Psychotherapy Relationships That Work:

Evidence-Based Therapist Contributions

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Webinar Description

Sure, everyone "knows" that the therapy relationship is crucial to treatment success. Clinical experience and controlled research consistently demonstrate that the therapy relationship accounts for more outcome than the particular treatment method. But, what, exactly has been shown to work? This webinar will review the meta-analytic research and clinical practices compiled by an interdivisional APA task force on effective elements of the therapy relationship. Discover which relationship elements work and which do not.

Learning Objectives

1. Identify at least 3 therapist relational behaviors that demonstrably improve psychotherapy effectiveness
2. Describe 2 relationship elements that have not been sufficiently researched
3. Identify 2 discredited relationship behaviors that contribute to dropout and failure

Financial Disclosures

I declare that I do **not** have any relevant financial relationships with any corporate organizations to disclose regarding today's presentation.

The only possible conflict of interest is that I do receive royalties on authored/edited books.

International Juggernaut of EBP

♦ Effort to base clinical practice on robust, primarily research, evidence

♦ IOM definition: *Evidence-based practice is the integration of best research evidence with clinical expertise and patient values.*

♦ Response to clarion call for accountability

♦ Demands for EBPs are here to stay and will escalate

Figure 1.1. Number of Articles Retrieved Using "Evidence-Based" as a Keyword
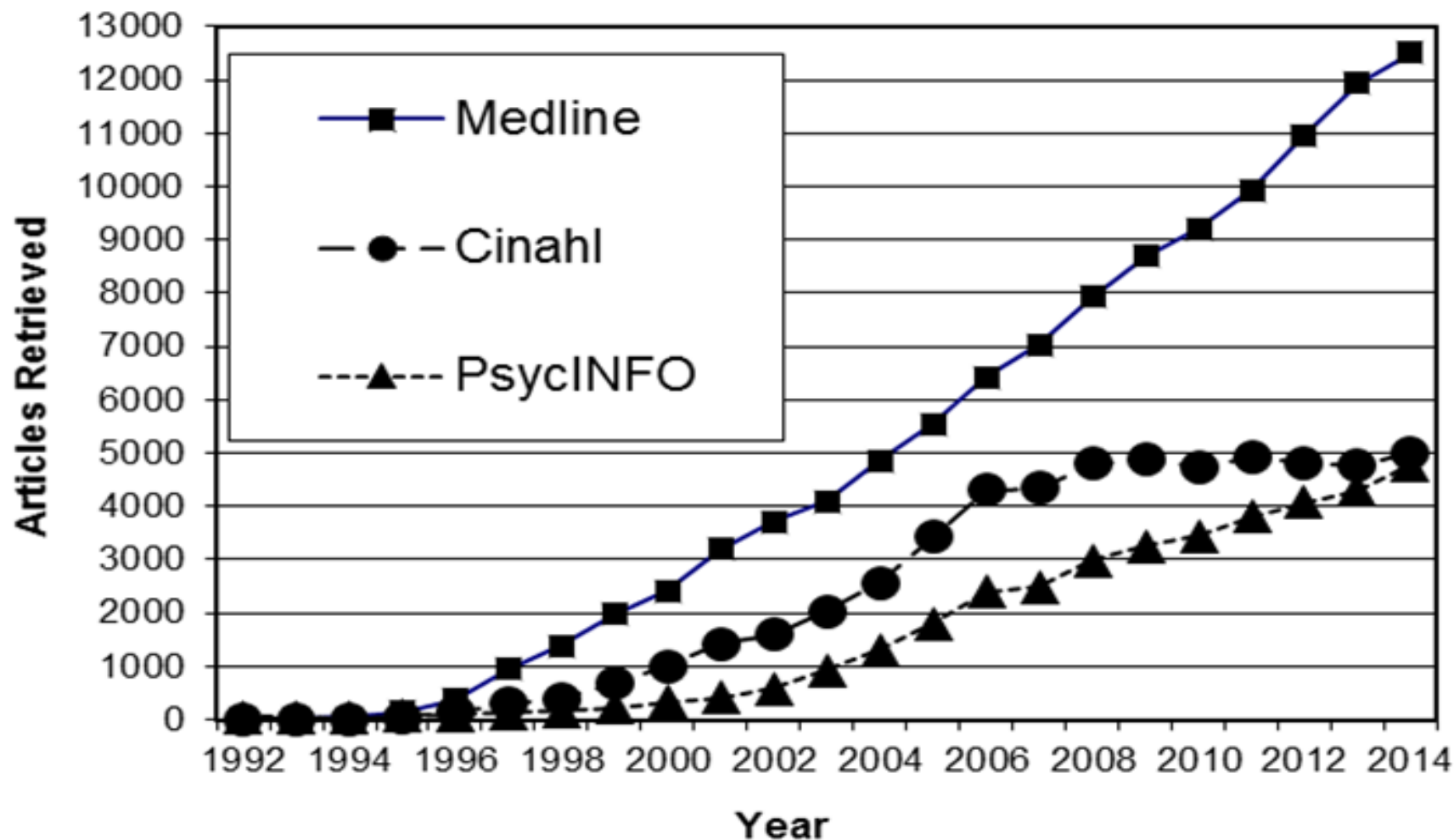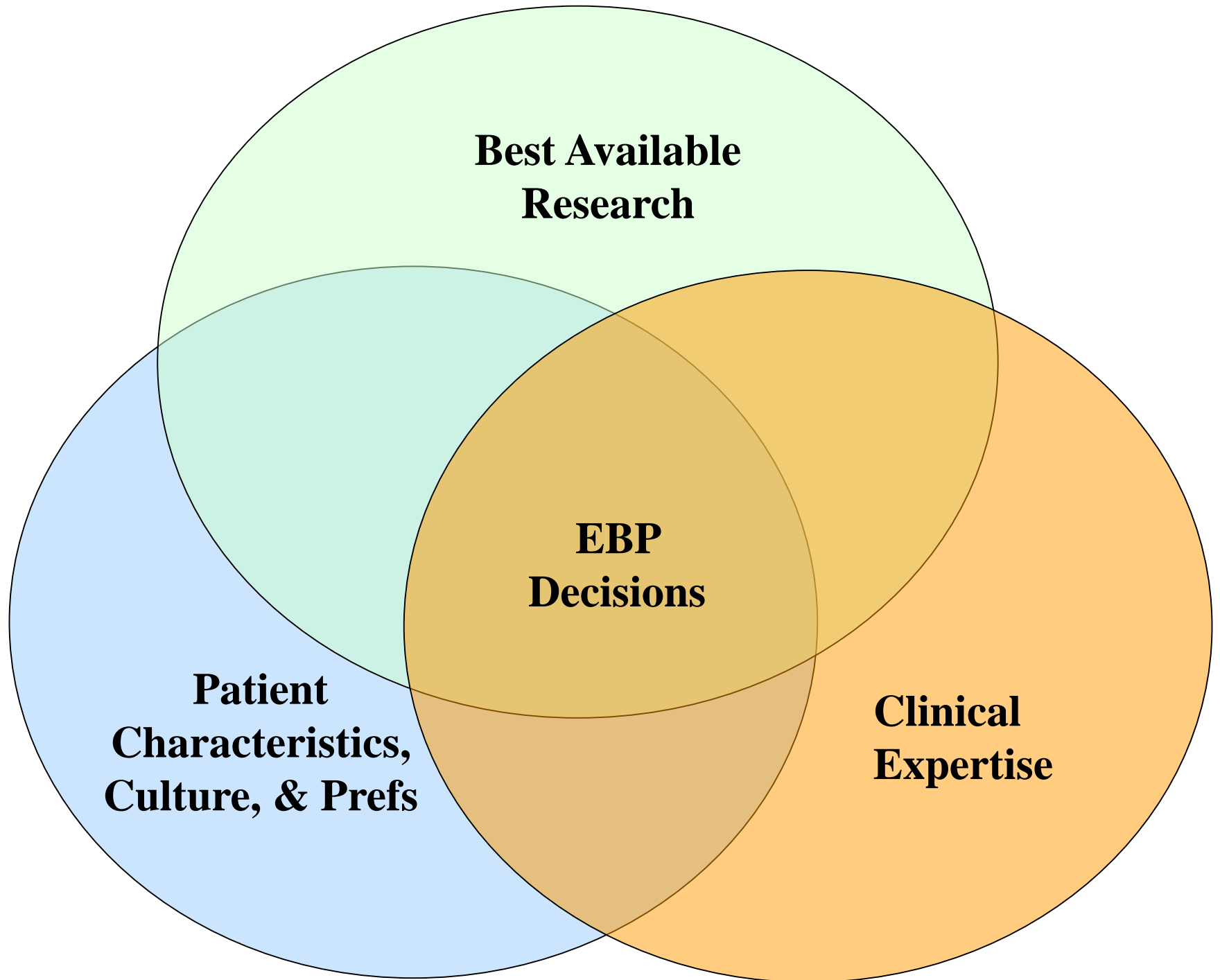
APA Definition of EBPs

