



**Perceptions of change process
and key events in psychotherapy by
psychologists in private practice:
a qualitative study**

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SUMMARY

In literature, change process has been used to determine how change occurs in psychotherapy and how the client progresses from one point to another during and until the termination of therapy. Many researchers have explored change process to understand contributors to change and improve the understanding of the process. These studies were undertaken either from a theoretical perspective or the client's point of view. However, no studies have been done to determine how psychologists view change process and how certain key events might play a role in psychotherapy. This study aimed to answer the following question: How do psychologists perceive change process and key events in psychotherapy? The study undertook to interview psychologists in private practice with more than five years' experience and determine how they perceived change while working with clients. The research was done from a qualitative perspective. A total of 12 participants participated in the study, half of which were in academics or in private practice or both and the other half being involved in private practice only. The participants took part in semi-structured interviews, which were transcribed and analysed using thematic analysis. Five main themes were uncovered, namely 1) client variables, 2) psychologist variables, 3) therapeutic relationship variables, 4) therapeutic technique variables; and 5) change constructs related to key events. The findings revealed that psychologists focus mainly on the abovementioned themes in perceiving how change occurs during psychotherapy and that certain key events take place while undergoing the process of change. The results were, therefore, beneficial in understanding change process from the psychologist's perception.

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Rümendo Kok

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Section 1: Introduction

Introduction

This study offers the reader an in-depth look into some of the constructs that were explored in this study and an overview of what relevant literature states regarding these constructs. Change process was first introduced as a topic during the 1980s in the field of psychology. The literary overview provides a basic history of how change process came to be recognised and researched and how psychotherapy and change process complement each other. Finally, this chapter provides an understanding of why change enjoys such a significant focus in psychotherapy and considers some of the benefits of understanding change process better. This study also addresses key events and their role in psychotherapy and change. In conclusion, this study presents an integrated understanding of how psychologists perceive change process constructs and how change process can benefit psychotherapy.

Literary overview

Section one of this study presents a literary overview of the following: evidence-based practice, evidence-based treatment, change process, change process research, and key events. These topics were researched through the use of various databases, including Google Scholar, EBSCOhost and JSTOR.

Evidence-based practice

Contemporary psychotherapy has shifted away from the traditional theories that once shaped the profession of psychology, such as psychoanalysis and behaviourism. (Llewelyn & Hardy, 2001), to evidence-based practice (EBP), which is a fundamental approach for psychologists who are working with their clients toward effective psychotherapeutic interventions. The resurgence of empirical research within the field of psychology gave psychologists a way to test their theories and their effectiveness. Professionals could thereby form a basic understanding of which approach worked best for a specific client or diagnosis (Katsikis, 2014). Although still not definitive, research has given psychologists a way to gain more knowledge in the field of psychotherapy practice and determine the most effective approach to benefit the client.

Evidence-based treatment

Evidence-based treatment (EBT), also referred to as evidence-based therapy, focuses on the current research to ensure that treatment measures are well studied and proven effective within the psychological norms in which they are implemented (Harris, Kelley, & Shepard, 2015). Contrary to the common misconception, EBP and EBT are not synonymous – even though they share various characteristics, they are based on different principles. One main feature that distinguishes EBT from EBP is that EBT focuses on the specific techniques that psychologists use in order to evoke certain responses or changes in the client (Harris et al., 2015). EBP is an umbrella term used for all of the constructs that could affect the outcome of psychotherapy, whereas EBT focuses on specific treatment methods used to target a client's needs. This means that EBT is a construct which exists within EBP and, therefore, targets a specific domain within EBP. One common example of EBT is the use of cognitive behavioural therapy (CBT) in treating major depressive disorder, which focuses

specifically on using various cognitive techniques to target depression, while EBP focuses on, amongst others, the theoretical approach, the therapeutic alliance and specific techniques used (Stiles, Hill, & Elliott, 2015).

EBT and EBP fall under the evidence-based umbrella movement, which brought psychology to shift its focus to using empirical research as the basis of its findings in order to individualise treatments to the benefit of the client (Hill, 1990). A nomothetic approach focuses on comparing a client to previous cases through the use of diagnosis to establish a generalised treatment plan. Such an approach helps generate global information that creates a set of guidelines for practitioners to follow and is commonly seen in the medical model (Hill, 1990). An idiographic approach compares the client with him- or herself to establish a unique perception of how the presenting problem affects this particular individual (Hill, 1990). This approach provides client-specific information so that the psychologist can identify the unique factors which contribute to the client's presenting problem.

