

This entry reproduces with minor amendments the original abstract or equivalent of a document collected by Drug and Alcohol Findings. Findings collects any scientific or UK policy document relating to evaluations of drug or alcohol interventions or to the interpretation and use of their findings. Unlike documents selected for fuller analysis, its citation here does not imply that this document is particularly relevant to Britain and of particular merit (though it may well be both) and no attempt has been made to validate the facts or interpretations given by the authors or to offer a critical commentary. The original document was not published by Findings; click on the Title to obtain copies. Free reprints may also be available from the authors – click Request reprint to send or adapt the pre-prepared e-mail message. Links to source documents are in blue. Hover mouse over orange text for explanatory notes.

Click HERE and enter e-mail address to be alerted to new studies and reviews

▶ Adapting psychotherapy to the individual patient: Expectations.

Constantino M.J., Arnkoff D.B., Glass C.R. et al. Request reprint Journal of Clinical Psychology: 2011, 67(2), p. 184–192.

Meta-analytic review commissioned by a US task force concludes that patients who enter psychotherapy with positive expectations about outcomes tend to actually have better outcomes, suggesting that therapists should regularly assess expectations and take steps to enhance them if appropriate.

Original abstract Patients' expectations have long been considered a contributory factor to successful psychotherapy. Expectations come in different guises. In this article, we focus on outcome expectations – expectations about the consequences of participating in treatment including benefits and possible negatives, as distinct (though these interact) from expectations about what treatment will consist of. Our research review includes a comprehensive meta-analysis of the association between pre-therapy or early therapy outcome expectations and post-treatment outcomes, involving 8016 patients across 46 independent samples. The overall weighted effect size was 0.24, indicating a small but significant link between early positive expectations of outcomes and actual treatment outcomes. However, this finding is vulnerable to the potential impact of a few negative studies which may have been missed by the analysis or may emerge in future.

There is some evidence that expectations affect outcomes via an improved collaborative working relationship with the therapist, and perhaps too by promoting greater patient adherence to treatment. What determines whether patients have positive expectations remains unclear, but it may be related to the severity of their symptoms or their general level of hope versus hopelessness.

Finally, we discuss limitations of the research base and offer practice suggestions based on our findings. Among these are the suggestion that therapists explicitly assess patients' prognostic expectations at the beginning of treatment. Depending on what is revealed (verbally or through a brief measure), therapists can verify and validate their patients' beliefs, and consider behaving in ways which match the patient's level of optimism.

These methods may include carefully nuanced comments intended to enhance optimism, such as reminding the patient of how far they have already come or of research indicating positive outcomes, or cautions to check unrealistically high expectations without damaging self-esteem. Throughout therapy, therapists should consider regularly checking patients' outcome expectations and responding accordingly.

FINDINGS This article was in a special issue of the *Journal of Clinical Psychology* devoted to adapting psychotherapy to the individual patient. For other Findings entries from this issue see:

- ▶ What works for whom: tailoring psychotherapy to the person
- ▶ Adapting psychotherapy to the individual patient: Stages of change
- ▶ Adapting psychotherapy to the individual patient: Preferences
- ▶ Adapting psychotherapy to the individual patient: Culture
- ▶ Adapting psychotherapy to the individual patient: Coping style
- ▶ Adapting psychotherapy to the individual patient: Attachment style
- ▶ Adapting psychotherapy to the individual patient: Resistance/reactance level
- ▶ Adapting psychotherapy to the individual patient: Religion and spirituality

Last revised 09 March 2011

▶ Comment on this entry •▶ Give us your feedback on the site (one-minute survey)

Top 10 most closely related documents on this site. For more try a subject or free text search

What works for whom: tailoring psychotherapy to the person ABSTRACT 2011

Adapting psychotherapy to the individual patient: Resistance/reactance level ABSTRACT 2011

Adapting psychotherapy to the individual patient: Coping style ABSTRACT 2011

Adapting psychotherapy to the individual patient: Attachment style ABSTRACT 2011

Adapting psychotherapy to the individual patient: Religion and spirituality ABSTRACT 2011

Adapting psychotherapy to the individual patient: Preferences ABSTRACT 2011

Adapting psychotherapy to the individual patient: Culture ABSTRACT 2011

Adapting psychotherapy to the individual patient: Stages of change ABSTRACT 2011

A meta-analysis of motivational interviewing: twenty-five years of empirical studies REVIEW 2010

Counselling: style matters NUGGET 2003