# THE SPECIFIC TREATMENTS PARADIGM

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A second source of diversity [in psychotherapy] is the current effort to match treatments to specific problems or diagnoses. The most frequently cited statement of this paradigm is that of Paul (1969): "*What* treatment, by *whom*, is most effective for *this* individual with *that* specific problem, and under *which* set of circumstances?" (p. 44; cf. Paul, 1967). Krumboltz (1966) phrased it similarly: "What we need to know is which procedures and techniques, when used to accomplish which kinds of behavior change, are most effective with what kind of client when applied by what kind of counselor [or therapist]." Blocher (1968) also wrote that the appropriate questions are "Which treatment in the hands of which counselors can offer what benefit to particular clients?" (p. 16). Strupp and Bergin (1969) and later Bergin and Strupp (1972), following their review of research in psychotherapy, wrote: "the problem of psychotherapy research in its most general terms, should be reformulated as a standard scientific question: What specific therapeutic interventions produce what specific changes in specific patients under specific conditions?" (p. 8). Urban and Ford (1971) wrote that the task of the field of psychotherapy is "to articulate the conditions under which specific tactics are appropriate for particular sets of problems.... The discovery of which set of procedures is effective for what kinds of patients under which set of problems and practiced by which set of people," (p. 20). And Goldfried, Greenberg, and Marmor (1990) reiterated the paradigm: "Research must be able to demonstrate that for *this* determinant, *this* intervention produces *this* type of change process, resulting in *this* type of outcome" (p. 669).

This is an appealing position, cast in scientific form. It is however, purely empirical, unguided by theory. And it is impractical, if not impossible, to carry out the necessary research. It would require

1. a taxonomy of client problems or of psychological disorders (a reliable and valid diagnostic system);

2. a taxonomy of therapeutic interventions or techniques

3. a taxonomy of therapist personalities;

4. a taxonomy of circumstances, conditions, situations or environments in which therapy is provided;

5. principles or rules for matching all these variables.

It is apparent that a research matrix including measures of all the variables would require a prohibitive number of cells. Kish and Kroll (1980) wrote: "The compelling question of what aspects of therapy work for what kinds of patients is probably empirically unanswerable because it is methodologically unsolvable" (p. 406). Parloff (1982) pointed out that "a systematic approach to dealing with a matrix of 250 psychosocial therapies and 150 classes of disorders would require approximately 4.7 million separate comparisons" (p. 723).

Stiles, Shapiro, and Elliott (1986) noted that such a design "renders the specificity schema unrealistic as a basis for progress. In principle, to evaluate 10 types each of client, therapist, technique, and setting, a matrix of 10,000 cells must be used!" (p. 168). These authors concluded that "after 20 years' work in the paradigm, researchers have yet to deliver many clear prescriptions" (p. 169). And Arkowitz's (1992) comments, though written in the context of technical eclecticism, apply.

> If the number of variables is limitless, the number of interactions among them is also limitless. In simple terms, the task seems overwhelming unless we have some coherent framework to guide the selection of relevant variables and to help in understanding the interactions among variables. It is here that theory is helpful, and perhaps even essential. (p. 288-289)

This complexity of the problem may be why there has been so little research following this paradigm in the more than 25 years since it was proposed. Behavior therapists have presented some research to support the claim that behavior therapy techniques are differentially effective (e.g., Kazdin & Wilson, 1978; Rachman & Wilson, 1980). The great majority of the studies are analogue studies. Hersen and Bellack (1985) wrote: "In summary, the core of the research supporting the efficacy of behavioral treatments lies in analog studies whose generalizability is questionable" (p. 16).

Lazarus (1990) responded to Strupp's (1989) statement that "research has made relatively little headway in demonstrating that specific techniques are uniquely effective in treating particular disorders (Lambert, Shapiro, & Bergin, 1986)" (p. 717). Lazarus stated that "in fact, research *has* produced a wide array of specific treatments for specific strategies for specific syndromes" (1990, p. 670). That may be true, but there is little research support for the specific effects of the treatments and strategies.

Lazarus referred to Bandura's (1986) work on the effectiveness of modeling in phobia disorders. But before Bandura's work, systematic desensitization was believed to be the specific treatment for phobias. Moreover, modeling involves a personal relationship; the therapist--even the experimenter--is a model for the client or subject. Lazarus cited a number of studies; he recognized the presence of relationship variables, but insisted they were not sufficient (though necessary). However, it is not possible to eliminate the relationship variables, which confound all research attempting to demonstrate the effectiveness of behavioral or cognitive techniques.

An interesting study attempting to control the relationship was reported by Lang, Malamed, and Hart (1970), a laboratory study of fear modification using an automated desensitization procedure. Instructions to the subjects were taped; subjects listened to tapes instead of having personal contact with a therapist. But the tapes were of a human voice, and the experimental situation involved relationship elements--the subjects were

introduced to the experiment by persons. The possibility that the subjects related personally to the taped voice--and the machine--was present: The machine was designated as DAD (device for automatic desensitization).

The attempt to apply the specific treatments paradigm in practice has led to numerous prescriptive statements of specific treatments for specific conditions, often with little or no research support. Beutler and Clarkin (1990) have developed the most elaborate system of matching clients and treatments. The system is not based on the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994), but on their classification of client personal characteristics and environments and circumstances. In addition to the patient and environmental variables, there are dimensions of therapists and therapies, and specific therapy interventions. Their elaborate system, incorporating research, is a complex process, "perhaps too complex to hold the reader's interest" (Beutler & Clarkin, 1990, p. xii); it is perhaps too complex to put into actual practice. While presented as a systematic model, it contributes to the plethora of treatment techniques selected on an empirical basis with no theoretical foundation.

To date the specific-treatment paradigm appears to have contributed to the diversity of methods and techniques being used on an empirical or trial-and-error basis. Strupp's (1982) prediction may well be home out: "The quest for specific psychotherapeutic techniques for specific disorders (analogous to a drug) may turn out to be futile" (p. 44). Seven years later he concluded that "research has made relatively little headway in demonstrating that specific techniques are uniquely effective in treating particular disorders (Lambert, Shapiro, & Bergin, 1986)" (Strupp, 1989, p. 717). Stubbs and Bozarth (1994), after evaluating the literature on the specific-treatment paradigm, concluded that "the research concerning specificity of treatment, dysfunction, therapist variables, and client variables is characterized by fragmentation, few replications, and lack of generalizability.... [S]pecificity research ... has yielded inconclusive and misleading findings" (p. 109).

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