anales de psicología / annals of psychology
2023, vol. 39, nº 1 (january), 10-19
https://doi.org/10.6018/analesps.499371

ISSN print: 0212-9728. ISSN online: 1695-2294.
https://revistas.um.es/analesps

What do we know about highly effective therapists? A systematic review

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Título: ¿Qué sabemos sobre las variables que subyacen a la actuación del terapeuta altamente eficaz? Una revisión sistemática
Resumen: Los terapeutas altamente eficaces son aquellos que logran sistemáticamente elevados niveles de éxito terapéutico. Sin embargo, aunque se contraste empíricamente dicha eficacia inter-terapeuta, todavía no se conocen cuáles son las conductas que explican este desempeño diferenciado. El objetivo de este trabajo es identificar las variables asociadas a estos terapeutas altamente eficaces, sus definiciones, los parámetros de medida de éxito y la precisión con la que se miden los constructos de interés. Para ello, se realizó una revisión sistemática (RS) con publicaciones entre los años 2000 y 2020 de las bases de datos Scopus, MEDLINE/PubMed, Web of Science, PsycInfo, Google Académico y ProQuest Research Library. Se seleccionaron 2784 artículos empíricos, de los cuales 31 cumplieron los criterios de inclusión. Los principales resultados muestran que hay casi 50 variables predictoras del efecto del terapeuta. Se resume y se define cada una de estas variables psicológicas, y se concluye que para lograr explicar el alto nivel de éxito inter-terapeuta es necesario incrementar la validez de constructo de las variables predictivas, adecuar el diseño de las investigaciones e incluir datos con respecto a la interacción entre el terapeuta y su cliente.
Palabras clave: Terapeuta altamente eficaz. Efecto del terapeuta. Revisión sistemática. Terapeuta efectivo. Terapeuta experto.

Abstract: Highly effective therapists are clinicians who systematically achieve excellent therapeutic outcomes. Although these types of therapists can be found among different therapies, the variables that could explain their performance remain uncertain. Therefore, to clarify these variables, analyze their definition, their objective measures, and the extent to which they measure what they claim, a systematic review (SR) was conducted. Publications between 2000 and 2020 -from Scopus, MEDLINE/PubMed, Web of Science, PsycInfo, Google Scholar and ProQuest Research Library databases- were included. After analyzing 2784 empirical works, 31 studies have met the inclusion criteria. The results made it possible to identify, summarize and define almost 50 predictor variables of therapist effect. The need to increase construct validity, to improve empirical designs and to measure therapist-client interaction is discussed.
Keywords: Highly effective therapist. Therapist effect. Systematic review. Effective therapist. Therapeutic experience.

Introduction

Therapist's performance in psychological interventions is a key factor to both research and clinical practice (Beutler et al., 2004; Dinger et al., 2008; Norcross & Lambert, 2011; Ricks, 1974). In fact, from a common factor's perspective, metanalysis conducted over the years found higher effect sizes for therapist than for therapy, showing up to 21% of effect size in natural clinical settings (Baldwin & Imel, 2013; Crits-Christoph et al., 1991; Johns et al., 2019; Wampold & Imel, 2015). Although there are controversies about the accuracy of common factors studies for these kind of outcome comparisons (e.g., Siev & Chambless, 2007), what studies on the specific common factor *therapist effect* show is that, regardless the therapeutic model or client's problematic, there are therapists who are systematically better than others (Johns et al., 2019; Miller et al., 2008).

However, knowing that some therapists have higher performance does not settle the question of what exactly they do. Studying outcome and connecting it with the therapist effect is relevant to assess and detect this type of therapist but is not substantial in terms of improving psychotherapies and explaining which behaviors are connected to the highly effective therapists (Miller et al., 2008; Nissen-Lie et al., 2010; Saxon et al., 2017).

