

VAN DODO BIRD NAAR OPPER GAAI

Joost Hutsebaut

*Amsterdam, Dag van de
Psychotherapie, 13 december 2024*











MAX
RICHTER

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NOBIS
PACEM II



INTERVIEW PIM CUIJPERS

Hoogleraar: effect therapie en pillen tegen depressie wordt overschat, milde vorm kan spontaan genezen

Zonder behandeling kun je van een milde depressie spontaan genezen. Het automatisme waarmee patiënten therapie of pillen krijgen, moet op de schop. Dat zegt hoogleraar klinische psychologie Pim Cuijpers van de VU. 'Ik vind dat mensen dit moeten weten om een goede afweging te kunnen maken.'

Margreet Vermeulen 2 december 2018, 17:10



Pim Cuijpers, hoogleraar klinische psychologie aan de VU. Beeld Katja Poelwijk

Psychotherapie bij depressies niet zo effectief

We hebben een te rooskleurig beeld van de effectiviteit van psychotherapie bij depressies. Studies waarin patiënten niet of nauwelijks opknappen na psychotherapie, verdwijnen veelal in de la. Studies met positieve uitkomsten vinden wel hun weg naar een wetenschappelijk tijdschrift. Dit blijkt uit een studie die donderdag wordt gepubliceerd in vakblad Plos One.

Margreet Vermeulen 1 oktober 2015, 02:00



Beeld Thinkstock

"Onze behandelingen zijn niet goed genoeg"

UM organiseert congres over depressie

11-09-2013

Wie in een depressie belandt, krijgt psychotherapie of antidepressiva, maar wat werkt voor wie? En waarom valt bijna iedereen vroeg of laat terug? Dat waren twee vragen die steeds terugkeerden op het UM-depressiecongres, afgelopen dinsdag in de Maastricht School of Management.

Het gaat te ver om de stemming op het congres – georganiseerd door de Maastrichtse aio's Fritz Renner en Lotte Lemmens - deprimerend te noemen, maar opvallend was wel dat geen van de sprekers staat te juichen bij de huidige behandelingen, waarvan psychotherapie en antidepressiva de belangrijkste zijn. Ze zien er geen heil in om nieuwe psychotherapieën te ontwikkelen, maar er is wel meer behoefte aan behandelingen – deels via internet - die simpeler zijn, toegankelijker, goedkoper, en last but not least, effectiever, zegt Pim Cuijpers, hoogleraar klinische psychologie aan de VU. "Back to basic research, zou ik zeggen. We weten niet eens wat depressie precies is, we behandelen patiënten zonder te weten wat we behandelen."

Cuijpers beheert een database met honderden studies over depressie vanaf 1980. Zoals in een recente publicatie valt na te lezen, heeft hij 37 studies tegen het licht gehouden om te achterhalen wat beter

RESEARCH REPORT

Absolute and relative outcomes of psychotherapies for eight mental disorders: a systematic review and meta-analysis

Pim Cuijpers^{1,2}, Clara Miguel¹, Marketa Ciharova¹, Mathias Harter³, Djordje Basic¹, Ioana A. Cristea⁴, Nino de Ponti¹, Ellen Driessen^{5,6}, Jessica Hamblen^{7,8}, Sadie E. Larsen^{7,9}, Minoo Matboursiah¹, Davide Papola^{10,11}, Darin Pauley¹, Constantin Y. Plessen^{1,12}, Rory A. Pfund¹³, Kim Setkowski^{14,15}, Paula P. Schnur^{7,8}, Wouter van Ballegooijen^{1,16}, Yingying Wang¹, Heleen Riper^{1,16}, Annetiek van Straten¹, Marijt Sijbrandij¹, Toshi A. Furukawa¹⁷, Eirini Karyotaki¹

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Psychotherapies are first-line treatments for most mental disorders, but their absolute outcomes (i.e., response and remission rates) are not well studied, despite the relevance of such information for health care users, providers and policy makers. We aimed to examine absolute and relative outcomes of psychotherapies across eight mental disorders: major depressive disorder (MDD), social anxiety disorder, panic disorder, generalized anxiety disorder (GAD), specific phobia, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), and borderline personality disorder (BPD). We used a series of living systematic reviews included in the Metapsy initiative (www.metapsy.org), with a common strategy for literature search, inclusion of studies and extraction of data, and a common format for the analyses. Literature search was conducted in major bibliographical databases (PubMed, PsycINFO, Embase, and the Cochrane Register of Controlled Trials) up to January 1, 2023. We included randomized controlled trials comparing psychotherapies for any of the eight mental disorders, established by a diagnostic interview with a control group (waitlist, care-as-usual, or pill placebo). We conducted random-effects model pairwise meta-analyses. The main outcome was the absolute rate of response (at least 50% symptom reduction between baseline and post-test) in the treatment and control conditions. Secondary outcomes included the relative risk (RR) of response, and the number needed to treat (NNT). Random-effects meta-analyses of the included 441 trials (33,881 patients) indicated modest response rates for psychotherapies: 0.42 (95% CI: 0.39-0.45) for MDD; 0.38 (95% CI: 0.33-0.43) for PTSD; 0.38 (95% CI: 0.30-0.47) for OCD; 0.36 (95% CI: 0.33-0.43) for panic disorder; 0.36 (95% CI: 0.30-0.42) for GAD; 0.32 (95% CI: 0.29-0.37) for social anxiety disorder; 0.32 (95% CI: 0.23-0.42) for specific phobia; and 0.34 (95% CI: 0.15-0.56) for BPD. Most sensitive



depressie



ONTWIKKELING | EMDR voor borderline persoonlijkheidsstoornis. A golden ticket? Tekst: Willianne Veldman en Sanneke Koekkoeke

ONTWIKKELING | EMDR voor borderline persoonlijkheidsstoornis. A golden ticket?

Vereniging EMDR Nederland
16.090 volgers



6 februari 2023

Tekst: Willianne Veldman en Sanneke Koekkoeke

In Roald Dahls populaire boek Sjakie en de chocoladefabriek opent Willy Wonka de poorten van zijn mysterieuze fabriek. Er mogen slechts vijf gelukkigen naar binnen: diegenen met een golden ticket. Sjakie heeft geluk en vindt het laatste gouden ticket! Hij maakt een onvergetelijke reis door Willy Wonka's wonderse wereld. Op het videoplatform Psyflix, een soort chocoladefabriek voor therapeuten, zijn de EMDR Tapes voor de borderline persoonlijkheidsstoornis te zien, wat neerkomt op twintig sessies aan beeldmateriaal.

Onderzoek: genezing borderliners mogelijk

(Novum) - Borderlinepatiënten kunnen worden genezen. Dat blijkt dinsdag uit een studie van de Universiteit Maastricht, de Vrije Universiteit Amsterdam en de Universiteit Leiden naar het effect van behandelmethodes. Borderliners lijden vaak aan chronische instabiliteit, kunnen impulsief en suïcidaal zijn en hebben identiteitsproblemen. Eerder werd aangenomen dat patiënten met borderline niet voor honderd procent konden worden genezen.

