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Moderators of treatment effects: Client and therapist variables

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Overview of Today's Lecture

- Which client variables moderate outcome?
  - Access to treatment
  - Early termination
  - Client variables that contribute to outcome

- Which therapist variables moderate outcome?

Introduction

- "Does psychotherapy work?"
  is a stupidly put question because it assumes a number of MYTHS.
  (Kiesler, 1966; Some myths of psychotherapy research and the search for a paradigm)

- The uniformity assumption myths.
  - Patient uniformity
    - all patients with the same diagnosis are a homogeneous group
  - Therapist uniformity
    - each and every therapist is an identical social stimulus for all patients

- Rephrasing the question:
  "What treatment, by whom is most effective for this individual, with that specific problem, and under what specific set of circumstances?"
  (Gordon Paul, 1967)

Methodological issues

- Knowledge on the impact of client and therapist variables on PT outcome is only correlational
  - Difficult to disentangle effects
    - Clients and therapists interact with each other and influence each other
  - Confounds are likely

Client variables (Bohart & Greaves Wade ,2013)

- Clients make strongest contribution to outcome
- Sources of variance in the final outcome (Lambert, 1992)
  - 30% common factors (therapeutic relationship),
  - 15% for techniques
  - 15% placebo
  - 40% of the due to client factors
- Sources of variance according to (Norcross & Lambert, 2011)
  - 40% of the variance in outcome is unexplained.
  - 30% due to the client
  - 30% to all other factors combined
- Most research and theory focus on interventions and how clients respond to them
- Clients are not passive respondents (like patients in surgery)
- Clients are
  - active learners
  - problem solvers
  - who interact with therapist and contribute to PT process and outcome

Client variables decide who enters psychotherapy

- 40 to 90% of persons in need of treatment receive no treatment or less than needed (Corrigan, 2004)
- Relevant factors:
  - Lower socioeconomic status
    - No insurance, difficulty to get to therapist, find child care
  - Ethnic minority
  - Older
  - Male
  - Persons, who cause stress for others but feel less stress themselves
  - Fear of being stigmatized
  - other ideas about problem, etiology, and treatment
  - Avoidant attachment styles less interested in seeking PT

Client variables associated with early termination of treatment

- Meta-analytic estimates of early termination (drop outs):
  - 47% in MA of 125 studies (Wierzbicki & Pekarik, 1993)
  - 20% in MA of 669 studies (Swift & Greenberg, 2012) (high heterogeneity: 0% to 74%)

- Influence of demographic variables on early termination: inconsistent or weak:
  - Socioeconomic status
  - Gender
  - Minority
  - Only age had small effect (d = 0.16)
    - Younger clients dropped more frequently out

Client variables associated with early termination of treatment

- Clients' life circumstances (socioeconomic status)
  - Life barriers
    - Distance to travel
    - Transportation
    - Scheduling issues
    - Difficulties finding child care
    - Time to wait for treatment

Client variables associated with early termination of treatment

- Personal characteristics of client that are related to early termination:
  - Personality disorders
    - more severe problems
    - Characteristics interfering with comittment
  - Eating disorders
    - Impulsivity, hostility, low self esteem
  - Sexual offending, Psychopathy
    - Motivation, resistance, relationship issues

Client variables associated with early termination of treatment

- Clients Expectations:
- Many clients think that therapy will work more quickly
  - associated with premature termination in some studies
  - Educating clients about how long it takes on average for therapy to have its effect reduced dropout (*d* = 0.55).

- Clients who do not believe in treatment rationale are more likely to drop out

- Recommendations for preventing dropouts:
  - therapists should discuss expectations for the duration of treatment at start and during psychotherapy
  - therapists should make sure that the client has confidence into rationale for treatment

Client variables associated with early termination of treatment

- Clients' satisfaction with progress
  - Lambert et al. (2005) tracked clients' progress session-by-session.
    Clients whose progress was below what was expected (compared to other clients with the same level of disturbance) were more likely to drop out.