Evidence-based practice in psychology (EBPP) is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.

www.apa.org/practice/ebp.html or May 2006 *American Psychologist*

Words are Magic

♦ EBPs have profound implications for practice, training, research, and policy

♦ What is privileged as "EBP" will determine, in large part, what tx is conducted, what is taught, what is funded

♦ EBPs are noble in intent, but ripe for misuse and abuse

WORDS ARE
OUR MOST INEXHAUSTIBLE
SOURCE OF MAGIC

MICHYGEARY

Thought Experiments

♦ What accounts for the success of your psychotherapy?

♦ What accounts for the success of *your* personal therapy?
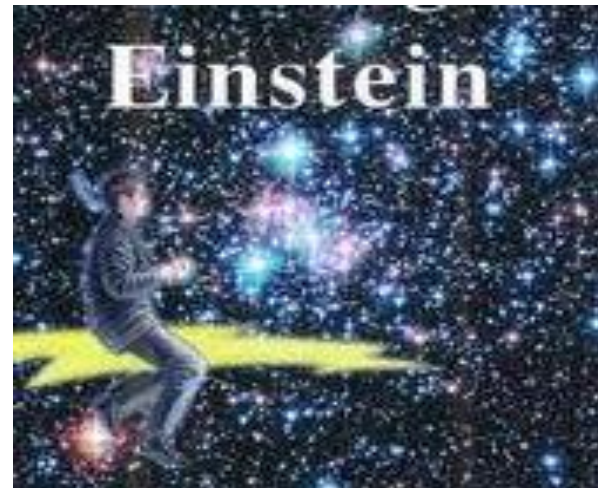
Your Probable Answer

♦ Many things account for success

♦ Including patient, therapist, relationship, treatment method, and context

♦ But when pressed, approx 90% of you will answer "the relationship"

What's Missing from EBPs?

♦ The person of the therapist

♦ The patient's (transdiagnostic) characteristics

♦ **The therapy relationship**

Do treatments cure disorders, or do relationships heal people?

Henry (1998) concludes the panel:

would find the answer obvious, and empirically validated. As a general trend across studies, the largest chunk of outcome variance not attributable to preexisting patient characteristics involves individual therapist differences and the emergent therapeutic relationship between patient and therapist, regardless of technique or school of therapy. This is the main thrust of 3 decades of empirical research.