With that in mind, many authors correlate psychological, chronological, and demographic variables with the therapist effect to understand why these therapists are so effective (e.g., Anderson et al., 2009; Barkham et al., 2017; Goldberg et al., 2016b; Saxon et al., 2017). Among the results found, the therapeutic framework from the therapist, for example, is often dismissed as a significative variable (e.g., psychodynamic framework versus behavioral) (Anderson et al., 2009; Chow, 2014; Nissen-Lie et al., 2013). Likewise, the therapeutic experience does not seem to show significative correlation either (Cologon et al., 2017; Delgadillo et al., 2020). For example, Lutz and colleagues (2007) found that experience measured in years did not predict outcome among different health interventions (e.g., medical care) and that this type of measurement (years) was not accurate to operationalize experience. Also, variables such as age, gender, personality features or academic titles was not found significative either. That is, if all these personal variables were not correlated with highly effective therapists, which variables were? Are non-personal variables, such as type of intervention (e.g., psychotherapy versus psychiatric), modality (group versus individual), type of the clinical center (public versus private) or therapy length, relevant to the therapist effect? In sum, the correlations found in this field still unclear and the therapist effect, even being a great topic of interest, does not seem to be fully explained (Speers et al., 2022).

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(Article received: 8-11-2021; revised:5-06-2022; accepted:22-06-2022)

To understand why these questions are inconclusive, some authors point out that the theoretical framework and methodology used in these studies are mainly responsible for their limitations (Barker & McFall, 2014; Berglar et al., 2016; Dinger et al., 2008; Fonagy & Clark, 2015). In order to understand behaviors, not only must the rejection of the null hypothesis be considered, but also the theoretical approach on which it is based and the methodology behind the findings. For example, different operationalizations of outcomes may lead to different results, so it is necessary to comprehensively define what is outcome and what is reliability and validity of the instruments for its measurement (Green et al., 2014; Weinberger, 2014). Likewise, the theoretical approach behind the research could also affect its conclusions (Froxán-Parga et al., 2006; González-Blanch & Carral-Fernández, 2017). Isolating traits without their context can lead to different results and interpretations of the same phenomenon (Zilcha-Mano & Fisher, 2022), just as descriptive labels for predictive variables create tautological reasoning (Núñez de Prado-Gordillo et al., 2020). In short, the conclusions from a methodology such as the one discussed above could be normative (Sellars, 1956), and the findings, although significant, could have little or no practical utility.

Summarizing, there is a lack of information and precision regarding the explanatory variables of the effect between therapists. Although there are authors studying predictors factors of therapist effect, the findings are not organized, and current systematic reviews focus exclusively on measuring statistical indices of effect size. There is no unanimity or consensus in the current findings on the variables underlying highly effective therapist, whether replicable behavioral measures are used, or whether construct validity is adequate. Therefore, the aim of the present work is to systematically identify and bring together the available information on the variables that explain the therapist effect, considering the main methodological issues underlying these explanations.

Method

Study selection criteria

Following the PRISMA protocol (Preferred Reporting Items for Systematic Reviews), the research question for this SR is: 'what are the variables associated with highly effective therapists in outpatient psychological therapy' (outpatient interventions being understood as those carried out in both public and private facilities, but never in hospital or inpatient settings). Therefore, the aim is to classify the predictive variables and to identify how they have been operationalized and the type of instruments used. Due to the broad review scope of the research question (rather than a narrow scope), it is important to highlight that our interest is transversal to the specific interventions, i.e., what is sought is precisely to identify characteristics of different types of intervention, so therefore the research question does not necessarily make a specific prediction about a given variable.

Regarding to PICO (participants, interventions, comparisons, and SR outcome measures), the *participants* belong to private and public non-hospital centers; the *interventions* are from multiple types (as the therapy could be a predictor variable); the *comparisons* are made between therapist effects; the *results* are significant predictor of outcome variables; and the *design* is exclusively quantitative (the study focuses on outcome measures). The inclusion and exclusion criteria of the articles are presented in Table 1.

