

Change process research and the common factors approach in conceptualising psychotherapeutic change: a systematic review

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My parents for their support and patience. The high value you placed on tertiary education and the sacrifices and efforts you made to support me on my journey is greatly appreciated. I would not be here if it was not for you.

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My two brothers for pretending to be interested when I insisted you listen to how much work this project entails, and for the escape you offered.

SUMMARY

Throughout the literature on psychotherapeutic change, the concepts common factors approach (CFA) and change process research (CPR) feature distinctly. The use and application of these two specific concepts vary between authors, with vague and ambiguous usage being the most apparent. The question this study aims to answer is: What does scientific literature report on *change process research* and the *common factors approach* in conceptualising psychotherapeutic change? The aim of this study was to systematically review literature on change process research and the common factors approach in an effort to conceptualise change in psychotherapy. The study was conducted by means of a systematic review. This method entails a systematic and comprehensive review of literature; starting with locating, appraising, and synthesising the best available evidence pertaining to this research question – to provide information and evidence-based answers to the specific research question. A total of 39 full-text articles were reviewed by two reviewers. Through thematic analysis and a qualitative synthesis, seven descriptive themes were generated. These seven themes are: (1) relational variables, (2) psychotherapist variables, (3) client variables, (4) technique variables, (5) psychotherapeutic change variables, (6) research variables, and (7) the theoretical framework. These seven themes describe common operational elements of the psychotherapeutic process which are related to psychotherapeutic change. The findings also argue for a sense of convergence and synergy in how CFA and CPR are conceptualised in both psychotherapy research and contemporary practice.

OPSOMMING

Regdeur die literatuur oor psigoterapeutiese verandering is die konsepte gemeenskaplike-faktore-benadering (GFB) en veranderingsprosesnavorsing (VPN) op die voorgrond. Die gebruik en toepassing van hierdie twee spesifieke konsepte varieer tussen outeurs, waarvan vae en dubbelsinnige gebruik die mees opvallend is. Die vraag wat hierdie studie beoog om te antwoord is: Wat rapporteer wetenskaplike literatuur oor *veranderingsprosesnavorsing* en die *gemeenskaplike-faktore-benadering* in die konseptualisering van psigoterapeutiese verandering? Die doel van hierdie studie was om sistematies die literatuur oor veranderingsprosesnavorsing en die gemeenskaplike-faktore-benadering te resenseer in 'n poging om verandering in psigoterapie te konsepsualiseer. Die studie is uitgevoer deur middel van 'n sistematiese resensie. Hierdie metode behels 'n sistematiese en omvattende resensie van literatuur; wat begin met die opspoor, beoordeling, en sintetisering van die beste beskikbare bewyse rakende die navorsingsvraag – om inligting en bewysgebaseerde antwoorde tot die spesifieke navorsingsvraag te verskaf. 'n Somtotaal van 39 vollengte-artikels is geresenseer deur twee resensente. Deur tematiese analise en 'n kwalitatiewe sintese is sewe beskrywende temas gegenereer. Hierdie sewe temas is: (1) verhoudingsveranderlikes, (2) psigoterapeutveranderlikes, (3) kliëntveranderlikes, (4) tegniekveranderlikes, (5) psigoterapeutiese-veranderingsveranderlikes, (6) navorsingsveranderlikes, en (7) die teoretiese raamwerk. Hierdie sewe temas beskryf gemeenskaplike operasionele elemente van die psigoterapeutiese proses wat verband hou met psigoterapeutiese verandering. Die bevindinge argumenteer ook vir 'n sin van konvergensie en sinergie in hoe die GFB en VPN gekonsepsualiseer is in beide psigoterapeutiese navorsing en hedendaagse praktyk.

PREFACE

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CHAPTER I

Literature Orientation and Contextualisation

In the current context of most service-delivery oriented professions, there seems to be a significant amount of pressure and expectation on the service provider to perform said service at the best possible level, and the lowest possible rate (Brown, 2015; Haaga & Stiles, 2000). Bertolino (2018) states that this pressure speaks to clients' expectation of a cost-effective service, as well as the institutionalised guidelines and standards set forth by regulatory bodies. In the discipline of psychology and more specifically, psychotherapy, this demand indicates that the psychotherapist should provide a treatment approach which clients perceive as effective regarding the resolution of their specific problem (Bertolino, 2018). The regulatory bodies exert institutional pressure through guiding the psychotherapist's approach to treating a specific presenting problem (Bertolino, 2018). According to Bertolino (2018) these institutional guidelines attempt to ensure the effectiveness (and reliability) of psychotherapy, through guiding/informing psychotherapists' practice according to the latest scientifically proven treatment approach for a specific presenting problem. Contemporary psychotherapists are trained to continuously consult existing (and emergent) literature as a means to develop and maintain professional expertise and competence as a psychotherapist (Dumont, 2011). This continuous professional development is further mandated by the regulatory bodies which govern and guide the practice of psychotherapists (Health Professions Act 56 of 1974). This indicates that the pressure of delivering an effective service also speaks to the ethical responsibility of a psychotherapist.

This brief literature orientation serves to contextualise how the current age of accountability impacts the contemporary practising psychotherapist. The different aspects of this phenomenon will be highlighted and discussed with reference to the objectives of this systematic review.

Evolution of Psychotherapy

To truly understand the current academic and research context of psychotherapy, it may be necessary to first explore the past and how the evolution of psychotherapy led up to the current climate in which contemporary psychotherapists practise. The story of the development of psychotherapy in terms of how it originated and the prominent figures during this development is not the focus of this review study. The pace at which the practice (and knowledge corpus) of psychotherapy developed over the years, as well as the general trends in these evolutionary patterns, supply the contextual background of this review study.

The nature in which the discipline expanded is distinctive; starting out as a single school of thought in the early days, the evolution of psychotherapy was slow at first, but the rise in psychotherapeutic approaches since then is quite significant (Bertolino, 2018; Stiles, Hill, & Elliot, 2014). Research done by Herink and Richie (1980) report an unprecedented rise in psychotherapy during the 1970s. These authors found that in 1975, the literature indicated around 130 known psychotherapeutic approaches; in the year 1979 there were more than 200 known psychotherapeutic approaches and models (Herink & Richie, 1980). By the 1980s, literature indicated over 250 approaches in psychotherapy (Feltham, 1997; Herink & Richie, 1980). The growth in the practice of psychotherapy is even more expansive during the turn of the 21st century, with more than 450 known approaches reported in 1996, and more than 1000 different variants in the approach to psychotherapy indicated in the 21st century (Feltham, 1997; Lebow, 2012; Wampold, 2001). Bertolino (2018) mentions that the current institutionalised emphasis on empirically supported treatment (EST) and manualised treatment approaches further portrays this divergent growth and evolution of the discipline. According to Bertolino (2018), there are currently over 145 manualised treatment approaches for 51 of the 297 possible diagnostic categories in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013).

To comprehend the evolution of psychotherapy as a discipline, these evolutionary patterns are conceptualised within an organismic framework of development. Within this framework of development, based on the orthogenetic principle of Heinz Werner, development is understood as progressing from a state of relative globality and a lack of differentiation to increasing differentiation, articulation, and hierarchic integration (Hurwitz, 2005; Werner, 1957). In line with this understanding of development, the increasing rate of growth in psychotherapeutic approaches and techniques may be an expression of the growth and increasing differentiation of psychotherapy as a discipline (Zeig, 1987). Valsiner (2012) and Zeig (1987) explain that in order to prevent uncontrollable growth, the phase of increased differentiation needs to be matched with a phase of effective forms of integration and convergence between the approaches to psychotherapy. If this rate of increased differentiation is not met by integration, it may lead to the practice of psychotherapy potentially surpassing its knowledge base (Valsiner, 2012). Valsiner (2012) argues that this could potentially cause damage to the scientific reputation of the discipline. Guilford (1976) echoes these statements by arguing that in terms of the hierarchy of development, an increase in divergent thinking needs to be followed by higher levels of convergent thinking. Through this perspective, the current age of accountability may be seen as an attempt at hierarchic integration through convergent thinking.

In reflecting on the first evolution of psychotherapy conference (held in 1985), the conference organiser Jeff Zeig states that the first 100 years of the discipline of psychotherapy are characterised by divergence, which is evident in the proliferation of discrete schools of thought (Zeig, 1987). He further states that the objectives of the evolution of psychotherapy conference include attempts at finding common ground and possible points of consensus among an ever-growing sea of theorists, theories, and their respective strategies (Zeig, 1987). Throughout the evolution of psychotherapy there has been a number of

prominent movements through which researchers attempted to find a degree of convergence between the different approaches to psychotherapy (Bertolino, 2018). Schuckard, Miller, and Hubble (2017), mention that the common factors approach (CFA) and change process research (CPR), are two influential attempts aimed at convergence between the various psychotherapy approaches.

To prevent the practice of psychotherapy from surpassing its knowledge base, psychotherapy researchers developed research methods through which they attempted to provide empirical evidence for the efficacy of psychotherapy approaches (Schuckard et al., 2017). Through randomised clinical trials (RCTs), psychotherapy researchers are able to statistically ascertain the apparent efficacy of a treatment approach (Schuckard et al., 2017). Haaga and Stiles (2000) explain that RCTs enable psychotherapy researchers to provide empirical insight to the efficacy of the different treatment approaches. RCTs are an adaption of the experimental research methodology and enable psychotherapy researchers to statistically determine the overall outcome of a treatment approach (Haaga & Stiles, 2000). RCTs therefore provide empirical answers to questions regarding the efficacy of a specific treatment approach.

These types of research activities, where researchers are concerned with the outcome of the psychotherapeutic intervention (known as outcome research), are understood to indicate a phase of convergence (Watson & McMullen, 2016). This method of inquiry is concerned with the client's subjective experience of the psychotherapy session (or the entire process) and the effectiveness of the treatment approach (Watson & McMullen, 2016). Psychotherapy researchers engaging in outcome research obtain their data through interviews, or standardised questionnaires considering clients' experience, and the extent to which their problems were addressed (Kazdin, 2008). Through outcome research, psychotherapy researchers were involved in a phase of convergence as they attempted to

balance the growth and expansion of treatment approaches with scientific studies aimed at determining the empirical evidence of the efficacy of these treatment approaches (Kazdin, 2008; Watson & McMullen, 2016). Through emphasising the efficacy of a specific treatment approach, outcome research led to a phase of convergence in the evolution of psychotherapy (Bertolino, 2018). This allowed them to establish which bona fide approaches may be considered as efficacious. Psychotherapy researchers use RCTs to determine which treatment approach ensures the best possible outcomes (Schuckard et al., 2017). Medical insurance companies also use these results to indicate which treatment approaches merit reimbursement (Bertolino, 2018).

Common Factors Approach

Psychotherapy researchers made further attempts at convergence through research designs known as meta-analysis (Bertolino, 2018). Through meta-analyses, psychotherapy researchers combined the results of different studies in order to determine the overall efficacy of the psychological methods involved in these studies (Schuckard et al., 2017). Bertolino (2018) explains that several meta-analytic studies aimed at determining the overall effectiveness of psychotherapy provided robust evidence indicating that results produced by psychotherapy are on par with various medical procedures and practices and are equal to or exceed the effects of psychotropic medications (see Forand, DeRubeis, & Amsterdam, 2013; Hubble, Duncan, & Miller, 1999; Lambert & Ogles, 2004; Lipsey & Wilson, 1993; Smith & Glass, 1977; Wampold, 2001, 2007; Wampold & Imel, 2015).

The results of these meta-analyses led to a convergence in the understanding of the beneficial effects of psychotherapy, regardless of the specific psychotherapeutic treatment approach. Upon further explaining this phenomenon of similar outcomes, psychotherapy researchers considered the possibility of common elements among effective treatment approaches which account for the majority of similarity in treatment outcomes (Bertolino,

2018). This movement, known as the CFA, has received considerable and lasting attention from researchers, academics, and practitioners. Lambert and Ogles (2004) explain that this movement was started by Saul Rosenzweig (1936). Through seeking potential common factors across the expansive (and developing) repertoire of psychotherapeutic approaches, Duncan (2002) explains that Rosenzweig seemed to be focused on hierarchic integration (and convergence) of the psychotherapeutic techniques and approaches of the time. This attempt at hierarchic integration may be considered the origin of the common factor hypothesis (Duncan, 2002).

The CFA serves as a phase of convergence through highlighting the idea that although diverse methods of psychotherapeutic approaches could look different, they appear to share similar effective factors (Rosenzweig, 1936). The early research studies aimed at identifying the common factors were focused on the content of psychotherapy in order to explore and determine possible universal factors across psychotherapy approaches. Throughout the evolution of psychotherapy, the CFA continuously gained academic attention, with several authors providing different taxonomies of common factors and descriptions of the role and function of a number of different common factors (Frank & Frank, 1991; Grencavage & Norcross, 1990; Lambert, 2013; Luborsky, Singer, & Luborsky, 1975; Weinberger, 1995). The initial attempts to describe the common factors found across most effective approaches to psychotherapy were focused on the content shared by these psychotherapeutic approaches, with the psychotherapeutic relationship receiving substantial research support.

Watson (1940) was one of the first authors (after the attempts made by Rosenzweig) to describe what he perceived as four areas of commonality in psychotherapy. According to Watson, the four areas of commonality in psychotherapy (regardless of the treatment approach) are: (a) the client and the psychotherapist have similar objectives, (b) the relationship is central to the process, (c) the responsibility of choice lies with the client, and

(d) the client's understanding of self is enlarged. One can see that these areas describe elements of the psychotherapy process which are independent of a particular approach to psychotherapy.

The next significant attempt at convergence on the level of possible common factors was initiated through a formal description of four features which Frank and Frank (1991) considers to be shared by all effective approaches to psychotherapy. Frank identified the following four features as common elements shared by all effective treatment approaches: (a) an emotionally charged, confiding relationship with a helping person, (b) a healing setting, (c) a rational, conceptual scheme, or myth that plausibly explains the client's symptoms and prescribes a ritual or procedure for resolving the symptoms, and (d) a ritual or procedure that requires the active participation of both the client and the psychotherapist, which is believed by both to be the means through which the client's health will be restored. This description provided by these authors is aimed at highlighting important processes which are shared by most effective treatment approaches. The understanding of the CFA developed alongside the evolution of psychotherapy as more authors began to describe the commonalities on the process level of psychotherapy.

Grencavage and Norcross (1990) reviewed 50 publications (between 1936 and 1986) and identified a collective total of 89 common factors. The researchers subsequently grouped these common factors into five areas which are evident across psychotherapeutic approaches: (a) the client's characteristics, (b) the qualities of the psychotherapist, (c) change processes, (d) treatment structure, and (e) the psychotherapeutic relationship (Grencavage & Norcross, 1990). Lambert (1992) used a meta-analytic design to identify four specific factors which have an impact on the outcome of a psychotherapeutic intervention. These four factors affect the outcome of the psychotherapeutic process, regardless of the treatment approach (Lambert, 1992). The four factors are: (a) extra-therapeutic change, (b) the therapeutic relationship, (c)

expectancy and placebo factors, and (d) the model and technique used by the psychotherapist.

The CFA is still relevant in contemporary psychotherapy, although it has evolved alongside recent developments in psychotherapy research. The CFA evolved from a list of taxonomies or descriptions of factors shared by treatment approaches to one of three major frameworks according to which psychotherapists approach psychotherapy integration (Bertolino, 2018).

This highlights the key role the CFA played in the evolution of psychotherapy, as well as its impact in the current practice of psychotherapy.

Through the use of outcome research, psychotherapy research is able to statistically analyse the amount of variance each of the possible common factors exert on the final outcome of a specific treatment approach (Bertolino, 2018). The psychotherapeutic relationship is one of the common factors which has received a significant amount of academic and scientific attention (Lambert & Ogles, 2004; Rogers, 1957; Wampold, 2001). This led practitioners to regard the therapeutic relationship as the main correlational factor across all psychotherapeutic approaches (Lambert & Ogles, 2004; Rogers, 1957; Wampold, 2001). Norcross and Lambert (2011) describe this focus on the psychotherapeutic relationship, and arguments based on the crucial function of the psychotherapeutic relationship, as a specific culture in contemporary psychotherapy. This culture of contemporary psychotherapy emphasises the vital role played by the therapeutic relationship in understanding psychotherapeutic change (and treatment effectiveness). The relationship-oriented culture of psychotherapy views the psychotherapeutic relationship as an essential element in the psychotherapy process, shared by all effective treatment approaches (Lambert & Ogles, 2004). The therapeutic relationship is also argued to have a significant impact on the outcome of the treatment (Lambert & Ogles, 2004).

Change Process Research

Another important and influential phase during the continuous evolution of psychotherapy comes in the form of process research. Within the context of this evolution, process research was brought forth as an alternative to outcome research (Greenberg, 1986). Researchers and practitioners who argue for outcome research also found themselves making an argument for the crucial role played by the therapeutic relationship, and how it influences the outcome of psychotherapy (Norcross & Lambert, 2011). Those who argued for process research emphasised the important function of the psychotherapeutic technique in bringing about change. Psychotherapy researchers engaging in outcome research were not able to differentially highlight the specific influence a treatment approach or technique might have – as these attempts led to the conclusion of similar levels of efficacy regardless of the approach used (Bertolino, 2018). This led to the introduction of process research, aimed at exploring what happens during a psychotherapy session, and how these actions (universally referred to as processes) could lead to psychotherapeutic change (Watson & McMullen, 2016).

Greenberg (1986) states that through process research, psychotherapy researchers aim to explore and highlight the actual processes involved in a psychotherapy session (or the entire process). Watson and McMullen (2016) state that process research concerns the observable behaviour and overt experience(s) of both the client and the psychotherapist during a psychotherapy session. This method of inquiry also focuses on how these observable processes could possibly relate to psychotherapeutic change (Watson & McMullen, 2016).

Through outcome research, psychotherapy researchers supplied answers to the question of the efficacy of different psychotherapeutic treatments, as well as the overall efficacy of psychotherapy (Lambert & Ogles, 2009). These results led to what Norcross and Lambert (2011) describe as a specific culture of psychotherapy – emphasising the significant role played by the therapeutic relationship in facilitating psychotherapeutic change. The next

question researchers faced involved exploring the micro-level interactions between client and psychotherapist in order to highlight and explain how psychotherapy produces change (Greenberg, 1986). Greenberg (1986) explains that through process research, psychotherapy researchers attempted to analyse and determine the effectiveness of certain psychotherapeutic processes in addressing the needs of a client and facilitating psychotherapeutic change. The results brought forth through studies of this nature led to what Norcross and Lambert (2011) believe to be another important culture of psychotherapy – one that places an emphasis on the therapeutic techniques utilised in the psychotherapeutic process. Kiesler (1973) explains that these two ideological cultures of psychotherapy led to a dichotomy between process and outcome, which hindered the evolutionary pattern of the field.

Change process research (CPR) forms a crucial part of psychotherapy research. Greenberg (1986) explains that CPR is concerned with studying the process of change. Researchers engaging in CPR are concerned with both the beginning and endpoints of a psychotherapeutic process, as well as the form and function between these points (Greenberg, 1986). According to Greenberg (1986), CPR can be defined as a research design which considers change processes as the focus of investigation, and it entails identifying, describing, explaining, and predicting the effects of the processes which bring about psychotherapeutic change (within sessions, and over the entire course of psychotherapy). He further describes CPR by clearly stating that it is not focused only on studying what occurs during psychotherapy (which falls within the scope of process research), nor is it concerned with only comparing two points of measurement before and after psychotherapy (which falls within the scope of outcome research). Greenberg (1986) explains that through focusing on the processes of change, CPR could serve to transcend the dichotomy between process and outcome; and lead the discipline towards the direction of convergence and hierarchical integration. According to this perspective, CPR could play an important role in the current

evolutionary phase of psychotherapy as it may serve a bridging function between process and outcome research.

The results of CPR studies could be used to develop theories which explain the change processes which occur in specific in-therapy contexts (Greenberg, 1986). Through these theories, complex change processes could be related to outcome and thus assist researchers and practitioners to determine which of the factors (or processes) of a treatment approach could explain how psychotherapeutic outcomes were obtained (Greenberg, 1986). According to Bertolino (2018) this paradigm shift is also portrayed in psychotherapy research as researchers are shifting their focus: from determining whether a treatment plan is effective (which is in line with the aim of efficacy studies) to focusing on how an effective strategic intervention is operationalised to facilitate psychotherapeutic change (which falls within the scope of CPR). The impact CPR has on the contemporary psychotherapist is evident in the definition of evidence-based practice, as the literature psychotherapists consult with regard to the effectiveness of treatment approaches as well as literature on important change processes most likely include CPR as a research design (Bertolino, 2018).