Literature reports that individualising treatment means using EBP to take the client's presenting information and mould it to the therapeutic context to best fit the client's presenting problem and the environment in which they reside. This technique is called "treatment matching", and it allows the psychologist to select the most appropriate treatment for each client (Harris et al., 2015). Pairing this technique with EBT within a strong therapeutic alliance can help the psychologist create a domain in which the client can excel. Psychologists would, in this event, practise in the most ethical manner by applying those theories and treatment methods that best fit the client and their surrounding circumstances (Elliott, 1983). This paved the road for what is referred to as EBP today. The American Psychiatric Association (APA) describes evidence-based practice as the active integration of the psychologist's clinical expertise with the best available research in order to create a

context that will give consideration to the client's characteristics and preferences during the interactive therapeutic process (APA, 2006).

The debate between efficacy and effectiveness in psychotherapy is still a much-researched topic today. Past research indicates that EBT focuses on testing whether specific treatment methods show high efficacy rates when implemented during psychotherapy (Greenberg, 1986). Essentially, efficacy focuses on whether trials yield favourable results in ideal circumstances. This means that, without regarding all external factors, theoretically, a specific psychotherapeutic treatment should yield positive results if implemented correctly on a client. However, as psychotherapy can sometimes be unpredictable, therapeutic models must be effective in order to work well and fall within the spectrum of EBP (Greenberg, 1986). Effectiveness is described as trials that measure the beneficial effects of psychotherapy in real-world scenarios. This means that for psychotherapy to be effective, it has to work across various contexts and consider the role of external factors before beneficial results are reported (Greenberg, 1986).

Therapeutic process

According to Elliott (2010), decades of research indicate that a variety of factors influence the therapeutic success. One of these factors concerns the relationship between the psychologist and the client, which is a crucial component of psychotherapeutic success as well as the individual characteristics that those two individuals possess (Elliott, 2010). Another factor is the treatment method that is being used for that specific client and whether it is a good fit for the impending diagnosis (Elliott, 2010). Finally, the context in which psychotherapy is delivered (or offered) also has a profound effect on its success. This means that in order for psychotherapy to be successful, various interrelated factors should interact mutually (Elliott, 2010). In that respect, research allows psychologists to determine what

works best for whom in certain situations so that clients can benefit from psychotherapy in the most effective way.

Norcross and Wampold (2011) provide a comprehensive argument on the importance of the therapeutic relationship relating to the client's improvement. They state that the relationship between psychologist and client is just as important as the treatment methods that are being used (Norcross & Wampold, 2011), and a therapeutic alliance allows psychologists to build a synergetic relationship with their clients. This relationship is conducive to a proactive therapeutic setting where the psychologist can tailor the treatment to provide for the client's needs, which creates a more effective therapeutic setting (Margison et al., 2000). The clients are benefitting directly because their needs are met in a shorter space of time, which becomes financially feasible within a private service context. Therefore, EBP gives psychologists an indication of how to work with clients both ethically and effectively.

Greenberg (1986) summarises outcome research as the process whereby psychotherapy is measured from a starting point to an endpoint to assess the changes that have occurred during treatment. Greenberg terms this as efficacy research because the focus is purely on what happens after the intervention process. This marked the beginning of change process research; however, initially, psychotherapy was only viewed as a so-called "black box" (Cook & Campbell, 1979; Elliott, 2010). This implies a kind of research that merely yields efficacy results to determine what works and what does not work but which completely ignores all the elements that occur between the start and endpoint of the intervention. This created much uncertainty around the process of psychotherapy and how the results were obtained. Although the research proved that a specific treatment was efficacious, it did not provide details as to why this happened and, more importantly, how this occurred.

In order to address this limitation, process research methodologies were developed (Heatherington, Friendlander, & Greenberg, 2005).

The change in focus to process research, as mentioned above, placed an entirely different emphasis on the psychotherapeutic process. Researchers mainly focused on two aspects, namely 1) specifying immediate outcomes in psychotherapy, and 2) measuring the in-session processes that led to change. Greenberg (1986) states that one of the main challenges that researchers faced was to measure the different constructs that arose during in-session treatments. Another challenge was to focus on a particular phrase or wording that would indicate such a significant event. These challenges made it difficult to compare other studies and hence draw generalisable conclusions on what exactly influenced certain constructs within the dynamic context of psychotherapy.