Aims of EBRs

1. **Identify elements of effective therapy relationships**

2. Identify effective methods to tailor or adapt therapy to the individual patient

3. **Identify *in*effective relationship behaviors**

3 Iterations of EBRs

Task Force I: sponsored by APA Division of Psychotherapy (2000 – 2002); combo of literature reviews and meta-analyses

Task Force II: co-sponsored by APA Divisions of Psychotherapy & Clinical Psychology (2009 – 2011); only meta-analyses

Task Force III: co-sponsored by APA Divs of Psychotherapy & Counseling Psych (2017 – 2019); updated meta-analyses; 10 additional elements

PSYCHOTHERAPY RELATIONSHIPS THAT WORK

EVIDENCE-BASED RESPONSIVENESS

SECOND EDITION

EDITED BY

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OXFORD

SAMHSA's National Registry of
Evidence-based Programs and Practices

Evaluation Criteria

- Number of empirical studies

- Consistency of empirical results

- Independence of supportive studies

- Magnitude of association between the relationship element and outcome

- Evidence for causal link between relationship element and outcome

- Ecological or external validity of research

Primer on Effect Size (ES)

d	Cohen's Standard	Type of Effect
1.00		Beneficial
.90		Beneficial
.80	**Large**	**Beneficial**
.70		Beneficial
.60		Beneficial
.50	**Medium**	**Beneficial**
.40		Beneficial
.30		Beneficial
.20	**Small**	**Beneficial**
.10		No effect
.00		No effect

Conclusions

♦ The therapy relationship makes substantial & consistent contributions to outcome independent of the type of tx

♦ Practice and treatment guidelines should address therapist behaviors and qualities that promote the therapy relationship

♦ Efforts to promulgate best practices or EBPs without the relationship are seriously incomplete and potentially misleading

Conclusions II

♦ The relationship acts in concert with tx methods, patient chars, & clinician qualities in determining effectiveness

♦ Adapting or tailoring the relationship to patient characteristics (in addition to diagnosis) enhances effectiveness

♦ These conclusions do *not* constitute practice standards

What Works

in General

(therapist behaviors; associations with treatment outcomes reported as *r* but converted to *d*)

Sure, everyone "knows" that the therapy relationships is crucial to tx success. But, what, exactly has been shown to work?!
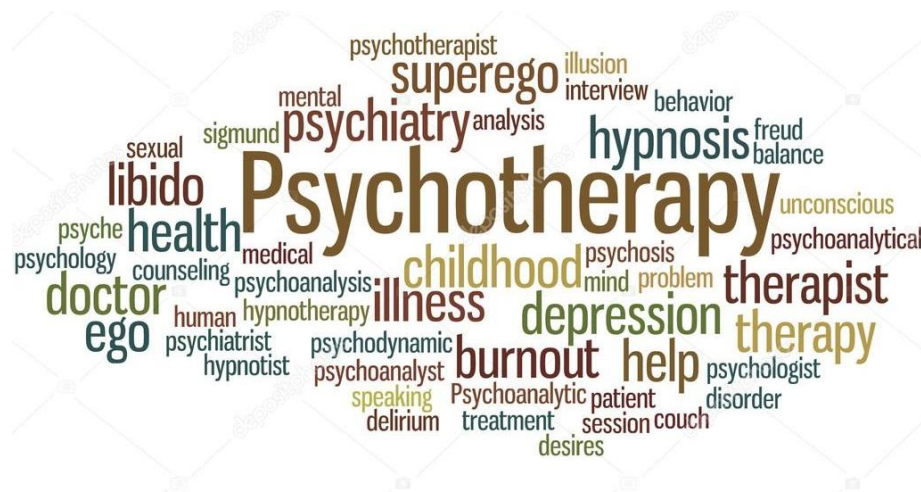
Demonstrably Effective Elements

Alliance in Adult & Youth Therapy

Alliance in Couple & Family Therapy

Cohesion in Group Therapy

Empathy

Collecting Client Feedback

Goal Consensus

Collaboration

Positive Regard/Affirmation

Alliance in Individual Therapy
(Flückiger, Del Re, Wampold, & Horvath)

◆ Quality and strength of the collaborative relationship (bond, goals, tasks)

◆ Alliance ≠ relationship

◆ Across 306 adult studies ($\approx$ 30,000 patients), median d between alliance and tx outcome = .57, a medium but very robust association

◆ Medium effect, but average d for psychotherapy vs. no treatment is .80

Alliance in Individual Tx II

- ♦ Equal effects across all psychotherapies
- ♦ Similar results for alliance in psychopharmaco-logical tx (8 studies;1,065 patients, Totura et al., 2017)
- ♦ Comparable alliance-outcome ESs for various measures and research designs (RCTs vs others)
- ♦ But significantly lower for substance abusers and eating disorders than other disorders
- ♦ Generalizable to Western countries

Alliance in Youth Therapy
(Karver et al.)

♦ Complicated by developmental considerations

♦ Across 43 studies of child & adolescent therapy (N = 3,447 clients and parents), the mean d between the alliance and tx outcome = .40

♦ Strength of alliance–outcome relation did not vary with type of treatment

♦ Two alliances: Th-youth & th-parent alliance showed same association with outcome

Alliance in Family Therapy
(Friedlander, Escudero, van de Poll, & Heatherington)

♦ Multiple alliances interact systemically

♦ On individual level (self-with-therapist) as well as group level (couple-with-therapist)

♦ Across 40 studies (32 family, 8 couple, N = 2,568 families and 1,545 couples), average d between alliance and tx outcome = .62

