

**COURSE: CLINICAL ASSESSMENT AND INTERVENTION
CC-7 (PGDCP; SEM II); Unit III**

By

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FACTORS INFLUENCING THE OUTCOME OF PSYCHOTHERAPY

Therapists differ not only in their theoretical orientations, but also in personality, values and attitudes, age and social class, professional training, life experiences, and each of these may differently affect his patients. Patients similarly are more than merely phobic or hysterics. They too vary along similar personal and social dimensions, any of which can affect their accessibility to psychotherapy.

There are numerous variations in therapeutic techniques and the final therapy process may depend on the characteristics of therapists, clients, interaction of the patient and the therapist and the nature of therapy.

Some of the factors influencing the outcome of psychotherapy are

THERAPIST CHARACTERISTICS

The Therapist

Certain therapist characteristics may affect the process of therapy. Having a specific theoretical or therapeutic orientation does not override the role of personality, warmth, or sensitivity. Even Freud recognized the potential effects of the psychoanalyst's personality on the process of psychoanalysis.

Some of the therapist Factors influencing the outcome of Psychotherapy are

1. **Age, Sex, and Ethnicity.** Research evidence suggests that therapist age is not related to outcome, that female versus male therapists do not appear to produce significantly better therapeutic effects, and that patient–

therapist similarity with regard to ethnicity does not necessarily result in better outcomes.

2. Professional Background and Training.

3. Personality Characteristics.

Personality

Evidence shows that the therapist's personality is a potent force; other factors in combination largely determine therapy outcomes. Research literature depict the ideal therapist as mature, well-adjusted, sympathetic, tolerant, patient, kindly, tactful, non-judgmental, accepting, permissive, non-critical, warm, likable, interested in human beings, respectful, cherishing and working for a democratic kind of interpersonal relationship with all people, free of racial and religious bigotry, having a worthwhile goal.

Some of the Personality factors are

1. Empathy, Warmth, and Genuineness.
2. Emotional Well-Being.
3. Experience and Professional Identification.

THE PATIENT OR CLIENT CHARACTERISTICS

The classic review by Luborsky and his colleagues (1971) found that therapeutic success was related to client characteristics were more likely to improve if they were higher in education, intelligence and socio economic status. Improvement also was greatest in those with less severe disorders and disorders of recent onset. Other factors that promoted therapeutic success were a more adequate personality and greater motivation to change.

Some of the factors which have been found to relate to the patient's progress in psychotherapy are

1. **The Degree of the Patient's Distress.** A broad generalization often made by clinicians is that individuals who need therapy the least are the people who will receive the greatest benefit from it. This distinction implies to many clinicians that a good prognosis may be expected for a patient who is experiencing distress or anxiety but is functioning well behaviourally.

2. **Intelligence.** Some therapeutic approaches require a great deal of talking, articulation of past experiences, insights, and introspection. These therapeutic approaches may rely on metaphors and complex thematic associations between one's experiences.
3. **Age.** Other things being equal, young adults have long been considered the best bets for therapy, as compared to older adults. In contrast, there does not seem to be a clear trend between age and psychotherapy success among youth. As compared to older adults, younger adults are presumably more flexible or less "set in their ways." Perhaps younger patients are better able to make the appropriate connections because they are closer to their childhood years, or perhaps they have been reinforced for negative behaviours less often than their older counterparts.
4. **Motivation.** Psychotherapy is sometimes a lengthy and arduous process. It demands much from a patient. It can be fraught with anxiety, setbacks, and periods of a seeming absence of progress. Most of the work occurs outside of the therapy room through homework and challenging exercise that occur between therapy sessions. These exercises may demand that the patient engage in new behaviours that will provoke anxiety. For these and other reasons, successful psychotherapy seems to require motivation.
5. **Openness.** Most therapists intuitively attach a better prognosis to patients who seem to show some respect for and optimism about the utility of psychotherapy. They are relieved when patients are willing to see their problems in psychological rather than medical terms. Such persons can be more easily "taught to be good psychotherapy patients," in contrast to patients who view their difficulties as symptoms that can be cured by an omniscient, authoritative therapist while they passively await the outcome. Thus, a kind of "openness" to the therapeutic process appears to make the patient a better bet for therapy.
6. **Gender.** Research does not support the view that biological sex of the client is significantly related to outcome in psychotherapy. Although sex of the client has not been reliably linked to outcome, it is probably true that sex or gender of the therapist may be especially important to consider in certain cases. For example, women rape victims may feel much more comfortable talking to women psychotherapists than to men psychotherapists.

7. **Race, Ethnicity, and Social Class.** For years, numerous reviews of existing research have concluded that there appears to be virtually no relationship between social class and Outcome. When there is a significant difference between the social class or the values of the patient and those of the therapist, some researchers have found that the patient's willingness to remain in therapy may suffer.

THE INTERACTION OF PATIENT AND THERAPIST

Research on the effects on outcome of the interplay of patient and the therapist qualities has centered in three realms:

1. Congruence between Patient and Therapist Expectations.
2. Personality Similarity between Patient and Therapist.
3. Similarity in Sociocultural Background and Values.

THERAPY CHARACTERISTICS

The outcome of therapy depends not only on the qualities of patients and therapists, separately and in interaction, but also on the specific therapeutic techniques and action employed. Clinical teachers emphasized many specific technical interventions which therapists use to influence the feelings, attitudes and behaviour of patients. Factors such as setting goals and limits, the timing and frequency of sessions, recognizing and reflecting feeling, setting up desensitization hierarchies and the timing, depth, and accuracy of interpretations are among numerous factors affecting the outcome of psychotherapy.

One of the first comprehensive reviews of therapy, client, and therapist factors, carried out by Lester Luborsky and his colleagues (1971), found that the poorest predictor of success in therapy was the nature of the therapy itself. More recent research studies have likewise found that the major kinds of psychotherapy are equally effective. Moreover, group therapy and individual psychotherapy are equally effective. The inability to establish a reliable difference between psychotherapies in clinical outcomes has led some researchers to consider the therapeutic alliance to be a more important predictor of successful treatment.