- Clients' satisfaction with therapist and alliance
  - MA of 11 studies (Sharf, Primavera, & Diener, 2010) :
    Clients with weak alliance more often dropped out (d = 0.55)

- Recommendation:
  - monitoring client satisfaction -> regularly collecting client feedback

Client variables associated with early termination of treatment

Early termination might be due to discrepancies in therapist's and client's view, how much treatment is needed

- Study of Westmacott et al. (2010)
  - unilateral terminators were more likely to see their distress as lower while their therapists were more likely to see them as unchanged
    - clients may just got what they wanted
    - extra-therapeutic factors
- Study of Cahill et al. (2003)
  - majority of clients who unilaterally left treatment achieved reliable improvement (70%)
  - but only 13% reached level of clinically significant change (71% for those who remained)
- Barkham et al. (2006)
  - in routine primary care mental health practices more than 50% of clients who attended only one or two sessions achieved a reliable and clinically significant change in symptoms

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Early responders and non responders

Early responders

- show significant positive change within a small number of sessions
- across diagnoses and therapy approaches
- often enter therapy with high levels of impairment
- have more positive outcomes, and outcomes last

Predictors of deterioration (Lambert, 2010),

- client's level of distress and disturbance at the start of therapy
- client's response to treatment in early sessions
- Little influence of diagnosis, age, sex, ethnicity, type of treatment, experience of the therapist,

Client demographic variables and outcome

- generally no or inconsistent associations to outcome for
  - Age
  - Gender

- matching therapist to client on gender
  - Pertab et al. (2013) studied 17,000 students at a university counseling center
    - female clients were more likely to end treatment in the "improved" category
    - little difference in outcome due to gender matches and mismatches with therapists

Client demographic variables and outcome

- Cultural diversity

- no consistent evidence that ethnic-minority clients on average do worse
- matching clients with therapists of their own ethnicity improved both outcome and staying in therapy
  - However effect sizes were small (d = .09)
  - Bigger effect size (d = .63) when therapists could choose whether the preferred to work with clients in terms of their ethnicity

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Client Pathology
Severity of problems and outcome

- Higher level of distress and functional impairment at beginning of therapy is the best predictor of outcome
- more important than client's
  - diagnosis
  - problem chronicity
  - treatment population

- Sevierly disturbed clients need more sessions to improve

- Clients with high levels of distress may show the most *change*
- *BUT* they do not necessarily achieve most positive outcomes
  - Brown et al. (2001) found that severe patients showed most change, *BUT* did not improve to the 50% level of a nontreatment control group

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Client Pathology
Comorbidity and outcome

- Clients with comorbid problems are less likely to improve

- Treaments should take severity and comorbidity into account
  - Treatments need to be prolonged or adjusted
    - Providing sessions more than once-weekly
    - Adjunctive treatments

Clients' personal characteristics: Motivation and outcome

- Clients who are "ready to change" are more likely to benefit from PT
  - internally motivated to face problems and willing to change behaviors
  - MA of 39 studies (Norcross et al., 2011)
    - client's who had a higher readiness to change prior to therapy had better outcomes (*d* = 0.46)
    - varied by diagnosis, but in medium to large range for all

- Clients will not be ready to change if they are resistant
  - Resistance is related to poorer outcome

- MA of 129 studies of offenders referred for correctional treatment in the criminal justice system (Parhar et al, 2008)
  - Mandated treatment was ineffective,
  - while voluntary treatment was effective

- Clients who are sensitive to interpreting external direction as threats to their freedom (reactive) have better outcomes when treatments are low in directivity (vs high in directivity) (MA with 12 studies: d = 0.82)

- Recommendation:
  - Therapists need to assess clients readiness to change
  - mobilize clients' internal reasons for change.

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Clients' personal characteristics: Attachment style and outcome

- Clients' attachment styles impact how they enter into therapy.
  - global attachment styles and specific attachment to their therapist
    - impact alliances they form and
    - specific therapy behaviors
      - self-disclosing and amount of exploration
    - Impact outcome

- MA of 19 studies (Levy et al., 2011)
  - r = .18 between clients' secure attachment and outcome
  - *r* = −.22 between attachment anxiety and outcome
  - Negligible relationship between attachment avoidance and outcome.

- Recommendation:
  - therapists need to understand clients general and specific attachment
  - find corresponding ways to behave
- with that (seeWallin, 2007).

Clients' personal characteristics: Access to emotion and experiencing and outcome

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- Alexithymia
  - difficulty in identifying feelings, difficulty in communicating feelings to others, constricted imagination
  - levels of alexithymia predict poorer outcome,
    - but primarily in psychodynamic and not cognitive-behavior therapy

- Openess to internal experiencing
  - Clients who are open to their internal experiencing had better outcomes in experiential PTs
  - Mixed findings regarding relationship between openness to experiencing and outcome in cognitive therapy

Implications for practice

- Clients view and perspective is important
- Clients' goals might differ from therapists' goals
- Knowing the Clients' perspective:
  - Anticipate what clients are thinking, and needing to
  - Strengthen alliance
  - and enhance clients' participation

Implications for practice

Individualizing treatment.

