

# THE RELATIONSHIP BETWEEN THERAPIST CHARACTERISTICS AND DECREASED MEDICAL UTILIZATION: AN EXPLORATORY STUDY

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**ABSTRACT:** This was an exploratory study examining the relationship between the therapist characteristics of age, experience, gender, and profession and the medical utilization of clients. Marriage and family therapists, clinical social workers, and psychologists participated in the study along with 197 clients as identified by archival research methods. The results of logistic regression analysis suggested that psychotherapy in general, rather than professional training or therapist characteristics is responsible for reductions in healthcare utilization.

**KEY WORDS:** decreased medical utilization; marital and family therapy; psychology; social work.

In an increasingly competitive managed care environment, mental health professionals are in a position to document their effectiveness. To this end, researchers have attempted to isolate variables connected to positive client outcomes, including therapist characteristics. These data could provide clinicians, clients, and third-party payers information to better facilitate client outcomes.

The present study is important for several reasons. First, this

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study provided informative comparisons between marriage and family therapists (MFTs), psychologists, and licensed clinical social workers (LCSW) in relationship to the medical utilization of their clients. Second, this study investigated additional therapist characteristics of age, experience, and gender in relation to the medical utilization of their clients.

### **PROFESSIONAL AFFILIATION**

Previous studies of intraprofessional comparisons have investigated therapists' attitudes toward confidentiality (Roback, Purdon, Ochoa, & Bloch, 1993), attribution of blame (Reidy & Hochstadt, 1993), diagnostic abilities (Ochoa & Morey, 1990), and expectations (Bernstein & Lecomte, 1983). None of these studies included MFT in their comparisons. All in all, research has suggested that no one mental health profession is better than another (Beutler, Machado, & Neufeldt, 1994).

As MFT emerges in the mental health field, studies that compare MFT with other established mental health professions may help to establish the credibility of the profession of MFT. Doherty and Simmons (1996) analyzed the practice patterns of marriage and family therapists and found that MFTs provide quality services in a timely manner for a variety of client problems above and beyond marital problems. Their study was specific however to MFTs and did not compare different professionals.

Simmons and Doherty (1998) investigated practicing family therapists backgrounds, whether they graduated from psychology, social work, or MFT programs. They did not find that professional background significantly influenced client outcomes. All of the survey respondents were clinical members of the American Association for Marriage and Family Therapy (AAMFT), therefore any comparisons between professions were confounded because of the training and supervisory requirements to become clinical members of the AAMFT.

### **AGE**

In contrast to professional affiliation, age, while easily measured, can be highly correlated with other variables such as experience. Therapist profession, theoretical orientation, and client age may also confound

therapist age (Beutler, Machado, & Neufeldt, 1994). Weisz, Weiss, Alicke, and Klotz (1987) found that professional therapists of various ages, despite degree, were equally effective with clients of all ages. However, graduate student therapists who are typically younger, tended to show better outcomes with younger clients. Beutler and associates (1994) showed that with the aging population in society, future research should look more carefully at therapist age and how it affects the therapeutic process and outcome.

### **EXPERIENCE**

Therapist experience and training are often used interchangeably, yet they are distinct. Therapist training is typically operationalized as the status or degree of the therapist (e.g., graduate student, masters level therapist, PhD level intern, or licensed therapist). However, experience can also be considered as the number of years a clinician has been practicing. Notwithstanding this distinction, many studies combine the two (e.g., Beutler et al., 1994; Stein & Lambert, 1995).

Strupp and Hadley (1979) found no difference among levels of training. However, Stein and Lambert (1995) in their meta-analysis on therapist training suggested that there is a modest but fairly consistent treatment effect size associated with training level. Training level in this instance refers to the degree held by the clinicians, be it PhD, MS, or graduate student. It must be taken into consideration that while therapists' experience (typically in years) and training (degree held) may show only modest differences in therapeutic outcome, more experienced therapists may be better at retaining clients and obtaining similar outcomes in shorter periods of time (Douglas, Goghil, & Will, 1996; Stein & Lambert, 1995).

