Tailoring the Therapy Relationship to the Individual Client

Evidence-Based Practices

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Workshop Description

Psychotherapy will maximize its effectiveness by targeting the most powerful sources of change: the therapeutic relationship and the patient him/herself. This workshop will provide demonstrably effective methods to tailor or adapt therapy relationships to individual patients. You will learn to reliably assess and rapidly apply 4 evidence-based methods (patient preferences, stages of change, reactance level, real-time feedback) for constructing the “relationship of choice.”
Our Objectives

By the end of the workshop, participants will be able to:

♦ Determine a client’s treatment and relationship preferences in ways that improve outcomes

♦ Apply 3 evidence-based guidelines to determine the relationship of choice

♦ Assess reliably a client’s stage of change within one minute and tailor treatment to that stage
Workshop Schedule

I. A Primer on Integration and Responsiveness
   Accounting for Psychotherapy Outcome
   Are There any Universal Relationship Stances?
   Success of Treatment Tailoring/Adaptation

II. What Works in General: Evidence-Based Relationships

III. What Works in Particular: 4+ Prescriptive Guidelines
   ♦ patient preferences
   ♦ real-time client feedback
   ♦ stages of change
   ♦ reactance level

IV. Integration and Case Examples
   Limitations & Alternatives
   Questions and Evaluations
   Conclusions and a Parable
Basis for Responsive Matching

♦ Direct research evidence of effectiveness (*not* anecdotal)
♦ Across theoretical systems (*not* from a single theory)
♦ Multiple diagnostic *and* nondiagnostic features (*not* simply diagnosis)
♦ Treatment method *and* therapy relationship (*not* only method)
♦ Matching across the course of therapy (*not* only pre-treatment)
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 three decades of empirical research.
% of (Total) Psychotherapy Outcome Variance Attributable to Therapeutic Factors

- Unexplained Variance: 40%
- Patient Contribution: 30%
- Therapy Relationship: 12%
- Treatment Method: 8%
- Individual Therapist: 7%
- Other Factors: 3%
Thought Experiment

Are there any interpersonal behaviors that you seek to manifest in all clinical encounters with all patients?

No exceptions.
Thought Experiment 2

Which interpersonal behaviors did you initially consider and then discard?

Why?
Dual Aims of ESRs

1. Identify elements of effective therapy relationships
2. Identify effective methods to customize therapy to the individual client
Effective Elements of the Therapy Relationship

Demonstrably and Probably Effective
Alliance in Individual Psychotherapy
Alliance in Youth Therapy
Alliance in Couple & Family Therapy
Cohesion in Group Therapy
Empathy
Goal Consensus
Collaboration
Collecting Client Feedback
Positive Regard/Affirmation
Effective Methods of Tailoring/Adapting Psychotherapy

Demonstrably and Probably Effective
Reactance Level
Stages of Change
Preferences
Coping Style
Culture
Religion/Spirituality
4+ Matching Methods

1. Patient Preferences
2. Real-time Client Feedback
3. Stages of Change
4. Reactance Level
4+ Other Patient Markers
1. Patient Preferences

…it is the *client* who knows what hurts, what directions to go, what problems are crucial, what experiences are deeply buried. It began to occur to me that unless I had a need to demonstrate my own cleverness and learning, I would do better to rely upon the client for the direction of movement in the process.
Meta-analysis Synopsis

♦ Meta-analysis of 35 studies comparing outcomes of clients matched vs. non-matched to their preferences
♦ \( d = .31 \) in favor of clients matched to their tx, role, and therapist preferences
♦ Patients receiving preferences were a third less likely to drop out of tx prematurely (\( OR = .59 \))
♦ Treatment method, relationship style, therapist characteristics, tx length, etc.
♦ Inquire what client desires \textit{and} what despises
Ascertaining Client Preferences

Inquire what patient despises and fears
♦ What do you dislike in a psychotherapist?
♦ What do you fear happening here?