Change process

In light of the considerations above, Greenberg (1986) describes change process as the identification, description, explanation and prediction of the effects of processes that elicit therapeutic change over the entire course of psychotherapy from start to finish. Simply put, this means that both process and efficacy research must be analysed to determine how change process occurs within psychotherapy and to gather valid and reliable data for change process research. Change process research (CPR) is also defined as research that focuses on identifying, describing, explaining, and predicting the effects of the process that bring about therapeutic change (Elliott, 2010). CPR has been present for more than 20 years, and it focuses on determining the patterns that exist within a psychotherapeutic process that could potentially lead to change.

CPR in psychotherapy allows researchers to directly integrate the therapeutic relationship with the treatment for specific clients to assess whether a specific therapeutic

approach will be successful for a specific client (Kolden, 1996). CPR takes all therapeutic factors into account, such as the client, psychologist, treatment and paradigm used within sessions, to determine whether the therapeutic approach would be effective (Kolden, 1996). Overall, CPR has a comprehensive focus on determining the facets of psychotherapy and how change occurs. While the majority of CPR research, and psychology research in general, focuses on the integration of the therapeutic alliance and the treatment plan being implemented, a direct correlation between those two has not yet been established.

Elliott (2010) described four major approaches to identifying change process within psychotherapy. One of these approaches, namely the qualitative helpful factors approach, focuses on the psychologist asking the client questions about what they found beneficial within psychotherapy (Elliott, 2010). This is usually done through either a questionnaire or an interview process to determine the client's responses. This approach helps researchers determine the qualitative factors behind change process; therefore, an interpretive or phenomenological design is often used (Elliott, 2010). Thus, researchers can determine certain themes that clients can identify as helpful within psychotherapy. This, in turn, assists the researcher in identifying the significance of the therapeutic session and its effects on the client (Rhodes, 2012).

Some factors can help shape the direction in which psychologists use and implement some aspects of both EBP and CPR. EBP and CPR thus help guide the direction of psychotherapy and enable psychologists to implement ethical practice to ensure that the client benefits from the psychotherapy sessions (Llewelyn & Hardy, 2001). This correlates with the beneficence principle found in form 223 of the Health Professions Council of South Africa (HPCSA). Although this is not always possible due to the dynamic nature of psychotherapy and the different factors that can affect beneficence such as time, finances and access to

health care, it is an ideal that all psychologists ought to strive toward (HPCSA, 2006). The psychologist must therefore be aware of the potentially harmful factors that could arise within psychotherapy. Castonguay, Boswell, Constantino, Goldfried, and Hill (2010) discuss the potentially harmful factors that could arise if the therapeutic alliance is not established before implementing treatment options. Resulting stagnation within the psychotherapeutic context might cause harm within the client both emotionally and financially. Psychologists must hence bear in mind the non-maleficence principle stated in form 223 of the HPCSA at all times to ensure ethical practice (HPCSA, 2006).

Key events

One of the essential features to identify in psychotherapy is key events, which constitutes important moments in psychotherapy that elicit change within the client and eventually the psychotherapeutic context (Rhodes, 2012). Insight and empowerment are examples of factors that can play a role in a therapeutic key event and shift the dynamic of the psychotherapeutic context (Rhodes, 2012). Through the principle of beneficence, key events become a conscious development throughout the therapeutic process by creating awareness within the client, which facilitates sustainable change. Elliott (2010) states that clients can be interviewed partway through the psychotherapeutic process in order to determine what the client found helpful. This can shed light on what the clients found helpful during psychotherapy and create awareness about some of the delayed effects of the process of which the impact was not immediately apparent. This can be done through a simple qualitative interview format consisting of open-ended questions. However, identifying these key events has proven to be challenging for researchers due to the broad spectrum that CPR covers within the psychotherapeutic context.

There is limited research on the perception of change process amongst psychologists and how this influences the psychotherapeutic outcome within a session. Elliott (2010) states that psychologists need better training in qualitative interviewing when working with participants in single case studies. This helps integrate the critical thinking phase of psychotherapy in order to facilitate change process. By gathering the psychologists' perceptions, the researcher can determine the impact of their perceptions and compare it to the data gathered from the clients. This addresses a definite gap in the literature that requires understanding how psychologists perceive change process within psychotherapy and whether it benefits the psychotherapeutic context in any way.