Evidence-Based Practice (EBP)

Psychotherapists continuously consult scientific literature in order to provide their clients with a treatment plan which is based on scientific evidence (Bertolino, 2018). Through consulting scientific literature, psychotherapists ensure that the treatment plan demonstrates a proven degree of efficacy in treating a specific presenting problem (Chambless & Hollon, 1998). Several authors argue that this leads to a difficult challenge of theoretical and practical integration, as the psychotherapists are expected to integrate findings on the efficacy of certain treatment practices into a treatment plan which is considered effective for a specific client (Pope & Wedding, 2011; Rubin & Bellamy, 2012). Westen and Bradley (2005) explain that due to this institutional challenge of integrating the most recent scientific evidence with

the psychotherapist's existing theoretical orientation, contemporary psychotherapists engage in what is known as EBP. The American Psychological Association (APA) explains that EBP in psychology may be understood as the integration of the best available research with clinical expertise within the context of client needs, expectations, and preferences (APA Presidential Task Force on Evidence-Based Practice, 2006). This definition of EBP may be elaborated by the definition provided by another major US entity, the Substance Abuse Mental Health Services Administration (SAMHSA, 2016). SAMHSA states that EBP may be characterised by an integration of clinical expertise, expert opinion, external scientific evidence, and client perspectives (SAMHSA, 2016). This integration enables the service provider to offer a high-quality service which reflects the values, needs, interests, and choices of the individual receiving the service (SAMHSA, 2016).

Based on the aforementioned definitions, there appears to be three distinct elements inherent to EBP. According to Barlow (2004) and Bertolino (2018), EBP starts with consulting and synthesising the best available research or scientific evidence. EBP includes meta-analyses, systematic reviews, correlational-, naturalistic-, and process-outcome studies, as well as the effects of the therapeutic relationship, characteristics of the client, and those of the psychotherapist as possible elements which could influence the psychotherapeutic outcome (Bertolino, 2018). Through continuously consulting scientific literature, a psychotherapist commits to professional development and maintains a reflective self-awareness (Dumont, 2011). Bertolino (2018) explains that these aspects form the second element of EBP – the clinical expertise of the psychotherapist. The third element of EBP involves the unique characteristics, context, needs, and preference of the client (Barlow, 2004; Bertolino, 2018).

These three elements serve to form the basic philosophy of EBP, through emphasising that psychotherapy is founded on research and delivered by skilled clinicians who are

invested in the *fit* and *effect* of the psychotherapeutic approach they employ (Bertolino, 2018). Through tailoring the treatment approach to *fit* the idiographic context of a client, and maintaining a feedback loop in order to continuously determine the *effect* of the treatment approach, psychotherapists engaging in EBP ensure the alignment between the aforementioned three elements of EBP (Kazdin, 2008; Rubin & Bellamy, 2012). This serves to foster a sense of accountability towards ensuring that the client perceives the treatment plan as an effective approach to addressing their presenting concerns.

Empirically Supported Treatments (ESTs)

The literature that the modern-day psychotherapist relies on takes the form of publications of the scientific evaluation of psychotherapeutic variables and approaches (Dumont, 2011; Wampold & Bhati, 2004). Bertolino (2018) states that the broad nature of EBP encourages psychotherapists to consider an extensive array of factors which may have an influential impact on the outcome of a psychotherapeutic process. ESTs form a large part of the scientific literature used by psychotherapists in making decisions regarding the specific treatment approach employed in order to effectively address the presenting problem of a client (Pope & Wedding, 2011). Chambless and Hollon (1998) describe ESTs as clearly specified psychological treatments which are shown to be efficacious in controlled research, with a delineated population. The core focus of ESTs includes guiding the contemporary psychotherapist in adopting and implementing the most efficacious psychotherapeutic technique in addressing a specific presenting problem or need (Bertolino, 2018; Dumont, 2011).

Hayes (1998) argues that the focus on the development and use of empirically based clinical practices (and guidelines) is mostly due to the industrialisation of all health professions. Medical insurance companies often mandate ESTs in the form of research-supported guidelines and principles which should be implemented as best practice principles

when working with a specific presenting problem (Dumont, 2011). ESTs focus on addressing a specific problem or condition (most commonly from the *Diagnostic and Statistical Manual for Mental Disorders [DSM]*), and emphasise the importance of positive change regarding pre-psychotherapeutic functioning and post-psychotherapeutic functioning (Laska, Gurman, & Wampold, 2014). Persons, Koerner, Eidelman, Thomas, and Lui (2016) explain that it may be due to this focus of ESTs that medical insurance companies have adopted the institutional rationale of prescribing treatments approved for medical insurance, based on the reported efficacy of the specific treatment approach in treating a specific condition or disorder. ESTs may therefore be considered to be at the heart of the current age of accountability in the practice of psychotherapy, as these are the research-supported guidelines according to which contemporary psychotherapists are expected to practise (APA Presidential Task Force on Evidence-Based Practice, 2006).

It is in the light of these ESTs that the present-day psychotherapist strives to enhance clinical efficacy through the process of practising based on the most recent research findings. The processes involved in practising according to research evidence require the psychotherapist to adopt a culture of continuously consulting academic literature (Persons et al., 2015). There are a number of arguments against this institutionalised prioritisation of ESTs. Several authors argue that this institutional focus and mandatory prescription of specific treatment approaches may limit the scope of EBP, while also working against the central purpose of psychotherapy research – which is to continuously improve the clinical practice of psychotherapy (Laska et al., 2014).

Psychotherapeutic Change

In this climate of institutionalised pressure concerning a practice based on the latest scientific research and evidence, the contemporary psychotherapist needs to consult literature on a continuous basis, as a measure to ensure efficiency and cost-effectiveness (Persons et al.,

2015). Bertolino (2018) explains that this cost-effective emphasis of service provision appears to be at the climax of the age of accountability. The age of accountability can be seen as a historical precursor to the current EBP era of institutionalised pressure regarding practice efficacy, as it highlights the need to evaluate the effectiveness of all human services (Rubin & Bellamy, 2012). This is aimed to increase the transparency of service delivered (and the treatment options available to the client), as well as increasing the degree to which practitioners are held accountable to practise according to best practice guidelines (Rubin & Bellamy, 2012). In the realm of psychotherapy, cost-effectiveness is a difficult construct to accurately describe, let alone measure in monetary terms. Haaga and Stiles (2000) explain that the construct of cost-effectiveness is subjective in nature but could, on a global level, potentially be understood as a client's subjective perspective of change in functioning due to the psychotherapeutic intervention. These authors further explain that psychotherapeutic effectiveness may be understood as psychotherapeutic change, which they describe as positive subjective change due to the psychotherapeutic intervention (Goldfried, 2013; Haaga & Stiles, 2000).

The modern-day psychotherapist therefore needs to consult literature on the effectiveness of a specific psychotherapeutic approach and treatment plan. Through consulting scientific literature, the psychotherapist gains insight into the level of effectiveness a certain approach has, with regard to facilitating psychotherapeutic change within the scope and context of the presenting problem of a client (Katsikis, 2014). Through this practice, psychotherapists are making decisions based on the most effective approach through which psychotherapeutic change may be brought about. One can clearly see how a focus on the effectiveness of a psychotherapeutic approach can potentially facilitate change in a specific client, providing yet another facet to the broad scope of EBP. A focus on the subjective nature of psychotherapeutic change adds another element to the understanding of treatment

effectiveness, which is in line with a psychotherapist's role as a scientist, which involves systematically observing and thinking about what works for whom (APA Presidential Task Force on Evidence-Based Practice, 2006).

The emphasis placed on the degree of efficiency of mental health services in addressing the client's need through the most appropriate and cost-effective manner available guides contemporary psychotherapists to become scientist-practitioners. This is what Chwalisz (2003) describes as practitioners who strive to integrate the best available research with their clinical expertise as well as the context of each specific client. It is the scientist-practitioner who strives to enhance clinical effectiveness through the process of practising based on guiding research evidence, while staying attuned to the client's needs and subjective experience. These psychotherapists monitor the effectiveness of their treatment approaches and the client's experience of psychotherapeutic change through routine outcome measurement and continuous feedback (Bertolino, 2018; Chwalisz, 2003). Pope and Wedding (2011) explain that the role of the scientist-practitioner may be encapsulated by the following statement made by Gordon Paul (1967) during the time when many researchers were searching for effective psychotherapy approaches: "What treatment, by whom, is most effective for this individual with that specific problem, and under which set of circumstances?" (p. 111). Westen and Bradley (2005) describe EBP as a construct which should be operationalised. They continue by claiming that the manner in which EBP is operationalised is not incidental to whether its effects turn out to be positive, negative, or mixed. The abovementioned characteristics of the scientist-practitioner could potentially be seen as an explanation of how EBP is operationalised (Westen & Bradley, 2005).

The characteristics of the scientist-practitioner and an evidence-based practice could be seen as efforts aimed at hierarchic integration and convergence between the clinical practice of psychotherapy and its scientific corpus of knowledge. The current age of

accountability may therefore be understood to emphasise the current need faced by the discipline of psychotherapy, which is to move the field in the direction of convergence.

Contextual Gap and Problem Statement

Through understanding the evolutionary patterns of the development and establishment of psychotherapy as a science, the mutually interdependent relationship between clinical practice and the scientific knowledge base of this discipline is clearly visible. This contextualisation further served to inform the reader of the various constructs discussed in this review study, while also portraying the challenges faced by the contemporary psychotherapist. In the current age of accountability, the contemporary psychotherapist is expected to function as a scientist-practitioner (APA, 2006; Katsikis, 2014). The practice of psychotherapists should be guided by the current scientific evidence of this discipline, the context and needs of their clients, and their professional competence and expertise (APA, 2006; Katsikis, 2014). This guiding evidence which psychotherapists consult on a continuous basis comes in the form of studies published in scientific journals, best practice guidelines (as enforced by medical insurance schemes and governing bodies), and other forms of evidence-based and scientific literature (Lee & Hunsley, 2015). A universal theme among most of these literature searches done by psychotherapists would be that of psychotherapeutic change, and how effectively a specific technique, treatment, or approach can be utilised in working towards change.

Throughout the literature on psychotherapeutic change, the concepts common factors approach and change process research feature quite distinctly. The contextual relevance of each of these constructs is described and unpacked in the literature review above; however, the use and application of these two constructs throughout the literature is not as clear and consistent. This sense of ambiguity may be due to the two prominent ideological cultures which influence these constructs: outcome research and process research. The result of this is

an either/or stance when considering CFA and CPR – with major pundits arguing for an emphasis on the relationship and alliance in the therapeutic engagement, and others arguing for an emphasis on the specific therapeutic techniques utilised. A large number of authors further add to this sense of ambiguity through not drawing a clear distinction between these two constructs, arguing that they are actually a single construct. The ambiguous nature in which the concepts CPR and CFA are used in current literature is what creates the contextual ‘gap’ at which this review study is directed.

Research Question

The question this review study aims to answer is: What does scientific literature report on change process research and the common factors approach in conceptualising psychotherapeutic change?

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CHAPTER II

Change process research and the common factors approach in conceptualising
psychotherapeutic change: A systematic review

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Abstract

In the current age of evidence-based practice, the practice of the contemporary psychotherapist is guided by the latest findings in scientific research. The evolution of psychotherapy has led to a point in which convergence between research and practice is the next step faced by researchers and practitioners. The constructs change process research and common factors approach are at the fore front of this convergence around the effectiveness of psychotherapy. Through reviewing 39 full-text articles, this systematic review provides insight to how both these constructs inform the conceptualisation of psychotherapeutic change. Through thematic analysis and qualitative synthesis, the following seven descriptive themes were generated: relational variables, psychotherapist variables, client variables, technique variables, psychotherapeutic change variables, research variables, and theoretical framework. These findings provide insight to how these seven common themes of psychotherapy are operationalised. The findings also argue for synergy between CPR and CFA as an important step in understanding psychotherapeutic change and increasing the evidence-based nature of psychotherapy.

Keywords: psychotherapeutic change; change process research; common factors approach; evidence-based practice; systematic review

Change process research and the common factors approach in conceptualising
psychotherapeutic change: a systematic review

In the current age of accountability, the contemporary psychotherapist is expected to deliver a service (a psychotherapeutic treatment plan) which is scientifically grounded and therapeutically effective (Bertolino, 2018). The philosophy behind this age of accountability and institutionalised focus on psychotherapist effectiveness lies in the fact that in behavioural health, ‘average’ levels of treatment more often than not spell more suffering, unnecessary expenditures, and a lack of cost-effectiveness (Bertolino, 2018). Although the age of accountability seems more prevalent in recent times (due to the regulatory and institutionalised focus), this philosophy of proving the most effective psychotherapeutic practice was prevalent since the forming years of the discipline of psychotherapy (Dumont, 2011). Psychotherapy researchers provided answers to these questions of efficacy, which were not only crucial in establishing the science behind the art of psychotherapy, but also in informing how practitioners approached psychotherapy, their clients, and the construct of psychotherapeutic change (Bertolino, 2018; Haaga & Stiles, 2000; Kazdin, 2008; Watson & McMullen, 2016). Throughout the evolution of psychotherapy (and psychotherapy research), attempts were made to prove and report on the effectiveness of psychotherapy and different psychotherapeutic approaches (Bertolino, 2018; Haaga & Stiles, 2000). This was followed by efforts to maintain a sense of convergence with regard to the significantly diverse and numerous theoretical approaches to psychotherapy, client population, and class of presenting problem (Kazdin, 2008; Watson & McMullen, 2016; Zeig, 1987). The common factors approach (CFA) is a response to one of these attempts at convergence (Schuckard et al., 2017). The CFA is focused on the universal similarities found across most effective psychotherapeutic processes (Bertolino, 2018). Another more recent response to these attempts at convergence is change process research (CPR), with the focus of

psychotherapeutic change as the point from which convergence is argued (Schuckard et al., 2017). This manuscript concerns how each of these constructs inform the conceptualisation of psychotherapeutic change.

The CFA concerns the universal similarities of all psychotherapeutic processes, regardless of theoretical orientation (Duncan, 2002). The CFA further speaks to the universal elements prevalent throughout most effective psychotherapeutic processes. In the psychotherapy literature, a number of publications list different sets and categories of common factors (see Frank & Frank, 1991; Grencavage & Norcross, 1990; Lambert, 2013; Luborsky, Singer, & Luborsky, 1975; Weinberger, 1995). According to Bertolino (2018) these taxonomies concern the factors which are prevalent during effective psychotherapeutic processes, with a significant focus on elements related to the relational interaction between the client and the psychotherapist (Lambert & Ogles, 2004; Norcross & Lambert, 2011). Instead of arguing for convergence on a relational level, this led to an argument that these common factors are more important than the specific technique or psychotherapeutic approach utilised by psychotherapists (Norcross & Lambert, 2011).

The focus of CPR is on how microprocesses during the psychotherapeutic interaction could be causally related to psychotherapeutic change (Greenberg, 1986; Kiesler, 1973; Watson & McMullen, 2016). Bertolino (2018) explains that the findings brought forth through CPR (and other forms of process research) provided evidence for the effectiveness with which a certain psychotherapeutic process could potentially facilitate psychotherapeutic change. A large number of authors argued that these results indicate the importance of psychotherapeutic techniques in working towards change (Kiesler, 1973; Norcross & Lambert, 2011; Watson & McMullen, 2016).

In the literature on psychotherapeutic change, the concepts CFA and CPR feature distinctly. The use and application of these two concepts vary between authors, with vague

and ambiguous usage being the most apparent. This is the result of an ideological mismatch of sorts, with some authors declaring support for the importance of the CFA and others placing more emphasis on CPR, in conceptualising change in psychotherapy (Norcross & Lambert, 2011). This either-or argument does not appear to be conducive to the practising psychotherapist or the convergence needed during this stage of the evolution of psychotherapy.

The focus of this manuscript is to attempt to empirically establish whether evidence exists which enable the researchers to clearly draw a distinction between these two constructs or highlight how they may be related. Psychotherapeutic change serves as the point from which either convergence or divergence between these two constructs will be argued, through means of a narrative description of the findings.

The question this systematic review aimed to answer was: *What does scientific literature report on change process research and the common factors approach in conceptualising psychotherapeutic change?*

Method

The study was conducted by means of a systematic review. This entails a systematic and comprehensive review of literature; starting with locating, appraising, and synthesising the best available evidence pertaining to this research question in order to provide evidence-based answers to the specific research question (Dickson, Cherry, & Boland, 2014).

Design

This review study had four main phases: (a) formulation of the review protocol; (b) systematic searching and selection of literature; (c) quality assessment and data extraction; and (d) data synthesis (Dickson et al., 2014; Petticrew & Roberts, 2006). Contained within each of these phases were several steps guided and informed by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. The researchers

developed a review protocol which was approved by the Community Psychosocial Research (COMPRES) committee as well as the Health Research Ethics Committee (HREC) of the North-West University (NWU). The ethical approval certificate of this systematic review is included as Appendix A. The ethics approval number for this study is: NWU-00065-18-S1. This review study systematically analysed scientific literature (published in peer-reviewed journals) which considered how CPR and the CFA inform the conceptualisation of psychotherapeutic change.

Search Strategy and Eligibility Criteria

With the assistance of an experienced librarian, a scoping search was performed on 18 August, 2017. The results of the scoping search were used to refine the keywords and to establish the search parameters. The information obtained through the scoping search assisted the researchers in writing the review protocol. The search was conducted through the NWU's OneSearch portal – which searches across 252 databases. This systematic review considered articles published in the following databases: Academic Search Premier, CINAHL, PsychARTICLES, PsychINFO, SocINDEX, and ScienceDirect. The search terms which guided the literature search were: (“change process research”) OR (“common factors approach”) AND (“psychotherap*”). The search terms were mapped to subject heading and keywords, abstracts and titles, as well as all text. This indicates that the terms were searched in the free text of each study. This minimised the amount of studies lost due to incorrect coding (Dickson et al., 2014). The researchers additionally used Boolean operators and wildcard/truncation options to accommodate for the variation in terms used by authors. The search was set to include studies from the earliest potentially relevant records in the database (namely, 1951) to 25 August, 2018 (the day of the initial search). There were no further restrictions on the age of the records, the setting, or the language. Data collection took place in August 2018 and studies published after this date are not included in this review.

The inclusion criteria were as follows: (a) studies published in scientific and peer-reviewed journals; (b) nationally and internationally published studies; (c) full-text studies; (d) theoretical and review studies; (e) studies on intervention or policy documents; as well as (f) studies with quantitative, qualitative, or mixed method data. With regard to the content of the studies, the following is applicable: (g) only studies that focus on change within the psychotherapeutic context were considered; as well as (h) studies on the topic of change process research, and (i) studies regarding the common factors approach.

Studies were excluded if they met the following criteria: (a) literature published on conference proceedings; (b) studies on change process research in any other context; (c) studies on the common factors approach in any other context; and (d) unpublished dissertations and research reports.

Study Selection

An initial search was conducted on 25 August, 2018, yielding 946 records. A total of 178 duplicates were removed, resulting in a total of 768 potentially relevant records which were included in the screening phase. A total of 168 book reviews, theses, dissertations, and non-peer-reviewed articles were removed. A total of 600 records were therefore included in the first phase of screening based on titles and abstracts. A total of eight records were not published in English, with the researcher contacting the authors in order to receive translated copies of these articles. During the initial screening phase, two reviewers (namely the researcher and the supervisor) independently screened the titles and abstracts of the included records. The second author (and supervisor) is a senior lecturer and a senior clinical psychologist with previous experience in conducting systematic reviews. A third reviewer was on stand-by should the first two reviewers struggle to reach a consensual decision regarding the inclusion or exclusion of a retrieved study. The third reviewer is a full professor and senior clinical psychologist with previous experience with systematic reviews. The

records were screened in order to identify any records which were clearly not relevant or did not meet the inclusion criteria. The records which met the inclusion criteria and were deemed relevant to answer the review question were included in the next phase of the systematic review. A total of 485 records were excluded during the screening phase. Following the initial screening phase, 115 records were retained. The researcher obtained the full-text articles of each of the 115 retained records. These 115 full-text studies were subsequently subjected to the quality assessment phase. During this phase, the studies were critically appraised in terms of their scientific quality and relevance to answer the review question. Figure 1 depicts the process of study selection.