Inquire about strong preferences in terms of
♦ Treatment method
♦ Therapy relationship
  - Tepid – Warm (distance)
  - Passive - Active
  - Formal - Informal
♦ Therapist characteristics
  - Gender
  - Race/ethnicity
  - Sexual orientation
Important Matching Caveats

♦ Conduct all therapy in client’s native language if other than English (2X as effective as tx conducted in English)

♦ Target therapy to a specific cultural group instead of groups consisting of clients from various cultural backgrounds (more effective; Griner & Smith, 2006)

♦ Accommodate strong preferences whenever clinically and ethically possible
2. Real-time Client Feedback

The Process

♦ Inquire directly about client’s impressions
♦ Compare those data to some benchmark
♦ Provide feedback immediately to therapist
♦ Address explicitly with client in-session
♦ Consider clinical support tools (e.g., alliance measure, stages of change)
Meta-analysis Synopsis

♦ Meta-analysis of 9 RCTs: 6 studies used the Outcome Questionnaire and 3 used PCOMS
♦ Collecting client feedback with these systematic systems was associated $r = .23 - .25$ with treatment outcome
♦ And reduced by about half the chances of at-risk patients experiencing deterioration
How Are Ya Questions

(1) How are you doing?
   - Progress/improvement/change
   - On track for goal attainment

(2) How is the psychotherapy going?
   - Satisfaction with treatment methods
   - What has been most helpful/least helpful

(3) How are we (the relationship) doing?
   - Satisfaction with the therapy relationship
   - Violated any preferences
   - How can we improve/do more or less
Please rate today's session by clicking the line nearest to the description that fits your experience.

Your input is important. There is no such thing as "bad news" on these forms. Your therapist is eager for your feedback because it enables a better fit of the services to your preferences, and therefore improves your chance for success.

Relationship
I did NOT feel heard, understood, and respected.
I feel heard, understood, and respected.

Goals and Topics
We did NOT work on or talk about what I wanted to work on and talk about.
We worked on or talked about what I wanted to work on and talk about.

Approach or Method
The therapist's approach is NOT a good fit for me.
The therapist's approach IS a good fit for me.

Overall
There was something missing in the session today.
Overall today's session was right for me.
3. Stages of Change
(single attempt)
The Spiral of Change
(multiple attempts)
Meta-analysis Synopsis

- Meta-analysis of 39 studies ($N = 8,238$): $d = .46$ for stages predict psychotherapy outcomes
- Meta-analysis of 47 studies: $d = .70 - .80$ for different change processes in different stages of change
- The therapist’s optimal relational stance also varies with stage of change
Stages of Change: Discrete Measure

Do you currently have a problem with __________? (If yes, then in contemplation, preparation, or action stage. If no, then precontemplation or maintenance.)

If yes, when will you change it? (Someday = contemplation stage; In the next few weeks = preparation stage; Right now = action stage).

If no, what leads you to say that? (Because it's not a problem for me = precontemplation stage; Because I have already changed it = maintenance stage.)
Stages of Change in Which Particular Change Processes are Most Useful

<table>
<thead>
<tr>
<th>Precontemplation</th>
<th>Contemplation</th>
<th>Preparation</th>
<th>Action</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consciousness-Raising</td>
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<td></td>
<td></td>
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<tr>
<td>Social Liberation</td>
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<tr>
<td>Emotional Arousal</td>
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<tr>
<td>Self-Reevaluation</td>
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<tr>
<td>Commitment</td>
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<td>Reward</td>
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<tr>
<td>Countering</td>
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<tr>
<td>Environment Control</td>
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</tbody>
</table>
## Stages of Change: Continuous Measure

<table>
<thead>
<tr>
<th>Stages of Change</th>
<th>Your Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Precontemplation</strong></td>
<td>As far as I'm concerned, that behavior doesn't need changing.</td>
</tr>
<tr>
<td><strong>Contemplation</strong></td>
<td>I've been considering changing that part of myself.</td>
</tr>
<tr>
<td><strong>Action</strong></td>
<td>Anyone can talk about changing; I'm actually doing something about it.</td>
</tr>
<tr>
<td><strong>Maintenance</strong></td>
<td>I have been successful in working on my problems but I'm not sure I can keep up the effort on my own.</td>
</tr>
</tbody>
</table>
Integration of Psychotherapy Systems within Stages of Change

<table>
<thead>
<tr>
<th>Stages of Change</th>
<th>Precontemplation</th>
<th>Contemplation</th>
<th>Preparation</th>
<th>Action</th>
<th>Maintenance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivational interviewing</td>
<td>Adlerian therapy</td>
<td>Rational-emotive behavior therapy</td>
<td>Behavior therapy</td>
<td>EMDR and exposure</td>
<td></td>
</tr>
<tr>
<td>Sullivanian therapy</td>
<td>Transactional analysis</td>
<td>Interpersonal therapy (IPT)</td>
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<tr>
<td>Strategic therapy</td>
<td>Bowenian therapy</td>
<td>Structural therapy</td>
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<tr>
<td>Psychoanalytic therapy</td>
<td>Existential therapy</td>
<td>Gestalt therapy</td>
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</tbody>
</table>
Prescriptive Guidelines for Stages of Change

