

## The effectiveness of personal construct psychotherapy in clinical practice: a systematic review and meta-analysis

*Metcalf C, Winter D, Viney L*

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### CRD summary

The authors concluded that clients benefited more from personal construct therapy than from no treatment or standard treatment. The size of benefit was comparable to that achieved with other approaches to psychotherapy. In light of the unclear quality of included studies and the potential for error and bias in the review process, the authors' conclusions should be treated with caution.

### Authors' objectives

To assess the effectiveness of personal construct psychotherapy.

### Searching

MEDLINE, Web of Knowledge, SIGLE (System for Information on Grey Literature in Europe), PsycINFO, University of Wollongong Personal Construct Psychology database and the Franscella collection at the University of Hertfordshire were searched. Search terms were reported. Web of Knowledge was also used to conduct a citation search for previous reviews. Leading personal construct psychotherapists were contacted for information about outcome studies. Abstracts of international and regional personal construct conferences were searched.

### Study selection

Between-group or repeated measures studies of personal construct psychotherapy with people experiencing symptoms of a clinical type and severity were eligible for inclusion. Control groups of no intervention or another therapeutic or supportive intervention were eligible for inclusion. Included studies were of personal construct therapy, interpersonal therapy, fixed-role therapy and goal setting delivered in both group and individual modalities. Control groups were waiting list, standard care, no intervention, psychodynamic therapy, cognitive behavioural therapy (CBT), support groups plus exposure training, rational emotive therapy, modelling, and self-instructional training. Included studies were of child, adolescent, adult and elderly populations with a wide range of presentations in the clinical and non-clinical settings (mental health, physical health, forensic and occupational settings). Outcomes of interest were not determined a priori. Instead, the authors selected one outcome per study according to criteria detailed in the review. A wide range of outcomes were included for review; details were reported in the review. In order to be eligible for inclusion, studies should include sufficient information to enable calculation of an effect size. Repeated measures studies should have sample sizes of 10 or more clients with a loss to follow up of less than five per cent to be eligible for inclusion. Most studies originated from two research groups in Australia and the UK.

The suitability of studies was assessed by reading the abstract when possible and by obtaining and reading the full report when necessary. The authors did not state how many reviewers performed the study selection.

### Assessment of study quality

The authors do not state that they assessed validity.

### Data extraction

The authors do not state how the data were extracted for the review or how many reviewers performed the data extraction. Data extracted were the t-statistics or mean, standard deviation (SD) and sample sizes to enable calculation of the effect size for each study.

### Methods of synthesis

Results were combined using a random-effects meta analysis. Separate between-group analyses were conducted for studies comparing the intervention with an inactive control group and studies comparing the intervention with an active control group. Before-and-after meta analyses were carried out combining repeated measures design studies and the treatment groups of some controlled studies. Heterogeneity was investigated using the Q statistic. Meta-regression was used to examine the influence of potential sources of heterogeneity including randomisation, study published in peer-reviewed journal and treatment format (group or individual). Separate meta-analysis were also conducted for clinical and non-clinical samples of patients.

### Results of the review

Twenty seven studies were included for review (n= 1,511): 15 RCTs (n=1,068); eight non-randomised controlled trials (n=275); and four repeated measures designs (n= 168).

Personal construct psychotherapy was significantly more effective than no treatment control in both clinical settings (14 comparisons in 13 studies; combined d was -0.34, 95% confidence interval (CI): -0.55 to -0.13, p=0.001) and non-clinical settings (seven studies; combined d was -1.04, 95% CI: -1.55 to -0.52, p<0.001). Significant heterogeneity was found for both analyses (p=0.013 and p=0.047). Personal construct therapy did not significantly differ in effectiveness from active treatment controls in either clinical or non-clinical samples. In repeated measures studies, personal construct therapy was associated with significantly improved outcomes post-treatment compared to pre-treatment levels (12 studies; pooled effect estimate = -0.68, 95% CI: -0.90 to -0.45, p<0.001).

Stronger treatment effects were observed in those studies from peer reviewed journals (difference in mean effect size was 0.43, 95% CI: 0.07 to 0.79, p=0.021).

The results of studies were not significantly affected by whether treatment allocation was random or not or by whether treatment was group or individual.

### Authors' conclusions

Clients benefited more from personal construct therapy than from no treatment or standard treatment. The size of benefit was comparable to that achieved with other approaches to psychotherapy.

#### **CRD commentary**

Inclusion criteria for intervention and study design were clearly stated. Inclusion criteria for participants were broad and it was unclear whether all non-clinical samples met the inclusion criteria. Specific inclusion criteria for outcomes were not predetermined, so there was a possibility of reviewer bias for inclusion criteria of participants and outcomes. Several relevant databases were searched and attempts were made to minimise publication bias. It was unclear whether language restrictions were applied during the search, so the possibility of language bias could not be ruled out. It was unclear whether appropriate steps were taken in the data extraction and study selection processes to minimise reviewer error and bias. Methodological quality of included studies was not formally assessed, but the reviewers identified several methodological limitations of included studies (such as lack of true random allocation, lack of allocation concealment, loss to follow up and failure to use intention-to-treat analyses). Most studies originated from just two research groups in two countries, so generalisability of the results may be limited. Given the presence of significant statistical and clinical heterogeneity between included studies, a narrative synthesis may have been more appropriate. In light of the unclear quality of included studies and the potential for error and bias in the review process, the authors' conclusions should be treated with caution.

#### **Implications of the review for practice and research**

**Practice:** The authors stated that the practice of personal construct psychotherapy with clients in clinical practice is justified by the current review, but they advised caution in view of the limited evidence.

**Research:** The authors stated that further research was needed with multi-centre studies that allowed for larger sample sizes. Such research should be designed to enable subgroup analyses across different techniques and different client groups.

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Not stated.

#### **Bibliographic details**

Metcalfe C, Winter D, Viney L. The effectiveness of personal construct psychotherapy in clinical practice: a systematic review and meta-analysis. *Psychotherapy Research* 2007; 17(4): 431-442

#### **Other publications of related interest**

Viney LL, Metcalfe C, Winter DA. The effectiveness of personal construct psychotherapy: a systematic review and meta-analysis. In: Winter DA, Viney LL (eds). *Personal construct psychotherapy: advances in theory, practice and research*. London: Whurr. 2005. p347-364.

#### **Indexing Status**

Subject indexing assigned by CRD

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.