Commentary on Beutler et al.'s "Common, Specific, and Treatment Fit Variables in Psychotherapy Outcome"

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In this commentary, the author highlights innovative and integrative aspects of Beutler et al.'s "Common, Specific, and Treatment Fit Variables in Psychotherapy Outcome." Chief among these are the need for methodological diversity, broader assessment of constructs, and the role of such studies for facilitating integrative theories for application and testing.

Keywords: psychotherapy outcome, psychotherapy methods, psychotherapy integration, common factor, specific factors

The "gap" between science and practice is a longstanding and unresolved issue in clinical psychology and related disciplines, which has been articulated by a number of writers from a range of therapy orientations from both sides of the divide (Beutler, Williams, Wakefield, & Entwistle, 1995; Goldfried & Wolfe, 1996). In discussing this issue, Masling (1996) noted that one way to bridge this gap would be to carry out more interesting and informative research. Larry Beutler and colleagues (this issue, pp 255–281) are to be congratulated for doing just that. They provide a great service to the psychological and psychotherapy community by tackling particularly vexing issues that have long consumed the field's attention and doing so with a creative and interesting approach that is satisfying to both sides of science–practice divide.

Using a large data set that combines data from five studies examining seven treatments, Beutler and colleagues examine the relative contribution of both common (e.g., the therapeutic alliance) and specific factors (e.g., therapist directiveness) that have been shown to be related to positive treatment outcomes. They also examined patient characteristics and most creatively the fit or match between patient factors and treatment factors and their impact on

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both proximal (e.g., alliance) and distal (e.g., depression) outcomes. In doing so, Beutler and colleagues were able to not only estimate the link between alliance and outcome but also patient and therapist contribution to these variables. Specifically they examined the interaction between (1) functional impairment (high vs. low) and treatment modality (antidepressant vs. psychosocial), (2) subjective distress (very high vs. lower) and intervention affect regulation strategy (i.e., treatments focused on reducing distress vs. those focused on intensifying emotional expression), (3) patient coping style (externalizing vs. internalizing) and symptom versus insight focus, and (4) level of resistance and therapist directiveness (they hypothesized an inverse relationship with "high resistance best treated by low directive therapists and vice versa" (pp. 9–10)). Consistent with their hypotheses, patient, treatment, and patient by treatment match were all significantly related to the development of the alliance and outcome.

Beutler and colleagues study is innovative and integrative at a number of levels and domains. As such it illustrates a number of key methodological issues, contains a number of important strengths, and has vital implications for the field.

First, this study illustrates an important methodological issue with regard to the diversification of research questions and methodology. Notions of empirical validation have been narrowly construed. A number of organizations have privileged strict experimental designs and randomized controlled trials above all other types of evidence and sometimes to the exclusion of broader findings or contexts. Although RCTs are of utmost importance and represent an important methodological design, it is short-sighted and narrow to focus almost exclusively on such studies. These designs, like all designs, contain important limitations that need to be recognized, acknowledged, and supplemented (see Levy & Scott, 2007). It is important for the field to develop a diversified portfolio of research, which when juxtaposed against each other compensate for limitations in various approaches and results in greater clarity. Slavish adherence to one design results in systematic error rather than random error and creates huge blind spots for the field. Beutler and colleagues' design is an excellent model for others to follow.

Second, by searching out investigators that used measures, procedures, and samples of interests, these authors are able to combine the findings from multiple studies. This method, known as mega-analysis, is similar to the technique of meta-analysis in that it combines data from multiple studies. But whereas meta-analysis combines aggregate data and often converts divergent outcomes for use with a common metric, mega-analysis pools individual data with the same measures, thus allowing for more flexible examination of subgroups and interactions. Mega-analysis is also more appropriate when only a few relevant studies are available for analysis and results in increased power and reliability in addition to being able to examine interactions where a single study could not do so.