{INSERT FIGURE 1 APPROXIMATELY HERE}

Quality Assessment

This phase entailed critically appraising the included studies based on the reliability of their research design, analysis, and capacity to provide meaningful answers to the review question. To assess the quality of the eligible studies, the two reviewers formulated a quality appraisal tool which is broad enough to appraise studies with either a qualitative, quantitative, or mixed-method design. This quality appraisal tool was formulated through combining the criteria and guidelines of established and standardised critical appraisal tools, which include the following: National Institute for Health and Care Excellence (NICE; 2012); Quality Criteria Checklists (QCC; ADA, 2008); Critical Appraisal Skills Programmes (CASP, 2004); as well as the guidelines proposed by Petticrew and Roberts (2006). It included information to highlight different variables and potential methodological concerns (such as recruitment and data collection method, research design, and data analysis) which could have an impact on the validity and outcome of the study. This tool further provided clear guidance for producing both an overall weighted reliability and trustworthiness score as well as an overall relevance and usefulness score for each of the full-text studies. This quality appraisal tool was

reviewed by an independent reviewer, namely the third reviewer, and approved by the Health Ethics Research Committee (HREC) of the NWU. During this phase, the two reviewers (namely the researcher and the supervisor) individually appraised each of the included studies in terms of the study's degree of rigour and relevance. After independently rating each of the 115 full-text studies, the researchers compared their results. Studies were retained once the two researchers reached a sense of agreement through a discussion. The assistance of a third reviewer was obtained with six of the included studies, which were subsequently excluded based on the decision of the third reviewer. The researchers excluded a total of 76 studies during the quality assessment phase. Only studies considered to be of a moderate to high degree of overall weighted reliability and trustworthiness (*scientific rigour*), while also being relevant to the review question, were included in the next phase. Through the quality assessment phase, the researchers retained a total of 39 studies to be included in the data extraction phase of this systematic review. These 39 studies formed the dataset on which the researcher conducted full-text reviews.

Through performing the quality assessment phase prior to data extraction, the researcher ensured that no data were blindly extracted from the studies. Hemingway and Brereton (2009) explain that critically appraising the studies prior to data extraction enables the researcher to extract data from the *best evidence available*. Through this step the researcher ensured that the studies retained for the data extraction phase had the lowest risk for error, a sound scientific base, as well as a proper research design and accurate implementation of that design (Jones & Evans, 2000). The critical appraisal tool used in this review, as well as the procedure according to which it was used, are included as an appendix (see Appendix B) to this systematic review. A flow diagram (formulated according to the PRISMA guidelines) illustrating the study selection process can be seen in Figure 1. This diagram also indicates reasons why articles were excluded during this phase.

Data Extraction

The first author performed the data extraction phase, with the second author monitoring the individual data extraction forms. Detailed characteristics of each of the final 39 studies were extracted and collectively maintained in a data extraction table. This table serves to summarise the main elements of each of the studies. The data extraction table is included as Appendix C in this manuscript (see Table C1). This includes information with regard to the aim and objectives of the studies, the respective research design, as well as the methodology and findings of each of the studies. The data extraction table provides the reader with a summative description of the data corpus which formed the foundation of this systematic review. The relevant data of each of the studies were extracted to individual data extraction forms. The data extraction process entailed the researcher analysing the full text of each included study in order to identify microsegments of data relevant to the research question. The researcher subsequently extracted these microsegments of data (sentences within the full text of the specific study) into data extraction forms. The review question guided the researcher in the process of extracting data. The researcher extracted microsegments of data through analysing each sentence of a study in terms of its potential relevance to the review question. The relevance of each sentence was considered in terms of whether it applies to any of the three main constructs of this systematic review: CPR, CFA, and psychotherapeutic change. Through this process, the researcher extracted descriptive data into the data extraction forms. The supervisor monitored the data extraction forms in order to ensure the accuracy and validity of the data extraction phase. The data extraction forms were subsequently combined to create a single descriptive dataset. Although these forms were combined to create a single dataset, each individual study was still identifiable. This dataset served as a record of all the extracted data and formed the basis from which the qualitative synthesis of the data took place, in order to address the review question.

Data Analysis

Data analysis took place through the framework provided by thematic analysis. The researcher followed the steps of thematic analysis (set forth by Clarke and Braun, 2013). The six steps involved in thematic analysis, according to Clarke and Braun (2013), started with the researcher familiarising himself with the specific dataset. This was done through reading the descriptive dataset (as described in the data extraction section) in order to fully immerse and familiarise himself with the data. The second step involved the initial coding of the dataset. The researcher performed this step in a systematic fashion, across the entire dataset. The researcher coded the entire dataset line-by-line, on a hardcopy printout of the dataset. The supervisor monitored the codes generated on each of the 39 data extraction forms. Potential themes were generated during the third step of thematic analysis. The researcher and supervisor performed this step independently. Through gathering all the data relevant to each of the potential themes, the researcher and supervisor collated the initial codes into potential themes. During the fourth step, the researcher and supervisor reviewed the independently identified themes together and checked them according to the coded extracts, and the entire dataset. Through this step the researcher and supervisor developed a thematic map. During the fifth step the researcher explored and analysed each of the formulated themes. The researcher defined each of the individual themes (and their potential subthemes), refined the specifics of each theme, and described the themes in terms of their relation to each other. This step entailed the researcher systematically going back and forth between the themes and the dataset. This ensured that the themes were populated by information from the dataset. The result of this step was a set of seven descriptive themes. The systematic fashion in which the researcher performed the fifth step was clearly documented. This ensured that the themes were formulated in a consistent and transparent fashion, in an attempt to provide some sense of trustworthiness, rigour and accuracy in this highly subjective step in the

process. The final step required the researcher to present the identified themes and provide sufficient extract examples (through an accurate referencing system) to support the basis of each individual theme. Through this step, the researcher attempted to link the analysis (i.e., identified themes) back to the literature review (the extracted data) in order to ascertain the relevance and accuracy of the thematic analysis. This also ensured the validity of the formulated themes and subthemes. The researcher formulated a table which depicts how each of the identified themes relates to the individual studies included in the final dataset. Table 1 indicates how each of the 39 included articles informs the individual themes.

{INSERT TABLE 1 APPROXIMATELY HERE}

Data Synthesis

Once the themes (and subthemes) were identified and formulated through the six steps of thematic analysis, the researcher engaged in the process of a qualitative synthesis. The qualitative synthesis culminated in a narrative description of each of the identified themes. The subthemes feature as descriptive elements within the narrative of each theme. The synthesis of these identified themes was done in a systematic manner. This involved the researcher analysing the dataset in terms of each individual theme and its subthemes. This allowed the researcher to populate and describe each of the themes as it featured throughout the entire dataset. The first step of the qualitative synthesis involved collating all themes into a summative table. The summative table is used to categorise the identified themes according to the main theme(s) and their various subthemes (as identified through thematic analysis; see Table 2). During the second step of the qualitative synthesis, the themes (as set forth in table 2) were described through a narrative synthesis. The narrative synthesis defined and described each of the themes (and subthemes) as it appears in the data. This provided the researcher with a holistic picture of all the data identified during the data extraction phase. These themes were inductively generated and therefore not substantiated by other literature –

as this is not the focus of this review. During the final steps of the qualitative synthesis, the researcher focused on the relevance of the thematic findings to the review question and the aims and objectives of this study. The second author monitored the qualitative synthesis of the themes in order to ensure the accurate and valid portrayal of the data at hand.

Ethical Considerations

The rigour of this review study is enhanced through following the guidelines set forth by Petticrew and Roberts (2006). The screening, appraisal, and extraction processes were conducted independently, by two different reviewers; with a third on standby (as described earlier). Several authors explain that the use of a research team addresses the risk of personal bias during the review process (Wager & Wiffen, 2011). Through involving all three the reviewers during the development and use of the screening and appraisal tools (and methods) also ensures that personal bias is minimised during the development (and use) of these instruments. As mentioned earlier, in an effort to increase the transparency of this systematic review, the critical appraisal template and procedure of use is included as an appendix to this study (see Appendix B). Should any reader wish to consult the data (or any other methodological element of this study) used in this review study, it will be made available on request.

The ethical guidelines of Wager and Wiffen (2011) were followed in an attempt to further enhance the accuracy and transparency of this study. The nature of a systematic review requires the researcher to consult published literature, all the information used in this proposed study will have been published, and may, consequently, be regarded to be in the public domain. Several journals may require subscription to access certain studies. To access the databases, the researcher is required to be registered as a student (or employee) at the NWU, to legally gain access to these documents. Dundar and Fleeman (2014) mentions that when using only published information, the risk of publication bias needs to be outlined as an

integral part of one's research protocol. This includes the research team knowing that the obtained (published) information may not be representative of all the studies conducted on the review topic. The location bias involved in using only certain bibliographic sources of databases should also be noted in the research protocol (Dundar & Fleeman, 2014). The research team reviewed the findings in consideration of possible location bias, and language bias, inherent in the eligibility criteria of this proposed study. Sarantakos (2013) explains that through only including English language publications, the researchers should be aware of the potential limitations and bias this may have on a review study. This study included eight non-English hits in the screening of titles and abstracts, with all eight of these studies being excluded during this phase.

The degree of personal and researcher bias inherent to a review study was minimised through involving three independent researchers in this project. The student's study leader has prior experience with performing systematic reviews, on both a master's and doctorate level. The third proposed reviewer is also extensively experienced in systematic reviews. As an additional attempt at ensuring rigour and transparency, the researcher clearly documented the various process of this study and kept a personal reflection diary as a means of bracketing and tracking thoughts, especially during the later stages of this review study. According to Sarantakos (2013), this is an important manner of ensuring trustworthiness (and rigour) and minimising personal bias during qualitative synthesis of the research findings.

Results

Following a systematic search of electronic databases, 946 hits were found. After removing duplicates, book reviews, unpublished dissertations, and records clearly not relevant to the review question, a total of 600 studies were included in the screening phase. During the screening phase 485 records were excluded according to the eligibility criteria and/or a clear lack of relevance to the review question. This resulted in a total of 115 studies

for which full-text reviews were conducted. The full-text papers for these studies were obtained and they were subjected to quality assessment. During the critical appraisal phase, 76 studies were excluded due to irrelevance or a lack of an acceptable level of scientific rigour and quality. After all the inclusion and exclusion criteria were applied and the full-text studies assessed for quality, a total of 39 studies remained in the sample. Details regarding the process of study selection and inclusion are provided in Figure 1.

Characteristics of the Included Studies

Of the 39 studies that were retrieved, the majority (n=19; 49%) used a conceptual/theoretical research design. The empirical studies retrieved mostly consist of qualitative designs (n=11; 28%), with a small number of quantitative (n=4; 10%) and mixed-methods designs (n=2; 5%) also included. The remaining studies in the dataset were review studies (n=2; 5%) and a single commentary response (n=1; 2%). The studies obtained were mostly carried out within the context of psychotherapy practice (n=25; 64%). Studies carried out in the context of marriage and family therapy (n=8; 21%) featured as well. Studies focused on the context of psychotherapy training (n=3; 7%) and psychotherapy research (n=3; 7%) were equally represented in the dataset. In line with most of the studies being theoretical in nature, a significant number of the studies included in the dataset relied on a literature review (n=21; 54%) to comprehensively discuss and explain the concepts related to their research aim(s). A large amount of the studies retrieved focused on aspects pertaining to the CFA (n=17; 44%) as part of their research aims; the number of studies focused on elements and processes related to CPR (n=12; 31%) was also high; and studies focused on aspects related to psychotherapeutic change (n=8; 21%) also featured. Table 3 provides a layout of the articles according to these characteristics.

{INSERT TABLE 3 APPROXIMATELY HERE}

Quality of Included Studies

The quality assessment of the included studies took place before the data extraction phase. This ensured that only studies with an acceptable level of relevance and of appropriate scientific quality were retained for the data extraction phase. Two reviewers independently appraised each of the 115 full-text studies included after the screening phase. A total of 39 studies were retained based on consensual decisions reached after a discussion between the two reviewers. A total of 25 studies had high overall weighted reliability; these studies demonstrated relatively thorough attempts at increasing the rigour of their methodological procedures (such as sampling, data collection, data analysis, and grounding their findings in the data presented). The remaining studies had medium (n=13) or low (n=1) overall weighted reliability. The reasons for moderate reliability in these studies included a lack of specification and detail with regard to steps taken to increase rigour in sampling (n=8), data analysis (n=1), data collection (n=1), or a limited grounding of the findings and interpretations in the data presented (n=3). The single study with the low overall weighted reliability is due to the design of the study, as this is the only commentary retained – due to its highly rated score on the relevance section of the quality appraisal tool. Just under three quarters of the studies (n=29) were rated as highly relevant and useful to the context of this systematic review. This indicates that these articles provided broad and in-depth analysis of the information relevant to this review study. The remainder of the studies were of medium or moderate relevance to the context of this review, indicating that the information provided by these articles was not as broad and in-depth in terms of its relevance to the context of this review. The appraisal tool as well as the procedural system used during this phase are included as Appendix B.

Findings

Through the process of data analysis and the synthesis of the data extracted during the systematic review, a set of seven descriptive themes were formulated, namely: (1) relational variables, (2) psychotherapist variables, (3) client variables, (4) technique variables, (5) psychotherapeutic change variables, (6) research variables, and (7) the theoretical framework. These descriptive themes were formulated through an iterative process of thematic analysis and qualitative synthesis in order to summarise the content of the dataset while maintaining the breadth and richness of the extracted data. These themes were inductively generated and therefore serve to represent a descriptive synthesis of the dataset and how they relate to the review question and the main constructs of this review. The critical analysis and interpretation of these themes, according to the review question, form part of the discussion section of this manuscript. The discussion section will also be used to address the research question using the descriptive themes described in the findings section.

The structure of each theme begins with a definition of the theme, followed by an in-depth description of each theme. This description is structured around the various subthemes identified for each theme. These subthemes feature as descriptive elements according to which each theme is formulated. See Table 2 for a description of each theme according to the subthemes of each theme. This table serves as a summary of each of the themes according to their respective subthemes (or descriptive elements).

{INSERT TABLE 2 APPROXIMATELY HERE}

Theme One: Relational Variables

Relational variables are universally related to and shared by most effective psychotherapy treatments (D'Aniello, 2015; Fraser, Solovey, Grove, Lee, & Greene, 2012; Grencavage & Norcross, 1990; Olivera, Braun, Gómez Penedo, & Roussos, 2013; Stamoulios et al., 2016). These variables serve both as a process in and of itself, as well as a pathway to

certain psychotherapeutic functions (Fraser et al., 2012). The relational variables function on a micro-level of processing (Kolden, 1996; Lampropoulos, 2001; Shoham-Salomon, 1990). These variables are in constant interaction with each other, which create a complex and dynamic system of interaction between the psychotherapist and the client (Castonguay, Constantino, & Holtforth, 2006; Harris, Kelley, Campbell, & Hammond, 2014; Kolden, 1996; McGuinty et al., 2016; Oliveira, Sousa, & Pires, 2012; Shoham-Salomon, 1990; Thomas, 2006). This dyadic system is context-dependent and mediated through communication and interaction between the psychotherapist and the client (Davis, Lebow, & Sprenkle, 2012; Fraser et al., 2012; Greenberg, 1986; Nakamura & Iwakabe, 2018; Oliveira et al., 2012; Shoham-Salomon, 1990; Sprenkle & Blow, 2004; Stamoulos et al., 2016; Thomas, 2006).

From a broad perspective, these variables seem to involve a person-centred stance (and relational attitude) which fosters a therapeutic bond and a positive relational environment (Castonguay et al., 2006; Elliot, 2010; Iwakabe & Conceicao, 2016; Nakamura & Iwakabe, 2018; Sprenkle & Blow, 2004; Stamoulos et al., 2016; Thomas, 2006; Tschacher, Junghan, & Pfammatter, 2014). The relational variables work in cohesion with one another and translate into a certain relational mode (Elliot, 2010; Harris et al., 2014; Kolden, 1996; Miller & Moyers, 2017; Shoham-Salomon, 1990). This serves as a foundational aspect of the psychotherapeutic engagement (Booth, Cushway, & Newnes, 1997; Elliot, 2010; Olivera et al., 2013). As a theme, the relational variables highlight key aspects of the psychotherapeutic interaction (and the working alliance; Elliot, 2010). This interaction is mediated by the communication-interaction, and the perceived meanings of the client and the psychotherapist (Booth et al., 1997; Greenberg, 1986; Nakamura & Iwakabe, 2018; Shoham-Salomon, 1990).

The relational variables create an environment which is supportive, validating, and affirming (Davis & Piercy, 2007b; Iwakabe & Conceicao, 2016; Khattra et al., 2017; Nakamura & Iwakabe, 2018; Oliveira et al., 2012; Stamoulos et al., 2016; Tschacher et al.,

2014; Ward & Wampler, 2010). The person-centred conditions of empathy, congruence, and a non-judgemental attitude are crucial in establishing this open and safe relational environment (Castonguay et al., 2006; Elliot, 2010; Fitzpatrick & Stalikas, 2008; Grencavage & Norcross, 1990; Iwakabe & Conceicao, 2016; Kolden, 1996; Miller & Moyers, 2017; Nakamura & Iwakabe, 2018; Oliveira et al., 2012; Olivera et al., 2013; Thomas, 2006; Ward & Wampler, 2010). As the psychotherapist and the client interact within this relational environment, they gradually develop a mutual sense of trust and understanding of each other (Davis & Piercy, 2007b; DeFife & Hilsenroth, 2011; Miller & Moyers, 2017; Olivera et al., 2013; Shapiro & Shapiro, 1987).

Through mutually exploring the expectations of both the psychotherapist and the client, a sense of collaboration is established (Castonguay et al., 2006; DeFife & Hilsenroth, 2011; Donahey & Miller, 2000; Grencavage & Norcross, 1990; Larsen & Stege, 2010; Miller & Moyers, 2017; Sprenkle & Blow, 2004). This further strengthens and develops the relational and therapeutic bond between the psychotherapist and the client (Davis & Piercy, 2007b; Fraser et al., 2012; Iwakabe & Conceicao, 2016; Kolden, 1996; Oliveira et al., 2012; Olivera et al., 2013; Shapiro & Shapiro, 1987). Through discussing the roles and responsibilities of the psychotherapist, and those of the client, the way forward and the objectives of the psychotherapy process are further explored and agreed upon (DeFife & Hilsenroth, 2011; Fraser et al., 2012; Iwakabe & Conceicao, 2016; Oliveira et al., 2012; Olivera et al., 2013; Sprenkle & Blow, 2004). This leads to congruence between the tasks and goals of the psychotherapeutic process, as well as congruence between the psychotherapeutic goals and tasks, and the expectation(s) of both psychotherapist and client (DeFife & Hilsenroth, 2011; Oliveira et al., 2012; Sprenkle & Blow, 2004). These elements together form three core components of the working alliance: the relational bond, the goals of the psychotherapeutic process, and the tasks which will lead to the goals (Castonguay et al.,

2006; Davis, Lebow, & Sprenkle, 2012; DeFife & Hilsenroth, 2011; Oliveira et al., 2012; Olivera et al., 2013; Sprenkle & Blow, 2004).

Relational variables appear to be in constant interaction with each other, which indicate that it is a dynamic system (Davis et al., 2012; Harris et al, 2014; Kolden, 1996; McGuinty et al, 2016; Shoham-Salomon, 1990; Thomas, 2006; Ward, Linville, & Rosen, 2007). A flexible approach to working with these variables is another important aspect of this theme (Castonguay et al., 2006; Davis et al., 2012; Iwakabe & Conceicao, 2016; Oliveira et al., 2012). Establishing a meta-perspective on the relational variables and how they impact the psychotherapeutic process facilitates a flexible and honest feedback loop between the client and the psychotherapist (Castonguay et al., 2006; Davis et al., 2012; DeFife & Hilsenroth, 2011; Greenberg, 1986; Iwakabe & Conceicao, 2016; Nakamura & Iwakabe, 2018; Olivera et al., 2013). This helps to maintain a sense of awareness of the perception(s) of the client and the psychotherapist (Castonguay et al., 2006; Greenberg, 1986; Iwakabe & Conceicao, 2016; Larsen & Stege, 2010). It is also seen as facilitating a process of working through a therapeutic impasse, or possible alliance ruptures (Castonguay et al., 2006; Iwakabe & Conceicao, 2016).

Theme Two: Psychotherapist Variables

Psychotherapist variables are elements involved in the psychotherapeutic process which are brought forth through the actions of the psychotherapist. The different elements involved in the actions of the psychotherapist are dynamic in nature. In contemporary psychotherapy research, these elements are broadly discussed under the scientist-practitioner approach. According to this approach, the actions (roles and responsibilities) of a psychotherapist is aimed at providing a treatment plan which is empirically supported and adapted to meet the unique idiographic context (and needs) of any individual client (Booth et al., 1997; Castonguay, 2000; Schut & Castonguay, 2001; Davis & Piercy, 2007b; DeFife &

Hilsenroth, 2011; Harris et al., 2014; Morris, 2003). The core focus of this approach lies in the efficacy of the psychotherapist's service delivery (Castonguay et al., 2006). This is achieved in two ways: firstly, through aligning practice to scientifically meaningful and relevant research findings (Castonguay et al., 2006); secondly, through facilitating a continuous feedback-loop with clients regarding their subjective experience of psychotherapy (Booth et al., 1997; Olivera et al., 2013).