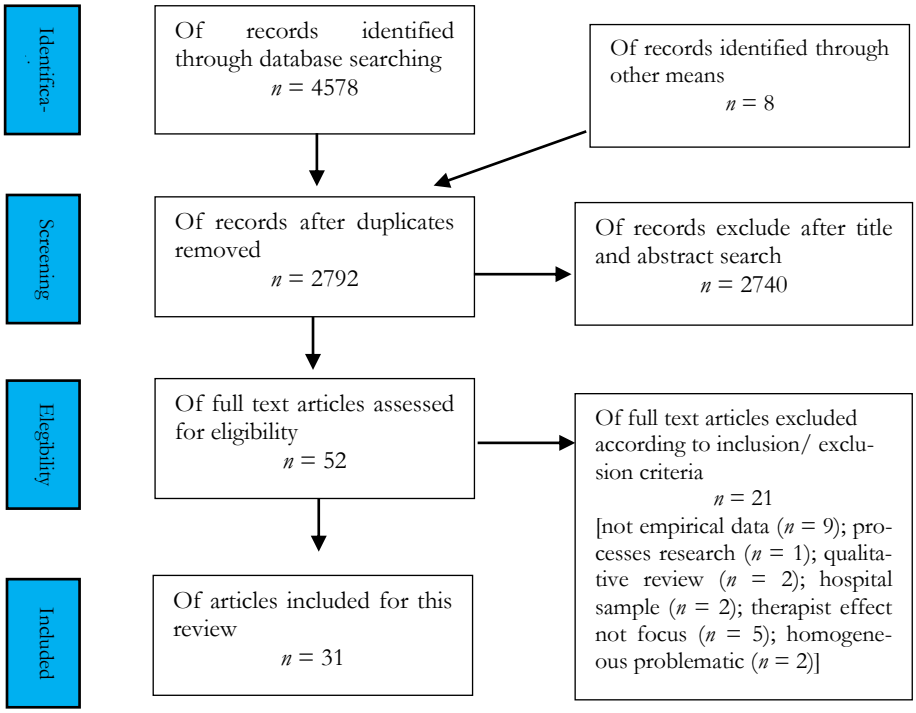
Table 1
Inclusion and exclusion criteria.

Inclusion	Exclusion
Years 2000 a 2020	Any other year
English & Spanish	Any other language
Adulthood (18 years & older)	< 18 years
Study of highly effective therapists	Studies with another goal then study the highly effective therapists
Sample with overall psychological problems (heterogenous)	Sample with only one psychological problem (homogeneous)
Sample with psychological problems from public and private health care without hospitalization	Hospital sample
Outcome studies	Processes studies
Quantitative methodology	Qualitative methodology
Empirical articles	Systematic reviews, metanalysis, thesis and lectures
Effective interventions	Therapeutic failures

Identification of studies

The studies were collected from Scopus (Elsevier), MEDLINE/PubMed, Social Sciences Citation Index (Web of Science), PsycInfo, Google Scholar and ProQuest Research Library. The time interval was 2000 to 2020. Guided by previous systematic reviews (Baldwin & Imel, 2013; Johns, 2019), the search criteria were "therapist AND effects," "highly AND effective AND therapist," "supershrink," "therapist AND expert," "therapist AND highly AND effective," and "effect AND of AND therapist." The outcome criteria were "scientific article" AND "peer-reviewed publications". The languages were "English" and "Spanish", and the filter for the participants' age was "over 18 years of age". The specific data can be found in Figure 1.

Figure 1
PRISMA diagram of study selection process.



2,784 articles were first identified. Eight articles were added to these after searching the documentation from the previous metanalyses. The first screening was made throughout the titles and abstracts of the filtered documents. This entire process was carried out by the main reviewer, and 52 articles were included for complete reading. In this new phase, two reviewers made decisions regarding the inclusion and exclusion criteria. The main reviewer fully-read the 52 articles included while the second reviewer, by randomized selection, read 40, the minimum number necessary to ensure correct reliability according to Sánchez-Meca and Botella (2010). In order to avoid possible bias when selecting the articles (Heckman, 1990), the additional reviewer was unaware of the research question. Finally, to measure the degree of agreement, a simple kappa statistic was calculated (Higgins & Deeks, 2011). Considering that kappa values between .4 and .59 reflect moderate agreement, .6 and .74, as fair to good agreement, and .75 or more, excellent agreement (Orwin, 1994 in Higgins & Deeks, 2011), the kappa index for the eligibility of the present SR is "excellent" (.9).

Data extraction

The data extraction was performed by two reviewers. After a 10 pilot articles training, an extraction guide and an extraction form were developed. Both, guide and form, can be found in the Open Science Framework (access link). Table 2 shows their classifications based on the specific categories proposed by Sánchez-Meca & Botella (2010). In order to obtain the kappa index, the eligibility criteria and the extraction of variables from each report were performed separately and in duplicate in 40 articles.

Table 2
Categories and extraction variables coding.

Classification	Extraction variables
Treatment variables	Type of intervention (psychological, psychiatric, psychoanalytic, etc.) Theoretical model (cognitive-behavioral, psychoanalytic, humanistic, etc.)
Participant variables	Clients and therapists' average age Clients and therapists' gender Clients' problem type
Method variables	Therapists' sample size Clients' sample size Effectiveness instruments Predictor variables measurement instruments Significative correlation between variables (yes/no)
Substantive variables [a]	Conceptualization of explanatory variables Therapists' training (academic titles) Years of experience Predictor variables of therapist effect Study goal Outcome measures
Extrinsic variables [b]	Year in which the study was conducted First author gender

Note. [a] Substantive variables are the ones related to the aim of the review; [b] Extrinsic variables refer to characteristics that should not be related to the scientific process a priori but could affect the results (Sánchez-Meca & Botella, 2010).