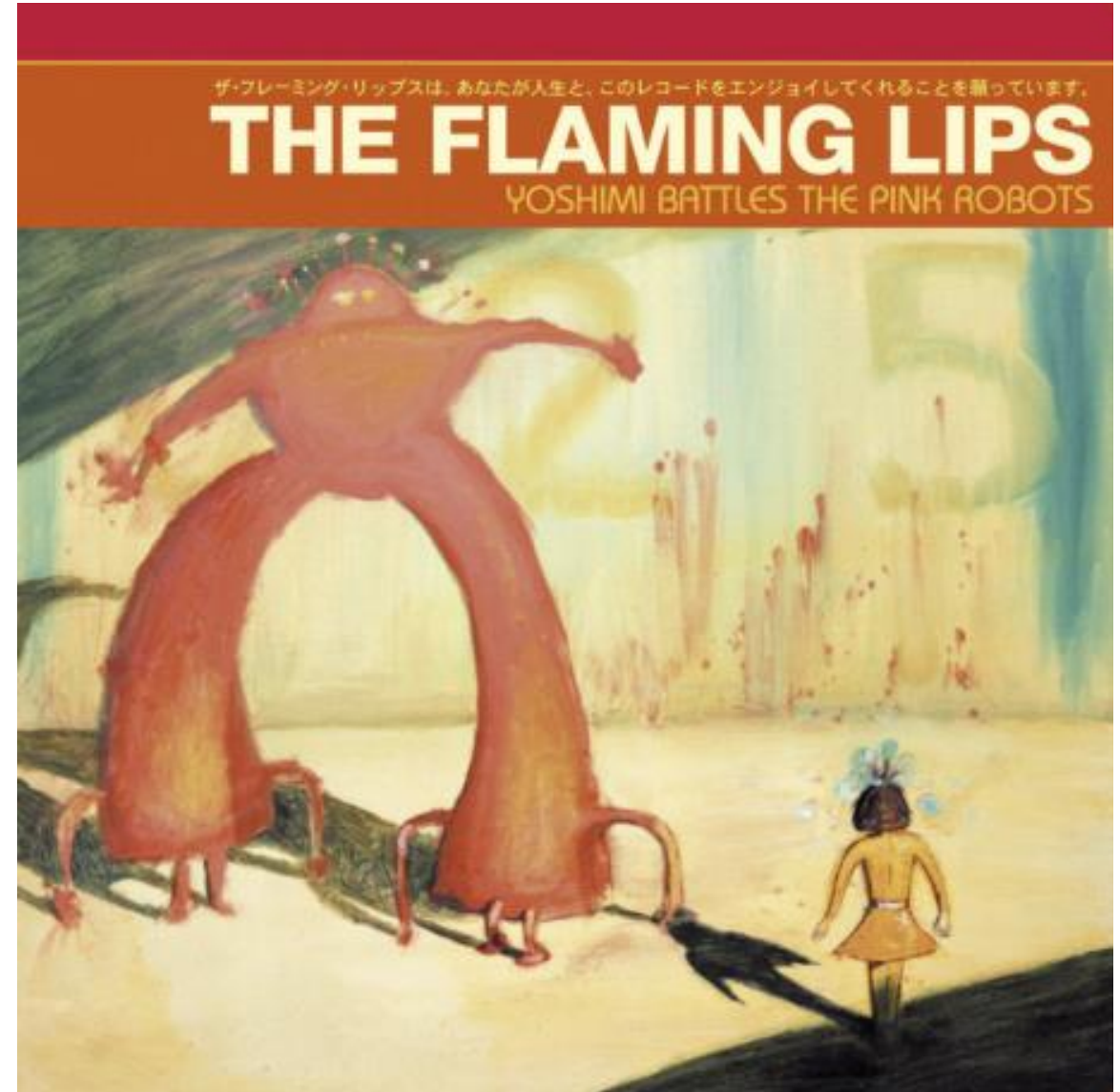


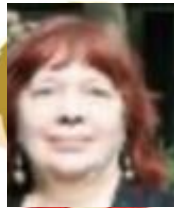


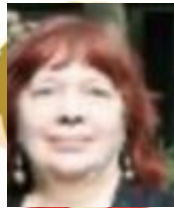
Do you realize
That everyone you know someday will die?

And instead of saying all of your goodbyes
Let them know you realize that life goes fast
It's hard to make the good things last
You realize the sun doesn't go down
It's just an illusion caused by the world spinning round

Do you realize
That you have the most beautiful face?
Do you realize?







Is mentalization-based therapy effective in treating the symptoms of borderline personality disorder? A systematic review

Katharina Sophie Vogt^{1,2*} and Paul Norman²
¹Sheffield Institute of Translational Neuroscience (SiTran), The University of Sheffield,

MBT: Cohen’s d tussen .50 and 2

papers.
Results. Mentalization-based therapy was found to achieve either superior or equal reductions in psychiatric symptoms when compared with other treatments (supportive group therapy, treatment as usual/standard psychiatric care, structured clinical management, and specialized clinical management).
Discussion. Mentalization-based therapy can achieve significant reductions in BPD symptom severity and the severity of comorbid disorders as well as increase quality of life.

RESEARCH REPORT

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Meta-Analysis and Systematic Review Assessing the Efficacy of Dialectical Behavior Therapy (DBT)

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DGT: Hedges’ g tussen .18 and 1.41

treatment, or symptoms of depression, in adult patients with BPD.
Results—Combining effect measures for suicide and parasuicidal behavior (five studies total) revealed a net benefit in favor of DBT (pooled Hedges’ *g* = −0.622). DBT was only marginally better than treatment as usual (TAU) in reducing attrition during treatment in five RCTs (pooled risk difference = −0.168). DBT was not significantly different from TAU in reducing depression symptoms in three RCTs (pooled Hedges’ *g* = −0.896).
Discussion—DBT demonstrates efficacy in stabilizing and controlling self-destructive behavior and improving patient compliance.

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REVIEW ARTICLE

The efficacy of schema therapy for personality disorders: a systematic review and meta-analysis

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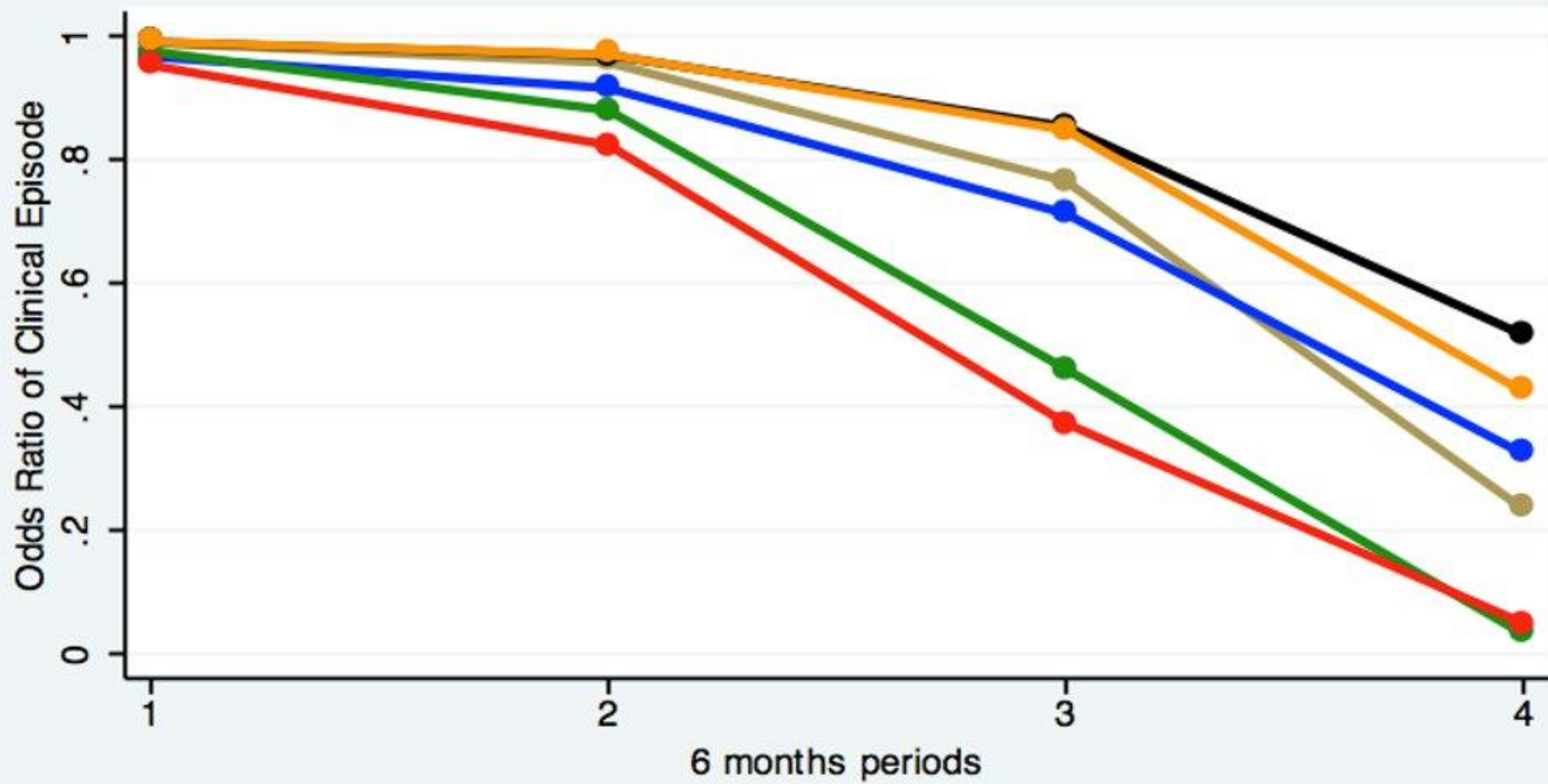
SFT: Hedges’ g tussen .23 and 1.65

participants) and seven single-group trials (163 participants).
Results: Meta-analyses revealed that ST had a moderate effect size (*g* = 0.359) compared to control conditions in reducing symptoms of PDs. Subgroup analysis indicated that the effect of ST on different types of PDs varied slightly, and that group ST (*g* = 0.859) was more effective than individual ST (*g* = 0.163) in treating PDs. Secondary outcome analysis revealed a moderate effect size (*g* = 0.256) for ST compared to control conditions in improving quality of life, and ST was found to reduce early maladaptive schema (*g* = 0.590). Single-group trials analysis showed that ST had a positive effect on PDs (OR = 0.241).
Conclusions: ST appears to be an effective treatment for PDs, as it reduces symptoms and improves quality of life. This review provides support for the use of ST in the treatment of PDs.

therapy, meta-analysis, systematic review







Day hospital versus intensive out-patient mentalisation-based treatment for borderline personality disorder: multicentre randomised clinical trial

Maaikje L. Smits, Dine J. Feenstra, Hester V. Eeren, Dawn L. Bales, Elisabeth M. P. Laurensen, Matthijs Blankers, Mirjam B. J. Soons, Jack J. M. Dekker, Zwaan Lucas, Roel Verheul and Patrick Luyten

Background

Two types of mentalisation-based treatment (MBT) have been developed and empirically evaluated for borderline personality disorder (BPD): day hospital MBT (MBT-DH) and intensive out-patient MBT (MBT-IOP). No trial has yet compared their efficacy.