♦ Similar d for couple therapy and family therapy

Frequency of Publications on the Psychotherapy Relationship (Horvath, 2017)
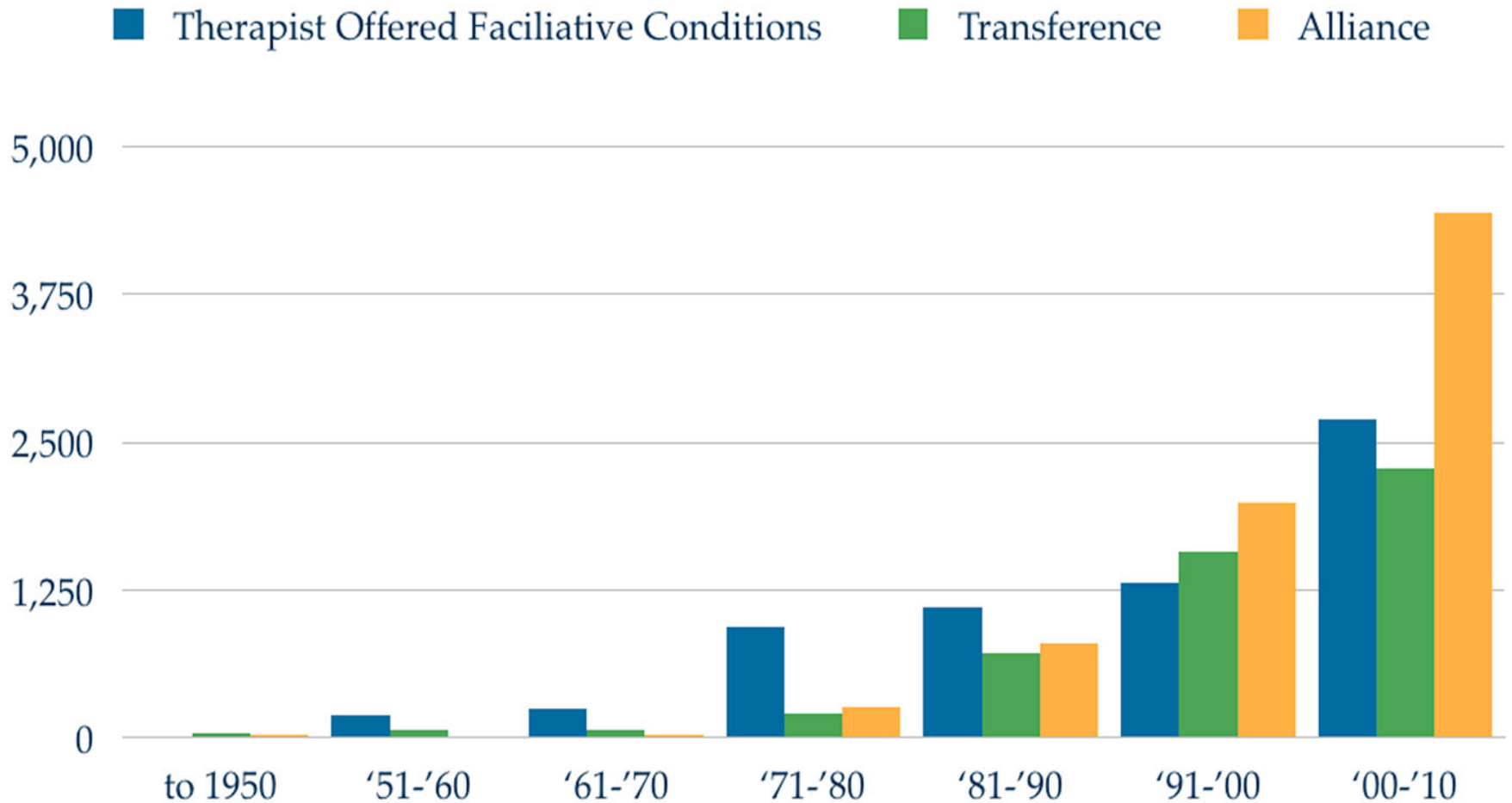
Cohesion in Group Therapy
(Burlingame, McClendon, & Alonso)

♦ Parallel of alliance in individual therapy

♦ Refers to the forces that cause members to remain in the group, a sticking-togetherness

♦ Meta-analysis ($k = 55$, $N = 6,055$) found $d = .56$ between group cohesion and tx outcome

♦ Leaders with interpersonal orientation evidence the highest ES ($d > .90$) in cohesion-outcome link

Empathy

(Elliot, Bohart, Watson, & Murphy)

♦ Therapist's sensitive understanding of client's feelings and struggles from client's view

♦ Meta-analysis of 82 studies (290 effects; $N =$ 6,138), mean d of .58 between empathy-outcome

♦ Higher ES for CBT than for experiential, humanistic, and psychodynamic (*tantalizing*)

♦ Among highest effect size in the relationship (9% of outcome variance)

♦ Favor the client's perspective (over therapist's)

Collecting Client Feedback

The Process: Inquire directly about client's progress on regular basis; compare those data to benchmarks; provide that feedback immediately to therapist; deliver feedback to client; address explicitly in-session; some systems provide Clinical Support Tools (CST)

The Measures: A dozen or so, but Lambert's OQ-45 and Miller and Duncan's brief PCOMS (4-items ORS and SRS) dominate the research

Feedback for All Patients

(Lambert et al.)

- ♦ Meta-analysis of 15 RCTs using OQ (8,649 patients) and 9 RCTs (2,272) using PCOMS

- ♦ Studies conducted in multiple countries with adults, couples, and youth

- ♦ Feedback $d = .14 - .49$ with tx outcome (higher effect for PCOMS and clinical support OQs)

- ♦ Modest utility when used with all patients

PCOMS

Feedback for At-Risk Patients

(Lambert et al.)