Results

Extrinsic, treatment, and participant variables

Regarding the extrinsic characteristics (variables that are not related to the main purpose of the study but may have an influence on it according to Sánchez-Meca and Botella (2010), 84% of the therapists, 76% of the clients and 22.5% of the first authors are women. The authors and the goals of each article are listed in Table 3.

Table 3
Included studies and their respective main objectives.

Main authors and year of publication	Study goal	Main authors and year of publication	Study goal
Ali et al. (2014)	To estimate TE according to the therapeutic model	Imel et al. (2014)	To relate TE to therapist adherence
Anderson et al. (2015)	To relate TE to the therapist´s interpersonal skills and training	Leon et al. (2005)	To compare demographic characteristics of therapist and client to predict TE
Anderson et al. (2016)	To relate TE to the therapist´s interpersonal skills longitudinally	Lutz et al. (2007)	To study TE with suitable methods for natural contexts
Anderson et al. (2009)	To relate TE to the therapist´s interpersonal skills	Lutz et al. (2015)	To relate EFT to therapist feedback and client characteristics
Berglar et al. (2016)	To relate TE to likeness between the therapist and client demographic variables	Nissen-Lie et al. (2013)	To relate TE to the working alliance and the quality of the therapist´s personal life
Brown et al. (2005)	To investigate variability, stability, and differences among the effectiveness of therapists	Nissen-Lie et al. (2017)	To relate TE to professional self-doubt and self-affiliation
Chow et al. (2015)	To relate TE to deliberate practice through time	Nissen-Lie et al. (2010)	To relate TE to working involvement, relational interpersonal skills, and professional difficulties
Cologon et al. (2017)	To relate TE to mentalization and attachment style of the therapist	Okiishi et al. (2006)	To relate TE and EFT to age, gender, therapeutic model, and therapeutic experience
Delgadillo et al. (2020)	To relate TE to personality traits	Okiishi et al. (2003)	To detect TE in a naturalistic context
Firth et al. (2015)	To relate TE according to the model of therapy	Owen & Hilsenroth (2014)	To relate TE to flexibility in intervention techniques
García & Fernández-Álvarez (2007)	To relate between-therapists working alliance to patient resistance and therapeutic style	Owen et al. (2019)	To relate TE to therapist consistency and treatment severity
Goldberg et al. (2016)	To investigate to what extent patients' course of change is influenced by the TE	Pereira et al. (2016)	To relate TE and EFT to resilience and mindfulness
Goldberg et al. (2016b)	To relate TE to experience	Saxon & Barkham (2012)	To relate TE to caseload and problem severity
Green et al. (2014)	To identify TE in primary care and concerning the therapeutic model	Schöttke et al. (2017)	To relate TE to interpersonal skills
Hayes et al. (2016)	To relate TE with ethnicity	Yonatan-Leus et al. (2017)	To relate TE to honesty, dynamic psychotherapy, creativity and playfulness
Hersoug et al. (2009)	To relate between-therapists working alliance to personal characteristics of therapists		

Note. TE = therapist effect; EFT = effectiveness among therapists

Regarding to the characteristics of the participants, anxiety is the most prevalent behavioral problem among clients (24 studies) and psychodynamic is the most prevalent therapeutic framework (14). In addition, although psychotherapy is the most prevalent treatment (20), interventions to mental health problems were also performed by non-psychologists, such as physical therapists, social workers, or computer devices. The complete characteristics of all participants can be found in Open Science Framework (access link).