Aims

To compare the efficacy of MBT-DH and MBT-IOP 18 months after start of treatment. MBT-DH was hypothesised to be superior to MBT-IOP because of its higher treatment intensity.

Method

In a multicentre randomised controlled trial (Netherlands Trial Register: NTR2292) conducted at three sites in the Netherlands, patients with BPD were randomly assigned to MBT-DH ($n = 70$) or MBT-IOP ($n = 68$). The primary outcome was symptom severity (Brief Symptom Inventory). Secondary outcome measures included borderline symptomatology, personality functioning, interpersonal functioning, quality of life and self-harm. Patients were assessed every 6 months from baseline to 18 months after start of treatment. Data were analysed using multilevel modelling

was not superior to MBT-IOP on the primary outcome measure, but MBT-DH showed a clear tendency towards superiority on secondary outcomes.

Conclusions

Although MBT-DH was not superior to MBT-IOP on the primary outcome measure despite its greater treatment intensity, MBT-DH showed a tendency to be more effective on secondary outcomes, particularly in terms of relational functioning. Patients receiving MBT-DH and MBT-IOP, thus, seem to follow different trajectories of change, which may have important implications for clinical decision-making. Longer-term follow-up and cost-effectiveness considerations may ultimately determine the optimal intensity of specialised treatments such as MBT for patients with BPD.

Declaration of interest

P.L. and D.L.B. have been involved in the training and dissemination of MBT.

Keywords

borderline personality disorder; mentalisation-based treatment; day hospital; intensive out-patient; randomised controlled trial

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Research

Research Report

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Mentalization-Based Treatment for Concurrent Borderline Personality Disorder and Substance Use Disorder: A Randomized Controlled Feasibility Study

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20-50% ‘goed genoeg’

Outpatient Psychotherapy for Borderline Personality Disorder

Randomized Trial of Schema-Focused Therapy vs Transference-Focused Psychotherapy

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Context: Borderline personality disorder is a severe and chronic psychiatric condition, prevalent throughout health care settings. Only limited effects of current treatments have been documented.

Objective: To compare the effectiveness of schema-focused therapy (SFT) and psychodynamically based transference-focused psychotherapy (TFP) in patients with borderline personality disorder.

Design: A multicenter, randomized, 2-group design.

Results: Data on 44 SFT patients and 42 TFP patients were available. The sociodemographic and clinical characteristics of the groups were similar at baseline. Survival analyses revealed a higher dropout risk for TFP patients than for SFT patients ($P = .01$). Using an intention-to-treat approach, statistically and clinically significant improvements were found for both treatments on all measures after 1-, 2-, and 3-year treatment periods. After 3 years of treatment, survival analyses demonstrated that significantly more SFT patients recovered (relative risk = 2.18; $P = .04$) or showed reliable clinical improvement (relative risk = 2.33; $P = .009$) on the Borderline Per-

A Randomized Trial of Dialectical Behavior Therapy Versus General Psychiatric Management for Borderline Personality Disorder

Shelley F. McMain, Ph.D.

Paul S. Links, M.D.

William H. Gnam, M.D.

Tim Guimond, M.D.

Robert J. Cardish, M.D.

Lorne Korman, Ph.D.

David L. Streiner, Ph.D.

Objective: The authors sought to evaluate the clinical efficacy of dialectical behavior therapy compared with general psychiatric management, including a combination of psychodynamically informed therapy and symptom-targeted medication management derived from specific recommendations in APA guidelines for borderline personality disorder.

Method: This was a single-blind trial in which 180 patients diagnosed with borderline personality disorder who had at least two suicidal or nonsuicidal self-injurious episodes in the past 5 years were randomly assigned to receive 1 year of dialectical behavior therapy or general

measures after 1 year of treatment, including significant reductions in the frequency and severity of suicidal and nonsuicidal self-injurious episodes and significant improvements in most secondary clinical outcomes. Both groups had a reduction in general health care utilization, including emergency visits and psychiatric hospital days, as well as significant improvements in borderline personality disorder symptoms, symptom distress, depression, anger, and interpersonal functioning. No significant differences across any outcomes were found between groups.

Conclusions: These results suggest that

Table 3. Mean item scores, correlations between MBT-lab and danish raters, and interrater reliability of MBT-AQS items ($N = 13$): quality.

Item description	<i>M</i> lab	<i>SD</i> lab	<i>M</i> raters	<i>SD</i> raters	<i>r</i>	ICC single rater	ICC 95% confidence interval
1. Engagement	4.2	1.3	4.7	.87	.77**	.35	.14–.65
2. Exploring	4.5	1.5	4.5	.93	.72**	.49	.27–.76
3. Challenging	3.5	1.2	3.8	1.1	.65*	.32	.12–.63
4. Adjustment	3.4	1.4	4.1	.95	.73**	.48	.25–.75
5. Regulating arousal	3.5	1.5	3.6	.91	.90**	.52	.37–.82
6. Stimulating mentalization	3.4	1.7	4.0	1.2	.89**	.59	.29–.77
7. Acknowledging positive mentalizing	3.4	1.1	3.5	1.1	.68*	.57	.34–.80
8. Pretend mode	3.0	.92	3.3	.87	.74**	.21	.03–.51
9. Psychic equivalence	2.6	1.5	3.5	1.0	.91**	.26	.07–.57
10. Focus on affects	3.9	1.5	4.0	1.1	.69**	.57	.34–.80
11. Focus on interpersonal affects	3.9	1.6	4.2	.90	.72**	.39	.17–.68
12. Stop and rewind	2.6	.52	3.4	.86	.63	.18	.02–.48
13. Validating feelings	3.3	1.1	4.1	.76	.65*	.31	.11–.62
14. Relation to therapist	2.8	1.3	3.6	1.2	.82**	.65	.43–.85
15. Counter-transference	3.2	1.6	3.4	.95	.90**	.33	.12–.63
16. Validating understanding	3.9	.86	4.3	.74	.76**	.34	.13–.64
17. Integrating group experiences	5.0	1.4	4.0	.90	.54	.70	.50–.87
Overall	3.7	1.6	4.0	1.2	.86**	.62	.41–.83

Notes: MBT-AQS = mentalization-based therapy – adherence and quality scale; ICC = intraclass correlation coefficient.

* $p < .05$, two-tailed.

** $p < .01$, two-tailed.

Simonsen, Sebastian et al. “The mentalization-based therapy adherence and quality scale (MBT-AQS): Reliability in a clinical setting.” *Nordic Psychology* 71 (2018): 104 - 115.

Table 2 Overview of proposed dysfunctional schema modes

Schema mode ($N = \text{new}$)	Respective EMS or need domain (in <i>italic</i>)
<i>Child modes</i>	
Disregarded child (N)	EMSs in the domain <i>Safety & Nurturance</i>
Non-autonomous child (N)	EMSs in the domain <i>Autonomy, Competence, & Identity</i>
Subordinate child (N)	EMSs in the domain <i>Freedom to Express Opinions, & Emotions</i>
Constrained child (N)	EMSs in the domain <i>Spontaneity & Play</i>
Confused child (N) ^a	EMSs in the domain <i>Self-Coherence</i>
Over-diligent child (N)	Unrelenting standards
Victimized child (N)	Unfairness
Grandiose child	Entitlement
Spoiled child (N)	Entitlement
Undisciplined child	Insufficient self-control/self-discipline
Impulsive child	Insufficient self-control/self-discipline
Angry child	Many EMSs
Enraged child	Many EMSs
Rebellious child (N)	Many EMSs
Sulking child (N)	Many EMSs
<i>Norm-setting modes (parental modes)</i>	
Demanding critic	Unrelenting standards
Punisher	Punitiveness
<i>Avoidance modes</i>	
Detached protector	Nearly all EMSs
Funny protector (N)	Nearly all EMSs
Angry protector	Nearly all EMSs
Avoidant protector (N)	Nearly all EMSs
Compliant surrender	Nearly all EMSs
Reassurance seeker (N)	Nearly all EMSs
Detached self-soother	Nearly all EMSs
Suspicious overcontroller	Nearly all EMSs
<i>Inversion modes</i>	
Hyper-autonomous mode (N)	Abandonment, dependence/incompetence, Enmeshment, subjugation, self-sacrifice, approval seeking
Clown (N)	Nearly all EMSs
Attention & approval seeker	Emotional deprivation, defectiveness/shame, social isolation, emotional inhibition
Self-aggrandizer	Nearly all EMSs
Bully & attack	Abandonment, subjugation, unfairness, mistrust/abuse
Perfectionistic overcontroller	Failure, emotional deprivation, insufficient self-control
Idealizer (N)	Mistrust/abuse
Daredevil (N) ^b	Vulnerability to harm & illness
Slacker/Oblomov (N) ^c	Unrelenting standards
Pollyanna/over-optimist (N) ^d	Negativity/pessimism
The merciful (N)	Punitiveness
The over-humble (N)	Entitlement
The pretender (N)	Lack of a coherent identity, lack of meaningful world
Conning & manipulation (N)	Abandonment, unfairness
Predator	Unfairness

