

## CHOOSING YOUR PSYCHOTHERAPIST

Smith, M. L., & Glass, G. V. (1977). Meta-analysis of psychotherapy outcome studies. *American Psychologist*, 32,752-760.

You *do not* have to be crazy to need psychotherapy. The vast majority of people treated by counselors and psychotherapists are not mentally ill, but are simply having problems in life that they are unable to resolve through their usual coping mechanisms and support network.

Imagine for a moment you are experiencing a difficult emotional time in your life. You consult with your usual group of close friends and family members, but you just cannot seem to work things out. Finally, when you have endured the pain long enough, you decide to seek some professional help. Because you are an informed, intelligent person, you do some reading on psychotherapy and discover that many different approaches are available. You read about various types of therapy such as *behavior therapies*, (including *systematic desensitization*), *humanistic therapy*, *cognitive therapies*, *cognitive-behavioral therapy*, and various Freudian-based *psychodynamic therapies*. These assorted styles of psychotherapy, although they stem from different theories and employ different techniques, all share the same basic goal: to help you change your life in ways that make you a happier, more productive, and effective person. (See Grohol, 1995, for a more complete discussion of the various forms of psychotherapy.)

Now you may be really confused. Which one should you choose? What you would really like to know now is (1) Does psychotherapy really work? and (2) If it does, which method works best? Well, it may (or may not) help you to know that over the past 40 years, psychologists have been asking the same questions. While many comparison studies have been done, most of them have tended to support the method used by the psychologists conducting the study. In addition, most of the studies were rather small in terms of both the number of subjects and the research techniques used. And to make matters worse, the studies are spread over a wide range of books and journals, making a fully informed judgment extremely difficult.

To fill this gap in the research literature on psychotherapy techniques, Mary Lee Smith and Gene Glass, at the University of Colorado, undertook in 1977 the task of compiling virtually all of the studies on psychotherapy effectiveness that had been done up to that time and reanalyzing them. By searching through 1,000 various magazines, journals, and books, they selected 375 studies that had tested the effects of counseling and psychotherapy. The researchers then applied a technique developed by Glass called meta-analysis to the data from all the studies to determine overall and relative effectiveness. A *meta-analysis* takes the results of many individual studies and integrates them into a larger statistical analysis so that the evidence is combined into a more meaningful whole.

## THEORETICAL PROPOSITIONS

The goals of Smith and Glass's study were the following (p. 752):

1. To identify and collect all studies that tested the effects of counseling and psychotherapy
2. To determine the magnitude of the effect of therapy in each study
3. To compare the effects of different types of therapy

The theoretical proposition implicit in these goals was that when this meta-analysis was done, psychotherapy would be shown to be effective, and differences in effectiveness of the various methods, if any, could be demonstrated.

## METHOD

Although the 375 studies analyzed by Smith and Glass varied greatly in terms of the research method used and the type of therapy assessed, each study examined at least one group that received psychotherapy compared with another group that received a different form of therapy or no therapy at all (a control group). The most important finding in all the studies for Smith and Glass to include in their meta-analysis was the magnitude of the *effect of therapy*. This effect size was obtained for any outcome measure of the therapy that the original researcher chose to use. Often, studies provided more than one measurement of effectiveness, or the same measurement may have been taken more than once. Examples of outcomes used to assess effectiveness were increases in self-

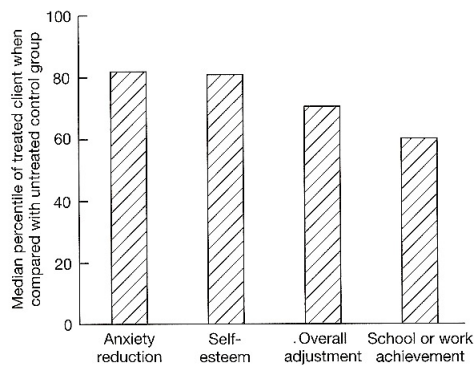
esteem, reductions in anxiety, improvements in school work, and improvements in general adjustment. Wherever possible, all of the measures used in a particular study were included in the meta-analysis.

