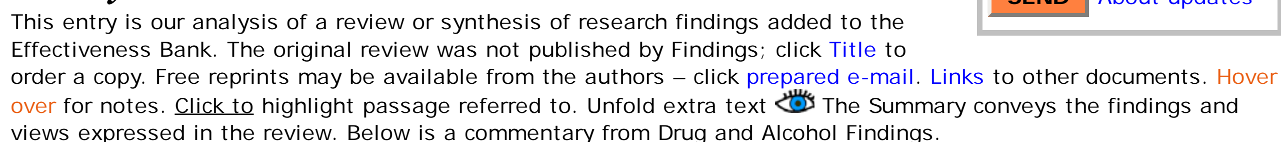

analysis

This entry is our analysis of a review or synthesis of research findings added to the Effectiveness Bank. The original review was not published by Findings; click Title to order a copy. Free reprints may be available from the authors – click prepared e-mail. Links to other documents. Hover over for notes. Click to highlight passage referred to. Unfold extra text The Summary conveys the findings and views expressed in the review. Below is a commentary from Drug and Alcohol Findings.

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▶ Adapting psychotherapy to the individual patient: Resistance/reactance level.

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Beutler L.E., Harwood M.T., Michelson A. et al.

Journal of Clinical Psychology: 2011, 67(2), p. 133–142.

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Meta-analytic review commissioned by a US task force concludes that psychotherapy patients who characteristically exhibit low levels of resistance or reactance respond better to directive types of treatment, while reactive patients prone to resist direction respond best to non-directive approaches.

SUMMARY Psychotherapists from all professions and perspectives periodically struggle to effectively manage a patient's resistance to change. This article provides definitions and examples of patient-treatment matching applied to patient resistance or reactance. We report the results from an original meta-analysis of 12 select studies involving 1102 clients on matching therapist directiveness to patient reactance. It was expected that reactive clients would do relatively poorly if assigned to therapists or therapies characterised by a directive therapeutic style, and relatively un-reactive clients would benefit from a directive style. Studies were selected which maintained a relatively uniform methodology and adequate description to ensure consistency in the calculation of the strength of the relationship (expressed by the effect size metric) between outcomes and the fit between client reactance and therapy directiveness. We believe these represent the best available evidence on this issue. All but one of the selected studies employed a manual-driven therapy and randomly assigned clients to different therapy conditions. Several derived from the Project MATCH trial of matching alcohol-dependent patients to three different types of therapies.

There was some evidence that (as expected) reactive patients tend to benefit least from therapy overall, which itself suggests that therapists would do well to avoid inciting reactance. This implication seemed confirmed by the main analysis, which assessed the fit of therapist directiveness to patient reactance through direct measures of the individual patient's resistance, the therapist's directiveness, or both. Again as expected, the better the fit between client reactance and therapy directiveness (more reactance less directiveness), the better the outcomes. This relationship was quite strong, equating across all relevant studies to an effect size of 0.82, indicating that about 15% of the variation in outcomes may reflect the fit between directiveness and patient reactance. However, the range of effect sizes was relatively wide, suggesting that other influences affect the strength of the relationship.

These results support the hypothesis that patients who characteristically exhibit low levels of resistance or reactance respond better to directive types of treatment, while patients prone to be reactive or resistant respond best to non-directive treatments. Practice recommendations based on these findings include matching therapist directiveness to patient reactance. High reactance indicates a treatment which de-emphasises the therapist's authority and guidance, employs tasks designed to bolster patient control and self-direction, and de-emphasises the use of rigid homework assignments. Self-directed work and reading may replace the usual instructional activities of the therapist. In general, therapists should avoid counterproductively stimulating the patient's level of resistance.

FINDINGS COMMENTARY 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: Expectations
- Adapting psychotherapy to the individual patient: Attachment style
- Adapting psychotherapy to the individual patient: Religion and spirituality

A Findings review has specifically analysed the relationship between client reactance and therapist directiveness among addiction patients and whether this can be used to improve treatment outcomes. Since that review and since the featured review other studies will have been published. Among them is a study (free source at time of writing) of 12 weeks of telephone aftercare for people treated for their methamphetamine use problems. At random patients were allocated to this delivered in a non-directive style versus a directive style. Patients allocated to the non-directive option responded about equally well in terms of their stimulant use during the aftercare delivery period whether or not before treatment they had scored as high on reactance. However, the more directive approach was reacted to differently. High reactance patients did worse than the average with non-directive option, low reactance patients better – the expected result if reactive patients respond badly to being 'told what to do' while more compliant patients welcome direction. However, another nine months later there was no such interaction; high reactance patients were doing worse than less reactant patients regardless of whether they had been allocated to directive or non-directive counselling.

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