



International Journal of Clinical and Health Psychology

www.elsevier.es/ijchp



THEORETICAL STUDY

Selecting the most appropriate treatment for each patient



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Received 8 July 2015; accepted 10 August 2015
Available online 9 October 2015

KEYWORDS

Psychotherapy;
Treatment outcomes;
Integration efficacy;
Treatment fit;
Theoretical study

Abstract Reviews the emergence of research on fitting treatment procedures to the unique needs and proclivities of patients. Traditional research on efficacy of psychotherapy focuses on the role of interventions and theoretical brands, minimizing factors that cannot be randomly assigned. This line of research has not realized its initial and desired promise, perhaps because it fails to incorporate into the study of psychotherapy important and effective treatment variations that are associated with therapist and non-diagnostic patient factors. Contemporary efforts to “fit” treatments to patients emphasize the roles of interventions, participant factors, and contextual/relationship factors. For these complex interactions, any of which reflect factors that cannot be randomly assigned, randomized clinical trials (RCT) protocols are inappropriate as a “gold standard”. Several studies are presented which illustrate not only the predictive power of incorporating both treatment mediators and moderators into the realm of psychotherapy study, but the value of a multi-method approach to research. Converging studies moreover, provide a way to incorporate matching algorithms into decisions about assigning optimal treatments.

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PALABRAS CLAVE

Psicoterapia;
resultados del
tratamiento;
eficacia de
integración;

Selección del tratamiento más adecuado para cada paciente

Resumen Se revisa el surgimiento de la investigación sobre procedimientos de ajuste de tratamientos a las necesidades de los pacientes. La investigación tradicional sobre la eficacia de la psicoterapia se centra en el papel de las intervenciones y los modelos teóricos, minimizando los factores que no pueden ser asignados al azar. Esta línea de investigación no ha dado cuenta de su deseada promesa inicial, tal vez porque no incorporó en el estudio de la

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ajuste del
tratamiento;
estudio teórico

psicoterapia importantes y eficaces variaciones de tratamiento asociadas al terapeuta y a factores no diagnósticos de los pacientes. Los esfuerzos contemporáneos para “encajar” tratamientos a pacientes destacan el papel de las intervenciones, de factores participantes y de factores contextuales/relacionales. Estas complejas interacciones reflejan factores que no pueden ser asignados al azar, ensayos clínicos aleatorizados (ECA) que son inapropiadas como “estándar de oro”. Se presentan varios estudios que ilustran no sólo el poder predictivo de la incorporación de ambos mediadores y moderadores de tratamiento en el ámbito de estudio de la psicoterapia, sino también el valor de un enfoque multi-método de investigación. Estudios convergentes proporcionan una manera de incorporar algoritmos en las decisiones sobre la asignación de tratamientos óptimos.

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Planning and assigning a patient to a treatment that optimizes gains and fits the patient's needs is a shared objective among clinicians. However, selecting the most appropriate treatment for each patient can be a nebulous and unreliable task, varying by the clinician's biases and theoretical training and with uncertain or unmeasured results. There are different ways to identify and select a particular treatment course. Rational approaches rely on the particular formulations of each clinician and are largely based on theoretical posture and personal experience. Alternatively, empirically supported treatments favor diagnosis-specific interventions, chosen from a selection of name-brand approaches that have been proven to be more effective than no- or usual treatment in at least two randomized studies. This approach falls prey to a tendency to ignore both individual patient variations and the importance of contextual and participant factors beyond therapy brand and patient diagnosis. A third method articulates treatment selection as a process that focuses on the identification and application of guiding principles, as opposed to broad theoretical models, that have been found to be related to the efficacy of each unique patient-therapist dyad. These principles are drawn from research findings on the roles of treatment contexts, interventions, and participant factors, and incorporate contributors to an optimal “fit” beyond those found in the brand of treatment and the diagnosis of the patient. The contemporary approach that best represents this method of assigning treatment is Systematic Treatment Selection (STS; Beutler, Clarkin, & Bongar, 2000). STS is an integrative model of assessment and treatment delivery that draws on the roles of individual dispositional factors (patient characteristics) and corresponding or matching interventions. Patient factors and treatment strategies are both drawn from research evidence that certain patterns represent indices of “fit”. In other words, STS provides the clinician with a set of empirically informed guidelines about using different psychotherapeutic strategies depending on a patient's proclivities, needs, and overall profile characteristics. The principles that constitute STS are themselves drawn from research on three domains or classes of variables that mediate or moderate change: participant factors, interventions, and relationship qualities (Beutler & Clarkin, 1990; Beutler et al., 2000; Beutler & Harwood, 2002; Castonguay & Beutler, 2006; Constantino, Beutler, & Castonguay, in press; Norcross, 2002, 2011).

The development of Systematic Treatment Selection (STS) relies on a long history of psychotherapy research conducted throughout North and South America and Europe. STS aims to identify both variables and approaches that are translatable across various cultures and individuals and those that are unique to each treatment or culture. Its foundational research is comprised of findings that have been extracted from studies using a variety of research designs. The compilation of findings from multiple methods is thought to ensure that the conclusion rest on sound scientific principles pertaining to how people are helped psychologically and emotionally.

The objectives of this paper are to: 1) briefly review the development of Systematic Treatment Selection (STS) within the context of the history of psychotherapy research; 2) identify the primary assumptions and research methods used in this approach compared to more conventional models; 3) describe the measures and methods used to test the model; and 4) present the current status of “matching” research, via examples from our own research program.

History of psychotherapy research in the development of STS

Roughly, one can differentiate among four different epochs that mark the evolution of psychotherapy integration, culminating in the STS system and other integrative approaches. These epochs began with the search for common healing factors (Epoch #1) and then progressed to the exploration of tailoring the use of patient specific procedures or “technical eclecticism” (Epoch #2). The third epoch saw the introduction of integration/eclecticism as a formal school (Lazurus, 1967), and in turn, the differentiation of eclecticism and integrationism. With these changes, there was a return to “schools” (Epoch #4) with a focus on finding evidence based treatments that reliably produced change. It is during this epoch of change, that the field of integrative psychotherapy has achieved a degree of formality as a distinct approach, as interest in it has been shown to be durable and stable.

Each epoch has contributed foundational principles to what became the STS. Some principles identified strategic relationships that are common across approaches and clients; others identified strategies which cut across theories to systematically predict outcome of psychotherapy,

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