- Match clients to a therapy practice based on preexisting client characteristics
  - client reactance, coping style, ethnicity, and preference for different therapy practices

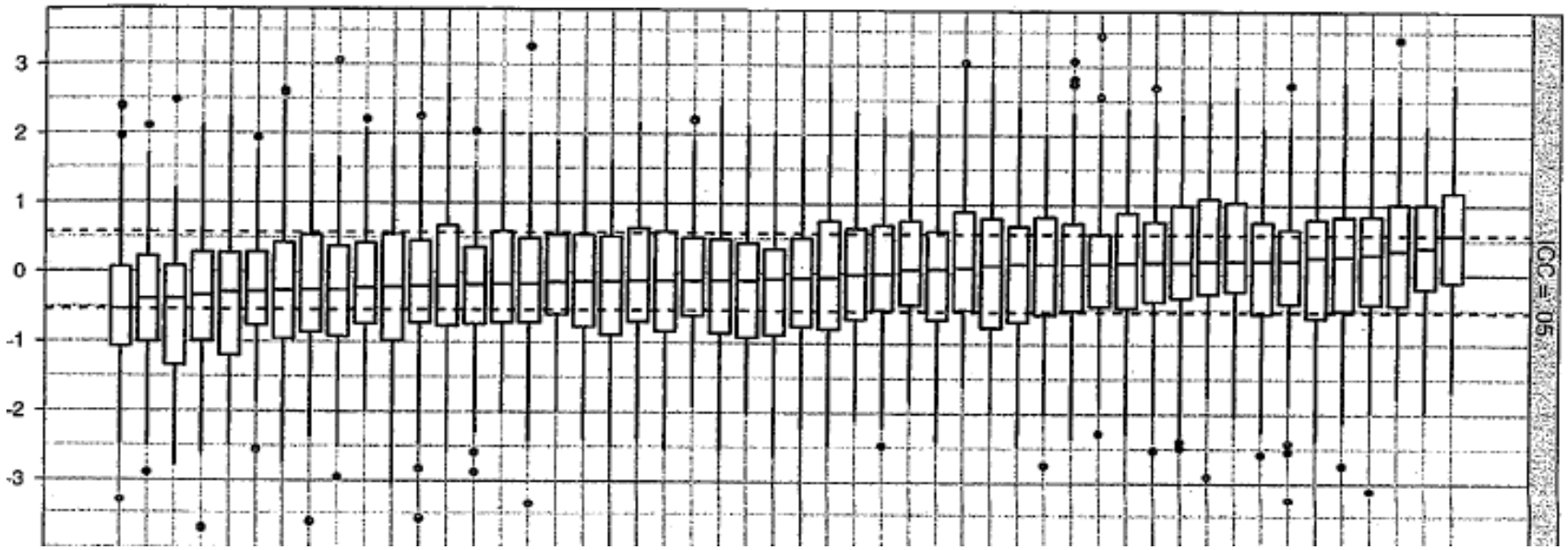
- Enhance therapists' capacities for effective *responsiveness*
  - therapists' empathic ability to be aware of and adjust to clients needs and the evolving context
  - Therapist realize that clients often interpret what is going on differently than therapists
    - listening to the client
    - make appropriate adjustments
    - learn how the client's interpretation may even be helping the client progress

Therapist variables

- How much do therapists differ in their outcomes?
- Would it be desirable to know therapist and institutions outcomes?

Therapist variables

- Baldwin & Imel (2013) report results of MA
  - ICC = 5 % of the total variance in outcome variance is due to therapist effects



Therapist variables

- Baldwin & Imel's (2013) results of MA
  - 5% relatively small but effect is larger than other process variables
    - e.g. alliance
  - In the long run differences between therapists have an impact on public health

Therapist variables (Beutler et al., 2004) Observable States and outcome

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Outcome is related to therapists'

- Training
- Skill
- Experience
- Style

- Broad range of effect sizes (around r = .08)

Therapist variables (Beutler et al., 2004) Observable traits and outcome

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Outcome is not or only weakly $r < .05$) related to therapists'

- Gender
- Age
- Ethnicity