A psychotherapist therefore functions with one foot grounded in scientific principles, and the other in the here-and-now context of interacting with a particular client – and continuously strives to maintain this balance. In order to gain a sense of structure (and organisation) during the psychotherapeutic process, psychotherapists have a multidimensional perspective of their clients and the process of psychotherapy (Harris et al, 2014; Morris, 2003; Stamoulos et al., 2016). This informs the psychotherapist's understanding of a client through orienting the psychotherapist to the focal dimension of the client's presenting problem (Booth et al., 1997; Harris et al., 2014; Morris, 2003). A psychotherapist is (continuously) involved in the process of formulating an understanding of how the client's functioning on different dimensions could interact and influence the cause, maintenance, and control of the client's prevailing symptoms and concerns (Davis & Piercy, 2007b; DeFife & Hilsenroth, 2011; Harris et al., 2014; Morris, 2003). This continuous process of case formulation grounds psychotherapists' understanding of their clients within the scientific principles of their guiding theoretical orientation to psychotherapy (Castonguay, 2000; Davis & Piercy, 2007b; DeFife & Hilsenroth, 2011; Donahey & Miller, 2000; Morris, 2003; Nakamura & Iwakabe, 2018; Shapiro & Shapiro, 1987). This process also informs the treatment plan, which operationally guides the psychotherapist's actions (Booth et al., 1997; Davis & Piercy, 2007b; Ferreira et al., 2016; Morris, 2003; Sprenkle & Blow, 2004).

The psychotherapist should involve the client in this process of case formulation (Booth et al., 1997; Davis & Piercy, 2007a, 2007b; DeFife & Hilsenroth, 2011; Morris, 2003; Olivera et al., 2013). Through sharing the case formulation with the client, the psychotherapist provides the client with an invitation to cooperate in the therapeutic process (Booth et al., 1997; Davis & Piercy, 2007b; DeFife & Hilsenroth, 2011; Harris et al., 2014; Larsen & Stege, 2010). Through this process, clients are provided with a new understanding of their presenting concerns, as well as a working pathway to address the presenting problem (Davis et al., 2012; Davis & Piercy, 2007a, 2007b; DeFife & Hilsenroth, 2011; Larsen & Stege, 2010; Morris, 2003; Sprenkle & Blow, 2004; Stiles et al., 1990).

The balance involved in the scientist-practitioner perspective lies in the psychotherapist's use of micro-skills (Harris et al., 2014; Lampropoulos, 2001), and the therapeutic presence with which they engage their clients (Ward et al., 2007). Micro-skills are fundamental units of behaviour which are involved in a range of complex psychotherapeutic processes, which guide a psychotherapist's interaction with clients (Harris et al., 2014; Lampropoulos, 2001). Micro-skills are involved in the psychotherapist's presentation and delivery of the treatment approach to clients, as well as the interactional stance the psychotherapist conveys when interacting and communicating with clients (Davis & Piercy, 2007a; DeFife & Hilsenroth, 2011; Harris et al., 2014; Ward et al., 2007). Micro-skills are also involved with the therapeutic presence expressed by the psychotherapist (Harris et al., 2014). Through engaging clients in an empathic and supportive manner, the psychotherapist provides clients with a positive relational bond which, in turn, allows trust to develop gradually (Davis & Piercy, 2007b; Davis et al., 2012; DeFife & Hilsenroth, 2011; Harris et al., 2014; Iwakabe & Conceicao, 2016; Kolden, 1996).

Through engaging the client in the process of case (and treatment plan) formulation, the psychotherapist attempts to match the treatment approach to the idiographic context and

expectations of the client (Davis et al., 2012; Davis & Piercy, 2007a, 2007b; DeFife & Hilsenroth, 2011; Donahey & Miller, 2000; Ferreira et al., 2016; Morris, 2003; Sprenkle & Blow, 2004). This process serves to enhance the sense of credibility of the treatment plan and the belief that the tasks of the psychotherapeutic process could lead to positive change (Davis et al., 2012; Davis & Piercy, 2007a, 2007b; DeFife & Hilsenroth, 2011; Donahey & Miller, 2000; Khattrra et al., 2017; Sprenkle & Blow, 2004; Ward et al., 2007). Through being present in the here-and-now of the psychotherapeutic interaction, the psychotherapist conveys a sense of *being-with* and *being-for* the client (Ferreira et al., 2016; Oliveira et al., 2012; Sprenkle & Blow, 2004; Ward et al., 2007). This allows the psychotherapist to be aware of and responsive to the needs of the client (Booth et al., 1997; Castonguay et al., 2006; Iwakabe & Conceicao, 2016; Sprenkle & Blow, 2004).

Psychotherapists' responsiveness lies in their therapeutic presence (and awareness), and their flexibility in adapting their approach to match the needs (and immediate context) of their clients (Booth et al., 1997; Castonguay et al., 2006; Iwakabe & Conceicao, 2016; Sprenkle & Blow, 2004). The psychotherapist facilitates an invitation to cooperate through obtaining the client's immediate perspective of their interaction, and their subjective experience of the process (or a particular phenomenon; Iwakabe & Conceicao, 2016; Nakamura & Iwakabe, 2018). This allows both the psychotherapist and the client to have a meta-perspective of the process and to reflect on their subjective and shared experience (Ferreira et al., 2016; Iwakabe & Conceicao, 2016; Khattrra et al., 2017).

These variables combine to influence the psychotherapist's sense of credibility and competence. Through being grounded in scientific principles, the psychotherapist provides both parties with a sense of structure throughout the process (Fraser et al., 2012; Sprenkle & Blow, 2004; Stamoulos et al., 2016). This communicates a sense of professional and ethical competence (Davis et al., 2012; Davis & Piercy, 2007b; Donahey & Miller, 2000; Morris,

2003; Oliveira et al., 2012; Ward, Linville, & Rosen, 2007) and impacts the belief (and confidence) with which the psychotherapist presents the treatment plan (Davis et al., 2012; Fraser et al., 2012; Sprenkle & Blow, 2004). Through matching the case formulation with the client's context, the treatment plan provides the client with a credible explanation of their presenting concerns, as well as a credible pathway to address the presenting problem (Davis et al., 2012; Davis & Piercy, 2007a, 2007b; DeFife & Hilsenroth, 2011; Fraser et al., 2012; Morris, 2003; Sprenkle & Blow, 2004). This could have a positive impact on the client's attitude and motivation towards the treatment plan (Davis & Piercy, 2007a; Fraser et al., 2012; Shapiro & Shapiro, 1987; Sprenkle & Blow, 2004; Thomas, 2006).

Theme Three: Client Variables

The felt experience of a client is an important element of the psychotherapy process – as the presence of the client completes the relational dyad of the interaction (Khattra et al., 2017; Olivera et al., 2013; Shoham-Salomon, 1990). The relational interaction of the psychotherapy process requires the active participation of the client (DeFife & Hilsenroth, 2011). The nature of a client's approach to and engagement in psychotherapy is influenced by the client's openness to being involved in the process (Davis & Piercy, 2007b; DeFife & Hilsenroth, 2011; Kolden, 1996; Sprenkle & Blow, 2004). This also influences the manner in which clients present their symptoms, and the client's subjective awareness and understanding of their presenting problem (Davis et al., 2012; Sprenkle & Blow, 2004). Clients also have certain contextual and personal characteristics which impact how symptoms could present (McGuinty et al., 2016).

These unique preferences (and expectations) of each client add to the dynamic complexity inherent to the psychotherapy process (Harris et al., 2014; McGuinty et al., 2016). Through matching a treatment approach to the client's prevailing symptoms and preferences, a sense of congruence between the treatment plan and the client's frame of reference is

established (Booth et al., 1997; Olivera et al., 2013; Sprenkle & Blow, 2004). Clients' world view, their subjective perspective, and their belief system(s) also influence how they engage in the psychotherapeutic process (DeFife & Hilsenroth, 2011). Clinical decisions should be made in line with and adapted to the frame of reference of each individual client (DeFife & Hilsenroth, 2011; Harris et al., 2014; Sprenkle & Blow, 2004). The client's perspective of their subjective experience forms a key part in how a treatment plan is presented and implemented (Davis et al., 2012; Khattra et al., 2017; Miller & Moyers, 2017; Olivera et al., 2013; Shoham-Salomon, 1990). This is also mediated by the degree of insight and awareness (also referred to as psychological mindedness) demonstrated by a client (Davis & Piercy, 2007b; Khattra et al., 2017; Miller & Moyers, 2017; Sprenkle & Blow, 2004; Stiles et al., 1990).

Through participating in a discussion on a client's felt experience and perspective of the presenting problem, the client is actively involved in formulating the treatment goal(s) and therapeutic plan according to their preference and expectations (Booth et al., 1997; DeFife & Hilsenroth, 2011; Harris et al., 2014; Oliveira et al., 2012; Olivera et al., 2013). The client's perspective of the felt experience of psychotherapy (and the tasks engaged in) is an important variable in outcome research (Castonguay et al., 2006; DeFife & Hilsenroth, 2011; Kolden, 1996; Sprenkle & Blow, 2004). Through actively participating (and reflecting) on these tasks, the client is involved in the co-construction of the shared therapeutic experience, enabling the client's psychological mindedness to develop progressively throughout the psychotherapeutic process (DeFife & Hilsenroth, 2011; Khattra et al., 2017; Oliveira et al., 2012; Stiles et al., 1990).

Theme Four: Technique Variables

Technique variables refer to the elements in the dataset which are thematically related to the strategic objectives and techniques utilised by a psychotherapist. These variables are

understood to share universal change processes – and they therefore cut across divergent approaches to psychotherapy (Castonguay, 2000; Davis & Piercy, 2007a; Elliot, 2010; Fraser et al., 2012; Grencavage & Norcross, 1990; Ward & Wampler, 2010). A key aspect to consider when discussing psychotherapeutic techniques is that the form and function of a psychotherapeutic strategy can only be fully comprehended within the episodic and relational context it functions in and the desired psychotherapeutic objective or impact according to which the strategy is operationalised (Greenberg, 1986; Lampropoulos, 2001; Larsen & Stege, 2010; Morris, 2003). This indicates that a specific technique could be used to achieve a number of different therapeutic impacts (Fraser et al., 2012; Greenberg, 1986).

Psychotherapists use a large variety of psychotherapeutic techniques (or strategies) in an attempt to operationalise certain change principles which are universally found across orientations to psychotherapy (Fraser et al., 2012). On a practical level, these techniques may seem highly divergent in nature, but on a strategic level, they appear to be working towards similar goals and objectives (Fraser et al., 2012). The technique variables serve to characterise these strategic and instrumental objectives which are shared by most psychotherapeutic techniques.

At the most basic level, the tasks of psychotherapy are aimed at facilitating a client in resolving a specific problem they are experiencing (and present with; Booth et al., 1997; Elliot, 2010; Tschacher, Junghan, & Pfammatter, 2014). Solving the problems of clients is not an outright objective of psychotherapy, but it is a broad categorical term which describes a process which underlies the strategic techniques used by a psychotherapist (Elliot, 2010; Greenberg, 1986; Tschacher et al., 2014). Through a variety of strategies, a psychotherapist seems to focus on helping clients move towards the possible resolution of their problem(s) (Greenberg, 1986; Larsen & Stege, 2010).

Another important element of the technique variables is the relational context within which they function (Castonguay et al., 2006; Morris, 2003; Schut & Castonguay, 2001). The psychotherapeutic relationship serves as a vehicle through which the techniques of psychotherapy are operationalised (Morris, 2003). The empathic, affirming, and supportive atmosphere of the therapeutic interaction are important variables during the initial stages of psychotherapy (Nakamura & Iwakabe, 2018). This relational context provides clients with a sense of safety and trust to fully engage in the tasks of psychotherapy (Nakamura & Iwakabe, 2018). Through these relational elements, the psychotherapist creates an environment in which the client's problem can be fully explored (Harris et al., 2014; Khattra et al., 2017; Lampropoulos, 2001).

The psychotherapist facilitates this exploration through providing the client with attentional support (Ferreira et al., 2016; Lampropoulos, 2001). This allows clients to broaden their awareness concerning their presenting problem(s) (Ferreira et al., 2016; Grencavage & Norcross, 1990). Clients' level of awareness and subjective experience of a problem (when entering psychotherapy) make exploring the undercurrents of their problem a dynamic and emotional process (Ferreira et al., 2016). Clients' affective experience adds to the dynamic and unique context within which psychotherapeutic techniques function (Ferreira et al., 2016). Psychotherapists, at times, use metaphors as a way to portray their empathic understanding of the client's situation and to capture the intensity of a situation – while focusing on broadening the client's awareness and understanding of a problem (Davis et al., 2012; Nakamura & Iwakabe, 2018).

Raising the client's awareness is an important process which the psychotherapist facilitates during the initial phases of psychotherapy (Ferreira et al., 2016; Harris et al., 2014). The psychotherapist provides the client with attentional support through techniques aimed at facilitating the client in bringing into, and holding in, their attentional field a wide

range of their own actions, emotions, experiences, and reflections (Ferreira et al., 2016; Miller & Moyers, 2017; Nakamura & Iwakabe, 2018). This allows clients the opportunity to gain a new perspective and understanding of their specific experiences (Ferreira et al., 2016; Grencavage & Norcross, 1990; Larsen & Stege, 2010; Nakamura & Iwakabe, 2018; Sprenkle & Blow, 2004; Ward & Wampler, 2010). This change in perspective is further made possible through externalising their problematic experience (Grencavage & Norcross, 1990; Larsen & Stege, 2010; Sprenkle & Blow, 2004). Through this, clients view their problem(s) as an entity residing outside of themselves, while having an opportunity to stand back and view the problem from a different perspective, often referred to as a meta-perspective (Davis & Piercy, 2007b; Larsen & Stege, 2010).

Through having this meta-perspective of the problem, clients and psychotherapists engage in a process of normalising the client's experience within the bounds of human existence, while collaboratively reframing the meaning attached to their problem(s) (Davis & Piercy, 2007b; DeFife & Hilsenroth, 2011; Larsen & Stege, 2010). Clients and psychotherapists together reframe the presenting problem in such a way that it informs the therapeutic rationale and the treatment plan of their process (Grencavage & Norcross, 1990; Lampropoulos, 2001). The psychotherapist also aims at raising a client's awareness of possible internal conflicts and patterns of maladjustment in the client's functioning (or experience of the problem; Davis & Piercy, 2007b; Ferreira et al., 2016). This is done through a variety of ways, with psychoeducation forming a key part of the process of reframing and raising clients' awareness of the dynamics at play (Khattra et al., 2017).

Through engaging clients in tasks aimed at facilitating meta-reflection, the client's attention is brought to their role and responsibility in this experience (Davis & Piercy, 2007a, 2007b; Ferreira et al., 2016). This process brings the views and perception a client has regarding the problem, as well as the views of the psychotherapist, into the here-and-now,

thus offering an antithesis to the views of the client (Davis & Piercy, 2007a; Ferreira et al., 2016; Grencavage & Norcross, 1990; Khattra et al., 2017; Nakamura & Iwakabe, 2018). This not only raises the client's awareness, but also provides an opportunity to facilitate a correction in how the problem may be emotionally experienced and cognitively perceived (Ferreira et al., 2016; Larsen & Stege, 2010; Morris, 2003; Sprenkle & Blow, 2004). Through offering clients a view which is antithetical, the psychotherapist's interpretation is followed by both the client and the psychotherapist working together to construct a new understanding of the problem (Ferreira et al., 2016; Larsen & Stege, 2010; Nakamura & Iwakabe, 2018). This new synthesis is co-constructed through an integration of the antithetical understandings of the client and the psychotherapist (Ferreira et al., 2016). This synthesis, and the relational context within which it is operationalised, further facilitates a corrective experience in clients (Ferreira et al., 2016; Larsen & Stege, 2010; Nakamura & Iwakabe, 2018).

Through meta-reflection and cognitively processing the affective (and immediate) experience of the synthesis, the psychotherapist engages a technique variable known as enactment (Ferreira et al., 2016; Iwakabe & Conceicao, 2016). The aim of enactment is to evoke, direct, and prompt the client's experience of the new synthesis, and the actions and experiences related to it (Ferreira et al., 2016). This process is aimed at creating a conflict (or antithesis) between the client's prior repertoire of actions and experience, and the newly created understanding – in order to facilitate the client in transcending this conflict through the newly co-constructed synthesis and understanding (Ferreira et al., 2016; Miller & Moyers, 2017; Nakamura & Iwakabe, 2018). This corrective experience involves the emotional experience of a client as well as the cognitive thinking processes surrounding the specific experience (Ferreira et al., 2016; Miller & Moyers, 2017; Nakamura & Iwakabe, 2018).

These technique variables serve to implicitly generate feelings of hope in clients, as well as a realistically positive expectation for the treatment process (Davis & Piercy, 2007b; DeFife & Hilsenroth, 2011; Fraser et al., 2012; Larsen & Stege, 2010). In progressively engaging the tasks of the treatment plan, the client gradually develops a sense of cognitive mastery and self-efficacy (Davis & Piercy, 2007b; DeFife & Hilsenroth, 2011; Khattrra et al., 2017). The experiential awareness and cognitive mastery fostered by these technique variables increase the client's motivation and participation in the therapeutic process (Davis et al., 2012; Davis & Piercy, 2007b). This indicates that psychotherapeutic techniques aimed at reflection and experiential restructuring could have an impact on the psychological mindedness and therapeutic openness-involvement of a client (Kolden, 1996; Oliveira et al., 2012). The framework provided by motivational interviewing organises the psychotherapeutic process and strategic techniques around the level of motivation and readiness of clients (Donahey & Miller, 2000; Miller & Moyers, 2017). This approach is aimed at increasing clients' motivation to change which affects the quality of participating in the psychotherapy process (Khattrra et al., 2017).

Theme Five: Psychotherapeutic Change Variables

The psychotherapeutic change variables form an essential and universal part of the psychotherapeutic process (Castonguay, 2000). These variables are complex and dynamic in nature (Kolden, 1996). Through understanding the various elements involved in psychotherapeutic change, psychotherapists could progressively measure and track how a client moves towards therapeutic goals (Ferreira et al., 2016; Iwakabe & Conceicao, 2016).

Having a framework from which to conceptualise and comprehend psychotherapeutic change could provide a psychotherapist with some sense of structure with regard to facilitating psychotherapeutic change (Fraser et al., 2012; Ward et al., 2007). This may enable psychotherapists to conceptualise change from multiple perspectives, across multiple

domains and levels (Elliot, 2010; Greenberg, 1986; Shapiro & Shapiro, 1987). Having a meta-perspective of change enables psychotherapists to consider how the therapeutic events and impacts within each session could accumulate across sessions in order to facilitate clients' progression towards therapeutic goals (Ferreira et al., 2016; Fitzpatrick & Stalikas, 2008; Fraser et al., 2012; Morris, 2003).

The agreed upon therapeutic goals and tasks are therefore important aspects to consider when conceptualising the change process of a specific client (DeFife & Hilsenroth, 2011; Fitzpatrick & Stalikas, 2008; Kolden, 1996; Morris, 2003). Guiding the psychotherapist's formulation of change is the client's perceived level of functioning across various intrapersonal and interpersonal dimensions (Fraser et al., 2012; Morris, 2003). The psychotherapist's treatment formulation is therefore influenced by how they (the psychotherapist and the client) conceptualise the process of change (Fitzpatrick & Stalikas, 2008; Nakamura & Iwakabe, 2018). This indicates that although there are general principles of change which guide the strategic operations of a psychotherapist, the mechanisms of how the actions of the psychotherapist operationalise these principles seem to be unique to the clinical data and presentation of individual clients (Booth et al., 1997; Castonguay, 2000; Fitzpatrick & Stalikas, 2008; Fraser et al., 2012; Khattra et al., 2017; Miller & Moyers, 2017; Morris, 2003).

Aligning the client's view of important change elements with that of the psychotherapist is an important element of psychotherapeutic change (Fitzpatrick & Stalikas, 2008). This process ensures that both the psychotherapist and the client agree on what should change and how this change will be facilitated (Carey et al., 2007; Fitzpatrick & Stalikas, 2008). This decreases the possibility of a mismatch between psychotherapist and client – which is considered a hindering event in the psychotherapy process (Carey et al., 2007; DeFife, & Hilsenroth, 2011; Ferreira et al., 2016). These idiographic aspects of a client

should serve as process markers according to which psychotherapists structure their approach (and strategic intervention; Donahey & Miller, 2000; Ferreira et al., 2016; Iwakabe & Conceicao, 2016; Laska & Wampold, 2014; Nakamura & Iwakabe, 2018; Morris, 2003). This includes, but is not limited to, the client's level of motivational readiness and the natural level of ambivalence they might have regarding change (Davis et al., 2012; Davis & Piercy, 2007b; Donahey & Miller, 2000; Khattra et al., 2017; Miller & Moyers, 2017; Sprenkle & Blow, 2004; Ward et al., 2007). This highlights the stage of change a client may be in, as well as the phase and episodic context of the therapeutic process (Donahey & Miller, 2000; Iwakabe & Conceicao, 2016; Morris, 2003; Shapiro & Shapiro, 1987).