♦ Stronger effects when OQ feedback and CST used with patients not progressing, which typically constitutes 30% of caseload (OQ $d = 0.50$)

♦ Feedback reduces deterioration rates from average of 30% in not progressing clients to 12%

♦ Reduces by about half the chances of at-risk patients experiencing deterioration

♦ That's the power & particular value: identifying nonresponders and adjusting tx accordingly

Goal Consensus & Collaboration
(Tyron, Birch, & Verkuilen)

♦ Frequently but not necessarily part of alliance Meta-analysis of 54 studies ($N = 7,278$) on **goal consensus**: d of .49 with tx outcome

♦ Meta-analysis of 53 studies ($N = 5,286$) on general **collaboration**: d of .61 with tx outcome

♦ Meta-analysis of 21 studies ($N = 2,081$) on **therapist collaboration**: d of .54 with outcome

♦ Any accounts for ≈ 9% of outcome variance

Positive Regard/Affirmation
(Farber, Suzuki, & Lynch)

♦ "It means a prizing of the person...it means a caring for the client as a separate person"

♦ Meta-analysis 64 studies (3,528 patients): mean g = .28 - .36 (small-medium effect)

♦ Patient's rating proves best predictor of tx outcome; use the *patient's* perspective

♦ Positive regard evinces higher ES for mood & anxiety disorders (than severe mental illness)

Probably Effective Elements

The Real Relationship
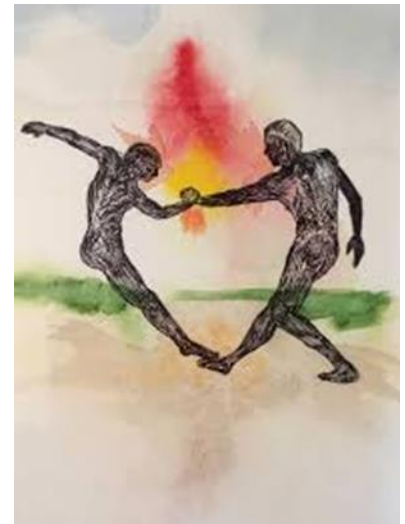
Facilitating Emotional Expression

Congruence/Genuineness

Repairing Alliance Ruptures

Managing Countertransference

Promoting Treatment Credibility

Cultivating Positive Expectations

The Real Relationship

♦ S. Freud (1937): "not every relation between an analyst and his subject is … transference; there are also friendly relations based on reality"

♦ A. Freud (1954): "patient and analyst are two real people, of equal status, in a real relationship. I wonder whether our complete neglect of this matter is not responsible for some of the hostile reactions we get from our patients…."
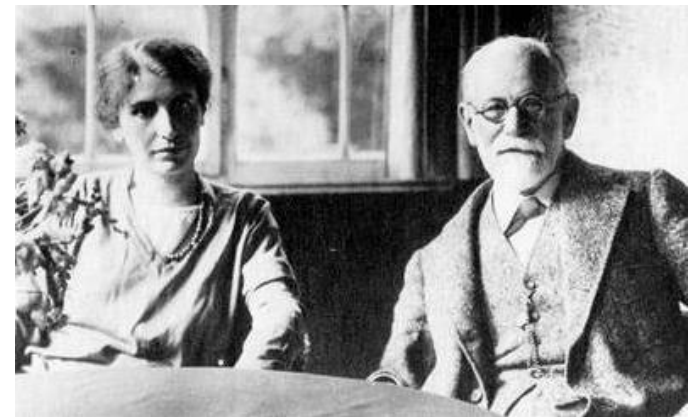
The Real Relationship
(Gelso, Kivlighan, & Markin)

♦ Real relationship characterized by realism and genuineness

♦ Meta-analysis of real relationship and psychotherapy outcome based on 17 studies (1,502 patients) revealed $d = .80$

♦ A large, positive relation between the real relationship and patient success

Facilitating Emotional Expression
(Peluso and Freund)

♦ Most therapists believe that some emotional expression & processing results in better outcomes

♦ Meta-analysis of 13 studies support it: $d = .56$ between *therapist* emot expression and tx outcome

♦ In 42 studies (N=925), *client* affective experiencing & expression correlated $d = .85$ with distal outcomes

♦ Remember: these are associations, not necessarily causal (but I am celebrating anyway!)
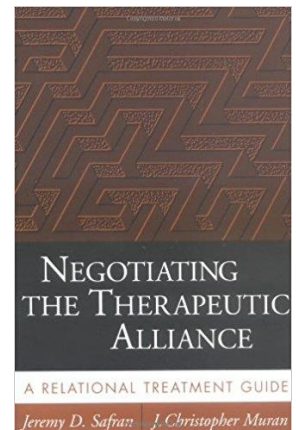
Congruence/Genuineness
(Kolden, Klein, Wang, & Austin)

♦ Probably the most fundamental of Roger's facilitative conditions, but most studies riddled with inadequate methods and small Ns

♦ Nonetheless, a meta-analysis of 22 studies (N = 1,192 patients) yielded an average d of .46 for the congruence-outcome association

♦ Higher ESs obtained for older, licensed, more experienced therapists

Repairing Alliance Ruptures
(Eubanks Safran, & Muran)

♦ Most patients experience breakdowns in alliance but most do *not* tell us about ruptures unless asked

♦ In 11 studies (1,318 patients), relation of rupture-repair episodes with treatment outcome $d = .62$

♦ In 6 studies, training in rupture resolution slightly improved outcomes ($d = .22$ vs no training)

♦ Repairs facilitated by responding non-defensively, attending directly to relation, adjusting behavior, & collecting feedback

NEGOTIATING THE THERAPEUTIC ALLIANCE

A RELATIONAL TREATMENT GUIDE

Jeremy D. Safran   J. Christopher Muran

Managing Countertransference
(Hayes, Gelso, et al.)

♦ Research confounded by small number of quant studies and disparate definitions of CT

♦ Meta-analysis of 14 studies (973 therapists) shows $d = -.33$ between CT and tx outcomes

♦ In 9 studies (392 therapists), mean $d = .84$ between CT management and tx outcome

♦ CT management entails: self-insight, self-integration, anxiety management, empathy, and conceptualizing ability

Promoting Treatment Credibility
(Constantino et al.)

