

SUPPLEMENTAL TABLE. Details of Articles Included in Meta-Analysis of Therapist Affect Focus^a

Author, Year, and Reference Number ^b	Sample	Findings	Effect Sizes	Aggregated Results (If Applicable)
Coady 1991 (20)	9 clients (5 with good outcome and 4 with poor outcome) in time-limited psychodynamic psychotherapy	Therapists of clients with good outcomes (determined by lowest factor scores, indicating the most change; factor scores were derived from the Derogatis Symptom Index, Beck's Mood Scale, and Weissman's Social Adjustment Scale) had a higher percentage of communication focused on client affect (mean=17.2, SD=6.7), compared with therapists of clients with poor outcome (mean=10.3, SD=13.8; process ratings were made blind to the outcome status and were applied to the first 200 verbal behavior units of session 3 for each case).	r=0.31, N=9	
Gaston and Ring 1992 (22)	10 older adult patients (5 improved and 5 unimproved) with major depressive disorder in brief dynamic therapy	Therapists of unimproved patients (as determined by scores on Beck Depression Inventory and the Hamilton Depression Rating Scale) emphasized emotions (mean=1.07, SD=0.67) more than therapists of improved patients (mean=0.48, SD=0.39; as rated by two postdoctoral fellows in clinical research for therapy sessions 5, 10, and 15).	r=-0.47, N=10	
Hill et al. 1988 (13)	5 female clients with problems of self-esteem and relationship issues received brief treatment with therapists who rated themselves as more psychoanalytic (mean=3.75, SD=0.50) than humanistic (mean=2.75, SD=0.96) or behavioral (mean=1.50, SD=0.58) on 5-point scales	Clients' ratings of having higher proportion of the reaction "a greater awareness or deepening of feelings or could express my emotions better" after therapist interventions were associated with greater pre-post changes (as measured by average change score on eight measures: the depression, psychasthenia, and social introversion scales of the MMPI, global severity scale of the Hopkins Symptom Checklist-90, total scale of the Tennessee Self Concept Scale, Fear of Negative Evaluation scale, Social Avoidance and Distress Scale, and the Target Complaints scale).	r=0.81, N=5	

Hilsenroth et al. 2003 (23)	21 patients suffering from depression received short-term psychodynamic psychotherapy	<p>“Therapist encourages patient to experience and express feelings in the session” (rated by independent clinical judges) was significantly related to outcome as measured by reliable change index of major depressive episode symptoms (mean of clinician and independent rater) ($R=0.62$, $R^2=0.39$, $p=0.003$). In addition, “therapist addresses the patient’s avoidance of important topics and shifts in mood” (rated by independent clinical judges) correlated significantly with the reliable change index of the Symptom Checklist-90-Revised depression subscale ($R=0.51$, $R^2=0.26$, $p=0.02$).</p>	$r=0.62$, $N=21$; $r=0.51$, $N=20$	Mean $r=0.57$, mean $N=20.5$
Horowitz et al. 1984 (24)	52 patients suffering from stress response syndromes received 12 sessions of time-limited dynamic psychotherapy	<p>Neither of the following therapist actions [measured in all of the following ways: (a) mean value across hours 2, 5, 8, and 11 of pooled ratings of three judges on the Action Checklist, (b) therapist rating of actions after session 4 using the Therapist Action Scale, (c) mean of therapist ratings across all 12 sessions using the Therapist Action Scale] was significantly related to adjusted outcome [rated by patient, therapist, or independent clinician, depending on the measure, which assessed the three domains of stress-specific symptoms, general psychiatric symptoms, and work and interpersonal functioning]: “reliving feelings of affect-laden ideas in immediate in-treatment situation encouraged,” “termination reactions and feelings discussed.” We contacted Dr. Horowitz to obtain the original correlations, but the data were unavailable (M.J. Horowitz, personal communication, May 16, 2005). The only data available in the original publication was an interaction effect, which suggested that more therapist action of focusing on affect led to more positive outcomes for patients with higher ratings on the self-concept dispositional variable (and less positive outcomes for patients with lower ratings on the self-concept dispositional variable; M.J. Horowitz, personal communication, Oct. 22, 2003): $\Delta R^2=0.07$, $p>0.05$. However, results of a multiple regression such as this cannot be included in a meta-analysis as discussed in Lipsey and Wilson (32).</p>	$r=0^e$, $N=52$	Mean $r=0.09$, mean $N=29$