A scoped search was done on September 4, 2018 on the North-West University's library database (OneSearch) on the number of studies which include 'change process' or 'change process research' in their title. 70 international articles that were related to the change process were found, of which 52 appeared to be linked to the context of psychotherapy. No South African or African studies were identified, and none directly linked the title to the focus of 'change process research amongst psychologists'.

Problem statement

Evident from the literary overview is a significant lack of research done on change process and how it directly links to psychotherapy and the psychotherapy process. Hence, the main problem statement of the research is: how do psychologists perceive change process and key events in psychotherapy, and how do these perceptions influence the various factors that were mentioned above (such as EBP and key events in psychotherapy)?

The study aims to identify how psychologists perceive change process in psychotherapy based on their experiences with clients. Understanding change process from the professional's perception will add value to the concept of change process and help

psychologists develop a better understanding of their own processes within psychotherapy practice. This study will provide rich qualitative data that can later be compared to the data gathered from clients to determine similarities or differences between the process experienced by the psychologists and the clients respectively throughout psychotherapy.

Aim of the study

The aim of this study is to explore how psychologists perceive *change process* and *key events* within psychotherapy. The focus remains to establish an integration between the two concepts and how they align to meet the goals of psychotherapy altogether. Gathering information about psychologists' perception of change can help to fill in some of the gaps in existing research and form a more holistic and comprehensive view of change process within psychotherapy.

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Section 2: Manuscript

Perceptions of change process and key events in psychotherapy by psychologists in private practice: a qualitative study.

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Abstract

Historically, process research and outcome research have been the driving forces behind determining the effectiveness of psychotherapy, but the findings by these approaches often omitted crucial factors. With the emergence of change process research, finally, researchers could determine what happened before, during and after psychotherapy and, eventually, the crucial factors that explain how change occurs and what role key events might play in these change processes. This study used a qualitative research methodology with semi-structured interviews to collect data from 12 participants to determine how psychologists perceive change process and key events in psychotherapy. Data was analysed through thematic analysis, from which five main themes emerged, namely client variables, psychologist variables, therapeutic relationship variables, therapeutic technique variables, and change constructs related to key events. The findings of this study have emphasised how important themes in psychotherapy create change and how psychologists have different perceptions of change processes and key events. The results highlighted how specific themes have different roles in the process of change. Finally, it was apparent that differences in therapeutic approaches were not only a result of the psychologists' perceptions of their clients but also their perceptions of the change process altogether.

Keywords: evidence based practice, change process, key events, psychotherapy, psychologists in private practice

Orientation and problem statement

Greenberg (1986) describes change process as the identification, description, explanation and prediction of the effects of processes that elicit therapeutic change over the entire course of psychotherapy. Simply put, this means that both process and efficacy research need to be analysed to determine how change process occurs within psychotherapy and to gather valid and reliable data for change process research (CPR). Change process therefore provides the means for psychologists to determine the most effective way of inducing change within the therapeutic process and effectively providing quality care for the client at hand.

Some factors can assist in shaping the direction in which psychologists use and implement certain factors of both evidence-based practice (EBP) and CPR. Both these factors help to guide the direction of psychologists to implement ethical practice and ensure that the client benefits from the psychotherapy sessions (Llewelyn & Hardy, 2001). This correlates with the beneficence principle found in form 223 of the Health Professions Council of South Africa (HPCSA). Although beneficence is not always possible to attain due to the dynamic nature of psychotherapy and certain factors such as time, finances or access to healthcare, it is what all psychologists undertake to work towards (HPCSA, 2006). Another important feature of psychotherapy is *key events*, which constitute important moments in psychotherapy that elicit change within the client and eventually the psychotherapeutic context (Rhodes, 2012).

All of the abovementioned factors ought to be considered when engaging in psychotherapy. Research clearly emphasises that EBP should be a priority for every psychologist in practice to ensure the efficacy of the therapeutic process. Hence,

through EBP, psychologists can ensure that the psychotherapeutic process is maximally efficient. Change process plays a key role in attaining said efficiency, especially given that one of the main goals of psychotherapy is to achieve change through the psychotherapy process.

This study therefore aimed to identify how psychologists perceived change process in psychotherapy, based on their experience with clients. Understanding change process from the perception of professionals will add value to this concept and assist psychologists in better understanding their own processes within psychotherapy. This study produced rich qualitative data which was analysed through thematic analysis in order to find and compare the relevant themes that arose from the interview process with participants. This information was then used to determine a comprehensive understanding of how psychologists perceive change process and key events in psychotherapy.