A total of 833 effect sizes were computed from the 375 studies. These included approximately 25,000 subjects in each of the combined experimental and control groups. The authors reported that the average age of the subjects in the studies was 22 years. They had received an average of 17 hours of therapy from therapists with an average of 3.5 years of experience.

## RESULTS

First, Smith and Glass compared all the treated subjects with all the untreated subjects for all types of therapy and all measures of outcome. They found that "the average client receiving therapy was better off than 75% of the untreated controls .... The therapies represented by the available outcome calculations moved the average client from the 50th percentile to the 75th percentile" (pp. 754-755). Percentiles indicate the percentage of individuals whose scores on any measurement fall beneath the specific score of interest. For example, if you score in the 90th percentile on an aptitude test, it means that 90% of those who took the same test scored lower than you. Furthermore, only 99 (or 12%) of the 833 effect sizes were negative (meaning the client was worse off than before therapy). The authors pointed out that if psychotherapy were ineffective, the number of negative effect sizes should equal 50%, or 417.

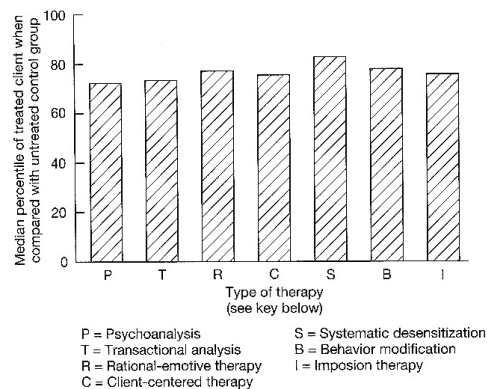
Second, various measures of psychotherapy effectiveness were compared across all of the studies. These findings are represented in Figure 1, which clearly demonstrates that therapy, in general, was found to be more effective than no treatment.



**FIGURE 1** Combined effectiveness of all studies analyzed for four outcome measures. If there had been no improvement, the clients would have had scores of 50. If their condition had become worse, their scores would have been below 50. (Adapted from p. 756.)

Third, Smith and Glass compared the various psychotherapy methods found in the studies analyzed using similar statistical procedures. Figure 2 is a summary of the more familiar psychotherapeutic methods.

Finally, Smith and Glass combined all the various methods into two *superclasses* of therapy: a behavioral superclass consisting of systematic desensitization, behavior modification, and implosion, and a nonbehavioral superclass made up of the remaining types of therapy. When they analyzed all the studies in which behavioral and nonbehavioral therapies were compared with no-treatment controls, all differences between the two superclasses disappeared (73rd vs. 75th percentile, relative to controls).



**FIGURE 2** Comparison of the effectiveness of seven methods of psychotherapy. As in Figure 1, any score above 50 indicates improvement. (Adapted from p. 756.)

## DISCUSSION

Overall, psychotherapy appeared to be successful in treating various kinds of problems (Figure 1). In addition, no matter how the different types of therapy were divided or combined, the differences among them were found to be insignificant (Figure 2 and other percentile findings).

Smith and Glass drew three conclusions from their findings. One is that psychotherapy works. The results of the meta-analysis clearly support the assertion that people who seek therapy are better off with the treatment than they were without it. Second, "despite volumes devoted to the theoretical differences among different schools of psychotherapy, the results of research demonstrate negligible differences in the effects produced by different therapy types. Unconditional judgments of superiority of one type or another of psychotherapy ... are unjustified" (p. 760). And third, the knowledge and information researchers and therapists have about psychotherapy's effectiveness is lacking because the information has been spread too thinly across multitudes of publications. Therefore, they suggested that this study was a step in the right direction toward solving the problem, and that research using similar techniques deserves further attention.