The general principles of change which guide the psychotherapist's strategic interventions are understood to represent a convergence of empirically derived common principles of therapeutic change (Castonguay, 2000; Ferreira et al., 2016; Fitzpatrick & Stalikas, 2008; Fraser et al., 2012; Kolden, 1996). These change principles are universally shared by most effective approaches to psychotherapy, as they function on the intermediate level of abstraction – between the theoretical orientation and technical approach of psychotherapists (Castonguay, 2000; Iwakabe & Conceicao, 2016). On the intermediate level, these principles serve as clinical strategies which consist of classes of therapeutic activities, all aimed at serving the same underlying function and strategic objective (which is to operationalise a specific principle of psychotherapeutic change; Ferreira et al., 2016; Fitzpatrick & Stalikas, 2008; Morris, 2003). The general change principles serve as strategic objectives a psychotherapist aims to facilitate during a session (Fitzpatrick & Stalikas, 2008; Nakamura & Iwakabe, 2018). This orients the psychotherapist to identifiable process markers (or mechanisms of change) according to which the in-session interaction should be structured (Fitzpatrick & Stalikas, 2008; Iwakabe & Conceicao, 2016; Nakamura & Iwakabe, 2018). On a micro-level, these principles serve to guide the psychotherapist's strategic or clinical

intervention, while at the meta-level, these clinical heuristics (and certain process goals) guide the psychotherapist's temporal sequencing of strategic phases and therapeutic events with regard to the therapeutic goals (Ferreira et al., 2016; Fitzpatrick & Stalikas, 2008; Iwakabe & Conceicao, 2016; Morris, 2003). These general principles of change therefore serve as the foci and intended objectives of the psychotherapist's therapeutic actions, which guide the in-session strategies and techniques used by a psychotherapist (Fitzpatrick & Stalikas, 2008; Iwakabe & Conceicao, 2016).

The psychotherapist should therefore be aware of and responsive to the needs and capacity of clients, in order to determine the pattern of change for each client as well as how to facilitate the operationalisation of this pattern within each session (Castonguay et al., 2006; Greenberg, 1986; Nakamura & Iwakabe, 2018; Shoham-Salomon, 1990). These variables – along with the episodic context, timing, and sequence of psychotherapy interactions – combine to form a unique pattern of change for a specific client (Olivera et al., 2013; Nakamura & Iwakabe, 2018; Shoham-Salomon, 1990). Understanding the pattern of change for a specific client allows the psychotherapist to tailor the treatment plan and strategic objectives accordingly (Greenberg, 1986; Shoham-Salomon, 1990). Psychotherapists operationalise certain principles of change through using specific strategic interventions aimed at addressing the here-and-now needs of clients (Castonguay et al., 2006; Ferreira et al., 2016; Fitzpatrick & Stalikas, 2008; Grenavage & Norcross, 1990). This informs a specific mechanism through which a psychotherapist could facilitate a significant change event (within a session; Castonguay et al., 2006; Ferreira et al., 2016; Fitzpatrick & Stalikas, 2008; Grenavage & Norcross, 1990). The psychotherapist is thus focused on facilitating certain change events during sessions, as these therapeutic impacts allow the dyad to gradually build the resources needed to facilitate the client's progression towards the ultimate treatment goals (Booth et al., 1997; DeFife & Hilsenroth, 2011; Ferreira et al., 2016;

Fitzpatrick & Stalikas, 2008; Kolden, 1996; Shapiro & Shapiro, 1987; Shoham-Salomon, 1990).

Psychotherapeutic change may therefore be seen as gradually accumulating across sessions, with micro-outcomes (and short-term changes) leading to ultimate outcomes (and longer-term changes; Elliot, 2010; Ferreira et al., 2016; Fitzpatrick & Stalikas, 2008; Shapiro & Shapiro, 1987). Psychotherapeutic change may further be understood to function across three levels: within-session changes; across-session changes; and extra-psychotherapeutic changes (Ferreira et al., 2016; McGuinty et al., 2016). The in-session processes of psychotherapy should be aimed at facilitating immediate outcomes (such as identifiable process goals, and change events; Elliot, 2010; Greenberg, 1986; Khattra et al., 2017). The change events are understood as the immediate outcomes within therapy sessions that contribute to larger outcomes (Fitzpatrick & Stalikas, 2008; Harris et al., 2014; Kolden, 1996; Nakamura & Iwakabe, 2018). The significance of a change event is based on the episodic context of the session (and the process), as well as the level of alignment between the need of the client and the therapeutic response of the psychotherapist (Booth et al., 1997; Ferreira et al., 2016; Shoham-Salomon, 1990). This corresponding therapeutic impact influences how deeply the experience resonates with the client's subjective experience and the extent to which it triggers a significant development of a helpful nature (Booth et al., 1997; Elliot, 2010; Oliveira et al., 2012). Through reflecting on these experiences, the psychotherapist could facilitate the client in consolidating the experience (or change event) as a positive shift in psychotherapy (Harris et al., 2014; Iwakabe & Conceicao, 2016; Khattra et al., 2017). This process speaks to the accuracy of the strategic mechanism the psychotherapist used to facilitate a specific change event.

These small portions of psychotherapy sessions in which a client experiences a meaningful degree of help or change (the immediate outcomes) should further be related to

intermediate outcomes (Elliot, 2010; Fitzpatrick & Stalikas, 2008; Greenberg, 1986; Oliveira et al., 2012; Stiles et al., 1990). This provides the psychotherapist with an understanding of how these micro-changes may be consolidated to changes in targeted dimensions of functioning (such as symptom reduction or behavioural change; Booth et al., 1997; Elliot, 2010; Greenberg, 1986; Kolden, 1996; Morris, 2003). The changes in the targeted dimensions of the client's functioning may be tracked across sessions in order to provide insight to the client's pattern of change (within and across the different dimensions of functioning; Booth et al., 1997; Greenberg, 1986; McGuinty et al., 2016; Stiles et al., 1990).

The intermediate outcomes could also be tracked and measured over time in order to highlight the robustness of these changes and indicate how well the changes in psychotherapy are consolidated across sessions (Greenberg, 1986; Kolden, 1996; Shoham-Salomon, 1990). The extra-therapeutic changes consider how the consolidated functional patterns of a client could be transported outside of the psychotherapy sessions and translated to real-life situations (Greenberg, 1986; Harris et al., 2014; Kolden, 1996; Shoham-Salomon, 1990).

This perspective of multidimensional change across different levels of the psychotherapeutic process could inform a psychotherapists' understanding of the structure of change for a specific client, as well as the cumulative nature of change throughout all the sessions (Elliot, 2010; Harris et al., 2014; Khattra et al., 2017; McGuinty et al., 2016; Shoham-Salomon, 1990). This could serve as a clinical compass which ensures that the therapeutic tasks, activities, and strategic objectives remain on track in relation to the desired ultimate outcome (Fitzpatrick & Stalikas, 2008; Iwakabe & Conceicao, 2016; McGuinty et al., 2016). A framework for conceptualising and understanding psychotherapeutic change and the variables involved in this process could therefore influence the clinical effectiveness of psychotherapists, through providing identifiable process goals which leads to therapeutic intentionality (Nakamura & Iwakabe, 2018). Practising with psychotherapeutic intentionality

is characterised by the psychotherapist paying attention to and following concrete guidelines for determining when, and how, on the basis of which process markers, and in the pursuit of which therapeutic goal/objective, a specific set of strategic intervention(s) can be introduced to facilitate particular change processes (Iwakabe & Conceicao, 2016).

This conceptualisation of psychotherapeutic change and the different elements involved could serve as a clinically useful guide for working with the different classes of therapeutic change events (Iwakabe & Conceicao, 2016). These guides will consist of a number of mediating and moderating variables. Mediators are described as elements of the psychotherapy process which could serve to explain why and how change occurs during the psychotherapy process (Fraser et al., 2012). This indicates that mediating variables could be seen as presenting a causal relationship between a strategic intervention, the desired psychotherapeutic effect, and the different levels of outcome it influences (Morris, 2003). These variables involve the hypothesised changes which need to occur, as a result of clinical intervention, in order for the desired outcome(s) to be attained (Morris, 2003). The mediators therefore describe the specific change mechanisms a psychotherapist should focus on in order to facilitate the change pattern of a specific client (Davis et al., 2012). This provides the psychotherapist with a clinically relevant theory of change for a specific client, and how to strategically facilitate the change events necessary for the treatment objectives (Shapiro & Shapiro, 1987; Shoham-Salomon, 1990).

The moderating variables are understood as elements in the psychotherapy process which activate and potentiate the mechanisms of change (D'Aniello, 2015). These elements function as vehicles through which the change mechanisms operate (Kolden, 1996). These elements play a moderating role in relation to the therapeutic effect an intervention may have (D'Aniello, 2015). An example of a moderating variable is the psychotherapeutic bond between the psychotherapist and the client (Kolden, 1996). The psychotherapeutic bond is

understood to play a moderating role in relation to session progress – through providing the context within which the psychotherapy process takes place (Kolden, 1996). The episodic context and timing of the psychotherapist with regard to the sequencing of the treatment plan may also be considered as moderating variables involved in psychotherapeutic change (D’Aniello, 2015; Kolden, 1996).

Theme Six: Research Variables

Research variables, in the context of this systematic review, include important themes gathered from research findings and reports published in the scientific domain of psychology and psychotherapy research. These themes also pertain to how psychotherapists develop and expand their knowledge throughout their careers. This process of continuous growth and development relies on the scientific evidence provided through psychotherapy research findings (in the form of empirically supported treatments), as well as the experiential evidence obtained through the everyday clinical practice of psychotherapists (practice-based evidence). These research findings serve to empirically ground the practice of psychotherapists on the grass-roots level, through ensuring they practise from a theoretical approach supported by scientific evidence. The various elements involved in this theme are related to how psychotherapists utilise and understand research findings in conceptualising the psychotherapeutic effectiveness of their clinical practices. These elements play a key role in the contemporary psychotherapist’s efforts to practise as a scientist-practitioner. Understanding the research variables involved in psychotherapy enables psychotherapists to continuously develop and mould their clinical understanding of psychotherapeutic change (and clinical effectiveness) and apply this to their everyday practices.

The contemporary psychotherapist’s reliance on scientific evidence to support their practices is a phenomenon which has been present since the early days of practising psychotherapy. The first question researchers sought to answer was whether psychotherapy

effectively led to positive change in clients (Sprenkle & Blow, 2004). Through psychotherapy outcome research, researchers obtained a scientific answer to this question (DeFife & Hilsenroth, 2011; Sprenkle & Blow, 2004; Ward et al., 2007). Through strictly controlled research projects known as randomised clinical trials (RCTs), researchers initially attempted to determine whether psychotherapy is more effective than no treatment (treatment-as-usual and waiting-list-control-groups; Davis et al., 2012; DeFife & Hilsenroth, 2011; Shapiro & Shapiro, 1987). This was followed by attempts to compare the outcome of RCTs for different models in order to determine and scientifically compare the differential effectiveness of models, relative to each other (Davis et al., 2012; DeFife & Hilsenroth, 2011; Shapiro & Shapiro, 1987; Sprenkle & Blow, 2004). This was an important phase in psychotherapy research, as psychotherapeutic schools of thought were starting to develop at a rapid pace (Davis et al., 2012).

The findings of the comparative outcome studies showed that there was no significant difference in outcomes of the different models compared to each other (Castonguay, 2000; D'Aniello, 2015; Davis et al., 2012; Lampropoulos, 2001; Shapiro & Shapiro, 1987). This led to the conclusion of equivalence in outcome, which implies that most psychotherapy models are equivalent in their level of effectiveness (Castonguay, 2000; D'Aniello, 2015; Lampropoulos, 2001; Shapiro & Shapiro, 1987). These findings led to a movement known as the CFA (Castonguay, 2000; D'Aniello, 2015; Lampropoulos, 2001). This approach attempted to explain the finding of equivalent effectiveness through arguing that most effective models of psychotherapy could operationalise similar curative factors, which are shared across the spectrum of effective approaches to psychotherapy (Castonguay, 2000; D'Aniello, 2015; Lampropoulos, 2001). This approach argues that certain factors which are common to most psychotherapy approaches could be the primary contributors of change in

psychotherapy (Sprenkle & Blow, 2004). This movement was considered as a significant trend in the evolution of psychotherapy research during the 1980s (Davis et al., 2012).

The CFA is one way through which researchers attempted to address the paradox of no differential effectiveness, despite technical diversity (Grencavage & Norcross, 1990; Lampropoulos, 2001). In approaching this paradox, the CFA argues that the different models of psychotherapy may function as vehicles through which the common curative factors are operationalised and potentiated (D'Aniello, 2015; Davis et al., 2012; Davis & Piercy, 2007b; Fraser et al., 2012; Sprenkle & Blow, 2004). This speaks to the systemic construct of equifinality, as the different technical or strategic processes of different models operationalise similar curative factors (Davis & Piercy, 2007a; Lampropoulos, 2001; Shoham-Salomon, 1990). This argument implies that the different treatment strategies or processes of psychotherapy models may be complementary in nature, which places the CFA in the realm of an integrative approach to understanding psychotherapy (Davis & Piercy, 2007a; DeFife & Hilsenroth, 2011; Grencavage & Norcross, 1990; Lampropoulos, 2001). The diverse technical strategies and processes of different models or approaches are therefore understood to be different manners in which psychotherapists can facilitate moving their clients to similar psychotherapeutic ends (Davis & Piercy, 2007a; DeFife & Hilsenroth, 2011; Grencavage & Norcross, 1990; Fitzpatrick & Stalikas, 2008; Thomas, 2006). Through the concept of equifinality, one may interpret the equivalence of outcome conclusion as indicating that although psychotherapists practise from different perspectives and employ different *psychotherapeutic means*, they all strive to operationalise and meet similar *psychotherapeutic ends* (Davis & Piercy, 2007a; Shapiro & Shapiro, 1987; Shoham-Salomon, 1990).

Once psychotherapy researchers were satisfied with the quantitative results and findings of outcome research, the aim of psychotherapy research shifted in focus (Carey et al., 2007; Castonguay, 2000). The focus was placed on qualitatively exploring what happens

within psychotherapy sessions, and how these therapeutic effects could be linked to positive outcome in clients (Carey et al., 2007; Ferreira et al., 2016; Sprenkle & Blow, 2004; Ward et al., 2007). Psychotherapy researchers within this domain of research are concerned with the processes which characterise the psychotherapy interaction within sessions (McGuinty et al., 2016). Through process research, researchers obtained significant insight into how clients subjectively experience psychotherapy and the change process (Ferreira et al., 2016; McGuinty et al., 2016). Researchers in the domain of process research aim to explore what happens within the psychotherapeutic experience that is linked to a client's experience of positive change, as well as the potential obstacles and hindering factors of the client's experience (Ferreira et al., 2016; McGuinty et al., 2016; Ward et al., 2007).

Through process research, attempts are made to determine which aspects of a therapeutic experience contribute to the outcome of psychotherapy (Miller & Moyers, 2017). This is done through an in-depth and comprehensive analysis of the process elements which occur within the context of the session, and how they could be related to the various levels of outcome (McGuinty et al., 2016). This allows researchers to explore and determine the efficacy of the strategic techniques of a particular approach in operationalising certain key change processes which may have an impact on the occurrence of a certain therapeutic effect (Kolden, 1996; Sprenkle & Blow, 2004). Process research could therefore provide psychotherapists with a detailed account of the effectiveness of the techniques of an approach, as well as evidence supporting the theoretical principles by which it functions (Miller & Moyers, 2017). This highlights the value of process research in not only discovery-oriented studies, but also projects aimed at confirming the theoretical principles on which psychotherapeutic orientations are based (Stiles et al., 1990). Process research thus leads to a concerted effort to describe and explain the interactions, actions, and states of mind which are deliberately produced (or spontaneously emerge) during psychotherapy sessions (Shoham-

Salomon, 1990). Process research further attempts to highlight the impact these processes may have on the intermediate and final therapeutic outcomes (Shoham-Salomon, 1990).

The psychotherapeutic process is contextually unique to each client, which impacts the extent to which the findings of process research could be generalised to the greater clinical population, as the studies usually involve small sample sizes (DeFife & Hilsenroth, 2011; Greenberg, 1986). The primary aim, however, is to focus on providing evidence in support of certain key therapeutic principles according to which psychotherapists structure and organise their practice, and the delivery of their treatment plan (Miller & Moyers, 2017). Process research provides the practising psychotherapist with research findings which are clinically meaningful and relevant to everyday practice (Castonguay et al., 2006; Schut & Castonguay, 2001). The research findings of process research orient psychotherapists to focus on the therapeutic effects they aim to facilitate (Sprenkle & Blow, 2004). This allows them to utilise a range of strategic techniques which are scientifically shown to function on a therapeutic principle which may reliably be linked to the desired therapeutic effect (Sprenkle & Blow, 2004). Process research therefore speaks to the actual conduct of psychotherapy and leads to an increased theoretical understanding (and clinical developments) of the nature and tasks of therapeutic change (Schut & Castonguay, 2001).

Process research is therefore seen as an important complement to outcome research (Stiles et al., 1990). CPR forms a dominant arm of process research, which is continuously evolving alongside our knowledge and understanding of the change processes (Elliot, 2010; McGuinty et al., 2016). CPR is the study of the processes through which change occurs in psychotherapy. CPR is focused on identifying, describing, explaining, and predicting the effects of processes that bring about psychotherapeutic change (Elliot, 2010). The research designs of CPR are concerned with the triggers of these processes, their underlying and antecedent factors, and their proximal and distal consequences (for different clients, in

different therapeutic contexts and settings; Shoham-Salomon, 1990). With this as their primary aim, researchers involved in CPR highlight and describe the change mechanisms through which strategic interventions operationalise certain psychotherapeutic effects (Castonguay et al., 2006; Kolden, 1996; Miller & Moyers, 2017; Sprenkle & Blow, 2004). This is closely related to the everyday conduct of psychotherapy, as psychotherapists are provided with detailed accounts of how the strategic techniques of an approach could lead to desired therapeutic effects (Kolden, 1996; Schut & Castonguay, 2001; Sprenkle & Blow, 2004). CPR is therefore a necessary complement to balance the findings of RCTs, while making it more meaningful and relevant to the everyday clinical practice of psychotherapy (Elliot, 2010; Kolden, 1996).

Through looking at the results of CPR findings done across different psychotherapy orientations, researchers found support for the non-equivalence of content across these approaches, while also finding that the change processes operationalised were similar (Castonguay, 2000). This highlights the construct of equifinality, which not only questions the specificity of ESTs, but also warrants for psychotherapists to consider different evidence-based strategies to operationalise the therapeutic process needed by a client to progress to positive change (Davis & Piercy, 2007a; Shoham-Salomon, 1990). While this theme highlights the vital role played by research in grounding the work of the scientist-practitioner, the psychotherapist' responsiveness remains crucial in ensuring that a treatment approach is considered effective on the idiographic level, and aimed at the presented needs of clients (Shapiro & Shapiro, 1987). This ensures the psychotherapist maintains a balance between evidence provided through scientific research and experiential evidence gained through the everyday practice of psychotherapy. This is known as practice-based evidence, which forms a key part of the scientist-practitioner approach. Through practising with psychotherapeutic intentionality, psychotherapists gradually develop a personal theory of psychotherapy through

their professional experience and the empirical evidence which grounds their practice (Sprenkle & Blow, 2004). This further orients psychotherapists to consider the therapeutic effect they attempt to facilitate – and how they manage to adapt the delivery of their strategic interventions in order to achieve the therapeutic effect across different clients (Sprenkle & Blow, 2004).

Theme Seven: Theoretical Framework

The theoretical framework of psychotherapists constitutes the lens from which they view their clients (D’Aniello, 2015; Davis et al., 2012). It also involves their worldview, perspective of human nature, and the theoretical frame of reference according to which they approach psychotherapy (Davis & Piercy, 2007a; Laska & Wampold, 2014). These unique and diverse elements speak to the individual person of each psychotherapist and serve as a guiding framework which provides them with a sense of operational structure and guidance throughout the psychotherapy process (Davis & Piercy, 2007b; Fraser et al., 2012).

Psychotherapists’ guiding framework can be understood as the clinical maps they follow with regard to conceptualising their clients and operationalising certain change principles (Greenberg, 1986; Iwakabe & Conceicao, 2016; Morris, 2003). This framework orients their therapeutic activity (strategies and techniques) through raising awareness of the specific strategic episodic context within which these activities should take place, as well as the relational context within which these therapeutic tasks and strategies function (Greenberg, 1986; Harris et al., 2014). The foundation of a psychotherapist’s guiding theoretical framework seems to lie in pan-theoretical factors which operate across theoretical approaches to psychotherapy (Davis et al., 2012; Stamoulos et al., 2016). These pan-theoretical factors function on the intermediate level of the psychotherapy process (Ferreira et al., 2016). These factors are understood as strategic-level principles of change and are shared by most successful approaches to psychotherapy (D’Aniello, 2015; Ferreira et al., 2016). They serve

as clinical heuristics which guide the decision making of a psychotherapist (Ferreira et al., 2016; Fraser et al., 2012; Iwakabe & Conceicao, 2016).