^aThe alternative, that a Confused Child mode (EMS Lack of Coherent Identity) and a Disconnected Child mode (EMS Lack of a Meaningful World) should be distinguished is an empirical issue. Here we propose one child mode covering both EMSs for reasons of sparsity

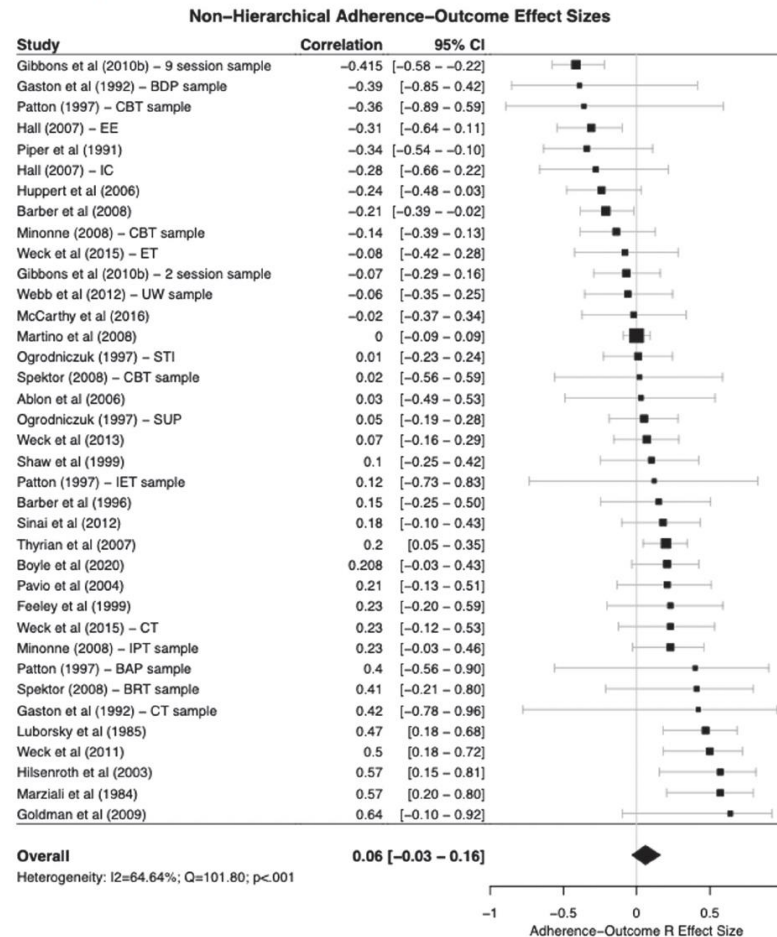
^bDaredevil: A reckless person who enjoys doing dangerous things (Oxford dictionary)

^cOblomov: A sluggish, weak-willed, or procrastinating person (Oxford dictionary)

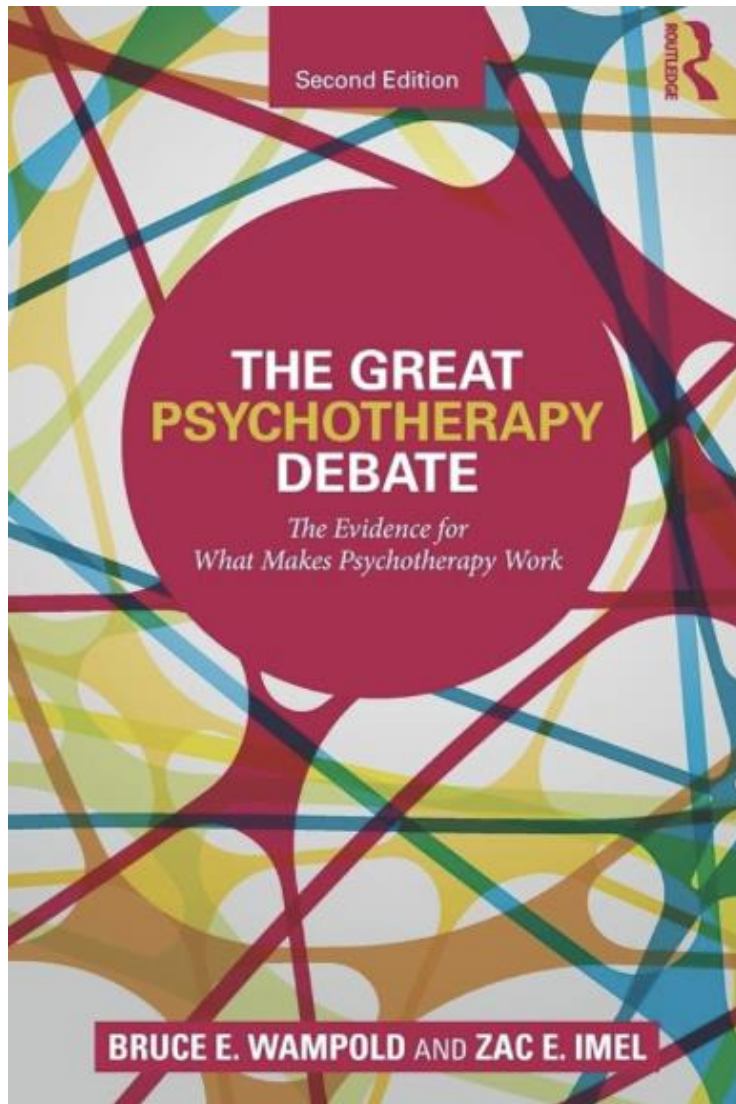
^dPollyanna: An excessively cheerful or optimistic person (Oxford dictionary)

Arntz, A., Rijkeboer, M., Chan, E. *et al.* Towards a Reformulated Theory Underlying Schema Therapy: Position Paper of an International Workgroup. *Cogn Ther Res* 45, 1007–1020 (2021). <https://doi.org/10.1007/s10608-021-10209-5>

Figure 1
Forest Plot for Nonhierarchical Adherence–Outcome Meta-Analysis



Adherence
R=0.02-0.06



Annual Review of Clinical Psychology

The Role of Common Factors in Psychotherapy Outcomes

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The Alliance in Adult Psychotherapy: A Meta-Analytic Synthesis

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The alliance continues to be one of the most investigated variables related to success in psychotherapy irrespective of theoretical orientation. We define and illustrate the alliance (also conceptualized as therapeutic alliance, helping alliance, or working alliance) and then present a meta-analysis of 295 independent studies that covered more than 50,000 patients (published between 1978 and 2017) for face-to-face and Internet-based psychotherapy. The relation of the alliance and treatment outcome was investigated using a three-level meta-analysis with random-effects maximum likelihood estimators. The overall alliance-outcome association for face-to-face psychotherapy was $r = .278$ (95% confidence interval [CI], .256, .299), $p < .0001$, equivalent of $d = .579$. There was heterogeneity among the effect sizes, and 26% of the 295 effect sizes indicated negative correlations. The correlation for Internet-based psychotherapy was approximately the same ($r = .275$, $d = .575$). These results confirm the robustness of the positive relation between the alliance and outcome. This relation remains consistent across assessed perspectives, alliance and outcome measures, treatment approaches, patient characteristics, and countries. The article concludes with causality considerations, research limitations, diversity considerations, and therapeutic practices.

Clinical Impact Statement

Question: How robust is the correlation of the alliance (as a holistic, collaborative quality measured during therapy) with therapy outcomes? **Findings:** Based on over 300 studies, the positive relation of the alliance and outcome remains across assessed perspectives, alliance and outcome measures, treatment approaches, patient (intake) characteristics, face-to-face and Internet-mediated therapies, and countries. **Meaning:** The alliance, which is of a mutual collaboration and partnership between therapist and client, is an important aspect of psychotherapy across various psychotherapy approaches. **Next Steps:** The universality of the alliance-outcome relation and the potential conceptual foundations have to be investigated across cultural and biopsychosocial contexts inside but also outside of psychotherapeutic settings in a quantitative and in a qualitative manner.

Keywords: therapeutic alliance, psychotherapy relationship, working alliance, meta-analysis, psychotherapy outcome

Meta-Analyses of the Relation of Goal Consensus and Collaboration to Psychotherapy Outcome

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Sarah E. Birch

St. Joseph's College

Jay Verkuilen

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This article provides meta-analyses of the relation between goal consensus and collaboration and individual psychotherapy outcome using studies published in English between 1978 and June 2017. Inclusive criteria involved (a) a measure of psychotherapy outcome, (b) a measure of goal consensus and/or collaboration, (c) a group design, (d) adult patients (aged 18 years or older), and (e) a reported effect or statistic that could be converted to an effect size. For the 54 studies ($N = 7,278$) of goal consensus and outcome, the result was $r = .24$ (95% confidence interval [CI], .16, .32) or $d = .40$, representing a medium-to-large effect. For the 54 studies ($N = 5,286$) of patient-therapist collaboration and outcome, the result was $r = .29$ (95% CI [.24, .34]) or $d = .41$, another medium effect. In all, 21 studies ($N = 2,801$) of therapist collaboration and outcome yielded an omnibus effect of $r = .26$ (95% CI [.18, .35]) or $d = .34$. Results suggest patient-therapist goal consensus and collaboration enhance psychotherapy outcomes. The article concludes with research limitations, diversity considerations, and therapeutic practices. Limitations of the studies included a dearth of diverse samples, assessment of goal consensus and/or collaboration at a single time during treatment, failure to relate measures to outcome, and analyses that do not permit causal conclusions. Research suggests that therapists seek input from patients to form and effect treatment goals and plans, provide patients with regular feedback, and seek their involvement throughout therapy.

