



Client engagement in psychotherapeutic treatment and associations with client characteristics, therapist characteristics, and treatment factors



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HIGHLIGHTS

- There is a lack of definition and theory for client engagement
- Engagement is a multifaceted process influenced by interrelating client, therapist, and treatment factors
- Clients' greater capacities to address their problems are associated with engagement
- More than any treatment factor, the therapeutic relationship had the greatest influence on clients' engagement
- Research is needed to develop a theory for engagement to help practitioners enhance it

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ABSTRACT

Client engagement has been associated with positive psychotherapeutic outcomes, yet it is relatively under-theorized. The aims of this review were to establish how client engagement with psychotherapeutic interventions targeting psychological or behavioral change has been operationally defined and assessed, and the associated client characteristics, therapist characteristic, and treatment factors. Seventy-nine studies were selected for review, revealing inconsistent definitions and assessments of engagement and a broad array of client characteristics and treatment factors investigated. Attendance was frequently used as a proxy for engagement, but may not be reliable. Participation or involvement in conjunction with homework compliance which reflects clients' efforts within and between sessions may more reliably reflect engagement. The findings of associations between client characteristics and engagement variables were equivocal, although clients' capacities to address their problems tended to be positively associated with engagement. Nearly all therapist characteristics, particularly therapists' interpersonal skills, and most treatment factors, particularly strengths-based approaches and the therapeutic relationship, were positively associated with engagement. A theory of engagement that characterizes the function and inter-relations of variables across different psychotherapeutic settings is needed.

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Contents

1.	Method	430
1.1.	Working definitions of terms	430
2.	Results	430
2.1.	Operational definitions and assessments of engagement	431
2.1.1.	Engagement as attendance	431
2.1.2.	Engagement as participation or involvement	431
2.1.3.	Engagement as homework compliance or practice	432
2.1.4.	Engagement as the therapeutic relationship	432
2.1.5.	Measures of engagement	432
2.1.6.	Client and therapist perceptions of engagement.	433
2.1.7.	Summary	433
2.2.	Associated client characteristics, therapist characteristics, and treatment factors	433

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2.2.1.	Client characteristics, therapist characteristics, and treatment factors associated with attendance	434
2.2.2.	Client characteristics, therapist characteristics, and treatment factors associated with participation or involvement	434
2.2.3.	Client characteristics, therapist characteristics, and treatment factors associated with homework compliance	435
2.2.4.	Client characteristics, therapist characteristics, and treatment factors associated with the therapeutic relationship or counseling rapport	436
2.2.5.	Summary	436
3.	Discussion	436
3.1.	Operational definitions and assessments of engagement	436
3.2.	Associated client characteristics, therapist characteristics, and treatment factors	437
3.3.	General limitations	438
3.4.	Future research directions	438
3.5.	Implications for practice	438
4.	Conclusion	438
Appendix A.	. . . . .	439
Appendix B.	. . . . .	441
Appendix C.	. . . . .	442
Appendix D.	. . . . .	444
Appendix E.	. . . . .	444
Appendix F.	References for Tables	445
References	. . . . .	447

Client engagement with treatment has frequently been cited as directly associated with positive treatment outcomes in psychotherapeutic interventions (LeBeau, Davies, Culver, & Craske, 2013; Orlinsky, Grawe, & Parks, 1994), substance abuse treatment (Rowan-Szal, Joe, Simpson, Greener, & Vance, 2009; Simpson & Joe, 2004), alcohol abuse treatment (Dearing, Barrick, Dermen, & Walitzer, 2005) and correctional treatment (Drieschner & Verschuur, 2010; McCarthy & Duggan, 2010). Poor treatment attendance is generally accepted as an indicator of non-engagement (e.g. Wang et al., 2006), which is one of the biggest threats to intervention effectiveness. Poor treatment attendance leads to poor outcomes not only for clients (Cahill et al., 2003; Klein, Stone, Hicks, & Pritchard, 2003; Lampropoulos, 2010; VanDeMark et al., 2010), but also for program providers, including poor job satisfaction and low staff morale (Mensing, Diamond, Kaminer, & Wintersteen, 2006) and a sense of failure and uncertainty (Klein et al., 2003; Piselli, Halgin, & MacEwan, 2011). Attrition rates of up to 50% have been reported (Hatchett, 2004; Melville, Casey, & Kavanagh, 2007; Wierzbicki & Pekarik, 1993), but in a more recent meta-analysis Swift and Greenberg (2012) reported lower rates of approximately 20%. This figure represents a wide range of rates but it still equates to around one in five clients terminating treatment prematurely; consequently attrition remains an on-going concern for treatment providers.