This supposed intermediate-level similarities across psychotherapy approaches seem to indicate that the strategies and interventions of different therapeutic approaches could be viewed (and utilised) in a complementary fashion (Ferreira et al., 2016; Harris et al., 2014; Miller & Moyers, 2017). Such a pluralistic assumption of the nature of psychotherapy approaches, and the pan-theoretical change principles underpinning these approaches, provide the psychotherapist with a comprehensive framework for conceptualising universal change principles and different strategic interventions aimed at facilitating these principles (Davis et al., 2012; Kolden, 1996; Morris, 2003). This assumption that different strategic-level approaches to psychotherapy could be utilised to achieve similar change processes seems to be grounded in an integrative perspective of psychotherapy (Elliot, 2010; Ferreira et al., 2016). Within this broad perspective of the change processes, a psychotherapist has the clinical discretion (and flexibility) to integrate a range of effective treatment approaches within their clinical practice (D'Aniello, 2015; DeFife & Hilsenroth, 2011; Ferreira et al., 2016; Fraser et al., 2012; Morris, 2003). This orienting framework therefore allows them to utilise a variety of empirically informed treatment approaches and strategic-level interventions (Davis et al., 2012; Fraser et al., 2012). This provides psychotherapists with a framework from which they can practise empirically informed psychotherapy (Fraser et al., 2012).

Their guiding framework orients them to the universal change process(es) which need to be operationalised within sessions, in order to facilitate a specific strategic objective (Donahey & Miller, 2000). The guiding framework of a psychotherapist also orients the psychotherapist to the moment-by-moment needs of clients, as well as the phase-by-phase movement of the process (Donahey & Miller, 2000; Ferreira et al., 2016). The framework

from which psychotherapists practise provides a sense of organisational structure and direction during the psychotherapy process (Laska & Wampold, 2014; Morris, 2003). This framework also acknowledges the important role clients play in the therapeutic interaction (Carey et al., 2007; Ferreira et al., 2016; Stiles et al., 1990). The guiding framework of psychotherapists further orients them to the idiographic context and characteristics, as well as the moment-by-moment needs, of clients (Ferreira et al., 2016).

Through a pluralistic orienting framework, psychotherapists gradually develop a broad nomological network of approaches to psychotherapy, which is based on a comprehensive view of human functioning and the nature of psychological problems (Miller & Moyers, 2017; Morris, 2003). This allows the psychotherapist to develop an empirically informed repertoire of knowledge concerning client population and treatment approaches. This enables psychotherapists to practise from an approach based on evidence accumulated throughout their practical experience. Within this framework, psychotherapists have the clinical discretion and flexibility to be creative while staying scientifically and empirically grounded (Davis et al., 2012; Ferreira et al., 2016; Fraser et al., 2012). They have the clinical discretion to adapt a strategic-level intervention (and the treatment plan) to fit the dynamic needs, context, and characteristics of their clients (Ferreira et al., 2016; Sprenkle & Blow, 2004). Through this process of strategy-based integration, psychotherapists develop treatment plans which are empirically informed and based on the unique needs of their clients (Fraser et al., 2012; Sprenkle & Blow, 2004).

Through being cognisant of the moment-by-moment needs of their clients, the psychotherapist's guiding framework facilitates the process of intentional integration (Davis et al., 2012; Davis & Piercy, 2007b; Ferreira et al., 2016; Harris et al., 2014). This process entails conscious deliberation with regard to conceptualising clients, determining the therapeutic focus, and formulating treatment plans (Ferreira et al., 2016; Harris et al., 2014).

The guiding framework of psychotherapists allows them to practise with purpose and intent when formulating the strategic-level interventions and objectives of their treatment plan (Davis et al., 2012; Davis & Piercy, 2007b; Harris et al., 2014; Sprenkle & Blow, 2004). The sense of structure and guidance provided by this framework facilitates the process of organising, sequencing, and adapting strategic-level interventions according to the needs of clients (Sprenkle & Blow, 2004). This provides psychotherapists with a guiding framework with regard to what kind of therapeutic work to promote and when to do so (Ferreira et al., 2016). It also allows increased flexibility to utilise clinical discretion in deciding which empirically informed strategic intervention best fits the idiographic context and needs of clients, while remaining in line with the strategic objective(s) of the treatment plan (Ferreira et al., 2016).

Such a pluralistic and integrative framework orients psychotherapists to look across approaches of psychotherapy in order to find effective approaches and strategies (Thomas, 2006). Two important pan-theoretical processes involved in the theoretical framework of psychotherapists are accommodation and assimilation (Stiles et al., 1990). These change processes function in a complementary fashion and occur simultaneously and inseparably during the psychotherapy process (Ferreira et al., 2016; Stiles et al., 1990). On a micro-level, these processes are involved in the interaction between clients and psychotherapists (Ferreira et al., 2016). Psychotherapists engage the process of assimilation when conceptualising clients and the clinical data presented through means of theoretical constructs and principles (Stiles et al., 1990). The process of assimilation (and accommodation) is further operationalised through formulating a treatment plan and strategic tasks and objectives according to the needs and expectations of clients (Elliot, 2010; Stiles et al., 1990). The process of accommodation is operationalised through matching the treatment plan with the expectations and context of clients (Davis & Piercy, 2007b; Ferreira et al., 2016; Stiles et al.,

1990). Through orienting the focus of a psychotherapist to the moment-by-moment needs of clients, the psychotherapist's framework fosters an atmosphere of accommodation (Davis & Piercy, 2007b; Ferreira et al., 2016; Shoham-Salomon, 1990; Stiles et al., 1990).

A framework which includes the assimilation continuum enables psychotherapists to structure and present the strategic tasks of psychotherapy in a manner which is sensitive to and in line with the client's capacity to assimilate the therapeutic task or strategy (Davis & Piercy, 2007b; Ferreira et al., 2016; Stiles et al., 1990). This provides psychotherapists with a framework for understanding different therapeutic tasks, and how they can be utilised to facilitate change in clients (Sprenkle & Blow, 2004; Stiles et al., 1990). This enables psychotherapists not only to understand their client's level of readiness and assimilation capacity, but also to determine which strategic intervention (or therapeutic task) would best meet the need(s) of a client, at a given moment in the therapeutic process (Donahy & Miller, 2000; Iwakabe & Conceicao, 2016; Stiles et al., 1990).

The framework of psychotherapists therefore also allows them to focus on process markers and make clinical decisions accordingly (Iwakabe & Conceicao, 2016). The framework of psychotherapists guides them in being aware of their client's capacity to successfully assimilate the strategic task(s) of a treatment plan, and to be responsive in accommodating their approach accordingly (Stiles et al., 1990). Consequently, this allows psychotherapists to practise with intention and flexibility regarding the implementation of strategic-level interventions (Sprenkle & Blow, 2004; Stiles et al., 1990).

Discussion

The aim of this review was to systematically review (and synthesise) current scientific literature on CPR and CFA, in an effort to conceptualise change in psychotherapy. The objectives of this review included reviewing the literature on each of the concepts while also synthesising this information in order to inform the conceptualisation of psychotherapeutic

change. A total of 39 studies were considered eligible for inclusion, which formed the dataset of this systematic review. Based on a systematic review of the literature and an analysis of the data extracted, seven descriptive themes were formulated. These themes (as described in the findings section) formed the dataset from which the researchers addressed the review question, the aims, and the objectives of this systematic review. Each of the themes were described according to several subthemes which served as descriptive elements for each individual theme. These themes therefore represent a narrative synthesis of the evidence available and the extracted data.

The seven descriptive themes may (collectively) be seen as a theoretical portrait of the important elements involved in the psychotherapeutic process. Taking a meta-perspective to view these themes allows one to understand each theme as an individual construct which is universally relevant (and evident) across all psychotherapeutic processes. From this perspective, the seven themes could be seen as a set of common factors. The themes fall in line with taxonomies of common factors listed throughout the years (see Frank & Frank, 1961; Grenavage & Norcross, 1990; Hubble, Duncan, & Miller, 1999). These themes offer a convergence of the principal elements within the psychotherapeutic process which cut across the theoretical jargon of specific schools of thought, as described by Goldfried and Padawer (1982). According to literature published on CFA, the seven descriptive themes may form part of what is conceptualised as the broad understanding of CFA (Sprenkle, Davis, & Lebow, 2009).

Through a broad perspective, one considers the factors common to all psychotherapeutic processes, which are independent of the approach utilised by a psychotherapist (Lambert, 2005; Sprenkle et al., 2009). These common elements are related to the nature of the psychotherapeutic interaction in its most basic sense (Lambert, 2005). On a meta-level, these seven themes may therefore be understood to represent the basic elements

of any psychotherapeutic interaction. This is also supported by Lambert (2005), emphasising that at the most basic level is the theoretical framework of any practising psychotherapist. This theoretical framework is informed through the research variables and the psychotherapeutic change variables – as these three themes entail the psychotherapist's understanding of psychotherapy, humankind, and psychotherapeutic change. This is in line with the recommendations of Beutler and Clarkin (1990), who highlighted that psychotherapists create private theories through assimilating their theoretical knowledge and their clinical experience with their personality and worldview. These elements provide the psychotherapist with the knowledge and competence required to guide the treatment approach and the clinical decisions made. Collectively, these three themes inform the psychotherapist's strategic use (and understanding) of the technique variables (Beutler & Clarkin, 1990). This is also in line with what Goldfried and Padawer (1982) conceptualised as the intermediate level of abstraction, where certain change principles function to guide the psychotherapist's use of strategic techniques. The psychotherapist variables and the client variables are essential elements which are continuously interacting throughout the psychotherapeutic process. This dynamic interaction informs the relational variables. This is similar to the findings of Lambert (2005), and Sprenkle and Blow (2004), indicating that the psychotherapeutic relationship is the joint product of the psychotherapist and the client together focusing on the therapeutic work. Through this meta-perspective, the reader may be able to place these seven themes within the realm of the broad understanding of the CFA. This speaks to the first objective of this review study, which is to review literature on the CFA.

Based on the discussion up until this point, the seven themes may be seen as a synthesis of the current literature on the CFA, and how these factors inform the conceptualisation of change. This indicates that the first objective of providing a synthesis of

the current literature on the CFA has been met. This is in line with what Boyer (1990) describes as a requirement involved in the scholarship of integration, where isolated segments of existing knowledge are integrated to form a broader understanding of the topic at hand. This provides the reader with an up-to-date description of important factors which are common across all psychotherapeutic processes. This indicates that one part of the contextual gap identified has been addressed, through providing insight to the conceptualisation and understanding of the role played by common factors in the process of psychotherapeutic change. This information provides practising psychotherapists with a description of crucial factors in the psychotherapeutic process which are related to psychotherapy outcomes.

When analysing each of the individual themes at a closer level, the reader comes to understand how certain change principles and processes are involved in the facilitation of these themes as psychotherapeutic constructs and processes. Each of the themes consists of a number of different elements which enable psychotherapists to facilitate these themes as operational processes. This understanding of the descriptive themes speaks to the nature of CPR, which considers the *how* of psychotherapeutic processes. This leads us to address the second objective of this review study, reviewing the literature on CPR. The focus of CPR is on exploring how the psychotherapist goes about facilitating positive change. Analysing the themes from this perspective indicates that each of the seven themes consists of a number of dynamically interrelated and interdependent processes. This allows the reader to understand the various practical elements involved in each of the psychotherapeutic constructs. This perspective highlights the relevance of the seven themes on an operational level, through providing the reader with information on specific elements involved in how each of these themes inform the psychotherapeutic process. This further expands on what Wampold (2001, 2005) describes as common tasks through which psychotherapists effectively engage their clients. Wampold (2001, 2005) describes the common factors as elements which are related to

the outcome of psychotherapy, and these elements should be operationalised through the actions of the psychotherapist and the client. Davis and Piercy (2007a, 2007b) supports this through arguing that the strategic techniques proposed by different psychotherapeutic approaches function as vehicles through which common principles of change are operationalised across psychotherapeutic processes.

The narrative description of each of the seven themes serves to provide insight to how these constructs (identified as common factors) may be operationalised in the psychotherapeutic process. A framework drawn up by Bertolino (2018) further supports this through highlighting key principles of psychotherapy, which are operationalised through different competencies associated with each principle. Through highlighting the operational strategies, processes, and competencies associated with each of the seven descriptive themes, this study provides insight to how these common factors may be implemented in the psychotherapeutic process. Through integrating our understanding of the CFA with the data on CPR, this study provides a unique perspective of how the common factors may be operationalised in the psychotherapeutic process. Through reviewing the published literature on CPR, the second objective of this study is addressed. The synthesis provided between the CFA and CPR further meets the requirements involved in the scholarship of integration, as this synthesis leads to a novel understanding of these two constructs and how they relate to psychotherapeutic change (Boyer, 1990).

The dual focus of this review study on both the constructs of CPR and CFA sheds significant light on how these thematic constructs and their underlying processes contribute to psychotherapeutic change. The findings inform the conceptualisation of psychotherapeutic change through providing a portrait of the themes (or elements) related to positive change in psychotherapy. It goes further by providing a detailed sketch of how each of the related themes (or elements) may be operationalised within the psychotherapeutic process. The

findings also highlight the synergy between the CFA and CPR, and the important role this plays in facilitating a convergence within the discipline of psychotherapy. Reviewing the findings in terms of the review question, this study seems to indicate that the CFA and CPR may be approaches to describe similar psychotherapeutic constructs and processes, from different perspectives or on different levels. Both of these constructs relate to questions regarding the effectiveness of psychotherapy. They both provide similar, yet different sets of answers to these questions, as a result of different research designs and different levels of analysis. Based on the findings it appears that the CFA is focused on the intermediate level of the psychotherapeutic process. This intermediate level of abstraction functions on the level between the theoretical principles of an approach, and the psychotherapeutic techniques it aims to employ. Through highlighting the common change principles which may be found across psychotherapeutic processes the CFA provides convergence on the intermediate level of abstraction. Each of these seven themes may therefore be seen as important elements of change which function on the intermediate level of psychotherapeutic processes. Through functioning on the intermediate level psychotherapeutic processes, these seven themes may therefore be found across all psychotherapy approaches. The findings on CPR and how it relates to the conceptualisation of psychotherapeutic change adds to the construct of equifinality. These findings highlight the operational processes on the strategic (or technical) level of the psychotherapy process and describe how each theme could be operationalised by a variety of different processes. Through this dual level approach to understanding psychotherapeutic change, this study informs the conceptualisation of psychotherapeutic change in a significant manner. The current question faced by psychotherapy researchers is exploring *how* psychotherapy leads to positive change, with CPR being concerned with how the constructs deemed effective, contribute to such positive changes. The shift towards understanding how psychotherapy leads to positive change is clearly supported by Greenberg

(1986) and Elliot (2010), and in line with the recommendations made by Norcross and Elliot (2010). This places this review study in line with the need faced by the contemporary psychotherapist.

Based on the findings of this study, in order to facilitate convergence and hierarchic integration of the discipline, the emphasis ought to be on how the current focus on CPR could build on previous findings. This could be done by specifically indicating how CPR is aimed at exploring and highlighting the processes through which the common factors of psychotherapy are operationalised. This position thus highlights a need for synergy in a framework through which CPR and CFA can be integrated in order to include the strengths and limitations of each, and even more importantly, the ways in which these two constructs are similar and different. This need is highlighted by the strength-based perspective and framework developed by Bertolino (2018). The question is not whether CPR or CFA is the preferred approach to understand change in the context of psychotherapy research and practice, but rather how these two constructs can be integrated or synthesised in a meaningful change process framework. Systematically and scientifically developing such a change process framework will not only increase the evidence-based nature of understanding psychotherapeutic change, but will also hold potential to increase the effectiveness of psychotherapy to the benefit of clients. This echoes the statement made by Castonguay and Beutler (2006) who claim that psychotherapy has reached a point where it has produced enough knowledge to enable us to define the basic principles that govern psychotherapeutic change in a way that is not tied to any specific theory, treatment model, or narrowly defined set of concepts.

Limitations

Four limitations of this systematic review have been noted. Firstly, the inter-rater reliability (Cohen's coefficient) between the two reviewers was not calculated during the

quality appraisal phase. This may potentially have an influence on the rigour of the 39 articles included to the data extraction phase. Through using a third reviewer, the rigour of this review study was increased. The second limitation involves the period of time over which this study was performed (namely from 2017 to 2019). It is possible that recently published articles may have added to the information used in this systematic review. Thirdly, there is only a limited number of empirical studies included in the final dataset of this study. This is mainly due to a lack of empirical studies within the scientific literature on these constructs. It may be possible that the integration between CFA and CPR might be highlighted through the publication of more empirical studies (in the domain of CPR). A fourth limitation lies in the use of OneSearch as the only search engine from which the search was conducted. A wider search may have led to a higher number of records obtained. The broad parameters of this search serve to remedy this potential limitation.

Recommendations

These findings serve as an overarching framework which could be used to inform effective practice. The seven descriptive themes collectively reflect on the process of change involved in each individual theme and in the therapeutic process as a whole. When viewed from this perspective, the seven themes collectively provide a foundational sense of structure and organisation to one's understanding of psychotherapeutic change. These findings may be used to guide the contemporary psychotherapist's knowledge of current research in psychotherapy, through briefly highlighting the evolution of psychotherapy and the most prominent ideological cultures. At an individual level, these themes highlight the impact which various practices may have on the psychotherapeutic outcome. This information may be used to inform and guide the practice of contemporary psychotherapists. Each of the themes further provide the reader with clear operational processes aimed at facilitating psychotherapeutic change, while also highlighting process markers involved in each theme.

Through arguing for an increase in the synergy between current and previous research findings, this study also informs psychotherapy research. Each of the themes may further be explored or elaborated on (in future studies) in order to understand how they inform the practice of the scientist-practitioner. Using CPR to further unpack and provide insight to the workings of the CFA could lead to a greater understanding of psychotherapeutic effectiveness and the processes involved in facilitating psychotherapeutic change. An increase in empirical studies aimed at exploring this proposed synergy between CFA and CPR could benefit the discipline's movement towards convergence and hierarchic integration.

There further seems to exist a gap with regard to a clear delineation of what it entails to be a scientist-practitioner. These findings could be used to inform a framework of the scientist-practitioner. It is recommended that future research be aimed at operationally unpacking the model of a scientist-practitioner framework.

Conclusion

The discipline of psychotherapy has evolved significantly over the course of its existence. The contemporary psychotherapist is faced with significant pressure regarding evidence-based practice and the cost-effectiveness of psychotherapy. Through consulting scientific literature on the process of psychotherapeutic change, practitioners ensure that their practice is based on the latest empirical evidence. Change process research and the common factors approach are two prominent constructs in the literature on psychotherapeutic change. In this systematic review, we highlight seven descriptive themes (namely: relational variables, psychotherapist variables, client variables, technique variables, psychotherapeutic change variables, research variables, and the theoretical framework) as common factors informing the conceptualisation of psychotherapeutic change. We further discuss how these seven themes are understood to be operationalised during the psychotherapeutic process. This highlights the need for a synergic understanding of CFA and CPR in informing the

conceptualisation of psychotherapeutic change. The aforementioned emphasises the need for a framework based on the basic principles which govern psychotherapeutic change, as a means to increase the evidence-based nature of our understanding of psychotherapeutic change, to the benefit of the client, as well as the movement towards hierarchic integration between psychotherapy research and the practice of psychotherapy.

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Study	Theme One: Relational Variables	Theme Two: Psychotherapist Variables	Theme Three: Client Variables	Theme Four: Technique Variables	Theme Five: Psychotherapeutic Change Variables	Theme Six: Research Variables	Theme Seven: Theoretical Framework
20. Kolden, 1996;	X	X	X	X	X	X	X
21. Lampropoulos, 2001;	X	X		X		X	
22. Larsen & Stege, 2010;	X	X		X			
23. Laska & Wampold, 2014;					X		X
24. McGuinty et al., 2016;	X		X		X	X	
25. Miller & Moyers, 2017;	X		X	X	X	X	X
26. Morris, 2003;		X		X	X		X
27. Nakamura & Iwakabe, 2018;	X	X		X	X		
28. Oliveira, Sousa, & Pires, 2012;	X	X	X	X	X		
29. Olivera et al., 2013;	X	X	X		X		

Study	Theme One: Relational Variables	Theme Two: Psychotherapist Variables	Theme Three: Client Variables	Theme Four: Technique Variables	Theme Five: Psychotherapeutic Change Variables	Theme Six: Research Variables	Theme Seven: Theoretical Framework
30. Schut & Castonguay, 2001;		X		X		X	
31. Shapiro & Shapiro, 1987;	X	X			X	X	
32. Shoham-Salomon, 1990;	X		X		X	X	X
33. Sprenkle & Blow, 2004;	X	X	X	X	X		X
34. Stamoulos et al., 2016;	X	X					X
35. Stiles et al., 1990;		X	X		X	X	X
36. Thomas, 2006;	X	X				X	X
37. Tschacher, Junghan, & Pfammatter, 2014;	X			X			
38. Ward & Wampler, 2010;	X			X			
39. Ward, Linville, & Rosen, 2007;	X	X			X	X	

Study	Theme One: Relational Variables	Theme Two: Psychotherapist Variables	Theme Three: Client Variables	Theme Four: Technique Variables	Theme Five: Psychotherapeutic Change Variables	Theme Six: Research Variables	Theme Seven: Theoretical Framework
TOTAL ARTICLES HIGHLIGHTING THEME	31	27	15	27	31	24	22

Note: This table depicts how each of the individual themes are represented across the studies used in this literature review.

