID FOR BY

Alma

This topical webinar for APA members is paid for by Alma, an official corporate supporter of APA.



Warning signs that therapists report

- Promising high caseloads that don't materialize
- Changing reimbursement rates after joining
- Adding documentation requirements over time
- Introducing new payment models (like capitation)
- Lack of transparency about referral assignment
- Vague or shifting policies after onboarding
- Concerns over AI tools used for documentation
 - **Note:** Headway, the most-used PMC, currently has a value-based payment pilot program underway - exactly what **86%** of current PMC users said would make them leave



Data from therapists

- Notes
- # sessions
- Treatment duration



Data from patients

- Outcomes measures
- PHQ-9, GAD-7



Value-based Payment Model

- Lump-sum \$ paid to therapist

This model puts Headway in charge of patient care, standardizes treatment, caps reimbursements, reorients therapy to sx management.

Who owns Headway?

- Andressen Horowitz, Accel, Forerunner Ventures, Spark Capital, Thrive Capital, **GV (formerly Google Ventures)**, and **Health Care Service Corporation**



Key questions regarding these new platforms

- Using PMCs, insurers have figured out how to “solve” problems, like under-reimbursement for clinicians and credentialing that takes 6+ months.
 - Why aren't they offering these features to ALL clinicians, not just those who sign up with PMCs?
- With PMCs taking more control over clinicians and collecting data directly from clients, will insurers and financiers weaken, if not eliminate, local, independent therapy practices?
 - Will we all become UberTherapists?
- How can we equitably increase access to care?
 - Legislative solutions, like Illinois HB 1085, open up access to 2.5 million while also supporting therapists



When capitalism on steroids brings you mental health care

- Misleads consumers
- Sells sub-par products, self-help, coping strategies as therapy
- Restricts therapists' autonomy
- Worsens working conditions
- Business models and values don't align with therapy



New values – capitalism on steroids

- Disrupt! Move fast and break things!
- Bigger is better
 - Characterized as "improving access to therapy"
- Just make it look good
- Optimize user experience
- Your data is ours
- Scale up and sell out
- Allegiance is for losers
- The market knows best



Resources – PsiAN’s private practice toolkit

More From Our Private Practice Toolkit

Starting a Private Practice?

Explore our curated resources and practical tips for setting up independent psychotherapy practice on your own without joining VC backed mega-group practices. From legal basics to billing systems to choosing between self-pay and insurance. Empower yourself to stay independent and build the practice that aligns with your values.

Learn How to Do it Yourself

Joining Headway, Alma, or Rula? *Make an Informed Decision*

This resource helps you weigh the pros and cons, explore common concerns from your peers, and ask the right questions so you can make a choice that protects your autonomy, ethics, and income.

Make an Informed Decision

Why Therapies of Depth, Insight and Relationship?

Psychotherapies of depth, insight, and relationship are evidence-based, current, and transformative. They don't just manage symptoms – they uncover and address the root causes of emotional distress, leading to lasting change.

Discover the Full Case



Agenda

- Mental health landscape
- Psychotherapy at a crossroads
 - What people want from therapy
 - What the marketplace is offering
 - New models for clinicians – and our research on PMCs
- **What we need to do now**



The Bigger Picture: Systemic Change Needed

"Insurers have manufactured the therapist shortage, which is advantageous to them - the fewer therapists and sessions they pay for, the more profitable they are."

Real Solutions Require:

- Direct insurance reform, not more middlemen
 - Fair reimbursement rates from insurers
 - Simplified credentialing and billing processes
 - Reduced administrative burdens



Lessons learned: let's use tech wisely, not be used or seduced by it

EHRs

Social media

Teletherapy

- The pitch: online therapy will increase access for underserved, rural
- The reality: online therapy exacerbated existing disparities. It provided one more convenience choice for those with means
- **APA's conclusion: "The field should explore light-touch alternatives, like single-session interventions and digital therapeutics."**



Stand up for what we know and do

- Hold for-profit companies and investors accountable
- Demand regulation for mental health apps, technologies
- Refuse the industrialization and financialization of therapy and human relationships
- Educate ourselves about business models, tech, AI
- Educate the public, policymakers on tech tradeoffs
- Assess personal/professional values and goals and ensure you are making informed decisions
- Defend depth, thinking, caring, curiosity





Psychotherapy
Action Network

Thank you!

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