♦ Patient cognitive evaluation of the degree to which a treatment appears suitable and effective

♦ Meta-analysis of 24 independent samples (1,504 patients) with treatment outcome $d = .24$, a small positive effect

♦ Virtually no studies on *therapist* credibility, and few controlled studies on intentionally "manipulating" treatment credibility

Cultivating Positive Expectations
(Constantino et al.)

♦ Belief is half the cure (from *A Monster Calls*)

♦ Patient prognostication about how they will respond to tx they will, or have begun to, engage

♦ Meta-analysis of 81 independent samples (12,722 patients) with treatment outcome $d = .36$, a small-medium positive effect

♦ Expectations matter and therapists can cultivate + expectancies both at pre-tx and during therapy

Promising Practices

Self-Disclosure

Immediacy

Self-Disclosure & Immediacy
(Hill, Knox, & Pinto-Coelho)

- Research limited by (1) small # tx studies (vast majority analogue) and (2) impact on session (not tx) outcome

- Qualitative meta-analysis of 21 therapy studies shows positive clinical consequences

- Frequent impacts: enhanced tx relationship (60% of clients), mental functioning (42%), and insight (38%)

- Minimal negative consequences: inhibited client openness (6%) & negative effect on therapist (5%)

Self-Disclosure & Immediacy II
(Hill, Knox, & Pinto-Coelho)

♦ Both self-disclosure & immediacy typically safe when used judiciously to meet clients' needs (as opposed to gratifying therapists' needs)

♦ Disclosure especially when clients feel alone, vulnerable, & in need of support (generates universality and closeness when done skillfully)

♦ Immediacy especially when problems encountered in tx relationship (negotiating relationship and rupture repair)

SELF DISCLOSURE

Are There Others?

♦ You bet!

♦ We have neither completed the search nor exhausted the relationship behaviors associated with therapy success

♦ Probable examples: trust, deliberate practice, credibility, humor

♦ Insufficient research to draw conclusions at this juncture

Limitations

♦ Content overlap/correlations among elements

♦ Training to competence remains spotty

https://societyforpsychotherapy.org/teaching-learning-evidence-based-relationships/

♦ Need for cohesive organization or hierarchy of disparate qualities

♦ Patient's contribution to the relationship

♦ Difficulty of causal conclusions – M&M question (except alliance and feedback)

We Do Know What Works

♦ Decades of research and experience converge: the relationship works!

♦ These effect sizes concretely translate into healthier and happier people

♦ To repeat: Therapy relationship makes substantial & consistent contributions to outcome independent of the type of tx
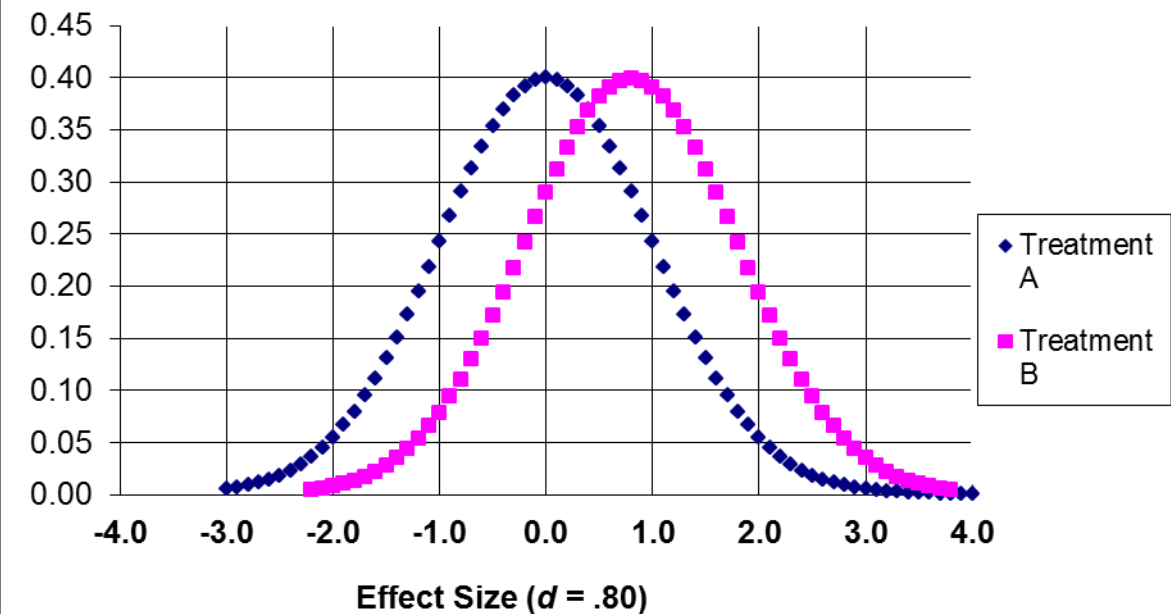
♦ But not the only thing that works