Table 2

Themes and Subthemes

Theme One: Relational Variables	Theme Two: Therapist Variables	Theme Three: Client Variables	Theme Four: Technique Variables	Theme Five: Psychotherapeutic Change Variables	Theme Six: Research Variables	Theme Seven: Theoretical Framework
Alliance	Multidimensional focus	Client preferences	Problem-solving	Intrapersonal & interpersonal change	Process research	Complementary nature of change
Trust	Case formulation (and sharing it)	Felt experience	Externalisation	Patterns of change	Outcome research	Psychotherapeutic integration
Role preparation	Micro-skills	Client's perspective	Reframing	Meta-perspective of Change	Change process research (CPR)	Pan-theoretical
Expectancy	Belief/Confidence in approach	Active participation	Cognitive mastery	Change mechanisms	Methodological issues	Assimilation & accommodation
Complex and dynamic interaction	Therapeutically present	Psychological mindedness (insight/awareness)	Corrective emotional experience	Change principles	Research- practice gap	Guiding framework
Person-centred conditions	Responsiveness		Humour	Motivation/Readiness to change	Equifinality	
Alliance ruptures	Immediacy		Metaphors	Ambivalence about change	Common factors approach (CFA)	
Communication	Credibility		Therapist belief in Techniques	Multidimensional view of change		
Flexibility	Competence		Micro-skills	Process Markers		
	Scientist- practitioner		Therapeutic Intervention	Change event/Significant events		

Theme One: Relational Variables	Theme Two: Therapist Variables	Theme Three: Client Variables	Theme Four: Technique Variables	Theme Five: Psychotherapeutic Change Variables	Theme Six: Research Variables	Theme Seven: Theoretical Framework
			Psychoeducation	Hindering events		
			Normalising	Cumulative nature of change		
			Interpretation	Levels of change		
			Meta-reflection	Change agents		
			Enactment			
			Raising awareness			
			Motivational interviewing (MI)			
			Redefinition			

Note: This table summarises each of the individual subthemes according to the main theme(s).

Table 3*Study Characteristics*

Characteristics of the studies	Number of studies
CONTEXT:	
Psychotherapy Practice	25
Psychotherapy Training	3
Psychotherapy Research	3
Marriage and Family Therapy	8
METHODOLOGY:	
Qualitative Design	10
Quantitative Design	4
Mixed-Methods Design	2
Conceptual / Theoretical Article	19
Review Study	2
Other (commentary response)	1
DATA COLLECTION METHOD:	
Empirical Study	17
Literature Review	21
Other (commentary response)	1
RESEARCH AIM:	
Common Factors Approach (CFA)	17
Change Process Research (CPR)	12
Psychotherapeutic Change	8
Other (hope)	2

Note: This table depicts the characteristics of the articles included in the final dataset.

Figures

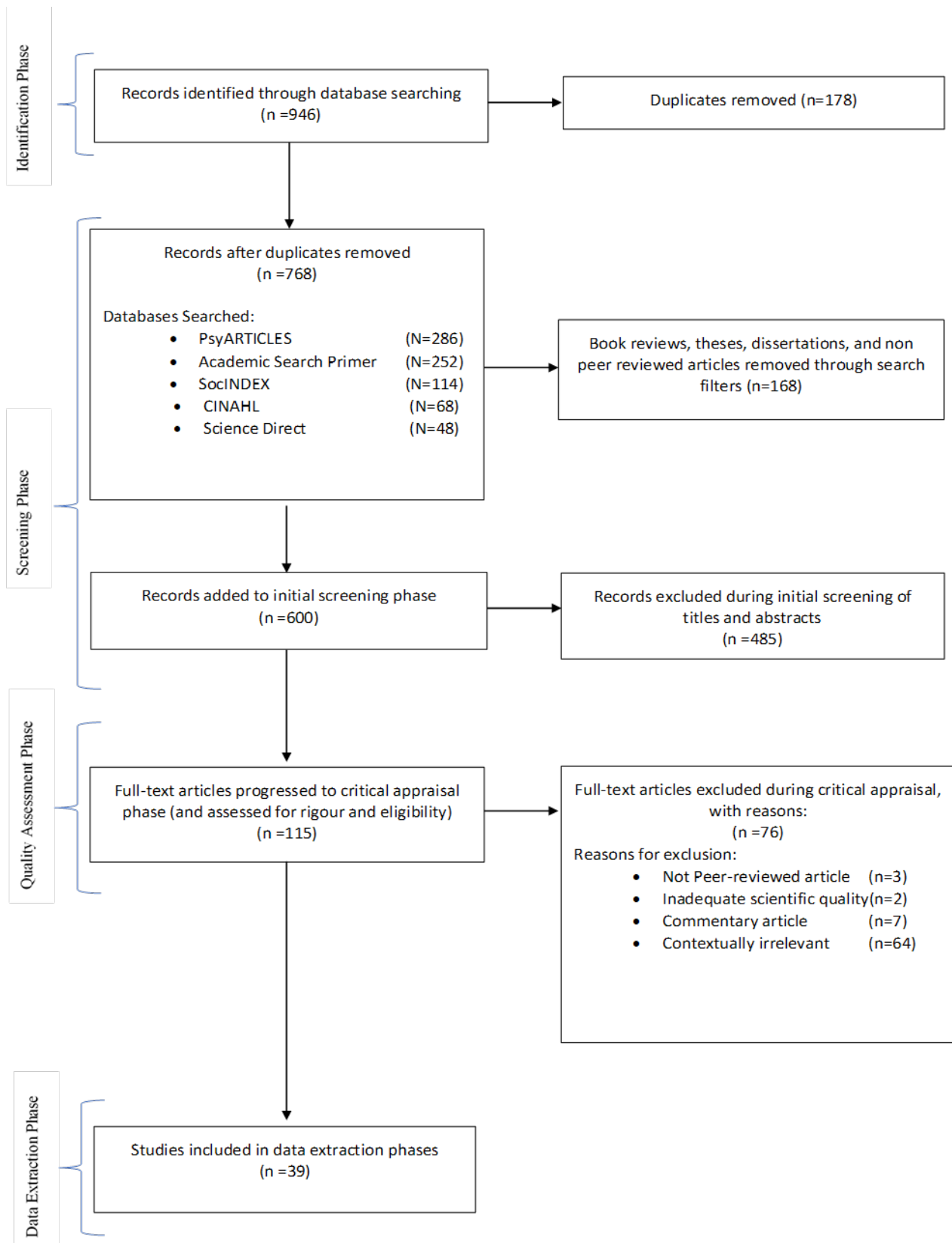


Figure 1. Flow diagram of the study selection process



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Research Ethics Regulatory Committee

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ETHICS APPROVAL LETTER OF STUDY

Based on approval by the North West University Health Research Ethics Committee (NWU-HREC) on 21/08/2018, the NWU Health Research Ethics Committee hereby approves your study as indicated below. This implies that the North-West University Research Ethics Regulatory Committee (NWU-RERC) grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: Change process research and common factors approach in conceptualising psychotherapeutic change: a systematic review.																		
Study Leader/Supervisor (Principal Investigator)/Researcher: Mr R Kok Student: J van der Merwe																		
Ethics number:	<table border="1"> <tr> <td>N</td><td>W</td><td>U</td><td>-</td><td>0</td><td>0</td><td>0</td><td>6</td><td>5</td><td>-</td><td>1</td><td>8</td><td>-</td><td>A</td><td>1</td> </tr> </table>			N	W	U	-	0	0	0	6	5	-	1	8	-	A	1
N	W	U	-	0	0	0	6	5	-	1	8	-	A	1				
	Institution	Study Number	Year															
Application Type: Systematic review		M																
Commencement date:																		
Approval of the study is initially provided for a year, after which continuation of the study is dependent on receipt and review of an annual (or as otherwise stipulated) monitoring report and the concomitant issuing of a letter of continuation.																		

Special in process conditions of the research for approval (if applicable): None

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:

- *The study leader/supervisor (principle investigator)/researcher must report in the prescribed format to the NWU-HREC:

 - *annually (or as otherwise requested) on the monitoring of the study, whereby a letter of continuation will be provided, and upon completion of the study; and*
 - *without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.*

*The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the study leader/researcher must apply for approval of these amendments at the NWU-HREC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.**
- *Annually a number of studies may be randomly selected for an external audit.*
- *The date of approval indicates the first date that the study may be started.*
- *In the interest of ethical responsibility the NWU-RERC and NWU-HREC reserves the right to:

 - *request access to any information or data at any time during the course or after completion of the study;*
 - *to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process;*
 - *withdraw or postpone approval if:

 - *any unethical principles or practices of the study are revealed or suspected;*
 - *it becomes apparent that any relevant information was withheld from the NWU-HREC or that information has been false or misrepresented;*
 - *submission of the annual (or otherwise stipulated) monitoring report, the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and / or*
 - *new institutional rules, national legislation or international conventions deem it necessary.***
- *NWU-HREC can be contacted for further information or any report templates via Ethics-HRECApply@nwu.ac.za or 018 299 1206.*

The NWU-HREC would like to remain at your service as scientist and researcher, and wishes you well with your study. Please do not hesitate to contact the NWU-HREC or the NWU-RERC for any further enquiries or requests for assistance.

Yours sincerely

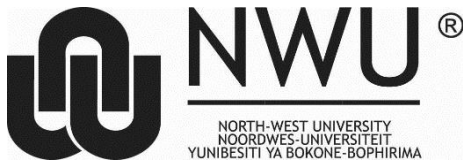


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File reference: 9.1.5.4.2



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Mr R Kok
COMPRES

Tel: 018 299 2092

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31 August 2019

Dear Mr Kok

FEEDBACK ON NWU-HREC ANNUAL MONITORING REPORT: NWU-00065-18-A1

We would like to thank you for submitting the annual monitoring report for your project entitled, "**Change process research and common factors approach in conceptualising psychotherapeutic change: a systematic review**", to the North-West University Health Research Ethics Committee (NWU-HREC) in a timely manner. Please find below the decision of the NWU-HREC regarding the continuation of your project.

Classification	Mark with X	Comment	
<i>Clarification</i>			
<i>Completion (Final report)</i>			
<i>Suspended</i>			
<i>Continuation</i>	X	Date of next monitoring report:	31 August 2020
<i>Termination</i>			

Should you have any further queries, please feel free to contact Ms Jamey Henry at your earliest convenience (E-mail: Ethics-HRECMonitoring@nwu.ac.za; Tel: 018 299 2266). We wish you well in your future endeavours.

Yours sincerely

Digitally signed by Wayne
Towers
Date: 2019.09.29
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Minrie Greeff
DN: cn=Prof Minrie Greeff,
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Prof Wayne Towers
Chairperson: NWU-HREC

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Current details: (20536690) G:\My Drive\9. Research and Postgraduate Education\9.1.5.5 HREC Monitoring\NWU-00065-18-A1\9.1.5.5.4_Cont_NWU-00065-18-A1_31-08-2019.docm

31 August 2019

File reference: 9.1.5.5.4

Appendix B

CRITICAL APPRAISAL TEMPLATE

Article Number: _____

Critical Appraisal done by		
Description	Response options	Comments
1. Aims of the research <ul style="list-style-type: none"> • Clearly stated • Appropriate 	<ul style="list-style-type: none"> ○ clearly described ○ unclear ○ not reported ○ n/a ○ appropriate ○ unclear ○ inappropriate ○ n/a 	
		Relevant pages:
2. Study design <ul style="list-style-type: none"> • Methodology 	<ul style="list-style-type: none"> ○ appropriate ○ unclear ○ inappropriate ○ n/a 	
		Relevant pages:
3. Recruitment and data collection <ul style="list-style-type: none"> • Recruitment / Sampling strategy / Literature review (for theoretical articles) • Data collection methods / Literature review (for theoretical articles) 	<ul style="list-style-type: none"> ○ appropriate ○ unclear ○ inappropriate ○ n/a ○ adequate ○ inadequate ○ not reported ○ n/a 	
		Relevant pages:
4. Data analysis	<ul style="list-style-type: none"> ○ rigorous ○ not rigorous ○ n/a 	
		Relevant pages:
5. Findings / Interpretation <ul style="list-style-type: none"> • Validity and reliability / Trustworthiness 	<ul style="list-style-type: none"> ○ valid / trustworthy ○ unclear ○ potential bias ○ n/a 	
		Relevant pages:

<ul style="list-style-type: none"> • Relevance 	<ul style="list-style-type: none"> ○ relevant ○ unclear ○ limited relevance 									
		Relevant pages:								
6. Ethical considerations	<ul style="list-style-type: none"> ○ adequate ○ unclear / inadequate ○ n/a 									
		Relevant pages:								
7. Implications of the study	<ul style="list-style-type: none"> ○ clearly reported / adequate ○ unclear / inadequate ○ not reported 									
		Relevant pages:								
OVERALL ASSESSMENT OF THE STUDY										
Scientific Quality			Relevance							
How well was the study conducted? <ul style="list-style-type: none"> ○ ++ (All or most of the criteria have been fulfilled – where they have not been fulfilled the conclusions of the study or review are very unlikely to alter) ○ + (Some of the criteria have been fulfilled – those criteria that have not been fulfilled or not adequately described are unlikely to alter the conclusions) ○ - (Little or no criteria fulfilled – the conclusions of the study are likely or very likely to alter) 			Will this article help to answer the research question? <i>What does current scientific literature report on Change Process Research and Common Factors Approach, in conceptualising Psychotherapeutic Change?</i> <ul style="list-style-type: none"> ○ YES ○ NO 							
Phase 2: FINAL DECISION: <ul style="list-style-type: none"> ○ IN ○ OUT ○ MAYBE 			<table border="1" style="width: 100%; text-align: center;"> <tr> <td data-bbox="1098 1787 1230 1839">CPR</td> <td data-bbox="1230 1787 1362 1839">CFA</td> <td data-bbox="1362 1787 1479 1839">PC</td> </tr> <tr> <td data-bbox="1098 1839 1230 1890"></td> <td data-bbox="1230 1839 1362 1890"></td> <td data-bbox="1362 1839 1479 1890"></td> </tr> </table>		CPR	CFA	PC			
CPR	CFA	PC								

The Critical Appraisal Tool:

The nature of the inclusion criteria of this proposed review study includes both qualitative and quantitative data as potential sources of evidence. This calls for an appraisal tool versatile enough to cover both possibilities. The student's study leader recently developed a critical appraisal tool which he successfully implemented in a systematic review (on a similarly broad thematic topic, in terms of research design of the included studies) as part of research for his doctorate degree. This tool served as the basis from which the following critical appraisal tool was developed. This specific critical appraisal tool was developed through integrating the criteria and guidelines of the following established critical appraisal tools: the National Institute for Health and Care Excellence (NICE) (2012); the Quality Criteria Checklists (QCC) (ADA, 2008); as well as the guidelines proposed by Petticrew and Roberts (2006).

This Critical Appraisal Tool (C.A.T) is developed with the purpose of appraising the scientific rigour, and specific relevance, of the studies identified through the search strategy, and included through the first phase of screening (accordingly to the relevance of titles and abstracts). This C.A.T is developed through an integration of different established tools, with the aim of creating a C.A.T which is broad enough to appraise the quality of any potentially relevant study – regardless of its research design.

This C.A.T is structured in a table format and designed to fit on a single page. This makes the process of appraising studies as efficient and systematic as possible. The table consists of three columns:

- The first column entails a description of the specific appraisal element of the study.
- The second column entails the response options of the appraisal element, written in a statement fashion.
- The third column consists of an open space for any significant commentary about the specific element of the study, as well as a section dedicated to the relevant pages where this element of the article may be found.

This C.A.T is based on seven descriptive elements according to which the quality of the included studies will be appraised. Here follows a brief discussion of each of these elements:

1. Aims of the Research:

This element concerns whether the aims of the research are clearly stated, as well as its degree of appropriateness to the nature of the study. This section is therefore concerned with the research question, the aims, and the objectives of the included study. The response options of this element consider whether the aims of the study are appropriately stated (or not), and whether they may be deemed appropriate (or not).

2. Study Design:

This element is concerned with the methodology and research design of the included study. The response options consider the appropriateness of the methodology/research design, in terms of the aims of the study.

3. Recruitment and Data Collection:

4. This appraisal element concerns the recruitment and sampling strategy, or the literature review (in the case of theoretical articles) of the included study – and whether these are clearly stated and appropriate to the study. It further also concerns the data collection method used in the included study, and whether this may be deemed clear and appropriate).Data Analysis:

This element concerns the rigour of data analysis procedure of the included study. Response options considers whether this may be deemed rigorous (or not).

5. Findings and Interpretations:

This appraisal element concerns whether the finding, or interpretations of the research could be deemed valid, reliable, or trustworthy. It is also aimed at assessing for potential bias, and the relevance of the findings/interpretations to the research of the included study. Red flags regarding potentially biased research findings should be noted in the comments area (with the relevant page numbers listed).

6. Ethical Considerations:

This element concerns any potential ethical considerations inherent to the research of the included study, and whether these were adequately addressed by the authors.

7. Implications of the Study:

This element is concerned with the final implications of the included study, such as future recommendations, suggestions, or possible limitations to the research. This element considers whether these aspects are adequately reported.

These seven appraisal elements culminate to form an **overall assessment of the study**, broken down into the scientific quality (and rigour) of the study, and the study's relevance to the proposed review question.

Scientific Quality and Rigour: This overall aspect asks the question: "how well was this study conducted?". The study's placement here depends on the individually appraised elements, and the study can be placed in one of the following positions:

- ++ The study will be placed here if most of the criteria were adequately fulfilled. This leads to the conclusion that those elements deemed not adequate are very unlikely to change/alter the final conclusions of the appraised study.
- + The study will be placed here if some of the criteria were adequately met. This leads to the conclusion that the inadequately described elements are unlikely to alter the final conclusions of the study.
- - The study will be placed here if little/few of the criteria were adequately fulfilled. This leads to the conclusion that the elements which were not adequately described may have an impact on the study's final conclusions.

Relevance: This overall aspect is aimed at assessing the included study's relevance to the aims and objectives of the proposed review study. This aspect asks the question: "Will this study help to answer the research question?". This is indicated through the following options:

- Yes The article is relevant to the proposed research question.
- No The article is not relevant to the proposed research question.

The specific relevance of the included study is indicated through marking which of the following constructs of the research question, are described in the included study:

- CFA The study is relevant due to its inclusion of the Common Factors Approach.
- CPR The study is relevant due to its inclusion of Change Process Research.
- PC The study is relevant due to its inclusion of Psychotherapeutic Change.

The overall quality assessment (culminating from the seven appraisal elements), and the relevance assessment form the first phase of the quality assessment stage. This phase entails each of the researchers independently appraising the quality of each of the included full-text studies, as described in the process above.

The second phase entails the two researchers coming together to co-review their independent quality appraisal of each of the included studies – deciding whether a study should be included or excluded from the review. This decision is based on the individual placement of the respective study during the first phase. In the case that a discrepancy should arise, a third reviewer will be consulted to make the final decision. The final decision, made in this second sub-phase, will be determined by these parameters:

Rümando Kok (Phase #1)	Jandré vd Merwe (Phase #1)	Final Decision
++	++	Included
++	+	Included
++	-	Included
+	++	Included
+	+	Included
+	-	Excluded
-	++	Excluded
-	+	Excluded
-	-	Excluded

The response options for the second phase of quality appraisal are:

- In The study is included to the data extraction phase of the proposed review study.
- Out The study is excluded from the proposed review study.
- Maybe The third reviewer should be consulted to aid with the decision.

Comprehensively applying this C.A.T to an included study may be expected to take between 20 and 30 minutes.