Third, most of the data in this mega-analysis are culled from randomized controlled trials that tended to share certain methodological rigors but also allow for increased heterogeneity in therapists, treatment modalities, and patient characteristics, including diagnosis (e.g., those with major depression vs. those with alcohol problems). Although those who advocate RCTs tend to stress homogenous groups, recently Beutler (2010, 2011) has been stressing the need for designs that, in contrast, maximize heterogeneity so as to allow for the variance needed to find relationships between variables. In a series of presentations, DeRubeis (2007, 2009, 2010) has made a similar point in explaining why we don't find big effects in psychotherapy research. These writers contend that homogenous groups of patients and therapists, in which therapists adhere closely to a manual and are monitored to insure such adherence results in little variance available to find relationships. The heterogeneity in this mega-analysis allows for the identification of relationships in the context of other rigors provided by the RCT controls. The idea of examining the process in the context of RCT designs is consistent with ideas put forth by Kazdin (2006), Castonguay (2002), Barber (2009), and Levy (Levy & Scott, 2007), all of whom note the important methodological controls provided by such designs that increase our confidence in the inferences that can be drawn about psychotherapy processes in such designs. Of course there are some limitations or constraints imposed by such designs, and the testing of findings derived from such studies in naturalistic samples is an important control, too (Blatt & Zuroff, 2005; Levy & Scott, 2007).

Fourth, rather than studying common factors or specific factors in isolation as is more typical, Beutler and colleagues examine them in relation to one another. Additionally, they study patient characteristics and their interaction with these variables and thus are able to begin addressing the fit or match between patients and treatment on both proximal and distal outcomes. Clinical researchers and practicing clinicians have long understood the importance of patient matching or what is called aptitude by treatment interaction designs (Cronbach, 1957). We know that one size does not fit all and that "different folks" require "different strokes" (Blatt & Felson, 1993). However, despite their obvious importance, few studies have examined such questions. Beutler and colleagues' work is an initial attempt to address Gordon Paul's famous call asking "*what* treatment, by *whom*, is most effective for *this* individual with *that* specific problem, and under *which* set of circumstances?" (Paul, 1967, p. 111).

This issue of fit or correspondence between the patient's needs in a given moment and the therapists plan or intervention is important in both the clinical situation and in research methodology. For instance, DeRubeis (2007, 2009, 2010) has illustrated the importance of fit between the client's needs and the therapists intervention by identifying the upper bound correlation between quality of therapy and outcome. After accounting for reliability of measurement, DeRubies contends that correlations in the .20 to .40 not

only represent strong findings but are about the best we can expect with current conceptualization. This fit can be conceptualized at various levels such as the fit between the brand name therapy and the patient's diagnosis or phenomenological presentation. They can also be conceptualized at the level of individual techniques used. These individual techniques could be unique or specific to a therapy brand or be broadly universal to almost all therapies or more narrowly used by a smaller range of therapies. Regardless of the level defined, the importance of the issue is apparent in the findings reported by Beutler and colleagues. For instance, they found that the predictive value of patient characteristic by therapist intervention match was activated or stronger in the context of a positive therapeutic relationship. Thus, even the effects of fit or match are context dependent.

Fifth, Beutler and colleagues also found that treatment variables played a stronger role than expected in predicting outcome. There is much lore about the relative importance of therapeutic relationship and patient characteristics in comparison with technical interventions (Lambert, 1992). However, this conclusion is often based on an inference that is made about the remaining variance after estimating the effects of alliance and patient characteristics and is rarely made based on the direct assessment of techniques. Even when direct comparisons are made, the technique measures are often short and very crude and assess techniques at vague levels. Thus this conclusion about the relative lack of importance of techniques may be an artifact of poor or no measurement. In contrast, Beutler and colleagues had very direct measures of well-defined (albeit still broad) techniques which may explain the strength of the technique's influence in this study. The current findings suggest that better articulated and more direct measures of techniques may yield stronger results.

In sum, as Beutler and colleagues (this issue) note, several underlying principles, some explicit and well-articulated and others implicit or couched in different jargon and emphasized to different degrees in various treatments, may have particular relevance matching a particular patient to particular aspects of treatments. Identification of principles of patient and treatment match will allow for the development of truly integrative models and will facilitate the development of integrative theories to base and test psychotherapy integration upon. For these reasons, Beutler and colleagues study is important and sure to stimulate the field and push us in the right direction. Findings from this research and similar studies will facilitate the formulation of integrative theories for application and testing. The main take-home message that can be derived from these findings, as articulated by Beutler and colleagues in their closing paragraph, is that it is contraindicated to study treatments (specific effects) independently from the therapeutic context, a context that includes both relationship and patient factors (common factors). To do so would not only ignore the clinical reality but an emerging evidence-based principle.

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