Methodological and substantive variables

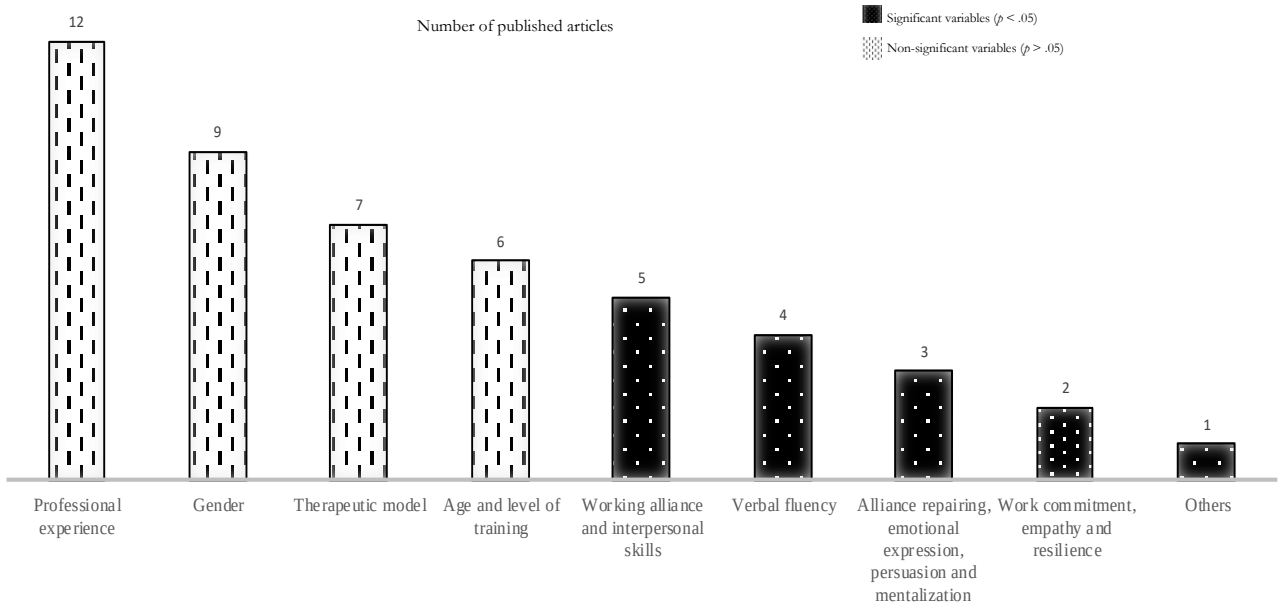
90.3% of the articles define outcome as reduction of symptoms, 16.1% as therapeutic alliance, 12.9% as psychological well-being, 6.4% as vital functioning and 3.2% as therapeutic adherence (notice that some articles used more than one definition). The most used outcome instrument is self-report, specifically, the *Symptom Checklist-90* (SCL-90; Derogatis & Melisaratos, 1983) (13 articles). Even though the self-report was used in every article included, some of them combined different methodology of data collection (e.g., observation or interview).

Most studies exclusively focused on psychological variables as predictor factors, however, 12 articles (out of 31) also combined them with demographical, structural, and chronological variables, such as age, gender, years of experience, ethnic, treatment length and/or academical titles. From all these studies, only three found significative correlations re-

garding these variables, specifically, age, years of experience and academic titles (Anderson et al., 2009; Berglar et al., 2016; Hersoug et al., 2009).

Combining all the variables studied, a total of 46 therapist effect predictive variables were compiled of which 41 were significant (Figure 2). Figure 2 also shows which variables were the most replicable and which were significant. Of those authors who operationalized their variables of interest, Table 4 contains a textual compilation of the definitions used for each predictive variable. It should be noted that, due to the characteristics of this SR, the effect size is not estimated at these levels of significance; it is simply highlighted whether or not the results were found to be significant in the study in question.

Figure 2
Predictor variables of the therapist effect by number of publications.



Note. Others = predictor variables studied in a single publication (attitude toward routine, therapeutic adherence, agreeableness, playfulness, therapist attachment, openness to experience, self affiliation, professional self-doubt, quality of therapist´s personal life, information gathering skills, therapeutic competence, compliance, consistency, constructive coping, therapist mothering, professional development and internship, difficulties in psychotherapy practice, coping style, client and therapist ethnicity, therapist flexibility, ego strength, motivational interviewing skills, joint decision making skills, honesty-humility, humor, experiential intuition, mindfulness, job position, deliberate practice).

Table 4
Predictor variables of the therapeutic effect for the included studies.

