Therapist affect focus and patient outcomes in psychodynamic psychotherapy: a meta-analysis

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CRD summary
This review concluded that therapist facilitation of patient affective experience or expression is associated with outcome improvements in short-term psychodynamic psychotherapy. While aspects of the review were well-conducted, some methodological limitations undermine the reliability of the conclusions.

Authors' objectives
To examine the relationship between therapist facilitation of patient emotional experience or expression and outcome in psychodynamic psychotherapy.

Searching
PsycINFO was searched to February 2006 and a number of journals issued in 2005 were handsearched. The reference lists of relevant articles were screened, and review articles and book chapters were examined. Only publications in the English language were eligible for inclusion; unpublished studies were excluded.

Study selection
Study designs of evaluations included in the review
The authors specified that studies which compared groups or reported correlational results were eligible for inclusion. Studies with sample sizes greater than 1 were included in the review.

Specific interventions included in the review
Studies of individual psychodynamic psychotherapy were eligible for inclusion. All of the treatments were short term.

Participants included in the review
Studies of adults were eligible for inclusion. Some details of the characteristics of the participants were reported in a supplementary table. Participants had a range of diagnoses, including depressive disorders or no specific diagnosis.

Outcomes assessed in the review
Studies that directly measured therapist facilitative activity of patient emotion, as well as studies that measured patient emotional experience or expression following various forms of therapist intervention or activity, were included in the review. The outcomes were categorised using the following 'constructs': depressive symptoms, general psychiatric symptoms, social or work functioning, positive functioning, individualised outcome, or overall change. It was also noted if a combination of outcome constructs were used, or if the outcome construct used was unclear.

How were decisions on the relevance of primary studies made?
Abstracts were reviewed and relevant papers retrieved. The authors did not state how many reviewers performed the selection.

Assessment of study quality
Each study was allocated a score up to 5 using criteria relevant to psychodynamic psychotherapy studies: a sample size greater than or equal to 20; use of treatment fidelity checks by measurement of adherence or competence; use of audio- or videotaping as part of supervision; use of a treatment manual; and active supervision of therapists during the study. Each variable scored 0 when absent or 1 when present. The authors did not state how many reviewers performed the validity assessment.

Data extraction
The authors calculated an effect size ($r$) for each study; when multiple effects were presented in a study, an overall weighted average effect size was calculated (with $N$ averaged).
The authors did not state how many reviewers performed the data extraction.

**Methods of synthesis**

**How were the studies combined?**

A weighted average effect size (r) was calculated, along with 95% confidence intervals (CIs), using a random-effects meta-analysis. Publication bias was assessed using Hunter-Schmidt's file-drawer method.

**How were differences between studies investigated?**

Heterogeneity was assessed, but the method used was not described [A: Hunter-Schmidt's $\chi^2$ test of heterogeneity]. Subgroup analyses were conducted in those studies that used either: a single outcome construct of depressive symptoms or overall change, or an unclear outcome construct; or more than one outcome construct. Sensitivity analyses were conducted using the methodological quality scores.

**Results of the review**

Thirteen publications with 10 independent samples (n=150) were included.

Therapist facilitation of patient affective experience or expression increased success rate from 35 to 65%, with an overall effect size of 0.30 (p<0.01). There was no statistical heterogeneity between the studies. File-drawer analyses indicated that 20 additional studies showing no effect would be needed to reduce the effect size to 0.10. The subgroup analysis of only those studies that evaluated a single outcome construct (depressive symptoms or overall change) or an unclear outcome construct was statistically significant (0.31, 95% CI 0.13, 0.47), with no significant heterogeneity observed. The subgroup analysis of only those studies that evaluated depressive symptoms or overall change was not statistically significant (0.29, 95% CI: -0.07, 0.66); significant heterogeneity was found. No significant associations between quality scores and effect sizes were found.

**Authors' conclusions**

Therapist facilitation of patient affective experience or expression is associated with outcome improvements in short-term psychodynamic psychotherapy.

**CRD commentary**

The review question was clear and the intervention and outcomes of interest were broadly defined. Inclusion criteria for the participants and study design were broadly defined. The authors searched one database and handsearched journals. The search was restricted to English language publications, which might have introduced language bias. Unpublished studies were not sought, but the authors conducted analyses to assess how many studies with non significant results would be required to alter their results. In addition, although publication bias was not apparent, the authors recommended that future meta-analyses include searches for unpublished studies. The number of reviewers involved in the systematic review process was not reported, thus potentially introducing reviewer bias. The authors conducted a type of validity assessment relevant to psychodynamic psychotherapy studies, the results of which were used in the meta-analysis but not reported for individual studies. It is not clear what study types were included in the review and whether additional validity criteria appropriate to different study designs should have been used. Although there was no statistical heterogeneity between the studies, there was clinical heterogeneity between participant samples in included studies; it is not clear whether aspects of the intervention or comparison, were appropriate, might also have introduced clinical heterogeneity. Aspects of the review were well-conducted, but some methodological limitations undermine the reliability of the conclusions.

**Implications of the review for practice and research**

Practice: The authors stated that the use of affect-focused techniques to encourage adaptive emotional experience or expression has therapeutic potential, giving short term improvements.

Research: The authors stated that more research is needed to examine the role of therapist facilitation techniques and their limitations, including which methods of affect facilitation work best for different patients and under what conditions. Future research should include findings from unpublished studies. The outcomes should be defined in a
multidimensional way.

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