## IMPLICATIONS AND SUBSEQUENT RESEARCH

The findings in Smith and Glass's study made the issue of psychotherapy effectiveness less confusing for consumers, but more confusing for therapists. Those who choose psychotherapy as a career often have an investment in believing that one particular method (theirs) is more effective than others. The conclusions from Smith and Glass's study have been supported by subsequent research (Landman & Dawes, 1982; Smith, Glass, & Miller, 1980). One of the outcomes of this line of research is an increase in therapists who take an eclectic approach to helping their clients, meaning that they draw from several methods. In fact, 40% of all therapists in practice consider themselves to be eclectic. This percentage is by far the largest of all of the other specific approaches. By being eclectic, these therapists do not confine themselves to anyone method, but choose among the various techniques and combine them to develop a treatment plan that best fits the client and the problem he or she is facing.

It would be a mistake to conclude from this and similar studies that all psychotherapy is equally effective for all problems and all people. These studies take a very broad and general overview of the effectiveness of therapy. However, depending on your personality and the circumstances of your specific problem, some therapies might be more effective for you than others. For example, it has been demonstrated that behavior therapies are significantly more effective than nonbehavioral approaches in the treatment of phobias.

The most important consideration when choosing a therapist may not be the type of therapy at all, but rather what your expectations of psychotherapy are, and the characteristics of the therapist. If you believe that psychotherapy can help you, and you enter the therapeutic relationship with optimistic expectations, the chances of successful therapy are greatly increased. The connection you feel with the therapist can also make an important difference. If you see your therapist as genuine, caring, warm, and able to achieve empathy with you, you are much more likely to experience effective and rewarding therapy (Hock & Mackler, 2005).

## RECENT APPLICATIONS

Smith and Glass's findings and methodology continue to exert a strong influence in research on the efficacy of the many forms of therapeutic intervention for various psychological problems. This influence stems from their conclusions that most forms of psychotherapy are equally effective, as well as from their use of the meta-analytic research technique.

Examples of research that followed the methodological trail of Smith and Glass include a study to assess the effectiveness of the effect of a group therapy approach to treating depression (McDermut, Miller, & Brown, 2001). The authors conducted a meta-analysis of 48 studies on group therapy and depression and found that, on average, those receiving treatment improved significantly more than 85% of an untreated comparison group. The researchers concluded that "group therapy is an efficacious treatment for depressed patients. However ... little empirical work has investigated what advantages group therapy might have over individual therapy" (p. 98). Based on Smith and Glass's research, you might predict that the effectiveness is likely to be similar for group and individual approaches to therapy, but further research is needed for us to know for sure.

Another study demonstrating the diverse applications of the meta-analysis strategies described in Smith and Glass's article concerned various behavioral (i.e., non-medication) treatments for people who suffer from recurrent migraine and tension headaches (Penzien, Rains, & Andrasik, 2002). Through meta-analytic analyses,

the researchers compared relaxation training, biofeedback, and stress-management interventions over 30 years of studies. Overall, they found a 35-50% reduction in these types of headaches with behavioral strategies alone. This is an important finding because, as the authors point out, "the available evidence suggests that the level of headache improvement with behavioral interventions may rival those obtained with widely used pharmacologic therapies" (p. 2002). Based on this finding, the authors suggest that if behavioral therapies for chronic headaches can be made more available and less expensive, more doctors, as well as their patients, might opt for nondrug treatment.

Finally, a study exemplifying the broad influence of the Smith and Glass's method and findings examined the effectiveness of psychotherapy for individuals who are mentally retarded (Prout & Nowak-Drabik, 2003). Their meta-analysis examined studies with widely varying research methodologies, styles of psychotherapy, and characteristics of the clients. Results across all the studies revealed a moderate, yet significant degree of benefit to clients with mental retardation. The researchers concluded that "psychotherapeutic interventions should be considered as part of overall treatment plan for persons with mental retardation" (p. 82).

## CONCLUSION

Smith and Glass's study was a milestone in the history of psychology because it helped to remove much of the temptation for researchers to try to prove the superiority of a specific method of therapy and encouraged them instead to focus on how best to help those in psychological pain. Future research may now concentrate more directly on exactly which factors promote the fastest, most successful, and especially most healing, therapeutic experience.

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