



Thin slice ratings of client characteristics in intake assessments: Predicting symptom change and dropout in cognitive therapy for depression



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ABSTRACT

Thin slice ratings of personality have been shown to predict a number of outcomes, but have yet to be examined in the context of psychotherapy. In a sample of 66 clients participating in cognitive therapy for depression, we examined the predictive utility of thin slice rated pre-treatment client traits. On the basis of short video clip excerpts (i.e., thin slices) of intake assessments, trained observers rated clients on personality characteristics and specific personality disorder (PD) traits. Clients' therapy interest and neuroticism predicted lower odds of dropout. Ratings of extraversion predicted greater symptom change across treatment; ratings of clients' Avoidant and Schizoid PD traits predicted less marked symptom improvement. Ratings of agreeableness and likeability also predicted greater symptom change, but these relations were only significant in one of two analytic approaches used. Evidence for the predictive validity of thin slice ratings was generally stronger than that observed for self-reported PD traits and PD status. Moreover, these self-report and diagnostic assessments failed to account for the thin slice-outcome relations identified. Findings support the clinical utility of quick, thin slice impressions of clients, as these ratings could be used to identify clients with a high risk of dropout or poor treatment outcome.

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Cognitive Therapy (CT) has been established as an efficacious treatment for depression (Strunk & DeRubeis, 2001). However, clients show considerable variability in their response to treatment, and not all clients achieve optimal outcomes (Hollon, Thase, & Markowitz, 2002). This variability in outcomes can be decomposed into three sets of causal factors: those associated with therapists, with clients, and any interactions of therapist and client factors (DeRubeis, Brotman, & Gibbons, 2005).

In this paper, we examine the relation of pre-treatment client characteristics to subsequent therapeutic outcomes (i.e., both treatment dropout and symptom improvement) in CT for depression. We assessed these characteristics using observer ratings of short (<1 min) video excerpts, taken from clients' intake evaluations. Such 'thin slice ratings' of personal characteristics have demonstrated predictive validity in a number of different domains (i.e., marital outcomes, sales effectiveness, and intelligence test scores; Ambady, Krabbenhoft, & Hogan, 2006; Borkenau, Mauer, Riemann, Spinath, & Angleitner, 2004; Ebling & Levenson, 2003).

However, thin slice ratings have yet to be examined in the context of psychotherapy. We hypothesized thin slice ratings of client characteristics would have predictive validity in this context. Further, we suspected these thin slice ratings would serve as predictors of outcome above and beyond commonly used diagnostic and self-report measures. To place our work in context, we first review evidence for the relation of personality disorder (PD) status and other client characteristics with treatment outcome. Then, we consider the potential utility of a thin slice method for assessing client traits.

Client characteristics and treatment outcome

In considering individual client differences that may predict treatment outcome, researchers have focused considerable attention on personality variables including personality traits and indicators of personality disorders. The five factor model of personality is arguably the most prominent model of the higher level personality characteristics. A series of structural analyses of trait descriptors in the natural language have consistently revealed the model's five broad factors: extraversion, agreeableness, conscientiousness, neuroticism and openness to experience (John &

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Srivastava, 1999). The model has been well validated as the same five factors have been observed across a variety of languages, cultures, and age groups (Digman, 1997; McCrae & Costa, 1997).

Beyond the overall traits of the five factor model, more specific characteristics such as depressed clients' perceived logicalness of therapy, therapeutic expectations, and orientation to change have been found to predict subsequent treatment outcomes (Carter et al., 2011; Lewis, Simons, & Kim, 2012; Meyer et al., 2002) and dropout (Callahan, Aubuchon-Endsley, Borja, & Swift, 2009). With regard to dimensional personality traits, neuroticism has emerged as the most consistent predictor of outcome, with higher levels of neuroticism being related to less symptom improvement (Klein, Kotov, & Bufferd, 2011; Quilty et al., 2008). Neuroticism has also been found to predict poorer response to CT relative to pharmacotherapy (Bagby et al., 2008). Though less consistent, there is some evidence that extraversion (Quilty et al., 2008) and openness to experience (Bagby et al., 2008) are associated with superior treatment outcomes. It is noteworthy that each of these studies relied on self-report measures of personality traits. In recognition of this limitation, Klein et al. (2011) called for future work emphasizing complementary methods, such as observer ratings.

PD traits and diagnoses have been related to poorer treatment outcome both across different treatments and in CT for depression specifically. Several studies have found comorbid PDs to be associated with a less favorable response to treatment for depression (Newton-Howes, Tyrer, & Johnson, 2006). Although one study failed to find PD status was related to outcome, authors of this study did find clients' maladaptive avoidant and paranoid beliefs predicted worse outcomes (Kuyken, Kurzer, DeRubeis, Beck, & Brown, 2001). In a more recent study, Fournier et al. (2008) found that PD status differentially predicted therapeutic outcomes. Relative to clients in the antidepressant medication condition, PD status predicted a particularly poor outcome among clients in CT for depression. Among CT clients, comorbid PD pathology was associated with a poorer rate of response to CT (44%) than that achieved by clients without a PD (70%).