### **GENDER**

Studies of gender on client outcomes have been inconclusive (Beutler et al., 1994). Some studies have found effects for gender (e.g., Jones, Krupnick, & Kerig, 1987; Jones & Zoppel, 1982) while others have found no significant effect of therapist gender on client outcomes (Hampson & Beavers, 1996; Zlotnick, Elkin, & Shea, 1998). Some preliminary work has suggested that therapist gender is not significantly associated with client medical utilization (Turner, 1999).

## MEDICAL AND COST OFFSET EFFECTS

The offset effect has been used over the past three decades as evidence of psychotherapy effectiveness. The medical offset effect is defined as a reduction in medical utilization following behavioral health intervention. Starting with Follette and Cummings (1967), the medical offset effect has been demonstrated in many different studies (e.g., Chiles, Lambert, & Hatch, 1999; Cummings, 1996; 1997; Law & Crane, 2000; Mumford, Schlesinger, & Glass, 1984; Mumford, Schlesinger, Glass, Patrick, & Cuerdon, 1998).

The present study used medical utilization as the dependent variable in studying the influence of therapist characteristics. The present study accepted that a medical offset exists and focused on how therapist variables affected the offsets. Heretofore these variables have not been analyzed together. The main questions of this study were: (1) What is the relationship between therapist profession and medical utilization of patients? (2) What is the relationship between therapist experience and medical utilization of patients? (3) What is the relationship between therapist age and medical utilization of patients? (4) What is the relationship between therapist gender and medical utilization of patients?

## METHOD

### *Clients*

The patients (n = 197) were clients of the Family Health Program (FHP), a health maintenance organization providing services in Utah. There were 99 males and 98 females in the predominately Caucasian client population. Their ages were in a bimodal distribution with one mode at 10 years old and the other at 35 years old.

Patients were included in the study if their health plan specified that all healthcare services were provided by FHP staff continuously for the 18-month duration of the study. In order for clients to be included in the therapy group, they had to have at least three sessions within a specific therapeutic modality (e.g., marital, family, or individual) as defined by their medical records. The specific modality that the client received was determined by the ratio of 3:1. For example, a client was classified as having received family therapy, if he or she had at least

three sessions of family therapy for every one session of individual therapy.

### *Therapists*

There were 13 therapists who provided mental health services to the clients in the study. Members of three professions were represented, Marriage and Family Therapists ( $n = 4$ ), Licensed Clinical Social Workers ( $n = 7$ ), and Psychologists ( $n = 2$ ). There were seven female and six male therapists in the study. The mean age and experience of therapists by profession are shown in Table 1.

Therapist profession was determined by the graduate program they attended, be it MFT, social work, or psychology. Consistent with previous research (e.g., Simmons & Doherty, 1998), therapist experience was determined by subtracting the graduation date from the date when therapy started with a particular client. Therapist age was calculated by subtracting their date of birth from the date from when therapy started with a particular client (see Table 1).

### *Procedure*

Clients who had received a form of psychotherapy from January 1988 to June 1994 were identified via FHP's Management Information System (MIS). The medical charts of the selected patients were then reviewed and coded. Items coded in the charts included the DSM-IV (Diagnostic and Statistical Manual) diagnosis, type of treatment (e.g., marital, family, or individual therapy), session length, session frequency, and ambulatory medical utilization for each of the 18 continuous months of the study. Total ambulatory care comprised visits for

**TABLE 1**  
*Descriptive Statistics by Profession*

	<i>Age</i>		<i>Experience</i>		<i>Sessions</i>	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
MFT ( $n = 4$ )	37.1	4.2	8.3	4.2	5.2	1.9
Psychologist ( $n = 2$ )	47.8	6.6	10.1	1.4	6.7	3.2
LCSW ( $n = 7$ )	43.5	6.5	13.9	6.6	5.5	2.4

laboratory work, x-ray, visits for illness, visits for injury, urgent care utilization, and health screening.

