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Review

Therapist characteristics that predict the outcome of multipatient psychotherapy: Systematic review of empirical studies

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ABSTRACT

We defined multipatient psychotherapy as the set of psychotherapeutic techniques applied with more than one patient in the room. Assumptions of what makes a psychotherapist effective guide training programmes but may not be supported by evidence. We need to identify the empirical data on what makes a multipatient psychotherapist effective. We undertook the systematic review of empirical studies which correlate therapist characteristics with measurable patient outcome in multipatient psychotherapy. We found that the scientific literature on the topic is broad and heterogeneous in scope, studying demographic, professional and psychosocial characteristics of the therapists, but is poor in quality. The most solid results are that ethnic matching improves the outcome of family therapy with drug abusing adolescents in some ethnic minorities and that therapist knowledge patterns affect patient satisfaction. We concluded that the therapist characteristics that affect clinical outcome seem to be internal to the therapist and depend on the patient treated.

1. Objectives of the study and background

While different psychotherapists achieve different results in their clinical work, the mechanisms of action of psychotherapy and the elements which determine the impact of the therapist on the outcome of therapy are poorly known (Marks, 2002; O'Neill et al., 2013). It has been proposed that the scarcity of this research might be due to its being sidelined by other approaches to the study of psychotherapy, namely the effectiveness of particular psychotherapeutic techniques (Carroll, 2001).

While it is notoriously difficult to determine what psychotherapy is (Haldipur, 1985), in this work we define multipatient psychotherapy as the group of psychotherapeutic techniques in which there is more than one patient in the room. This is a heterogeneous but well circumscribed group which includes different types of group (Roberts, 1995), family and couple therapies. Multipatient psychotherapy is interesting for its potential enhancement of cost-effectiveness by treating several patients directly at the same time, as compared with individual psychotherapy. Family therapy is recommended by the NICE guidelines in the treatment of schizophrenia (National Institute for Health and Clinical Excellence, 2009) and the effect size of group psychotherapy has been estimated by meta-analytic procedures to be 0.58 (Burlingame et al., 2003).

No systematic review on the therapist factors which can predict the outcome of multipatient psychotherapy has been undertaken. This work addresses that gap.

The aims of this study were (a) to undertake the first systematic review of the available literature on the therapist characteristics which can predict the outcome of multipatient psychotherapy, (b) to establish which therapist characteristics affect the outcome of multipatient psychotherapy and (c) To evaluate the quality of the empirical research on the impact of the characteristics of psychotherapists on the outcome of multipatient psychotherapy.

2. Materials and methods

2.1. Inclusion criteria

2.1.1. Interventions

We included studies based on multipatient psychotherapies without excluding articles for reason of the type of patients treated. We accepted studies with non-clinical populations. We accepted as psychotherapy the interventions traditionally branded as such, to the exclusion of other potentially therapeutic interventions like yoga (Bilderbeck et al., 2013) or animal assisted interventions (Bernabei et al., 2013).

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2.1.2. Therapist characteristics

This review included studies on therapist characteristics which could be observed prior to the therapy but not those which approached therapist actions or attitudes determined during the course of the therapy. Studies that focused on the impact of elements defined by the institutional frame, like staff turn over, professional fees and client's choice of therapist were not included. Studies were also excluded that only focused on the impact of a psychotherapeutic technique or the adherence to a model.

2.1.3. Design of the studies

The studies included in this review performed primary research, were empirical, published in scientific journals and written in English, Spanish or French. Qualitative studies were not included.

2.1.4. Outcome measures

Studies were included which considered quantitative measures after the therapy, including patients' treatment satisfaction but not process measures such as therapeutic alliance. Retention in treatment was considered an outcome measure when that was considered by the authors as a treatment goal.

2.2. Search strategy and data sources

The search strategies used to identify relevant studies were: electronic database searching, hand-searching and consultation to experts.