Clinical Impact Statement

Question: This article uses three meta-analyses to address the relation of patient-psychotherapist goal consensus and collaboration in psychotherapy outcome. **Meaning:** Clinicians could use the study findings to achieve better results for their patients. **Findings:** Results suggest that when therapists and patients agree on psychotherapy goals and actively work together, patients tend to have more positive treatment outcomes. **Next Steps:** Future research that examines goal consensus and collaboration throughout psychotherapy with racially diverse patients, would add to our understanding of these therapy processes.

Keywords: goal consensus, collaboration, psychotherapy relationship, psychotherapy outcome, working alliance

Supplemental materials: <http://dx.doi.org/10.1037/annr0000170.supp>

Therapist Empathy and Client Outcome: An Updated Meta-Analysis

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Arthur C. Bohart

Santa Clara University and California State University,
Domínguez Hills

Jeanne C. Watson

University of Toronto

David Murphy

University of Nottingham

Pit simply, empathy refers to understanding what another person is experiencing or trying to express. Therapist empathy has a long history as a hypothesized key change process in psychotherapy. We begin by discussing definitional issues and presenting an integrative definition. We then review measures of therapist empathy, including the conceptual problem of separating empathy from other relationship variables. We follow this with clinical examples illustrating different forms of therapist empathy and empathic response modes. The core of our review is a meta-analysis of research on the relation between therapist empathy and client outcome. Results indicate that empathy is a moderately strong predictor of therapy outcome: mean weighted $r = .28$ ($p < .001$; 95% confidence interval [.23, .33]), equivalent of $d = .30$ for 82 independent samples and 6,138 clients. In general, the empathy-outcome relation held for different theoretical orientations and client presenting problems; however, there was considerable heterogeneity in the effects. Client, observer, and therapist perspective measures predicted client outcome better than empathic accuracy measures. We then consider the limitations of the current data. We conclude with diversity considerations and practice recommendations, including endorsing the different forms that empathy may take in therapy.

Clinical Impact Statement

Question: Does therapist empathy predict success in psychotherapy? **Findings:** In general, clients have moderately better outcomes in psychotherapy when therapists seek to understand their clients as understanding them. **Meaning:** Empathy is an important element of any therapeutic relationship, and worth the investment of time and effort required to do so well and consistently. **Next Steps:** Careful research using diverse methods is needed to firmly establish and explain the causal role of therapist empathy in bringing about client outcome; clinicians can contribute by identifying situations in which empathy may be particularly valuable or conversely constrained.

The Real Relationship and Its Role in Psychotherapy Outcome: A Meta-Analysis

Charles J. Gelso and Dennis M. Kivlighan Jr.

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Rayna D. Markin

Villanova University

Although writing about the real relationship has existed from the beginnings of the “talking cure,” it is only in recent years that empirical research has focused on this phenomenon. The real relationship is the personal relationship between patient and therapist mediated by the extent to which each is genuine with the other and perceives/experiences the other in ways that are realistic. The strength of the real relationship is determined by both the extent to which it exists and the degree to which it is positive or favorable. In this article, a meta-analysis is presented on the association between the strength of the real relationship and the outcome of psychotherapy. Statistical analyses of 130 studies, this meta-analysis revealed a moderate association with outcome ($r = .30$, 95% confidence interval [.26, .34], $p < .001$, $d = 0.60$, $N = 1,562$). This real relationship–outcome association was independent of the type of outcome studied (treatment outcome, treatment progress, and session outcome) and of the source of the measure (whether the client or the therapist rated the real relationship and/or treatment outcome). We also present consistently used measures of the real relationship, limitations of the real relationship, and patient contributions. The article concludes with diversity considerations and practice recommendations for developing and strengthening the real relationship.

Clinical Impact Statement

Question: What is the meta-analytic association between the strength of the real relationship from therapist and patient perspectives and the outcomes of psychotherapy? **Findings:** Computed across 130 studies, there is a statistically significant and moderate relationship ($r = .37$, $p < .001$) between the strength of the real relationship and outcome, and this association is not dependent on who made the ratings (therapist or patient) or type of outcome (session outcome, treatment progress, patient to patient change). **Meaning:** Therapists should pay close attention to the strength of their real relationships with patients and seek to cultivate and strengthen it during treatment. **Next Steps:** More quantitative and qualitative studies are needed on the real relationship and dual treatment outcomes, as well as on what factors moderate and mediate this relationship.

Keywords: real relationship, psychotherapy relationship, therapy outcome, meta-analysis, process-outcome research

Therapist and Client Emotional Expression and Psychotherapy Outcomes: A Meta-Analysis

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Florida Atlantic University

Robert R. Freund

State University of New York at Oswego

Although emotion has long been considered important to psychotherapeutic process, empirical assessment of its impact has emerged only recently. The present study applied two meta-analyses to explore the association between therapist expression of emotion and psychotherapy outcome, and client expression of emotion and psychotherapy outcome. Overall, 66 studies (13 for the therapist meta-analysis and 43 for the client meta-analysis) were included. A significant medium effect size was found between the therapist's emotional expression and outcomes ($d = 0.56$) and a significant medium-to-large effect size between the client's emotional expression and outcomes ($d = 0.65$). Third-party rating of emotional expression emerged as a significant moderator of outcomes. Limitations of the research, diversity considerations, and therapeutic practices that conclude the article are then presented.

Clinical Impact Statement

Question: We attempted to address the question of what the relationship between client and therapist expression of affect on therapeutic outcomes was. **Findings:** Therapist expression of affect had a medium effect on client outcome, whereas client expression of affect had a medium-to-large effect on client outcome. **Meaning:** Clinicians may wish to reexamine the role of the expression of affect in the therapeutic relationship. **Next Steps:** Training to recognize and facilitate client emotional expression, as well as training focused on appropriate therapist emotional expression, would be warranted.

Keywords: psychotherapy, meta-analysis, emotion, therapist emotional expression, client emotional expression, therapeutic relationship

The Alliance in Adult Psychotherapy: A Meta-Analytic Synthesis

Christoph Flückiger

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Keywords: therapeutic alliance, psychotherapy relationship, working alliance, meta-analysis, psychotherapy outcome



Annual Review of Clinical Psychology

The Role of Common Factors in Psychotherapy Outcomes

Pim Cuijpers, Mirjam Reijnders,
and Marcus J.H. Huibers

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Keywords

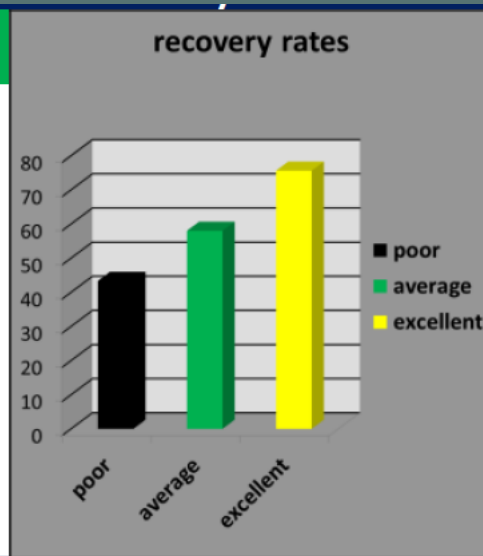
psychotherapy, outcome research, mechanisms of change, common factors, meta-analysis

Abstract

Psychotherapies may work through techniques that are specific to each therapy or through factors that all therapies have in common. Proponents of the common factors model often point to meta-analyses of comparative outcome studies that show all therapies have comparable effects. However, not all meta-analyses support the common factors model; the included studies

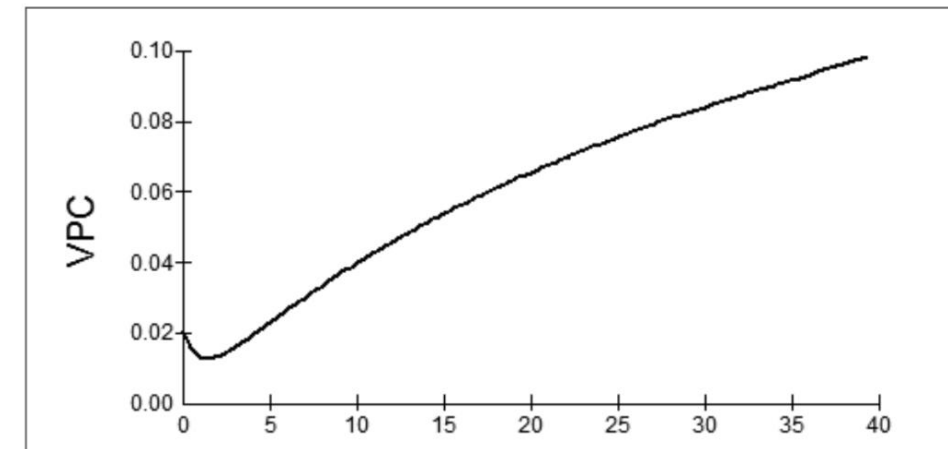
UK NHS adult primary care counselling & psychological therapy services