Predictor variable	No. of articles	No. of articles defining	Definition	Measurement instrument
Professional experience	12	11	Years of experience; number of patients seen; number of patients with a specific problem seen by a specific therapist (experience of a given therapist with a specific type of patient/problem);	DPCCQ; Compass Assessment; number of cases
Gender	9	0	N.A.	Self-report
Therapeutic model	7	7	Cognitive behavioral; eclectic; psychoanalytic; psychodynamic; behavioral; humanistic;	Type of center; type of therapy; DPCCQ
Age	6	0	N.A.	Self-report
Level of training	6	2	Academic training; number of years of academic training; years of supervision; to have been to therapy previously (psychodynamic models); type of training (clinical psychology, social work, etc.);	DPCCQ; years of supervision
Working alliance	5	2	Therapeutic bond; emotional bond; agreement on tasks;	FIS; WAI-C; WAI-T
Interpersonal skills	5	3	Ability to send and deliver social messages through verbal and non-verbal channels; clear and positive communication; empathy and communicative attunement; respect and warmth; managing of criticism; willingness to cooperate; interest in patients; experience, motivation for personal reflection; personal strengths;	SSI; FIS; TRIB-G; TRIB-I

Predictor variable	No. of articles	No. of articles defining	Definition	Measurement instrument
Verbal fluency	4	1	The ability to understand and send interpersonal messages;	FIS
Alliance-rupture-repair responsiveness	3	0	N.A.	FIS
Emotional expression	3	0	N.A.	FIS
Persuasiveness	3	0	N.A.	FIS
Competence and reflective functioning (mentalization)	2	2	Ability to unify concepts from theory to practice; therapist reflective functioning; capacity to understand and empathize with a client; ability to conceptualize, identify and understand mental states in the self and others; holding in mind multiple concurrent points of view; a component of empathy;	RFS
Work involvement styles	2	2	Basic relational skills; "affirming" "and accommodating" interpersonal styles; frequent difficulties; flow; constructing coping; in-session feelings of "anxiety"; avoiding therapeutic engagement;	THCLVT; DPCCQ
Empathy	2	1	Interest in the client´s world view; "showing deep understanding of client´s point of view, not just for what has been explicitly stated but what the client means but has not yet said;	ESQ; MITI 2.0
Resilience	2	2	Personal qualities that enable one to thrive in the face of adversity; control; commitment; seeing change as a challenge; patience; perseverance; hardiness; "under pressure, stay focused and think clearly"; the ability of coping with obstacles and stressors;	CD-RISC
Treatment duration	2	2	Number of sessions;	Information provided by centers
Attitude toward routine	1	0	N.A.	Amount/changes on feedbacks
Therapeutic adherence	1	0	N.A.	Video recording
Agreeableness	1	1	Prosocial behaviors; cooperation; empathy; honesty;	NEO PI-R
Playfulness	1	1	Fun-loving; sense of humor; enjoy silliness; informal; whimsical; "enjoying acting silly or goofy"; "singing in the shower"; "dancing at home";	PSA
Therapist attachment	1	1	The skill to keep a supportive and stable relation with the client; a biological and psychological construct; the bond between parents and children, which is transferred to other interpersonal relations;	AAI; ECR
Openness to experience	1	1	Intellectual interest;	NEO PI-R
Self-affiliation	1	1	To treat oneself at the internal level in accordance with how he or she was treated by primary caregivers and treat others in accordance with this inner mental representation;	PBI
Professional self-doubt	1	1	Doubting about oneself; lacking in confidence that you have a beneficial effect on a client; disturbed those circumstances in your private life will interfere with your work; afraid of doing more harm than good in treating a client; unable to comprehend essence of a patient´s problem;	DPCCQ
Quality of therapists' personal lives	1	1	How satisfying or stressful the therapist´s live is; sense of being cared for; frequency of expressing private thoughts and feelings freely, expressing unreserved joy, and having worries;	DPCCQ
Information gathering skills	1	0	N.A.	CTS-R
Therapist competence	1	1	Collaboration; personal effectiveness; directivity; application of change methods; homework setting;	CTS-R
Compliance	1	1	To encourage client behaviors indiscriminately (even when they are maladaptive thoughts or beliefs);	NEO-PI-R
Consistency	1	0	N.A.	Results of first 30 clients of each therapist
Constructive coping	1	1	Try to see the problem from a different perspective; share your experience of difficulty; give yourself permission to experience difficult or disturbing feelings; consult about the case with other therapists; seeking to increase your training;	DPCCQ