PDs have also been associated with higher risk of premature treatment termination. Clients with a PD diagnosis have been found to be at high risk for premature dropout in both inpatient (Chiesa, Drahorad, & Longo, 2000) and outpatient (Gunderson, Frank, Ronningstam, & Wachter, 1989) treatment settings. In a recent meta-analysis of the adult psychotherapy literature, Swift and Greenberg (2012) found clients' diagnosis and age to be the most consistent predictors of dropout, with clients with PD diagnoses having significantly higher rates of dropout.

Beyond self-report: methods of assessing client traits

Much of the research on client characteristics that may impact depression treatment outcome has utilized either self-reported client traits or diagnostic information regarding PDs. However, reliance on these measures raises important concerns, as what the measures actually reflect is sometimes unclear. While self-report measures may demonstrate reasonable reliability, they are based on the questionable assumption that people are able to identify and accurately report on a wide variety of characteristics indicative of PDs (Hogan, 1996; Mulder, 2002). However, this may not be the case, as self-report responses are susceptible to biases, including self-deception and limited insight. Scales intended to assess such biases have yielded disappointing results in detecting and correcting for such distortions (Connelly & Ones, 2010; Ellingson, Sackett, & Hough, 1999).

Arguably, how one is perceived by others may be more consequential than one's self-views. For example, Klein (2003) found informant reports of PDs served as stronger predictors of

subsequent social adjustment than self-reported PD traits. Likewise, in their meta-analysis, Connelly and Ones (2010) found that, relative to self-report ratings, others' ratings (e.g., friends or complete strangers) of an individual's personality had substantially greater validity in predicting academic achievement and job performance. Finally, relative to self-reports, peer reports of PD traits were better predictors of early discharge from the military (Oltmanns & Turkheimer, 2009).

Self-report measures of client traits may not reflect how others perceive these traits; consequently, this reliance on self-reports might prevent the identification of true relations of client traits and treatment outcome (Oltmanns, Friedman, Turkheimer, & Fiedler, 2004). As interpersonal difficulties common among depressed clients may be due in part to quick first impressions made without conscious effort (Hammen, 2005; Oltmanns et al., 2004), research is needed to measure client characteristics from multiple perspectives (Klein et al., 2011). Observer ratings of client traits may serve as an important alternative assessment method; as such ratings are easily obtained and likely have high ecological validity. Beyond diagnostic information, we suspected that ratings of client traits, evident in an intake evaluation, would be predictive of treatment outcome. Should these ratings prove to be useful predictors of client dropout and symptom change, they might be used as a basis for identifying clients at high risk of poor therapeutic outcomes who might ultimately be found to benefit from alternative intervention strategies.

Thin slice method

One unobtrusive method of assessing personality dimensions that does not rely on self-report is the use of thin slice ratings. Thin slice clips are short (typically < 5 min) video or audio clips of a target individual interacting with someone else (Oltmanns et al., 2004). Using the thin slice method, raters identify problematic interpersonal relationship and personality traits based upon these brief video samples of a person's behavior.

Early evidence suggests that thin slice ratings of personality have predictive validity in a number of different domains. Borkenau et al. (2004) found thin slice ratings of intelligence predicted target individuals' intelligence test scores. Similarly, Ambady et al. (2006) found thin slice ratings from audio clips of interviews with regional sales managers predicted independent nominations of these managers for strong sales performance. Additionally, thin slice ratings of married couples predicted separation or divorce over a six-year period (Ebling & Levenson, 2003). Given the predictive validity thin slice ratings have demonstrated in these varying domains, we suspected thin slice ratings of client traits may also serve as important predictors of treatment outcome.

While thin slice ratings have yet to be utilized in the context of CT research, previous studies support thin slice raters' ability to accurately assess psychopathy and PD traits. For example, Fowler, Lilienfeld, and Patrick (2009) found that thin slice ratings of psychopathy features in maximum-security inmates were related to well-validated assessments of psychopathy. Thin slice ratings of both violence proneness and antisocial PD also correlated significantly with the number of evaluator determined antisocial PD symptoms.

In a sample of military recruits, Oltmanns et al. (2004) found that untrained undergraduate students rating 30-s clips were able to make reliable judgments about personality traits related to PDs and the five factor model of personality (Costa & McCrae, 1992). These thin slice ratings of several personality traits predicted independent diagnostic indicators of PDs. On the basis of thin slice ratings, individuals with self-reported traits of Schizoid PD were rated as less extraverted and less likeable. Those with self-reported

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