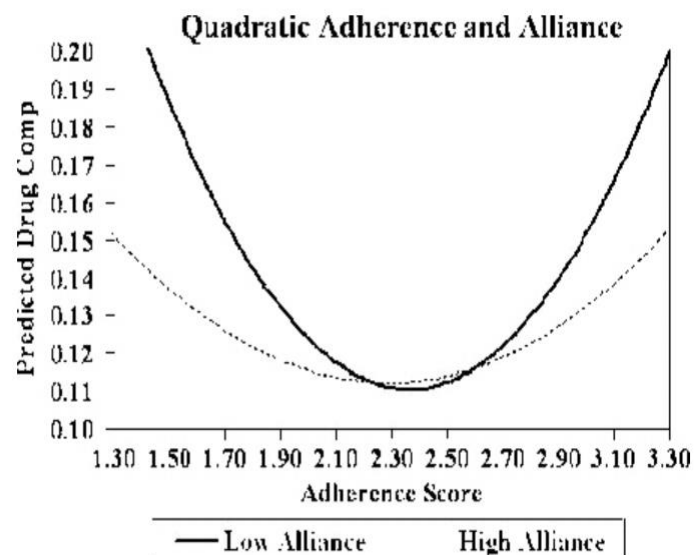
- 119 therapists
- treating 10,786 patients
- Recovery - Jacobson & Truax criteria: reliable change to below the clinical cut-off
- From 119, 3 groups of therapists
 - n=19 poor (16%)
 - n=79 average (66%)
 - n=21 excellent (18%)



Saxon, D. & M. Barkham (2012). "Patterns of therapist variability: Therapist effects & the contribution of patient severity and risk." J Consult Clin Psychol 80(4): 535-546.

Figure 1: Variance Partition Coefficients (VPC) for Intake CORE-OM non-risk scores, with a histogram of the frequency of scores





Figure

Caption

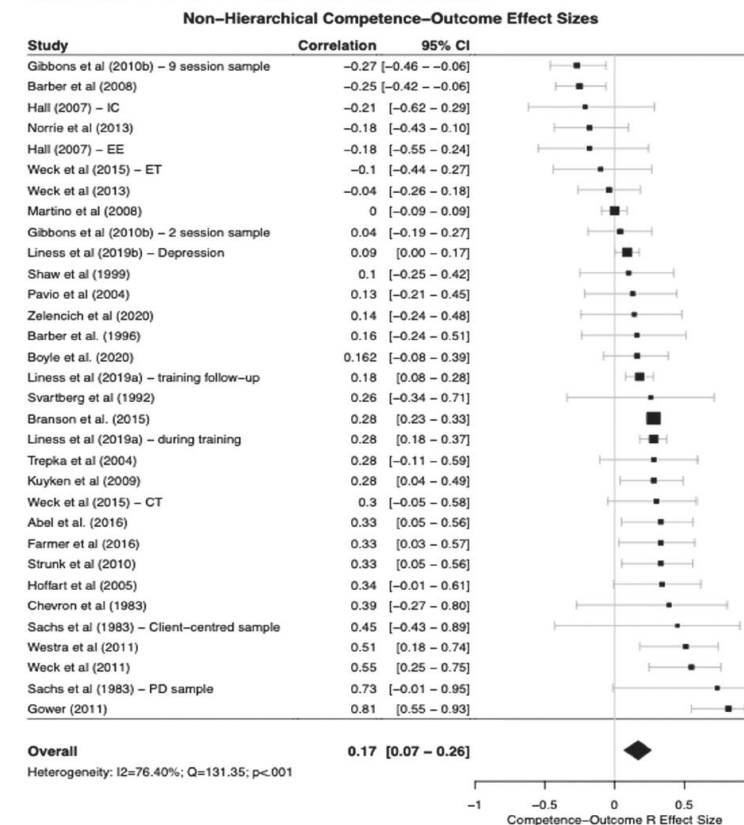
Figure II. Relation between curvilinear adherence and drug use in patients with high versus low therapeutic alliance.

This figure was uploaded by [Paul Crits-Christoph](#)

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Figure 2

Funnel Plot for Nonhierarchical Competence–Outcome Meta-Analysis



Note. IC = imaginal confrontation; EE = evocative empathy; ET = exposure therapy; CT = cognitive therapy; PD = psychodynamic.

Barber JP, Gallop R, Crits-Christoph P, Frank A, Thase ME, Weiss RD, Gibbons MBC. The role of therapist adherence, therapist competence, and alliance in predicting outcome of individual drug counseling: Results from the National Institute Drug Abuse Collaborative Cocaine Treatment Study. *Psychotherapy Research*. 2006. 16(2), 229–240. <https://doi.org/10.1080/10503300500288951>

Power, N., Noble, L. A., Simmonds-Buckley, M., Kellett, S., Stockton, C., Firth, N., & Delgadillo, J. (2022). Associations between treatment adherence-competence-integrity (ACI) and adult psychotherapy outcomes: A systematic review and meta-analysis. *Journal of consulting and clinical psychology*, 90(5), 427–445. <https://doi.org/10.1037/ccp0000736>



Influence of therapist competence and quantity of cognitive behavioural therapy on suicidal behaviour and inpatient hospitalisation in a randomised controlled trial in borderline personality disorder: Further analyses of treatment effects in the BOSCOT study

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¹Centre for Healthcare Randomised Trials (CHaRT), Health Services Research Unit, Aberdeen University, UK

²Institute of Health & Wellbeing, Gartnavel Royal Hospital, Glasgow, UK

³Adult Psychology Services, Central and North West London NHS Foundation Trust, London, UK

Objectives. We investigated the treatment effects reported from a high-quality randomized controlled trial of cognitive behavioural therapy (CBT) for 106 people with borderline personality disorder attending community-based clinics in the UK National Health Service – the BOSCOT trial. Specifically, we examined whether the amount of therapy and therapist competence had an impact on our primary outcome, the number of suicidal acts¹, using instrumental variables regression modelling.

Design. Randomized controlled trial. Participants from across three sites (London, Glasgow, and Ayrshire/Arran) were randomized equally to CBT for personality disorders (CBTpd) plus Treatment as Usual or to Treatment as Usual. Treatment as Usual varied between sites and individuals, but was consistent with routine treatment in the UK National Health Service at the time. CBTpd comprised an average 16 sessions (range 0–35) over 12 months.

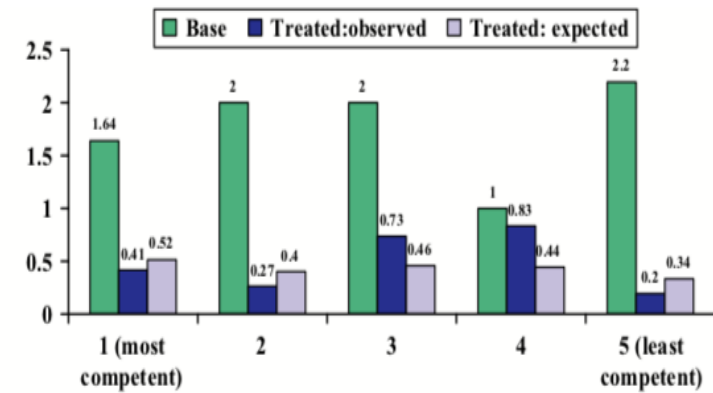


Figure 6. Suicidal acts per year by therapist competence.

A Qualitative Meta-Analysis Examining Clients' Experiences of Psychotherapy: A New Agenda

Heidi M. Levitt
University of Massachusetts Boston

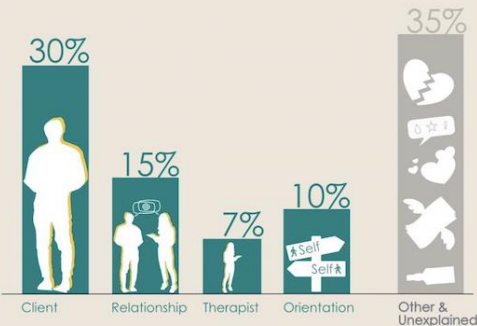
Andrew Pomerville
University of Michigan

Francisco I. Surace
University of Massachusetts Boston

This article argues that psychotherapy practitioners and researchers should be informed by the substantive body of qualitative evidence that has been gathered to represent clients' own experiences of therapy. The current meta-analysis examined qualitative research studies analyzing clients' experiences within adult individual psychotherapy that appeared in English-language journals. This omnibus review integrates research from across psychotherapy approaches and qualitative methods, focusing on the cross-cutting question of how clients experience therapy. It utilized an innovative method in which 67 studies were subjected to a grounded theory meta-analysis in order to develop a hierarchy of data and then 42 additional studies were added into this hierarchy using a content meta-analytic method—summing to 109 studies in total. Findings highlight the critical psychotherapy experiences for clients, based upon robust findings across these research studies. Process-focused principles for practice are generated that can enrich therapists' understanding of their clients in key clinical decision-making moments. Based upon these findings, an agenda is suggested in which research is directed toward brightening therapists'

Clients (not Therapists) Drive Therapeutic Change

The Average Contribution of Different Factors to Outcomes



Source:
Adapted from Norcross, J. C., & Lambert, M. J. (2011).
Evidence-based psychotherapy relationship: The third task force.
In J. C. Norcross & S. E. Wampold (Eds.),
Psychotherapy relationships that work (3rd ed., Vol. 1). Oxford University.