Predictor variable	No. of articles	No. of articles defining	Definition	Measurement instrument
Therapist mothering	1	1	Parents´ attitudes and behavior that reflect the quality of interpersonal affective relations through 16 first years of life; mother care classified between coldness and warmness;	PBI
Professional development and internship	1	0	N.A.	Survey
Difficulties in psychotherapy practice	1	1	Challenges and difficulties in clinical practice; professional self-doubt; negative personal reaction; negative emotions and deficient empathy toward patients;	DPCCQ
Coping style	1	1	N.A.	
Client and therapist ethnicity	1	1	Any ethnicity except Caucasian;	SDS
Therapist flexibility	1	1	Variability within cases related to therapeutic adherence; to adjust the intervention when a rupture or difficulties in the working alliance occur;	CPPS
Ego strength	1	1	The ability to maintain a sense of self in the face of challenges without being overwhelmed;	PIES
Motivational interviewing skills	1	1	Number of open and closed questions; complex questions compared to simple questions; motivational interview spirit;	MITI 2.0
Joint decision making skills	1	0	N.A.	CTS-R
Honesty-humility	1	1	To care about others; interest in being fair; "not to pretend to be someone that he is not"; return extra change when a cashier makes a mistake; "not pretend to be more than I am"; to not enjoy being a famous celebrity; to feel like an ordinary person;	HEXACO-H
Humor	1	1	Multidimensional construct that functions as self-enhancing and to enhance interpersonal relationships; to enhance relationships at the expense of the self; to use self-humor to improve one´s mood; "I don´t have to work very hard at making other people laugh"; to use humor to set aside unpleasant contexts; "I let people laugh at me";	HSQ
Experiential intuition	1	1	Information processing that is preconscious, rapid, automatic, holistic, primarily nonverbal and associated with affect; exemplified by "I have a logical mind", "I believe in trusting my hunches"	REI
Mindfulness	1	1	Aspects of practitioners that permeate their daily lifestyle; a state of psychological freedom that occurs when attention remains quiet; an open or receptive attention to and awareness of on-going events and experience;	MAAS
Job position	1	0	NP	SDS
Deliberate practice	1	1	Individualized training activities designed to improve individual´s performance through repetition;	RAPIDpractice

Note. AAI = Adult Attachment Interview; CD-RISC = The Connnor and Davidson Resilience Scale; CPPS = Comparative Psychotherapy Process Scale; CTS-R = Revised Conflict Tactic Scale; DPCCQ = Development of Psychotherapists' Common Core Questionnaire; ECR = Experiences in Close Relationships Scale; ESQ = Empathy and Sociability Questionarie; FIS = Facilitative Interpersonal Skills; GAS = Global Assesment Scale; HEXACO-H = Honesty-humility, Emotionality, Extraversion, Agreeableness, Conscientiousness and Openness to Experience; HSQ = Humor Style Questionnaire; HSQ = Humor Style Questionnaire; MAAS = Mindfulness Attention Awareness Scale; MITI 2.0 = Motivational Interview Treatment Integrity 2.0; NEO PI-R = Personality Inventory; N.A. = Not applicable; PBI = Parental Bonding Instrument; PIES = The Psychosocial Inventory of Ego Strengths; PSA = Playfulness Scale for Adults; RAPIDpractice = Retrospective Analysis of Psychotherapists' Involvement in Deliberate Practice; REI = The Rational-Experiential Inventory measures Intuition; RFS = Reflective Functioning Scale; SSI = Social Inventory; THCLVT = Traditional high contact low volume therapists; TRIB-G = Therapy-Related Interpersonal Behaviors; TRIB-I = Therapy-Related Interpersonal Interview; WAI-C/T = Working Alliance Inventory – Client/Therapist;
[a] *Compass Assesment* is an instrument that allows to combine patients with similar clinic and demographic characteristics within a same case group of a given therapist in order to assess whether the second patient treated within a same combination shows better results compared to the first.

Discussion

The aim of this study was to systematically identify and organize the currently available information on the variables that explain the therapist effect. Based on the data found, we can draw different conclusions.

First, after a detailed analysis of the variables, the overall conclusion lies upon the 41 predictor variables extracted; although they were found significative to explain therapist effect, we still do not know the exact behaviors of the highly effective therapist and/or how to teach the lowest effective therapists to be better. From our perspective and after analyzing the data, this could be happening due different reasons.