Let's Get Geeky

Effect Size (*d* = .2)
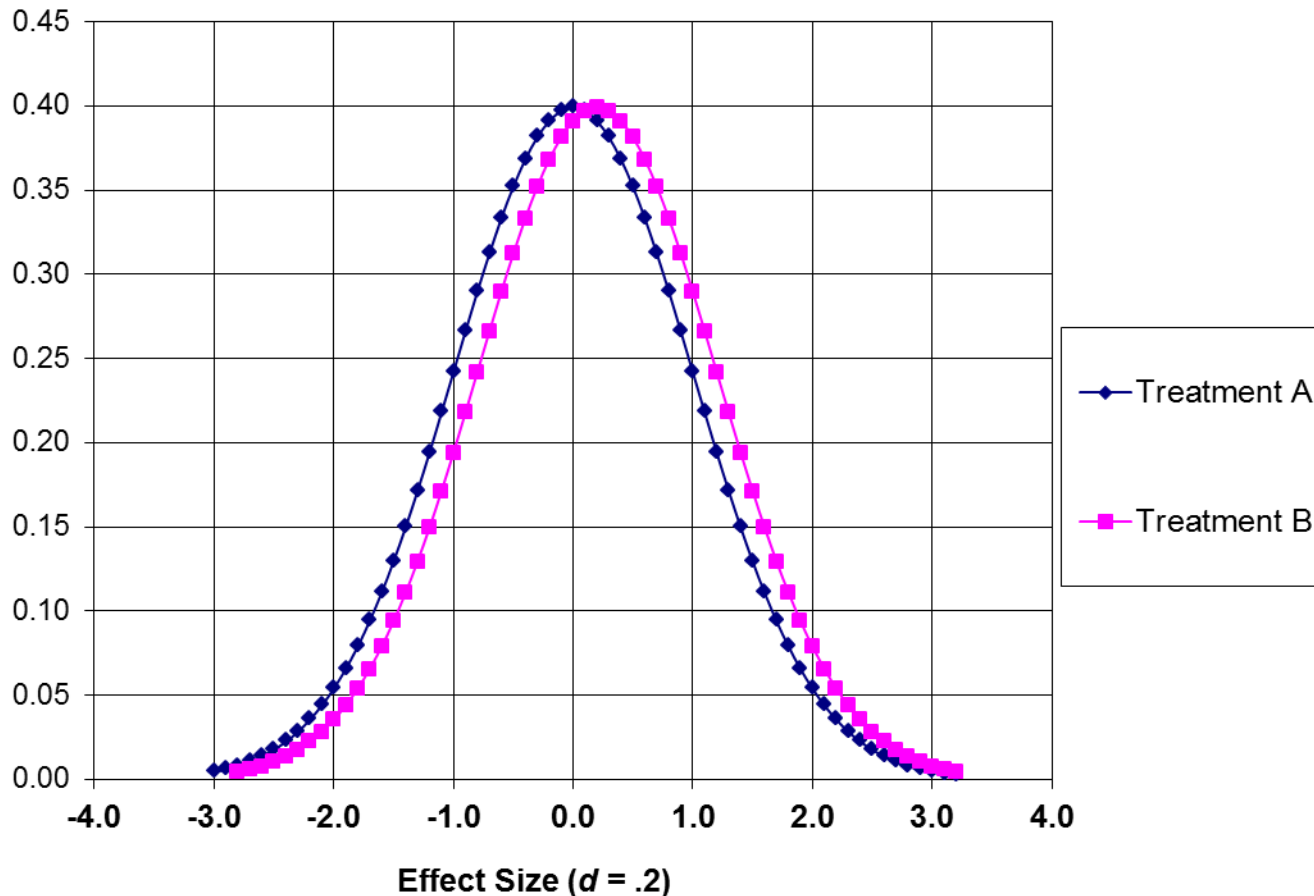
Typical ES of 0 to .20 when there is a difference between tx methods
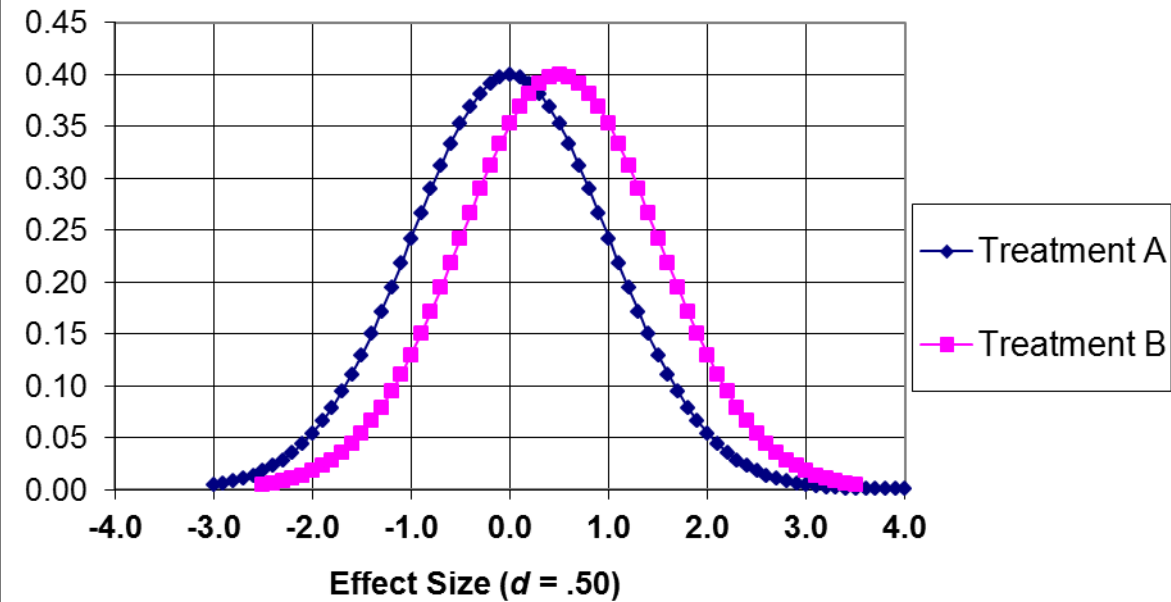
Typical ESs for the therapy relationship

What *Doesn't*

Work

Discredited Relationships

◆ Progress by simultaneously using what works *and* avoiding what does not work

◆ Avoiding psychoquackery requires consensus on discredited practices

◆ Could simply reverse what works (e.g., authoritarian, unempathic, nonsupportive)

◆ Reviews of research literature and 3 Delphi polls of experts

Discredited Relationship Behaviors in Psychotherapy

♦ Confrontations (style, *not* content)

♦ Frequent interpretations

♦ Negative processes (e.g., hostile, blaming, pejorative, rejecting)