Table 2

Cluster, Category Subcategory Titles, and the Numbers of Studies That Contributed Meaning Units to Each

Clusters	Categories
Cluster 1: Therapy is a Process of Change through Structuring Curiosity and Deep Engagement in Pattern Identification and Narrative Reconstruction (71)	Category 1.1: Curiosity drives reflexivity, transference, and relationship pattern analysis leading to new interpersonal strategies (25) Category 1.2: Fear of sadness and vulnerability prompts disengagement but experiencing and exploring these emotions in therapy enhances engagement and leads to acceptance. (36) Category 1.3: The structure and support from the therapist helps clients to identify and change behavior patterns in their lives. (29) Category 1.4: The analysis of thoughts and assumptions can lead to the generation of new options and possibilities. (20) Category 1.5: Reflexivity leads to holistic awareness and a new self-narrative, abetted by therapists' insights (48)
Cluster 2: Caring, Understanding, and Accepting Therapists Allow Clients to Internalize Positive Messages and Enter the Change Process of Developing Self Awareness (82)	Category 2.1: Authentic caring lets clients feel validated and engage in vulnerable discussion, however, over-involvement can limit their sense of agency (61) Category 2.2: Being deeply understood and accepted helps clients engage in self-reflection nondefensively and increase their self awareness. (56) Category 2.3: Internalizing the accepting therapist allows client change inside therapy and creates positive changes to external relationships. (18) Category 2.4: Feeling unheard, misunderstood, or unappreciated challenges the alliance and requires discussions of differences. (25)
Cluster 3: Professional Structure Creates Credibility and Clarity but Casts Suspicion on Care in the Therapeutic Relationship (54)	Category 3.1: The therapist's professional status aids in credibility. (33) Category 3.2: Professional context creates clarity but can undermine the authenticity of the relationship, make therapy inaccessible, or foster dependence. (36)
Cluster 4: Therapy Progresses as a Collaborative Effort with Discussion of Differences (59)	Category 4.1: Explicitly negotiating client-therapist roles when setting the therapy agenda lessens the clients' sense of a problematic power imbalance. (38) Category 4.2: Cross cultural differences can be managed by exploring differences and valuing the individual within the culture. (31)
Cluster 5: Recognition of the Client's Agency Allows for Responsive Interventions that Fit the Client's Needs. (72)	Category 5.1: Clients are agents of both engagement and disengagement. (62) Category 5.2: Clients wish therapists to be responsive by checking on their goals, the fit of the process, and the content of sessions, but to provide guidance when blocked or when avoiding key issues (46)
Core Category: Being Known and Cared for Supports Clients' Ability to Agentically Recognize Obstructive Experiential Patterns and Address Unmet Vulnerable Needs (109)	

ARTIKEL

Make therapy simple again!¹

Joost Hutsebaut

Samenvatting

De richtlijnen voor de behandeling van persoonlijkheidsstoornissen gaan ervan uit dat behandelingen verbeteren wanneer behandelaars bewezen effectieve specialistische modellen gebruiken, zoals dialectische gedragstherapie, *mentalization-based treatment*, *transferen-ce-focused therapy* of schematherapie. In de praktijk leidt dat ertoe dat instellingen erg veel investeren in opleidingen en trainingen in deze modellen. Dit artikel maakt hierbij een aantal kritische kanttekeningen. Het beargumenteert dat de potentiële werkzaamheid van deze modellen in de praktijk nauwelijks wordt gerealiseerd en dat we deze behandelingen wellicht alleen maar ‘voorwaardelijk’ bewezen effectief kunnen noemen. Dat heeft – zo wordt beargumenteerd – wellicht te maken met de complexiteit van deze modellen en met de focus op modeltrouw in opleidingen. Daardoor dreigen behandelaars zeker in de eerste jaren wanneer ze een model nog onvoldoende beheersen, het authentieke contact met de cliënt kwijt te raken wanneer ze proberen een model zo getrouw mogelijk uit te voeren. De conclusie van deze argumentatie is dat behandelaars het zichzelf soms misschien weer wat makkelijker moeten maken om de beste versie van zichzelf als behandelaar te kunnen zijn.

REVIEWS AND OVERVIEWS

Scorn Not Its Simplicity: Examining the Effectiveness of Simple Generalist Treatment for Personality Disorders

Joost Hutsebaut, Ph.D.

Treatment guidelines for personality disorders have typically recommended specialized psychotherapeutic interventions. In this review, the author suggests that an intervention's effectiveness may be determined less by the specific method than by therapist competence, team culture, clinical process structure, and institutional context. The author argues that these elements determine variance in effectiveness between and within methods. Whereas initial studies of a specialized treatment may reflect the exceptional competencies of the treatment's developers and early adopters, in daily clinical practice, therapists with an average level of skill may struggle with the theoretical and methodological complexities of these treatments, which can hinder genuine connection with patients. This interference may particularly

affect treatment outcomes when therapists encounter the intense emotions and interpersonal hypersensitivity experienced by patients with personality disorders. Most therapists would benefit from a set of simple generalist principles that determine the context for their work and offer a framework for dealing with clinical challenges while enabling them to be true to themselves and use their previously learned competencies. The Guideline-Informed Treatment for Personality Disorders is an enhanced common-factors approach that summarizes the core principles of effective treatment and can be feasibly implemented by most therapists.

Am J Psychother in Advance
(doi: 10.1176/appi.psychotherapy.20230042)



Implementation of evidence-based treatments for borderline personality disorder: The impact of organizational changes on treatment outcome of mentalization-based treatment

DAWN L. BALES¹, REINIER TIMMAN^{1,2}, PATRICK LUYTEN¹, JAN BUSSCHBACH^{1,2}, ROEL VERHEUL¹ AND JOOST HUTSEBAUT¹, ¹Viersprong Institute for Studies on Personality Disorders (VISPD), Halsteren, the Netherlands; ²Erasmus Medical Center Rotterdam, Section of Medical Psychology and Psychotherapy, Rotterdam, the Netherlands

ABSTRACT

The quality of implementation of evidence-based treatment programs for borderline personality disorder (BPD) in routine clinical care is a neglected issue. The first aim of this mixed-method naturalistic study was to explore the impact of organizational changes on treatment effectiveness of a day-hospital programme of mentalization-based treatment. Consecutively referred BPD patients were divided into a pre-reorganization cohort (PRE-REORG) and a cohort during reorganization (REORG). Psychiatric symptoms (Brief Symptom Inventory) and personality functioning (Severity Indices of Personality Problems-118) before treatment and at 18- and 36-month follow-up were compared using multilevel modelling. Effect sizes in the PRE-REORG cohort were approximately twice as large at 18 months (PRE-REORG: range 0.81–1.22; REORG: range 0.03–0.71) and three times as large at 36 months (PRE-REORG: range 0.81–1.80; REORG: range 0.27–0.81). The quantitative results of this study suggest that even when mentalization-based treatment is successfully implemented and the structure of the programme remains intact, major organizational changes may have a considerable impact on its effectiveness. Second, we aimed to explore the impact of the reorganization on adherence at organizational, team and therapist level. The qualitative results of this study indicate that the organizational changes were negatively related to adherence to the treatment model at organizational, team and therapist level, which in turn was associated with a decrease in treatment effectiveness. The implications of these findings for the implementation of effective treatments for BPD in routine clinical practice are discussed. Copyright © 2017 John Wiley & Sons, Ltd.



Barriers and facilitators to the implementation of mentalization-based treatment (MBT) for borderline personality disorder

DAWN L. BALES, ROEL VERHEUL AND JOOST HUTSEBAUT, Viersprong Institute for Studies on Personality Disorders (VISPD), MBT Netherlands, The Netherlands

ABSTRACT

There are several evidence-based treatments for borderline personality disorder, but very little is known about the success or failure of implementation in daily practice. This study aims to investigate the success or failure of newly started mentalization-based treatment programs, and to explore the barriers and facilitators. The implementation trajectories of seven different mentalization-based treatment programs in six mental health clinics in the Netherlands were included in a multiple case study combining a qualitative and quantitative design. Semi-structured interview data were collected from several stakeholders of each program. Narrative reconstructions of each interview were assessed by 12 independent experts. Results showed that several programs struggled to implement their program successfully, leading to discontinuation in three programs. According to the experts, particularly elements at the organizational level (i.e. organizational support) and team level (i.e. leadership) contributed to implementation outcome. These findings have important implications for the translation of guidelines and research findings in daily practice. Copyright © 2017 John Wiley & Sons, Ltd.