The therapists who provided treatment were identified by profession. The therapists were contacted and asked if they would participate further in the study. If they agreed, therapists gave their day of birth and the year they graduated with their last degree. Sixteen therapists were originally identified. Two LCSWs were dropped from the study due to lack of data. A chemical dependency counselor was also dropped from the analysis due to the fact that there was only one in the study who saw very few clients. The resulting total of therapists involved in the study was 13.

### *Dependent Variable*

The outcome variable used in the present study was whether or not a change occurred in total ambulatory care. Ambulatory care was defined as health services given to those who come to a hospital or other health care center and who leave after treatment on the same day (Glanze, Anderson, & Anderson, 1985). Total ambulatory care (TAC) was an aggregate of x-ray, laboratory use, urgent care, health screening, visits for illness, and visits for injury. Logistic regression was used to study the influence of therapist age, experience, gender, and profession on patients who decreased or maintained their medical utilization versus those who increased their utilization. Logistic regression is similar to linear regression with the exception that the logistic regression predicts the odds of an event happening or not, in this case, the presence of a medical offset or the lack thereof. Like linear regression, unequal sample sizes were weighted automatically to approximate the potential of equal influence.

## **RESULTS**

Table 2 shows the odds of therapist characteristics influencing medical utilization. Patients who saw a marriage and family therapist were as likely to experience a decrease in their medical utilization as if they saw a psychologist or an LCSW ( $p = 0.675$  and  $p = 0.848$ , respectively).

The results for therapist age, experience, and gender were similar. Patients' medical utilization was not effected by therapists' age, experience, or gender ( $p = 0.09$ ,  $p = 0.9$ , and  $p = .08$ , respectively). High  $p$ -values

**TABLE 2**  
*Odds of a Medical Offset Occurring by Profession and Experience*

	<i>Odds Ratio</i>	<i>SE</i>	<i>95% Confidence Intervals</i>		<i>p</i>
			<i>Lower</i>	<i>Upper</i>	
MFT	0.8395	0.4082	*	*	0.6681
Experience	0.9434	0.0353	0.8805	1.0109	0.0990
Gender	2.0889	0.4247	1.1005	4.8018	0.0828
Psychology vs. MFT	0.7690	0.6256	4.4313	2.6209	0.6747
LCSW vs. MFT	0.9485	0.4135	0.4218	2.1329	0.8983

in these cases suggest that there were no statistically significant differences between professions, experience level, gender, or age when determining whether or not the patients experienced a reduction in medical utilization. The overall model shown in Table 2 accounted for less than five percent of the total variance.

## DISCUSSION

This is the first known study to investigate the influence of therapist characteristics on the health care utilization of their clients. Therapist age, experience, and gender were not important predictors of decreases in medical utilization. Also, when investigating the influence of professional training on outcomes, there were no significant statistical differences between the professions represented in the study. MFTs, LCSWs and psychologists were all equally effective in producing a decrease in utilization. In other words, the odds of patients experiencing a reduction of medical utilization was not dependent on the professional discipline of the therapists. The lack of non-significant statistical differences does not prove that therapeutic techniques employed by MFTs are as effective as those in psychology or social work. Effectiveness arguments cannot be made from exploratory studies. However, it does give valuable clues into interdisciplinary comparisons.

What has been established by this research and previous research is that patients can experience a medical offset when they seek therapy. What is more, marriage and family therapists are in a unique position

to exert powerful change across biological, psychological, and social levels. Law and Crane (2000) showed that family members of patients also experienced a reduction in medical utilization when they were included in marital or family therapy. The results of this study suggest that marriage and family therapists are as likely as therapists from other disciplines to have clients experience a decrease in medical utilization. Future research along these lines needs to be prospective in nature and attempt to equalize the number of therapists in each category for professional comparisons, while including medical utilization of the clients.

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D. R. CRANE, N. D. WOOD, D. D. LAW, AND B. SCHAALJE

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