

# Meta-analysis of therapeutic relationship variables in youth and family therapy: The evidence for different relationship variables in the child and adolescent treatment outcome literature

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## Abstract

This meta-analysis examines associations between therapeutic relationship variables, and the extent to which they account for variability in treatment outcomes, in 49 youth treatment studies. Correlations between therapeutic relationship variables ranged from modest to strong. Among the best predictors of youth outcomes were counselor interpersonal skills, therapist direct influence skills, youth willingness to participate in treatment, parent willingness to participate in treatment, youth participation in treatment, and parent participation in treatment. Adequacy of current approaches to conceptualizing and measuring therapeutic relationship variables, such as the therapeutic alliance, in youth and family therapy is discussed. This paper represents the most comprehensive analysis of therapeutic relationship constructs in the youth treatment literature.

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Since 1995, there has been an increasing emphasis on identification and dissemination of empirically supported treatments (ESTs)—therapeutic interventions that work best for specific mental health problems. The most notable publications representative of this movement were produced by Division 12 of the American Psychological Association (APA). Based on an exhaustive review of the adult treatment outcome literature, the Division 12 Task Force on Promotion and Dissemination of Psychological Procedures produced lists of treatments that were determined to have sufficient empirical evidence demonstrating their efficacy and/or effectiveness for particular psychological disorders (Chambless, 1996; Chambless & Hollon, 1998). More recently, lists of ESTs also were produced that included the youth treatment field (Burns, Hoagwood, & Mrazek, 1999; Chambless & Ollendick, 2001; Chorpita et al., 2002; Lonigan, Elbert, & Johnson, 1998).

Although this shift towards evidence-based practice may be beneficial for the mental health field, the EST movement has largely ignored more universal aspects of the therapeutic process that may be of even greater

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importance to treatment outcomes. As Lambert and Barley (2002) noted, common process factors<sup>1</sup> reportedly account for 30% of the variance in adult treatment outcomes, above and beyond the 15% of variance accounted for by specific therapeutic techniques. Furthermore, empirical research suggests that one common process factor, the therapeutic alliance, is among the most robust predictors of treatment outcomes for both adult and youth clients (Horvath & Bedi, 2002; Shirk & Karver, 2003).

Recognizing the need for more research on therapeutic relationship variables, Division 29 of APA formed the Task Force on Empirically Supported Therapy Relationships to determine which relationship variables are evidence-based (Norcross, 2002). This Task Force concluded that demonstrably effective therapeutic relationship variables in *adult* treatment were goal consensus and collaboration, the therapeutic alliance, cohesion in group psychotherapy, and therapist empathy. In addition, several other relationship variables were identified to be promising and probably effective components of the therapeutic process in adult treatment.

The Task Force's omission of research from the youth treatment field represents a major limitation of their work. It has been suggested that therapeutic relationship variables may be equally, if not more, critical in youth and family therapy, as child and adolescent clients typically are not self-referred and often enter into treatment unaware of their problems, in conflict with their parents, and/or resistant to change (DiGiuseppe, Linscott, & Jilton, 1996; Shirk & Karver, 2003). It follows that developing strong therapeutic relationships with young clients and/or their family members may facilitate engagement and lessen resistance to treatment by providing a stable, accepting and supportive context within which therapy may take place. In fact, researchers and clinicians have considered the importance of these variables in youth mental health treatment dating to the 1960s (e.g., Hansen, Zimpfer, & Easterling, 1967\*; Hartley, 1969; Myrick, 1969). Research in this area remained sparse until the late 1990s, when the quantity of research on therapeutic relationship variables grew significantly in the youth mental health literature. Shirk and Karver's (2003) meta-analysis of this literature provides preliminary evidence that therapeutic relationship variables are moderately strong predictors of treatment outcomes for children and adolescents.

Another significant limitation of the Division 29 Task Force's report is that all of the studied relationship variables were presented in isolation, without a conceptual model or theoretical framework to guide synthesis of the data and further understanding of how therapy works. In response, Karver, Handelsman, Fields, and Bickman (2005) recently presented a model that depicts the hypothetical links between therapist and client pretreatment variables, therapist behaviors such as self-disclosure, interpersonal skills, and direct influence behaviors, client emotional, cognitive, and behavioral reactions to the therapist and therapy and clinical outcomes.

The primary objectives of the present meta-analysis were to determine the overall strength of associations between specific therapeutic relationship variables and youth clinical outcomes and the existing evidence for the therapeutic process model proposed by Karver et al. (2005). Consequently, all of the available empirical research on therapeutic relationship variables in the child and adolescent treatment literature was collected, coded, and evaluated using meta-analytical procedures. It should be noted that this article focuses exclusively on post-intake therapeutic relationship variables (i.e., therapeutic relationship variables measured after treatment has begun). See Dew and Bickman (2005) for a review of the empirical research on pretreatment common process factors in youth treatment.

## 1. Method

To obtain relevant sources for this paper, a literature review of 29 constructs<sup>2</sup> (alliance, empathy, goal consensus, collaboration, resistance, therapy relationship, positive regard, congruence, rupture/impasses and repair, self-disclosure, countertransference, relational interpretations, expectations and preferences, assimilation, attachment, engagement, treatment induction, openness, bond, comfort, cooperation, treatment difficulty, treatment involvement, willingness, participation, treatment transactions, warmth, trust, therapy process) associated with the therapeutic relationship was conducted using the PsychInfo database (years 1870–2003), publication alerts from Ingenta (2003–2004), and reference sections of collected articles. In addition, the authors of pertinent articles were individually searched in PsychInfo to determine if they had published additional research of relevance to the present review.

<sup>1</sup> Lambert and Ogles (2004) point out and attempt to clarify the confusion in what is a common process factor. For clarity, we restate here that all therapeutic relationship variables are common process factors but all common process factors are not therapeutic relationship variables. This paper emphasizes therapeutic relationship variables as did the Division 29 Task Force.

<sup>2</sup> The choice of constructs was guided by an attempt to replicate Norcross (2002) using the youth treatment literature.

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