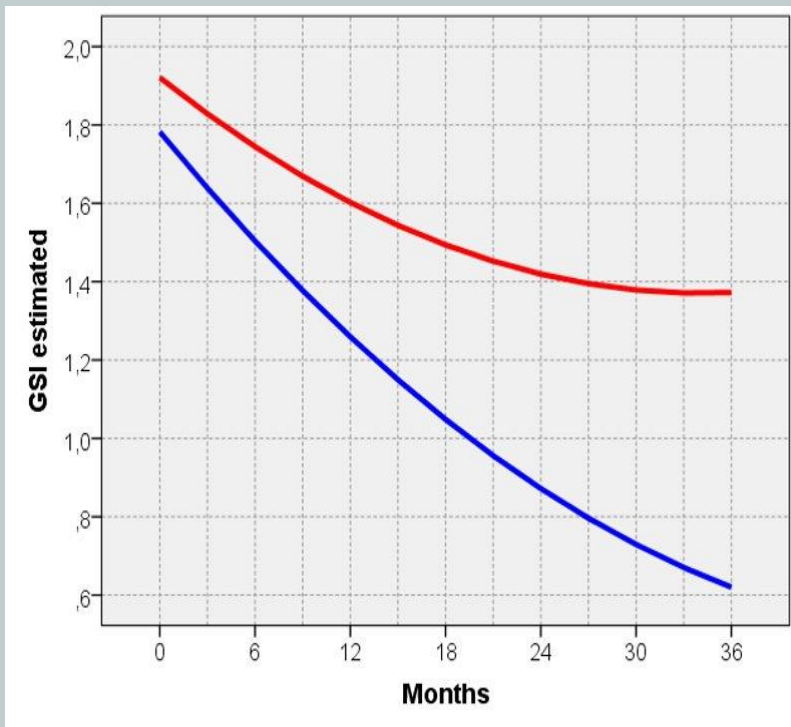


Table 2: Success and/or failure of implementation: (relative) contribution of organizational, team and therapist factors as judged by experts on a 0–5 Likert rating scale (average score and range)

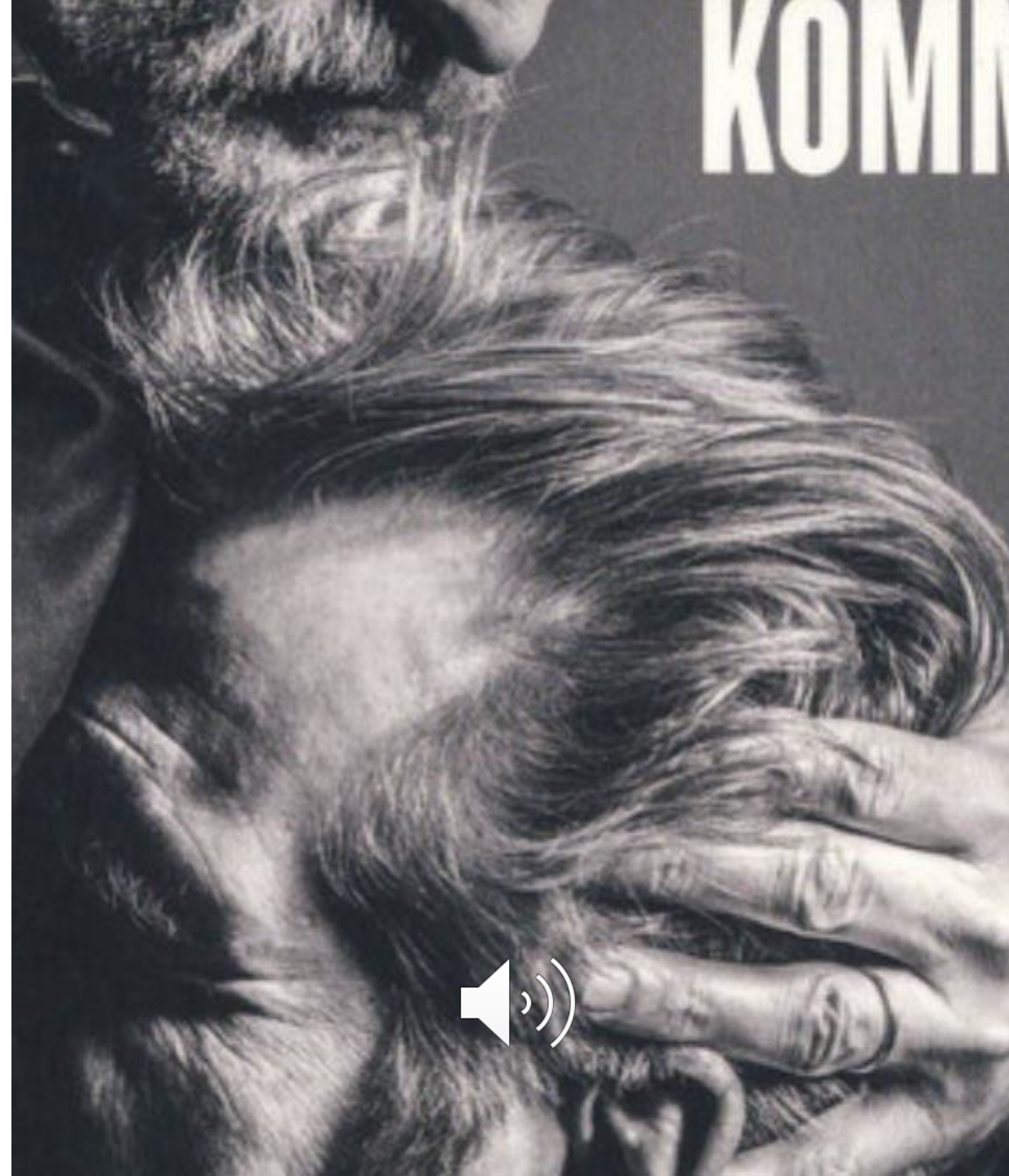
	Case A	Case B	Case C	Case D	Case E	Case F	Case G	Average
Success or failure (phase 1)	Failure	Success	Failure	Failure	Mixed	Mixed	Success	
Success of implementation depends on a combination of factors at organization, team and therapist level	4.8 (4–5)	4.4 (4–5)	4.8 (4–5)	4.6 (3–5)	4.2 (3–5)	4.4 (3–5)	4.1 (3–5)	4.49
Organizational factors have contributed to success/failure	4.8 (4–5)	3.8 (3–5)	4.1 (3–5)	4.1 (3–5)	3.9 (3–5)	4.4 (3–5)	3.6 (2–5)	4.1
Team factors have contributed to success/failure	3.9 (3–5)	4.5 (4–5)	4.4 (3–5)	3.8 (3–5)	4.9 (4–5)	4.0 (3–5)	3.8 (3–5)	4.2
Therapist factors have contributed to success/failure	2.4 (1–4)	3.8 (3–4)	3.3 (3–4)	3.1 (2–4)	3.8 (3–4)	3.9 (3–4)	3.8 (3–4)	3.4

1: Strongly disagree; 2: Disagree; 3: Neither agree nor disagree; 4: Agree; 5: Strongly agree.



Aan de man die 's ochtends opstaat
Bij wie het leven als een natte
Dweil keihard in zijn gezicht slaat
– die met de moed der wanhoop
Zijn koffie drinkt, zijn krant leest,
Zijn dikke hond uitlaat – aan de
Vrouw op de fiets met het kind,
Manmoedig vechtend tegen de
Regen en de stugge wind, die
Zich afvraagt wanneer dat lang
Verwachte droomleven nu eindelijk
Begint – aan de buschauffeur

Aan de bakker op de hoek en zijn
Thaise vrouw – die zo mooi lacht
En honderduit praat, – maar
Waarvan je met de beste wil van de
Wereld geen woord verstaat – aan
De mannen achter de vuilniskar –
Aan de jongens op de tram – aan de
Kerel op het dak, met z'n thermos
En z'n boterham



Aan die man, die moedige man,
Die man die weigerde te haten, ook
Al werd hem het grootste onrecht
Van de wereld aangedaan – aan
Die dichter die moest zwijgen, die
Moest kruipen, maar die in zijn
Eigen hoofd steevast pal rechtop
Bleef staan – aan elke godvergeten
Zuiper in elke godvergeten kroeg,
Die meebrult met het refrein –
Aan de minister en zijn nachtrust,
Aan de boer met kiespijn – aan de
Mensen in de zaal, stuk voor stuk,
Allemaal

Kom hier, kom hier dat ik u aan
Mijn borst druk – kom aan mijn
Hart, dat ik mijn hand haal door uw
Haar – dat ik u kan vragen of ge
iets wilt drinken, koffie misschien,
Eventueel een glas wijn – en dat gij
Dan kunt zeggen dat ge liever alleen
Wil zijn, ook goed – maar misschien
Hebt ge zin om te praten – om te
Vertellen wat er op uw hart ligt, op
Uw schouders drukt, elke twijfel,
Elke gemiste kans, elke niet gestelde
Vraag – wat ge in de loop der jaren
Allemaal hebt beloofd en geloofd en
Waar ge nu misschien spijt van hebt
Elke overwinning, elke nederlaag –
Kom hier, dat ik u draag – kom hier,
Dat ik u draag

HET DEEG, NIET DE APPELS