♦ Assumptions

♦ Therapist-centricity

♦ Ostrich behavior re: early ruptures

# Coming Full Circle
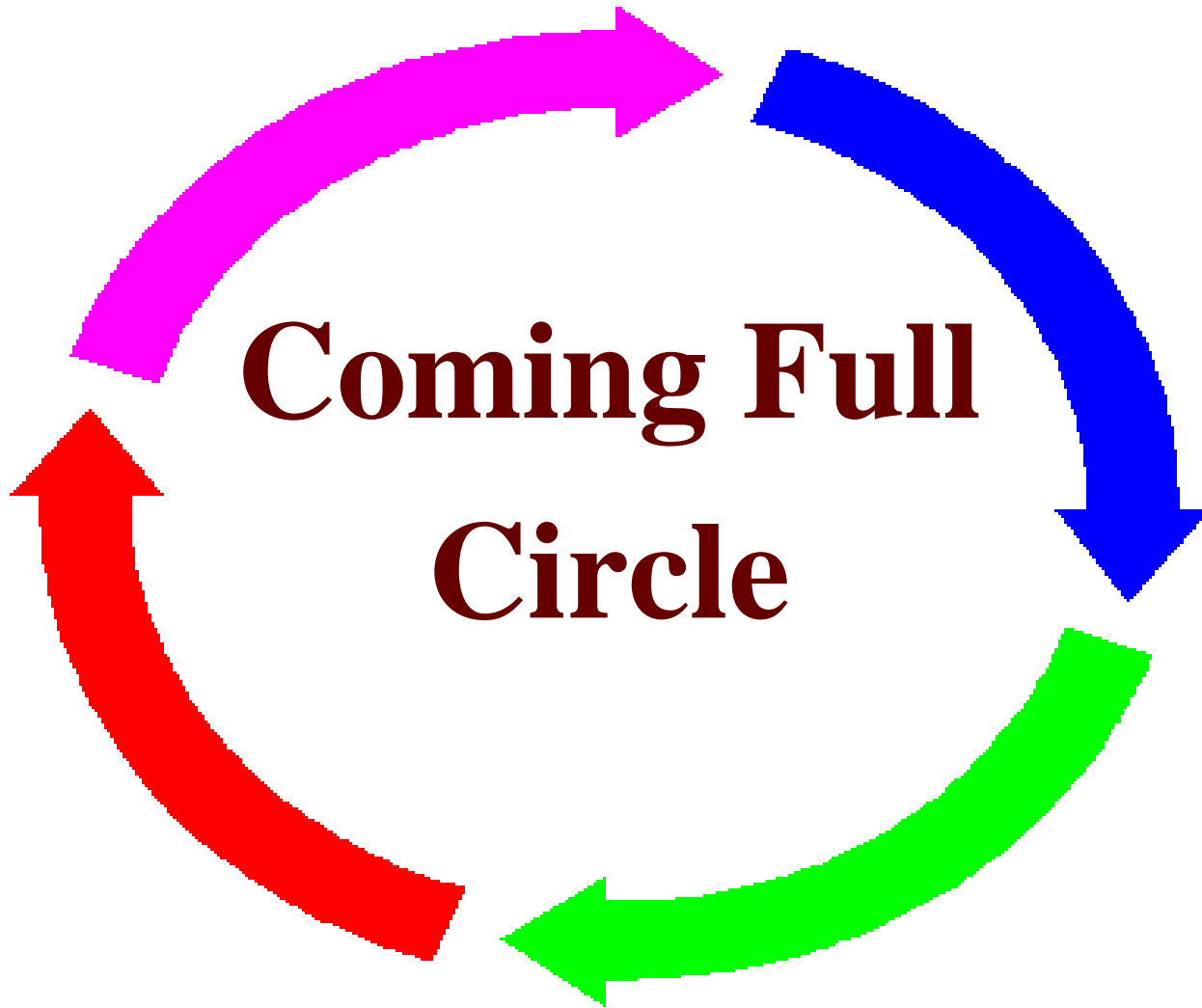
Hippocratic Oath
(modern version)

Reaffirming the Relationship

♦ I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

Rediscovering Patient's Totality

♦ I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being….

And doing so with robust evidence from a relational science
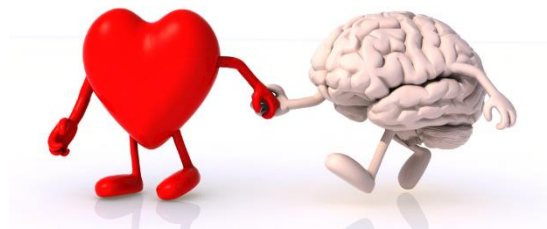
Practice Recommendations

◆ Make the creation and cultivation of a therapy relationship a primary aim

◆ Concurrent use of EBRs *and* EBTs tailored to patient likely to generate best outcomes

◆ Routinely monitor patients' responses to the therapy relationship and ongoing tx

Training Recommendations

♦ Training programs are encouraged to provide explicit and competency-based training in effective relationships

♦ Accreditation bodies are encouraged to develop criteria for assessing training in EBRs in their evaluation process

(Educating the mind without educating the heart is no education at all. – Aristotle)

Take-Homes

✓ Cultivate the therapy relationship (in ways shown to work)

✓ Tis more than "developing rapport"

✓ Simultaneously use (inclusive) EBPs *and* avoid (consensual) discredited practices

NATIONAL REGISTER
OF HEALTH SERVICE PSYCHOLOGISTS

When We Successfully Do So

Ψ reclaim "psych" in *psychotherapy*

Ψ transcend the limited and divisive "diagnosis only" approach to EBP

Ψ re-establish primacy of relationship in clinical work

Ψ embrace clinical reality that patients respond differently

Ψ and you will do psychological therapy even more effectively!

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