- Assess the patient's stage of change
- Educate patient about the stages -- change as a developmental process
- Guide patient in reviewing a successful behavior change through the stages
- Beware treating all patients as though they are in action
- Set realistic goals; assist clients in moving one stage at a time
- Recognize that patients in action achieve better outcomes
- Begin sessions by reinforcing successful maintenance behavior(s) and then moving backwards to other stages
- Facilitate the awareness-action crossover
- Think processes/principles, not techniques
- Do the right things (processes) at the right time (stages)
- Prescribe stage-matched treatments and relationships
- Avoid mismatching stages and processes
- Anticipate recycling (build-in relapse prevention training)
- Think theoretical complementarity
4. Reactance Level

- Refers to being easily provoked & responding oppositionally to external demands
- Exists on normally distributed continuum of compliance – defiance
- A client marker for optimal degree of therapist directiveness
- How directive are you as a therapist? It depends!
Meta-analysis Synopsis

♦ Matching therapist directiveness to client reactance improves patient outcomes in 80% plus of the identified studies

♦ Meta-analysis of 12 select studies ($N = 1,102$) reveals $d = .76$ for matching therapist directiveness to patient reactance
**Reactance Level**

- **Low**
  - readily agrees to complete homework assignments
  - completes homework assignments
  - compliant with therapist directions
  - accepts therapist’s interpretations
  - tolerance for events out of client’s control
  - seeks direction
  - submissive to authority
  - nondefensive/open to experience

- **High**
  - does not comply with homework assignments
  - intense need to maintain autonomy
  - resists external influences
  - therapeutic interventions have paradoxical results
  - refuses therapist’s interpretations
  - dominant
  - anxious resistance
  - previous response to treatment was poor
  - history of social/interpersonal conflict

**Decision**

- Yes
- No
Matching to Reactance

- Remember: match to the patient’s reactance level, *not* the therapist’s reactance
- High-reactance patients benefit more from self-control methods, minimal therapist directiveness, and paradoxical interventions
- Low-reactance clients benefit more from therapist directiveness and explicit guidance
4+ Coping Style

- Refers to an individual’s habitual & enduring patterns when confronting new or problematic situations

- Externalizing (impulsive, task-oriented, stimulation seeking, extroverted) vs. internalizing (self-critical, reticent, inhibited, introverted)

- Meta-analysis indicates medium effect sizes ($d = .55$) for matching therapist method to patient coping style ($k = 12, N = 1,291$ patients)
Matching to Coping Style

♦ Interpersonal and insight-oriented therapies are more effective among internalizing patients

♦ Symptom-focused and skill-building therapies are more effective among externalizing patients

♦ But all patients benefit first from clinical stabilization and symptom reduction
4+ Culture

- Meta-analysis of 65 studies ($N = 8,620$) evaluated the impact of culturally adapted therapies vs. traditional (non-adapted) therapies
- $d = .46$ in favor of clients receiving culturally adapted treatments; “cultural fit” works
- Most frequent methods of adaptation: 84% incorporated cultural content/values, 75% used clients’ preferred language, 53% matched clients with therapists of similar ethnicity/race
Research Does Not Support

Routine matching of therapist-patient on

♦ Gender
♦ Ethnicity
♦ Religion/Spirituality

unless client expresses strong preference
Discredited Relationship Behaviors

- Confrontations (style, *not* content)
- Frequent interpretations
- Negative processes (e.g., hostile, pejorative, rejecting, blaming)
- Assumptions
- Therapist-centricity
- Ostrich behavior re: early ruptures
Limitations

Limits of human capacity

Possibility of capricious posturing

Moral connotations of flexibility
Alternatives

Practice limits

Differential referrals

Other alternatives
CE Questions

1. The outcome research indicates that, for most patients, the quality of the therapeutic relationship accounts for as much success as the particular treatment method.

2. Patients in the precontemplation stage of change typically achieve better results in cognitive-behavior therapy.
Useful Websites

♦ academic.scranton.edu/faculty/norcross/ (home page of John Norcross)
♦ www.uri.edu/research/cprc/ (home of the stages of change)
♦ www.innerlife.com (Systematic Treatment; matching on reactance and coping style)
Recommended DVDs

- **Client-directed outcome-focused psychotherapy.** (2005). (DVD; approx. 100 minutes). In APA’s *Psychotherapy Videotape Series*. Washington, DC: APA. (Scott Miller)

- **Evidence-based treatment.** (2007). (DVD; approx. 100 minutes). In *APA Psychotherapy Videotape Series*. Washington, DC: APA. (Larry Beutler)


Recommended Readings I


Recommended Readings II


