

Sudden Gains in Treatment

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Sudden Gains in Treatment

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This entry reviews the phenomenon of sudden gains—sudden and large improvements in symptoms experienced by patients between two consecutive therapy sessions. Sudden gains during treatment are associated with more favorable treatment outcomes, both in the short run and in the long term. Furthermore, investigations that focus on sudden gains can contribute to an understanding of the mechanisms of change of a specific psychotherapy.

Course of Change During Psychotherapy

In most investigations of the course of change during psychotherapy, there is an implicit assumption that improvement is gradual and steady. Under this assumption, the magnitude of any symptom changes between sessions can be estimated by dividing the total change observed by the number of sessions. A variation on this view is that symptoms tend to decline rapidly early in treatment, followed by a decelerating decline. In neither of these scenarios is there room for the possibility that, for a given patient, some sessions lead to greater than average real change whereas others are followed by little to no symptom change or even an increase in symptoms. In studies of the temporal course of change during treatment that have focused on this latter possibility, findings indicate that therapeutic change often follows a stepwise pattern in which a sizeable proportion of the total amount of a patient's symptom improvement occurs rather suddenly, for example, between two consecutive therapy sessions.

Criteria for Sudden Gains

Large improvements occurring between two consecutive sessions were first highlighted in cognitive therapy for depression, and the term *sudden gain* was coined. An operationalization of sudden gains was also proposed. It included three criteria, using Beck Depression Inventory scores collected before each session. The criteria reflect a decrease in symptoms that is large (a) in absolute magnitude (at least 7 points), (b) in the context of the score that preceded the decline (at least 25% of the pregain-session score), and (c) relative to symptom fluctuations in the sessions before and after the decline. Fulfilling all three criteria is required for a gain to be considered a sudden gain. Criteria such as these can be applied and used as a tool for investigating the frequency, potential causes, and consequences of these gains, relative to gains that occur more gradually. The criteria especially lend themselves to investigations of the determinants and consequences of change in the early and middle phases of time-limited treatments but—due to the fact that the *c* criterion needs information from several sessions before and after the gain—not of changes that occur between the first and second sessions and between the second-to-last and last sessions.

The identification of sudden gains can, in principle, facilitate two goals. The first is to delineate the phenomena that trigger such gains. In this way, research on sudden gains can contribute to an understanding of the mechanisms of change of a specific psychotherapy or of psychotherapy in general. In two studies, sudden gains have been found to be associated with cognitive changes observed in the session between the two assessments that marked the sudden gain. The second goal is to identify patients, from among those who improve with treatment, who are most likely to sustain their improvement. Several studies have shown that patients whose improvement included a sudden gain were found to experience better long-term treatment outcomes than patients with equivalent magnitudes of overall change during therapy but who did not experience a sudden gain.

Research on Sudden Gains

Since their identification in the context of cognitive therapy for depression, sudden gains have been examined in other treatment modalities for depression, including supportive expressive therapy, behavioral activation, and interpersonal psychotherapy. Sudden gains have also been observed during the treatment of patients with disorders other than depression. Sudden gains appear to occur with similar frequencies across contexts, and their effect has generally been found to persist beyond the gain itself, often well into follow-up observation periods.

Research on the phenomena that immediately precede and predict sudden gains, and that therefore might reflect the triggers or causes of sudden gains, has been much rarer than research that has cataloged the frequency and long-term effects of sudden gains. Some researchers have focused on patient characteristics, ascertained prior to treatment, in efforts to predict who will experience a sudden gain at some point during their treatment. Others have attempted to identify phenomena that can be assessed prior to the session that occurs in the midst of a sudden gain, but these inquiries have not focused on in-therapy or between-session events that might reflect the processes by which sudden gains occur.

As there is no theory of sudden gains, not only do investigations of the therapy-induced changes that might be responsible for sudden gains need to focus on the kinds of cognitive variables that were investigated in the original studies of the phenomenon, but processes that could help explain sudden gains could, for example, also be observed in a patient's self-reports (e.g., self-esteem), in his or her interpersonal functioning, in the tendency to avoid opportunities for reward, or in the alliance he or she experiences with the therapist. However, research on this is so far lacking.

Conclusion

The frequency and clinical impact of sudden gains have been well established across various psychological treatment modalities, but their long-term effects and the processes that elicit them require further examination. A better understanding of sudden gains and associated phenomena may provide insight into the mechanisms of change during psychotherapy and, furthermore, may suggest areas for increased therapeutic focus. Such insights would contribute to improvements in the effectiveness of treatments for patients experiencing various forms of psychopathology.

See also [Cognitive Therapy](#); [Depressive Disorders: Treatment](#); [Psychotherapy](#)

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Further Readings

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