Appendix C

Table C1*Characteristics of Included Studies*

Study	Aim	Methodology	Context	Sample / Literature Review Characteristics	Data Collection	Core Findings
1. Booth, Cushway, & Newnes, 1997;	Investigating clients' perspective of significant events and outcome in psychotherapy	Quantitative design, empirical comparative approach	Psychotherapy practice	Convenience sampling; Psychotherapist (N=6); Psychotherapy clients (N=51)	Helpful aspects of therapy questionnaire (HAT); Quality of life scale (QOL); Goal attainment scale (GAS)	Clients report that significant events such as reassurance, problem solution, involvement, and insight, frequently occurred in their experience, and may be related to their perception of the outcome of psychotherapy
2. Carey et al., 2007;	Exploring clients' understanding, and experience of psychotherapeutic change	Qualitative design	Psychotherapy practice	Purposive, criterion-based sampling; clients finished with psychotherapy treatment; (N=27)	Topic guide, focused on the client's experience and perception of change	Highlights clients' subjective experience of change as both a gradual and sudden process with six themes characterising their experience of how change occurs

Study	Aim	Methodology	Context	Sample / Literature Review Characteristics	Data Collection	Core Findings
3. Castonguay, 2000;	Discussing the role of the CFA in psychotherapy training	Theoretical article	Psychotherapy training	In-depth literature review	Theoretical article	A comprehensive programme for training psychotherapy integration
4. Castonguay, Constantino, & Holtforth, 2006	Provide a useful heuristic for understanding the working alliance, the therapeutic relationship, and the process of psychotherapeutic change in general	Conceptual article	Psychotherapy practice	Provides an in-depth conceptual picture of the working alliance and its implications for psychotherapy	Conceptual article	Emphasising the role played by relational elements, and the relational context of the psychotherapy process; and the complex interaction of variables involved in the psychotherapy process
5. D'Aniello, 2015;	Linking the CFA to a model for integration	Conceptual article	Marriage & family therapy (MFT)	Broadly conceptualised literature review	Conceptual article	CFA as a roadmap to integration
6. Davis & Piercy, 2007a;	Detailing an inductively derived, empirically based model of common factors in MFT	Qualitative design, grounded theory approach	Marriage & family therapy (MFT)	Purposive sampling; model developers (N=3);	Telephonic interviews - semi-structured and open-ended	Broad (and narrow) common factors synthesised into a meta-model of change

Study	Aim	Methodology	Context	Sample / Literature Review Characteristics	Data Collection	Core Findings
7. Davis & Piercy, 2007b;	Investigating the common factors involved in marriage and family therapy from the perspective of model-developers, students, and clients	Qualitative design, grounded theory approach	Marriage & family therapy	Purposive sampling; model developers (N=3), students (N=2), clients (N=6);	Telephonic interviews	Presenting a conceptual framework outlining how model-dependent (narrow) and model-independent (broad) common factors interact to produce change
8. Davis, Lebow, & Sprenkle, 2012;	Provide an empirically based case for several common factors in couples therapy	Conceptual article	Marriage & family therapy	In-depth literature review concerning the basic tenets of the CFA	Conceptual article	Advocates for a moderated CFA through outlining the main tenets of a common factors paradigm
9. DeFife & Hilsenroth, 2011;	Review clinical research related to non-specific treatment effects during the early stages of psychotherapy, and developing techniques for clinical practice (based on the	Review study	Psychotherapy practice	Detailed analysis of the literature regarding common factors during the early stages of psychotherapy	Review study	Highlights the important role the following processes has during the early stages of psychotherapy: fostering positive expectancies; role preparation; collaborative goal formation

Study	Aim	Methodology	Context	Sample / Literature Review Characteristics	Data Collection	Core Findings
10. Donahey & Miller, 2000;	non-specific treatment effects) Applying a common factors perspective to the practice of sex therapy	Conceptual article	Psychotherapy practice	Conceptualises four categories of common factors in terms of their practical relevance and how these factors can be facilitated in the psychotherapy process	Conceptual article	Highlights the practical application of common factors and the change processes they facilitate
11. Elliot, 2010;	Comprehensive analysis and overview of four major approaches to identifying and evaluating psychotherapy change processes	Conceptual article	Psychotherapy practice	In-depth analysis of the four streams of evaluation in CPR - with a critical reflection on the strengths and limitations of each approach	Conceptual article	A critical assessment of CPR and its evolution across 60 years, emphasises the complex interaction of psychotherapy processes and provide guidelines for psychotherapy process research

Study	Aim	Methodology	Context	Sample / Literature Review Characteristics	Data Collection	Core Findings
12. Ferreira et al., 2016;	Deepen our understanding of the processes of change, of a single case study, throughout the psychotherapy process	Mixed-methods design; single longitudinal case study	Psychotherapy practice	Single case study; (n=1); 100 sessions, over a period of 4 years	Strategic objectives grid (SOG)	Through integrating a phase-by-phase perspective and a moment-by-moment method of tracking the psychotherapy process, a better understanding of the psychotherapy process and its change processes is obtained
13. Fitzpatrick & Stalikas, 2008;	Considering the broaden-and-build theory as having heuristic value for understanding psychotherapeutic change processes	Conceptual article	Psychotherapy practice	In-depth analysis of the concepts involved in the theory, and how they universally relate to psychotherapy	Conceptual article	Provides a broad, pan-theoretical structure from which to conceptualise change processes across different orientations to psychotherapy
14. Fraser et al., 2012;	CFA as a middle path to integration of common and specific factors in	Theoretical article	Marriage & family therapy	In-depth literature review	Theoretical article	Developed a preliminary integrative model of a moderate CFA to

Study	Aim	Methodology	Context	Sample / Literature Review Characteristics	Data Collection	Core Findings
15. Greenberg, 1986;	evidence-based treatment Critically analysing the various elements of CPR	Conceptual article	Psychotherapy research	Discusses CPR in terms of outcome, process, change events, and patterns of change	Conceptual article	psychotherapy integration Provides a conceptual framework for understanding psychotherapeutic change, and psychotherapy processes
16. Grencavage & Norcross, 1990;	A systematic review of the common factors in psychotherapy literature	Systematic review	Psychotherapy practice	50 publications: books (N=15); journal articles (N=13); special journal section (N=10); chapters in books (N=7)	Systematic review	Highlights the commonalities across psychotherapy approaches in terms of the change principles and processes. Five superordinate categories of similarities were found
17. Harris et al., 2014;	Conceptualising Multitheoretical psychotherapy, its principles, and its training programme	Conceptual article	Psychotherapy training	Comprehensive conceptualisation of the theory, its principles, and practical implications	Conceptual article	Conceptualises the key strategies which guide the processes of Multitheoretical psychotherapy

Study	Aim	Methodology	Context	Sample / Literature Review Characteristics	Data Collection	Core Findings
18. Iwakabe & Conceicao, 2016;	Examining meta-therapeutic processing as a change-based therapeutic immediacy task - building a task-based model of the processes involved	Qualitative design, task analytic research strategy	Psychotherapy practice	Pure gold sampling (combination of theoretical and purposive sampling); examples of successful meta-therapeutic processing episodes (N=4)	Task analysis	Clear conceptualisation and delineation of the task-based processes involved in episodes of meta-therapeutic processing
19. Khattra et al., 2017;	Investigating clients' subjective accounts of corrective experiences post-psychotherapy	Qualitative design, exploratory pilot study	Psychotherapy practice	Purposive sampling; (N=2)	Semi-structured interviews	Motivational Interviewing (MI) appears to facilitate a corrective experience of the self, which may be seen as a change mechanism mediated by MI's focus on client's sense of agency and self-efficacy
20. Kolden, 1996;	Examining change processes in a naturalistic context of	Qualitative design, multiple case study approach	Psychotherapy practice	Purposive sampling, clients (n=9); Median of 20 sessions each	Therapy session report (TSR); Therapeutic procedure	Outlines a model of change, based on the generic model of

Study	Aim	Methodology	Context	Sample / Literature Review Characteristics	Data Collection	Core Findings
	psychotherapy - guided by the generic model of psychotherapy				inventory - revised (TPI-R); Mental health index (MHI)	psychotherapy, which is used to evaluate change processes during the early stages of treatment
21. Lampropoulos, 2001;	A broad view, and conceptualisation of change processes across different change-inducing social relationships	Conceptual article	Psychotherapy research	In-depth analysis of common factors of change across different relationships	Conceptual article	A comprehensive argument for the universal nature of the change processes across different helping relationships
22. Larsen & Stege, 2010;	Exploring the nature of implicit hope-focused interventions and practices involved in fostering hope during psychotherapy	Qualitative design, case study approach	Psychotherapy practice	Intensity sampling; psychotherapists (N=5); psychotherapy Clients (N=11)	Interpersonal process recall (IPR)	Two aspects and processes of psychotherapy are shown to be implicitly related to hope: attending to the therapeutic relationship; and fostering client perspective change
23. Laska & Wampold, 2014;	Highlights ten key aspects to consider when conceptualising the CFA	Commentary response	Psychotherapy research	Broad discussion of ten points to consider with regards to CFA	Commentary response	Highlights, ten aspects of the CFA which may have been misunderstood

Study	Aim	Methodology	Context	Sample / Literature Review Characteristics	Data Collection	Core Findings
24. McGuinty et al., 2016;	Conceptualising the commonalities shared by models of brief (short-term) psychotherapy	Conceptual article	Psychotherapy practice	Limited literature review regarding the common tasks shared by four theoretical approaches, and how these relate to the change processes of psychotherapy	Conceptual article	Delineating a systematic framework of 20 specific psychotherapy tasks which are important during the early phases of the psychotherapy process
25. Miller & Moyers, 2017;	Comprehensively describing and conceptualising the theoretical principles and change processes of Motivational Interviewing (MI)	Conceptual article	Psychotherapy practice	In-depth literature review which conceptualises MI as an approach to psychotherapy	Conceptual article	Clearly delineating the relational principles and technical processes which characterise MI
26. Morris, 2003;	Conceptualising a metamodel of psychotherapy	Conceptual article	Psychotherapy practice	Comprehensive conceptualisation of the metamodel, and how it relates to existing approaches to psychotherapy	Conceptual article	The metamodel delineates a common structure which cuts across different approaches to psychotherapy, it also provides guidelines for case formulation

Study	Aim	Methodology	Context	Sample / Literature Review Characteristics	Data Collection	Core Findings
27. Nakamura & Iwakabe, 2018;	Constructing a preliminary process model of corrective emotional experience(s) in psychotherapy	Qualitative design, task analytic research strategy	Psychotherapy practice	Pure gold sampling; successful episodes of corrective emotional experience (N=3); partially successful episodes of corrective emotional experience (N=3)	Task analysis	and treatment planning Delineating the essential components (in terms of tasks and processes) of corrective emotional experience(s) in psychotherapy
28. Oliveira, Sousa, & Pires, 2012;	Identify and understand significant psychotherapeutic events within the context of an existential approach to psychotherapy	Qualitative design, phenomenological approach	Psychotherapy practice	Purposive sampling; psychotherapy clients (N=3)	Phenomenological interview	Identifying, describing, and mapping significant events (helpful or hindering) which occur within the psychotherapeutic context
29. Olivera et al., 2013;	Qualitatively investigate how former psychotherapy clients perceive	Qualitative design, consensual qualitative research	Psychotherapy practice	Snowball sampling; former psychotherapy clients (N=17)	Semi-structured interviews	Highlights the relevance and importance of clients' perspective of

Study	Aim	Methodology	Context	Sample / Literature Review Characteristics	Data Collection	Core Findings
30. Schut & Castonguay, 2001;	change, and its relation to the outcome of psychotherapy Conceptualising the change processes of psychodynamic approaches to psychotherapy, and their universal influence across different approaches to psychotherapy	Conceptual article	Psychotherapy training	Broad literature review, with clear examples found in clinical practice	Conceptual article	psychotherapy and its change processes Emphasising the universal nature of psychotherapy change processes
31. Shapiro & Shapiro, 1987;	Conceptualising a convergence between two approaches to understanding psychotherapeutic change	Conceptual article	Psychotherapy practice	Critical analysis of psychotherapeutic change, from the perspective of the practicing psychotherapist, as well as the perspective of the psychotherapy researcher	Conceptual article	Provides a comprehensive argument for the scientist-practitioner approach, and delineates steps to facilitate a convergence between practice and research

Study	Aim	Methodology	Context	Sample / Literature Review Characteristics	Data Collection	Core Findings
32. Shoham-Salomon, 1990;	Interrelating the research processes involved in process research	Conceptual article	Psychotherapy practice	Critical analysis of three assumptions in process research, and conceptualises elements involved in process research	Conceptual article	Proposes a new conceptual framework which is transactional in nature, and views change processes as mutually defining.
33. Sprenkle & Blow, 2004;	Delineating the major common factors, reviewing the empirical evidence for them, in an effort to adapt a common factors informed model to the practice of MFT	Theoretical article	Marriage & family therapy (MFT)	Delineating a moderated common factors approach in an attempt to argue for its relevance as a vehicle for the effectiveness of models to psychotherapy	Theoretical article	Delineated five core components of a moderated common factors approach, as well as three components unique to MFT
34. Stamoulos et al., 2016;	Explore the importance of different common factors, from the clinicians' perspective	Quantitative enquiry	Psychotherapy practice	Snowball sampling; practicing psychotherapists; (N=21)	Q-sort-ranking task	Most common factors are believed to be important for facilitating therapeutic outcomes

Study	Aim	Methodology	Context	Sample / Literature Review Characteristics	Data Collection	Core Findings
35. Stiles et al., 1990;	Presenting an integrative model of a central aspect of change in psychotherapy	Conceptual article	Psychotherapy practice	Comprehensive discussion of the different elements involved in conceptualising the model	Conceptual article	Facilitates small-scale conceptualisation of the change processes, and suggests an optimal structuring of treatment plan, while understanding the needs of clients
36. Thomas, 2006;	Explore the perception psychotherapists and clients have with regards to the degree to which common factors contribute to psychotherapeutic change	Quantitative design	Marriage & family therapy	Convenience sampling; psychotherapy clients (N=30); psychotherapists (N= 10)	Survey	Highlighting the crucial role clients play in contributing to change in the psychotherapy process
37. Tschacher, Junghan, & Pfammatter, 2014;	Aims to contribute to the definition and conceptualisation of common factors in relation	Quantitative design	Psychotherapy practice	Purposive and convenience sampling; psychotherapy experts; (N=68)	Internet-based survey	Detailed profiles of all common factors in terms of their positive, or negative association with

Study	Aim	Methodology	Context	Sample / Literature Review Characteristics	Data Collection	Core Findings
	to standard techniques / Developing a taxonomy of the common factors in psychotherapy					specific techniques
38. Ward & Wampler, 2010;	Greater level of understanding and clearer conceptualisation of hope within a therapeutic context	Qualitative design, grounded theory approach	Marriage & family therapy	Convenience-, and snowball sampling; practicing psychotherapists; (N=15)	Semi-structured interviews	Highlights the general and specific conditions and consequences of hope inducing processes
39. Ward, Linville, & Rosen, 2007;	Exploring clients' experience of the helpfulness of common factors during their psychotherapy experience	Mixed-methods design	Psychotherapy practice	Convenience sampling; psychotherapy clients; (N=41)	Client perception survey (CPS); Open-ended questionnaire	Emphasises the importance of the psychotherapeutic relationship, as well as client motivation, extra-therapeutic factors, hope- and expectancy factors

Notes: This table serves as a summary of the main findings and core methodological aspects of each of the articles which were included in the

data extraction phase

CHAPTER III

Critical Reflection

Reflecting on my experience of the three years I actively spent on this study, it feels like I gained a better perspective of the amount of work and time a review study entails. I have to admit that I initially thought that I would easily complete the study within the designated two years. This perspective quickly changed once I realised the number of studies my keywords identified, which made me aware of the potential value this study could have. I came to enjoy the process of systematically working from a broad dataset, to a more narrow and focused set of information. The satisfaction of successfully completing each of the steps of this systematic review and seeing how the various bits and pieces of information came to the fore, really motivated me.

An important aspect which I noted during this study is that I found it hard to meet the deadlines I set with my supervisor. At first this was due to poor time management, and a lack of sufficient self-discipline to sit down and put in the hours to complete the initial steps of the review. As I grew more accustomed to the amount of work each of the tasks entails, I found that I set more realistic deadlines. I also noted that at times I pushed deadlines, in order to ensure the work is done according to high standards of accuracy, and attention to detail. This was especially prevalent during the data extraction and thematic analysis stages. I do believe that through this process I was able to increase my level of self-discipline.

I also enjoyed the process through which the seven themes were generated. I especially enjoyed the systematic process through which I went about populating each of the themes according to the subthemes identified in the dataset. This stage took a significantly long time to complete, although I feel that the findings really reflect the amount information present in the dataset. My overall experience of this research study was really positive. I am intrigued by the findings of my study, especially how it serves to provide a framework for

understanding psychotherapeutic change. Through this study I developed an interest in the academic and scientific study of psychotherapy, and psychotherapeutic change. I am thinking of possibly pursuing a PhD focused on some of the recommendations from this study.

Possible interests in line with this include, aspects relating to a framework for the scientist-practitioner model, or an empirical study which could further elaborate and build on the findings of this study.

When critically reflecting on the findings of this systematic review, a few points come to mind. Firstly, the science and practice of psychotherapy seems to be facing a possible change in basic assumptions regarding psychotherapeutic change. This paradigm shift seems to be characterised by an improvement in the accuracy of psychotherapy research. This change in thinking calls for synergy between the current focus of psychotherapy research and the previous findings. Based on the findings of this study, the CPR framework may be used to highlight how the factors common to all psychotherapeutic orientations lead to psychotherapeutic change. Integrating the ideological culture(s) developed through these two movements (CPR and CFA) leads to an increased understanding of psychotherapeutic change, thereby leading to an increase in the effectiveness with which contemporary psychotherapists practise. This leads us in the direction of a converging, theoretically neutral understanding of change in psychotherapy. Through using our current research designs and methodologies to increase our understanding of the processes which underly the common factors, we move the relational focus of our discipline into a more evolved dimension.

This highlights the complementary nature of these two paradigms for understanding psychotherapeutic change. The second aspect to discuss involves the terms mediators and moderators. These are statistical constructs used to explain causality within the various psychotherapeutic processes. It appears that these terms may add to the current state of confusion with regard to the use of the constructs CPR and CFA. These statistical constructs

are difficult to understand and may add to the assumption of causality, which Greenberg (1986) describes as a challenge to our understanding of psychotherapeutic change.

As a third point of reflection, I wish to highlight the immense impact this study and its results had on my personal understanding of psychotherapy, psychotherapeutic change, and evidence-based practice. These findings (now) form part of my repertoire for understanding psychotherapeutic change, and the processes involved in facilitating a client's movement towards change. Before I started this study, I had little practical experience of psychotherapy. I remember the day my supervisor and I brainstormed the research question – he had to present a formal case presentation in order for me to grasp the psychotherapeutic process. My understanding of psychotherapeutic change was largely determined by the particular psychotherapeutic approach we covered in the master's programme at a particular point in time. Although this perception of change evolved to a more integrative understanding of change, it was still large theory driven – this was especially true during the M1 year. Although I appreciate the importance of ensuring a solid theoretical foundation, especially during the initial years of training, in retrospect I realise how this led to a highly technique driven understanding of psychotherapy, and the role of the psychotherapist.

During my M2 year, this understanding of change further evolved. This evolution was due to an increase in the amount of time I actively spent in psychotherapy with clients, more time spent in supervision (with a range of different supervisors), and progress made in the review study. Through in-depth supervision, focused on a specific client, I was exposed to the responsibilities of a scientist-practitioner, the importance of evidence-based practice, and also to the principle of responsiveness. This made me more attuned to the relational elements of the psychotherapeutic process, and how this interaction forms the basis from which one's theoretical approach functions. This experience was particularly influential in providing me the practical experience of how different psychotherapeutic processes interact in order to

create a change event. The data extraction step of this systematic review further facilitated my evolved understanding of psychotherapeutic change. Through exposing me to literature concerning the common principles of change in psychotherapy, my perception of change being strictly driven by theoretical principles was challenged.

After completing my internship year, I started with the process of thematic analysis. I dedicated this year (which I affectionately named my M3 year) to this review study. This allowed me adequate time to fully engage with the findings. I found it hard to write these themes in a clear and concise manner, and only submitted it to my supervisor after several attempts. During this step I dove deep into my dataset, and through an iterative process I painstakingly checked every code we generated in the dataset. Through this process I really came to understand how the findings of this study can be seen as a framework which highlights the different thematic elements involved in conceptualising psychotherapeutic change. I had not practical psychotherapy experiences during the M3 year, but I enjoyed revisiting my previous experience with a renewed understanding of process which impacted those experience (both good outcome, and bad outcome). I especially realised the importance of spending time to clearly explore the expectations a client has for psychotherapy and using this information to establish clear treatment goals and objectives. This is something which a had to consciously focus on during subsequent psychotherapeutic processes.

The seven descriptive themes produced by this study provide the contemporary practitioner with a roadmap of seven important factors one should consider when entering a new psychotherapeutic process. The descriptive process involved in each theme points to how these factors may be operationalised in the psychotherapeutic process. These findings provide a credible understanding of psychotherapeutic change. It could serve as an overarching framework which supplies a sense of structure and organisation to the practising psychotherapist. Through this, these findings may be used to inform effective practice,

regardless of the psychotherapist's theoretical model or orientation. This indicates the relevance of these findings to our understanding of the scientist-practitioner.