Variation in dropout rates may be attributable to a number of client characteristics, therapist characteristics, and treatment factors that relate to completion and attrition (Swift & Greenberg, 2012) and more broadly, treatment outcomes. Client characteristics that have been found to be associated with treatment outcomes include attachment style (Byrd, Patterson, & Turchik, 2010; Illing, Tasca, Balfour, & Bissada, 2011; Strauss et al., 2006), motivation (Frei & Peters, 2012; Jenkins-Hall, 1994), reasoning ability (Frei & Peters, 2012), avoidant coping style and somatic symptoms (Kim, Zane, & Blozis, 2012), symptom severity (Boswell, Sauer-Zavala, Gallagher, Delgado, & Barlow, 2012) and readiness to change (Boswell et al., 2012; Melnick, De Leon, Hawke, Jainchill, & Kressel, 1997). Therapist characteristics that have been found to be associated with positive treatment outcomes include therapists' warmth, optimism and humor (Beck, Friedlander, & Escudero, 2006) and therapists' professional self-doubt (Nissen-Lie, Monsen, Ulleberg, & Rønnestad, 2013). Treatment factors that have been found to be associated with treatment outcomes include motivational enhancement (Scott, King, McGinn, & Hosseini, 2011) and group climate (Illing et al., 2011; Kirchmann et al., 2009). In particular the therapeutic alliance (Bacheler, 2013; Horvath, Re, Flückiger, & Symonds, 2011; Johansson & Jansson, 2010; Martin, Garske, & Davis, 2000; Priebe, Richardson, Cooney, Adedjei, & McCabe, 2011) and the therapeutic relationship (Norcross, 2011) have demonstrated consistent positive associations with treatment outcomes. Authors have gone as far

as to argue that the therapeutic relationship between clients and counselors has a greater influence on treatment outcomes than therapeutic techniques (Duncan, Miller, Wampold, & Hubble, 2010; Lambert & Barley, 2001). It is conceivable that the associations between these factors and treatment outcomes are mediated by clients' engagement in treatment.

While it has been frequently cited in relation to treatment outcomes, there is little in the way of a general definition for, and theory of, engagement (Ammerman et al., 2006; Graff et al., 2009). Much of the engagement research has been in relation to parent and family therapy interventions (Baydar, Reid, & Webster-Stratton, 2003; Thompson, Bender, Lantry, & Flynn, 2007) and substance abuse treatment (e.g. Simpson, 2004), perhaps because this is where motivation or client resistance is likely to be a prominent issue, compared to the working alliance that has attracted more widespread attention (Ackerman & Hilsenroth, 2003; Byrd et al., 2010; Cournoyer, Brochu, Landry, & Bergeron, 2007; Horvath et al., 2011; Kietai, 2012; Kirsh & Tate, 2006; Mackrill, 2011; Taft & Murphy, 2007). The lack of theory might be because the term 'engagement' within the context of psychotherapy can be employed informally as well as clinically, unlike the 'therapeutic alliance' (e.g. Bacheler, 2013), or the therapeutic relationship (e.g. Priebe et al., 2011) that tends to have a more specific clinical use. Even though it is recognized as being important, the need to establish a clear conceptualization and definition for engagement may have been overlooked. If clients' engagement influences their treatment outcomes, and treatment outcomes represent the amount or degree of change in clients' functioning (e.g. reductions in depression, increases in self-esteem), then clients' engagement should constitute any of the efforts that they make toward these changes.

Given the importance of client engagement to treatment outcomes, the first aim of this review is to establish how it has been defined and assessed, and to what extent these definitions and assessments reflect the process of treatment and clients' efforts toward the achievement of change. Researchers have argued that "engagement in the process of change is *almost* the same as engagement in the treatment process" (Drieschner, Lammers, & van der Staak, 2004, p. 1121) [emphasis added]. The subtle distinction might reflect that some clients can be 'engaged' in the treatment process, yet do not achieve the desired level of change that is the target of the treatment. Therefore for engagement to predict treatment outcomes, it should reflect any efforts that clients make during the course of treatment toward achieving measurable changes. Furthermore, given the potential for engagement to mediate the relationships between client characteristics, therapist characteristics, treatment factors and treatment outcomes, the second aim is to draw together the factors that are, or are not, associated with clients' engagement as it has been defined and assessed. The overarching aims are to prompt future research toward clearer conceptualization and theory

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