Panel

Title: The Nature and Influence of Participant and Relationship Factors in CBT for Generalized Anxiety Disorder

Presenters: Michael J. Constantino (Moderator), Louis G. Castonguay, & Joan DeGeorge

Discussant: Lynne Angus

Abstract

Although substantial research supports the general effectiveness of psychotherapy for anxiety disorders (Woody & Ollendick, 2006), many patients fail to derive substantial therapeutic benefit. This trend is underscored in the treatment of generalized anxiety disorder (GAD) where just 50% of patients evidence clinically significant change following gold standard cognitive-behavioral therapy (CBT) (Newman, 2000). Considering this humble success rate, it seems important to understand treatment processes that influence patient outcome in CBT for GAD. Unfortunately, treatment *outcome* research has far outweighed treatment *process* research for anxiety disorders to date, with a notable paucity of attention paid to therapist and relationship variables (Newman et al., 2006; Stiles & Wolfe, 2006). Without a better understanding of such variables, it will be difficult to inform treatment adaptations aimed at improving GAD treatments.

The goal of this panel is to present findings from 3 studies that address participant and relationship factors in CBT for GAD. The data for all studies derive from a component analysis where patients were randomly assigned to relaxation/self-control desensitization, cognitive therapy, or their combination (Borkovec et al., 2002). The first paper will examine the independent and interactive influences of the therapeutic alliance, therapist adherence, therapist competence, and patient receptivity on treatment outcome. The second paper will assess the conceptual association between empathy and the alliance, as well as their respective and potentially interactive associations with outcome. Finally, the third paper will examine patient characteristics as predictors of alliance quality, as well as mediational pathways between patient characteristics, relationship process, and outcome.

Keywords: Process, alliance, cognitive-behavioral therapy, generalized anxiety disorder

Paper in a Panel

Title: Alliance, Therapist Adherence, Therapist Competence, and Client Receptivity: New Analyses on Change Processes in CBT for Generalized Anxiety Disorder

Authors: Louis G. Castonguay (presenter), Michael J. Constantino, Amy Przeworksi, Michelle G. Newman, and Thomas D. Borkovec

Abstract

Aim: Although cognitive-behavioral therapy (CBT) is an empirically-supported treatment for generalized anxiety disorder (GAD), much remains to be known regarding the processes that facilitate improvement. The goal of this study was to further investigate the relationship between patient outcome and 4 potential active change components: the working alliance, therapist adherence to prescribed techniques, therapist competence, and client receptivity to treatment. Although previous analyses were conducted separately for each of these variables, the present paper will also examine whether any interactions are predictive of change. Furthermore, analyses will be conducted to determine whether any significant process-outcome associations remain when controlling for symptom change prior to the measurement of the process variable(s).
Methods: The analyses will be based on data from a randomized clinical trial involving 69 GAD patients assigned to 1 of 3 conditions: cognitive therapy, self-control desensitization, and their combination. The 4 process of change were measured early in treatment via the Working Alliance Inventory, a frequency count of therapist prescribed interventions (adherence), and the Cognitive Therapy Scale (measuring both therapist competence & clients' receptivity).
Results: Preliminary results indicate that the alliance was predictive of change at posttreatment and follow-up, even when controlling for prior change.
Discussion: Preliminary results suggest that the alliance-outcome link is not likely to be a simple consequence of clients' initial change. Inasmuch as they will investigate the interaction between different dimensions of therapy, other findings may begin to provide a much needed understanding of the complexity of change taking place in CBT for GAD.

Keywords: Process, alliance, cognitive-behavioral therapy, generalized anxiety disorder

Paper in a Panel

Title: Empathy and the Therapeutic Alliance: Their Relationship to Each Other and to Outcome in CBT for Generalized Anxiety Disorder

Authors: Joan DeGeorge (presenter), Michael J. Constantino, Louis G. Castonguay, Michelle G. Newman, and Thomas Borkovec

Abstract

Aim: Despite its widely accepted clinical importance, empathy is conceptually complex, and its association to other psychotherapy constructs and outcomes remains empirically unclear. The current study will examine the conceptual association between empathy and the therapeutic alliance, as well as their respective and interactive associations with treatment outcome. These relations will be examined in the context of cognitive-behavioral therapy (CBT) for generalized anxiety disorder (GAD), a condition for which there has been little research on treatment process and relationship variables.
Method: Data derive from a controlled clinical trial that compared the efficacy of applied relaxation/self-control desensitization, cognitive therapy, and their combination for GAD-

diagnosed adults (Borkovec et al., 2002). Patients completed measures of empathy and alliance quality at multiple time points, as well as anxiety outcome measures at posttreatment and 6- and 12-month follow-up.

Results: To examine the conceptual association between empathy and the alliance, results will be presented from multiple analyses. First, we will conduct two confirmatory factor analyses to assess whether a 1- or 2-factor model has a better fit. Second, we will fit a structural regression model to examine the differential predictive validity of empathy and alliance on treatment outcome. Finally, we will conduct a path analysis to compare the strength of the predictive relationship between empathy and the three alliance components.

Discussion: Findings will be discussed with respect to their conceptual, empirical, and clinical implications.

Keywords: Process, alliance, empathy, cognitive-behavioral therapy, generalized anxiety disorder

Paper in a Panel

Title: Patient Characteristics, Relationship Process, and Outcome in CBT for Generalized Anxiety Disorder

Authors: Michael J. Constantino (presenter), Ashley Klecak, Louis G. Castonguay, Michelle G. Newman, and Thomas Borkovec

Abstract

Aim: Although much research has supported the effectiveness of cognitive-behavioral therapy (CBT) for generalized anxiety disorder (GAD), there are limited data on factors influencing its process and outcome. The goals of this study were to (a) examine the association between baseline patient characteristics (i.e., symptom severity, expectations, & demographics) and relationship process (i.e., alliance quality & therapist empathy), and (b) to assess whether the relationship variables mediated a previously established positive association between patient treatment expectations and outcome.

Method: Data derive from a randomized clinical trial ($N = 69$) that compared the efficacy of applied relaxation/self-control desensitization, cognitive therapy, and their combination for adults with GAD (Borkovec et al., 2002). Demographic data and anxiety symptoms were assessed at baseline, treatment expectancy ratings were assessed following session 1, and relationship variables were assessed at multiple points across treatment. Outcomes were assessed at posttreatment, as well as 6- and 12-month follow-up. Because there were no treatment differences on patient outcome, all analyses were conducted on the entire sample.

Results: As predicted, patient expectation of improvement was positively associated with early and middle alliance quality. There were no significant associations between symptom severity or demographics and the relationship variables, which is consistent with the broader literature. As predicted, alliance quality (from both patient & therapist perspectives) partially mediated the association between patient treatment expectations and posttreatment outcome.

Discussion: The results lend support for the clinical importance of patients' treatment expectations, and highlight a particular relationship mechanism through which expectations may partially operate.