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orientation tends to lead to a greater endorsement of techniques within that orientation, although this finding is more uniform for CB supervisors than PI supervisors. Finally, differential types of experience lead to differential focusing on specific techniques. The clinical importance of

these findings is discussed in relation to past research.

*Please visit the Division of Psychotherapy website ([www.divisionofpsychotherapy.org](http://www.divisionofpsychotherapy.org)) for the complete text of Jenelle Slavin's award winning paper.*

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## Donald K. Freedheim Student Development Award

### *The Impact of Client Treatment Preferences on Outcome: A Meta-Analysis*

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#### **Abstract**

While including client preferences is thought to be an integral part of best practice standards (APA, 2006), there is little agreement in the research as to whether including client treatment preferences has a positive effect on treatment outcome (Glass et al., 2001; King et al., 2005). Although previous reviews have been conducted examining the



preference effect, the findings of these reviews have been less than conclusive due to a number of shortcomings. Specifically, previous reviews have either failed to use a statistical procedure to summarize the findings (box count method only) or have failed to account for differing study designs [match/no-match trials, partially randomized preference trials (PRPTs), randomized controlled trials (RCTs)]. Study design may particularly confound the results of previous research given that the differing designs use various methods to assign clients to preference conditions. For example, while RCTs when used to study preference effects compare clients who by chance were randomized to their preferred treatment to clients who were by chance randomized to a non-preferred treatment,

PRPTs compare clients who refused randomization and were given a preferred treatment to clients who agreed to randomization. Given these factors, it was deemed important that a to-date meta-analytic review be conducted, specifically comparing the effects from various study designs.

*PsychInfo*, *ProQuest*, and relevant journals were searched for research articles comparing the outcome effect of matching or not matching clients to a preferred treatment. A total of 26 studies were deemed eligible for inclusion. Results from the studies were averaged and compared using the *r* statistic and computed using the Comprehensive Meta-Analysis-2 program (Borenstein et al., 2005). Overall effect sizes were calculated comparing (1) dropout rates and (2) outcomes between preference matched and unmatched clients. The *Q*-statistic was used to compare effect differences between the various study designs.

Twenty-six studies were included in the analysis, representing over 2,300 clients (1,240 clients received their preferred treatment, while 1,116 did not). Results from the meta-analysis indicated that clients who received their preferred treatment were about half as likely to drop out ( $OR = 0.58$ ,  $CI.95: 0.10-0.18$ ,  $p < .05$ ), and on average showed greater improvement in outcomes ( $r = .15$ ,  $CI.95: .09$  to  $.21$ ,  $p < .001$ ). Study

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design was found to be a significant moderating variable [ $Q(2) = 7.72, p < .05$ ], and post-hoc comparisons indicated that PRPTs resulted in lower effect size estimates when compared to match/no-match trials [ $Q(1) = 5.06, p < .05$ ] and RCTs [ $Q(1) = 5.56, p < .05$ ]. In short, this meta-analysis found that there was a significant effect on treatment outcome in favor of clients who received their preferred treatment. Although significant, the found effect size was small, indicating that preferences are only one of a number of factors contributing to successful therapy outcome. Further, given the small effect size it can be deduced that leaving all decision-making in the hands of the client may be counterproductive in some cases. On the other hand, it can be recommended that clinicians at minimum include client preferences in the treatment decision-making process, possibly through using a shared decision-making model (Charles, Gafni, & Whelan, 1997). Further research is needed to address these limitations and to explain why the outcome effect in favor of clients who received their preferred treatment was observed.

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