2.2.1. Electronic database searching

Eight bibliographic databases were searched using Athens as the interface: Medline, PsycInfo, Embase, CINAHL, Amed, BNI, Health Business Elite and HMIC. All databases were searched from inception to the 19th of April 2012. Thence, Athens automatically generated weekly reports of newly published articles which fulfilled the search criteria. This review included these reports up to the 13th of December 2013. The searches combined terms for multipatient psychotherapies, therapist characteristics and outcome measures, exploding these concepts and amending the search terms as required for each database. Filters were used for empirical and quantitative studies; reviews and meta-analyses; English, French and Spanish languages; and human studies as the Athens interface allowed. The search criteria are detailed in online summary SC. The articles found in Medline were explored with the Pubmed "related articles" tool.

2.2.2. Hand-searching

The reference lists of all the articles (except those found in Medline) were hand-searched.

2.2.3. Consultation to experts

Two experts in the field of psychotherapy were consulted to identify relevant publications.

2.2.4. Data extraction

Selection of studies for inclusion in the review was made by reviewer 1 (AS). A subsample of 57 studies was assessed by reviewer 2 (MS) to check adherence to inclusion criteria in study selection. Disagreements were discussed in the presence of a third reviewer (AA) who made the final decision about the inclusion of the articles in the review. A threshold of 90% was established as the minimum acceptable concordance between reviewers 1 and 2. The actual concordance achieved was 91.23%, which was above the required threshold.

The information collected was: study design for the purposes of this review, type of intervention, number of patients treated and therapists involved, outcome measures, follow-up period, results and conclusions of the study as well as a consideration of whether the intervention had a clinical impact in order to detect floor effects. It has to be noted that some studies could be randomized controlled trials (RCTs) for their primary hypothesis but if patients were not randomly allocated to therapist or therapist characteristic they were considered as cohort studies for the purposes of this review.

2.2.5. Quality assessment

We customized a system to evaluate the quality of the articles, considering whether they described the randomization process should there be one, the evidence of adherence to a treatment model (manualization and monitoring), the presence of selective reporting, whether the study addressed the losses of data it could incur in, masking of the therapist characteristic under study to patients and assessors, and whether the study approached the outcome of a therapist characteristic as its main target or as a side issue.

2.3. Reporting of results

Results for patients' outcome were reported from all included studies, summarizing the impact of each therapist characteristic studied, number of patients included in the study and their diagnosis, treatment delivered and outcome measures considered.

3. Results

3.1. Study selection

The literature search identified 20 articles, corresponding to 17 studies, which were included in the review. Fig 1 shows a flow diagram with the study selection. The Athens interface incapacity to deduplicate large article sets (above 500) entails that some of the articles described as emerging from each database might also be counted for another. When screening the electronic search, if abstracts available online were needed to determine the eligibility of the article, they were consulted at the time, and no record of the number of abstracts reviewed was kept. The circular nature of the search with the "related articles" Pubmed tool, with articles cross referring to each other, prevented the determination of the number of articles screened in secondary searches.

The 17 included studies evaluated the impact of three types of therapist characteristics: demographic, professional and psychosocial.

For those articles which reached the whole article screening stage, we include a summary and the reason for their exclusion in online summary EA. These articles were: Ablon and Jones (1998), Alexander et al. (1976), Bridbord and DeLucia-Waack (2011), Burlingame et al. (2003), Carpenter and Range (1982), Crane et al. (1986, 2004), Dinger et al. (2007), Johnson and Caldwell (2011), Karver et al. (2006), Kivlighan (2008), Kolko et al. (2000), Lawson and Brossart (2003), Leung et al. (2013), Mintz et al. (1976), Pekarik (1994), Rose et al. (2005), Rosenheck et al. (1995), Sandell et al. (2006), Shetzman (2004a,b), Simmons and Doherty (1998), Sterling et al. (1998), Vocisano et al. (2004), Vostanis and O'Sullivan (1992), Watts and Trusty (1995) and Wittenborn (2012).

3.2. Types of intervention

The therapeutic interventions could be classified as forms of group therapy (designed as group psychotherapy, psychoeducational treatment group, group cognitive behaviour therapy (CBT), mutual support group (MSG), supportive expressive group therapy, cognitive-existential group therapy, reminiscence group therapy