The methodology used was controversial, especially the construct validity. Numerous variables pose an underlying problem: the construct is defined by another construct

which is, in turn, defined by another construct that never is fully operationalized (e.g., "work engagement", which is defined by "therapeutic connection" which is defined by "therapeutic alliance" that is never defined); also, several variables refer to the past of the therapist (e.g., type of attachment, maternal care), which means that they are immutable and therefore, unteachable. In addition, sometimes the variables can be independent and dependent at the same time (e.g., therapeutic alliance as independent and dependent variable). Considering these results, we can conclude that the practical applications of the conclusions of the studies reviewed in this research are very limited, since the variables that have been shown to be relevant are not defined as behaviors that can be trained.

On the other hand, approximately 90% of the variables collected turned out to be different from each other, exemplifying the current problem of hypothesis confirmation and replicability in psychology (Pérez-Álvarez, 2018; Spellman, 2015). Each author has his or her own impermeable theory and seeks to confirm his or her prediction, regardless of whether it is tautological, trivial, practical, or contributes to the fragmentation of psychology. Furthermore, the fact that all studies included in this SR showed, at least, one significant data, points to a possible publication bias effect (Dickersin et al., 1994).

The methodology used also does not allow studying the client's role moment by moment during therapy. The logic of correlation in aggregate studies prevents the identification of the interaction in session (Stiles, 1999). That is, even if the labels were correctly operationalized, correlating the therapist's data without taking into account what the client did before or after his or her performance would imply erratic behavior on his or her part.

About the characteristics of the studies, we have found several interesting aspects to highlight.

On the one hand, most of the leading researchers are identified as males. Although in recent years the gender equity of the first authors' publications seems to be increasing (González-Sala & Osca-Lluch, 2018), the data found in this SR point in the opposite direction.

Regarding the characteristics of the participants and the sample, it is striking that physical therapists work with a population diagnosed with a mental disorder (and also present systematically high efficacy). This could support that, although variables like therapeutic model were the most replicated among studies (perhaps because of the ease of access and accuracy in measuring age, gender, and years providing therapy), they were precisely the only ones non-significant to the therapist effect. In addition, it is particularly interesting that experience does not correlate with outcome. This makes sense if we consider that time is not necessarily the explanation for being skillful, but rather the behaviors that one does while time is passing (Leon et al, 2005; Santacreu & Hernández, 2019); which brings back the ambiguity in the philosophical assumptions of the investigations. Do they consider the time as an independent variable? Or as the condition that allows the development of a certain type of learning (which undoubtedly should be considered for a study), but should not be the predictor variable?

About the instruments used to measure the variables, all 31 studies used questionnaires and/or scales of symptom reduction. This fact exemplifies the current predominance of self-reports in psychology (Santacreu & García-Leal, 2000). Although self-reports with equal measures of efficacy contribute to homogeneity, generalization of data and intertherapeutic comparison, taking them as a unanimous measure also assumes a series of repeated limitations (Nissen-Lie et al., 2013).

Finally, it is important to emphasize that the aim of this study is ambitious, so it would be crucial to carry out other SR like the present one to reach more solid conclusions. Among the main limitations, we must highlight the complexity of comparing variables with different measurement parameters (e.g., "years of experience" in some studies is operationalized by the mean and in others, by the number of cases carried by each therapist or range of years by sample grouping). Secondly, not all the information was available. Empirical studies usually devote little space to clarify the construct validity of the variables and procedures carried out to specify the behaviors measured. Finally, it should be noted that the research question of this study is formulated under a broad scope. That is, the variables extracted seek to summarize the evidence in a global manner, focusing the findings on generalizable conclusions. Thus, its main strength is also its weakness, as it makes it difficult to interpret the results, hinders the work of the review team, and to assess the data (Higgins & Deeks, 2011).

In sum, the data found invites us to reflect about the present and future of therapist effect research; now that we organized and identified relevant predictors of therapist effect, what is its practical use? Could we create an "exceptional therapist" protocol and start teaching "regular therapists" how to behave? Does it make sense to continue confirming hypotheses and keep finding more predictor variables under the same methodology? With the data found in this study and from our perspective, the answer to these questions is no. Although nuances are found in the degree of operationalization of the different variables, none is sufficiently clear to be defined in replicable parameters and most importantly, is defined based on the therapeutic interaction (therapist's actions as reactions to the client's actions). All this points, once again, to the methodological obstacles of studying change processes in therapy (Callaghan & Follette, 2020), and that the research design of these studies could not be detecting the behaviors patterns that explain higher outcomes between therapists.

Conflict of interest.- The authors of this article declare no conflict of interest.

Financial support.- No funding.

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