Foreman and Marmar 1985 (21)	6 patients (3 improved and 3 unimproved) from the Horowitz et al. 1984 study (24)	Ratings of emphasis by the therapist on problematic feelings in the patient-therapist relationship and in patient-other relationship correlated significantly with outcome (as determined, it seems, by change scores on measures of symptoms and social functioning, rated by patients, therapist, and independent evaluators), $r=0.89$, $p=0.02$.	$r=0.89$, $N=6$	
Jones et al. 1992 (25)	30 patients from an archival data set collected by the Mt. Zion Psychotherapy Research Group received 16 sessions of brief psychodynamic psychotherapy in private practice settings	1 out of 4 correlations was statistically significant: the following Q-item (ratings by two judges, averaged over hours 1, 5, and 14) correlated positively with overall change (averaged over patient, therapist, and clinical evaluator): "T comments on changes in P's mood or affect."	$r=0.31$, $N=30$; $r=0^c$, $N=30$; $r=0^c$, $N=30$; $r=0^c$, $N=30$	Mean $r=0.12$, mean $N=21$
Caspar et al. 2000 (19)	3 patients (1 excellent outcome, 1 moderate outcome, and one poor outcome) selected from the Mount Zion research project received 16 sessions of brief, psychodynamically oriented psychotherapy	Patient 1 (excellent outcome, as assessed by ratings on standard psychotherapy outcome measures including patient ratings of change and ratings done by therapists and independent judges) had a mean rating of 3.31 on postinterpretation experiencing scale (rated from transcripts by six graduate and undergraduate students in psychology who were blind to where the segment occurred in therapy, what interpretation the segment was connected to, and whether it was a pre- or postinterpretation segment) and a mean rating of 0.04 on residual experiencing ratings (difference between values on experiencing scale measure pre- and postinterpretation). Patient 2 (moderate outcome) had a mean of 3.31 on postinterpretation experiencing ratings and a mean of 0.03 on residual experiencing ratings. Patient 3 (poor outcome) had a mean of 3.22 on postinterpretation experiencing ratings and a mean of 0.01 on residual experiencing ratings.	$r=0.87$, $N=3$; $r=0.98$, $N=3$	
McCullough et al. 1991 (26)	16 patients with specific axis II disorders received two forms of brief psychodynamic therapy (short-term dynamic psychotherapy and brief adaptation-oriented psychotherapy)	"All interventions followed by affect" (rated by independent judges) correlated ($r=0.51$, $p=0.05$) with composite outcome score (average of residual gain scores across four measures—the Social Adjustment Scale and three target complaints).	$r=0.51$, $N=16$	

Mintz 1981 (27)	20 patients received brief psychoanalytic psychotherapy; part of the data included in this study was originally published in Malan 1975 (31)	The process variable “negative transference” correlated significantly in 3 out of 7 correlations with global ratings of improvement (rated by Tavistock clinical team from an “account” of clinical interview dictated by memory by clinician and circulated to team members) or symptomatic improvement (rated by Dr. Mintz or one of two nonprofessional raters).	r=0.43, N=18; r=0.58, N=18; r=0.61, N=18; r=0 ^c , N=15; r=0 ^c , N=15; r=0 ^c , N=15; r=0 ^c , N=15	Mean r=0.26, mean N=16
Piper et al. 1987 (28)	21 patients with neurotic or mild to moderate characterological problems received psychoanalytically oriented, short-term individual psychotherapy	The relationship between ratings of interpretations of patient conflictual anxiety (% out of total interventions, averaged across eight sessions, rated by bachelor’s-level psychology major) and “Overall usefulness [rated] by therapist” was statistically significant.	r=0.59, N=19	
Strupp 1980 (29, 30)	2 pairs of 2 cases each (1 successful, 1 unsuccessful) in which patients received time-limited psychoanalytic psychotherapy	The relationship between affect-focus process variable (average of several variables, rated by clinical judges) and patient improvement (average of change in several variables [depression, psychasthenia, and social introversion scales of the MPPI, global change ratings, target complaints], rated by patient, therapist, or clinical judges) was positive, although it was not statistically significant.	r=0.59, N=4	

^aFurther methodological details are available on request from the first author, including a table listing which data were excluded from these studies as well as a table detailing, for each article excluded from the larger pool of 66 articles considered for the meta-analysis, the reasons for exclusion.

^bReference numbers refer to the References section of the article to which this data supplement is attached.

^cWhen r values were reported as nonsignificant without their actual values, they were coded as r=0.