Research method

This study employed a qualitative research method . The purpose of qualitative research is to gain insight into the qualitative perception of individuals and their perception of certain factors . This specific approach focuses less on drawing general conclusions regarding human behaviour and more on gathering data in order to understand better and in more detail the experiences of research participants (Bryman, 2012). One particular advantage of qualitative research is that it assists in revealing further gaps in relation to the research topic, which creates the opportunity for other researchers to explore these areas (Vaismoradi, Turunen, & Bondas, 2013). The proposed research aimed to identify how psychologists perceive change process in psychotherapy in order to understand their perceptions regarding certain

key events. Qualitative research allowed for a broad look into the topic that the researcher aimed to explore.

Research design

This study further used a qualitative descriptive research design (Vaismoradi et al., 2013), because it allowed the researcher to stay close to the data by eclectically integrating the properties of qualitative research and hence gather a description of the desired phenomenon stated in the research topic (Sandelowski, 2000). The researcher aimed to gather specific data in order to best describe the phenomenon and how the participants perceived this phenomenon and to give a comprehensive description of how a construct exists within that specific context. The research design further depended on the specific sample that the researcher aimed to use, as well as the context in which the research was conducted. According to Sandelowski (2000), the aim and focus of research are lost when the researcher does not aim to address the phenomenon identified within the research topic specifically, and the data analysis process must therefore aim to address this issue.

Participants and research context

In order to meet the aim of the research, the participants had to meet certain criteria to be able to take part in this study. This meant that the researcher had to formulate specific inclusion and exclusion criteria to ensure that the researcher included participants in this study that could make a meaningful contribution to the research topic. The inclusion criteria consisted of the following: the participant must be a clinical, counselling, or educational psychologist; must be registered with the HPCSA; must have at least five years of experience in psychotherapy (to be regarded as a senior psychologist by the HPCSA); must have been actively

practicing psychotherapy within the last five years; must work within the Dr Kenneth Kaunda District; and must work in the context of a private or group-based practice. The exclusion criteria consisted of the following: registered counsellors; research psychologists; industrial psychologists; psychologists in academia or other settings who do not actively practise psychotherapy; pastoral counsellors or life coaches; any psychologist with fewer than five years of experience in practising psychotherapy; and psychologists practising in state hospitals only.

The participants were contacted by an independent person who informed each participant about the research and the purpose of this study. Once each participant had agreed to participate, they were sent an informed consent form which they had to sign and send back to the independent person. The participants were informed that they could withdraw from the study at any time before the point of data analysis.

Once all the participants had agreed to participate, their information was given to the researcher. Once the researcher had obtained their information, he could set up an appointment at their convenience so that the interview process could begin.

12 participants agreed to take part in this study. Some basic demographic data was collected from the participants, which is displayed in Table 2.1 below.

Table 2.1:
Demographic information of participants

Participant Number	Age	Gender	Registration category	Year of registration	Number of years in private practice	Academic setting or private practice only
P1	35	Male	Clinical Psychologist	2010	8 years	Academic and Private practice only
P2	33	Female	Clinical Psychologist	2010	5 years	Academic and Private practice
P3	42	Female	Clinical Psychologist	2001	17 years	Academic and Private practice
P4	40	Male	Clinical Psychologist	2008	11 Years	Academic and Private practice
P5	47	Female	Counselling psychologist	1999	20 years	Private practice only
P6	34	Female	Clinical Psychologist	2012	7 years	Private practice only
P7	72	Male	Counselling psychologist	1980	39 years	Academic and Private practice
P8	30	Female	Clinical Psychologist	2010	5 years	Private practice only
P9	46	Female	Clinical	1998	21 years	Private practice

Participant Number	Age	Gender	Registration category	Year of registration	Number of years in private practice	Academic setting or private practice only
			Psychologist			only
P10	59	Male	Clinical psychologist	2001	18 years	Private practice only
P11	61	Male	Educational psychologist	1999	20 years	Private practice only
P12	41	Male	Clinical psychologist	2003	15 years	Academic and Private practice

Out of the 12 participants that participated in the study, six worked in an academic and private setting, and the remaining six worked in a private practice setting only. Six of the participants were male and the remaining six were female. There were nine clinical psychologists, two counselling psychologists and one educational psychologist that took part in the study. Four of the participants had fewer than ten years of experience working in private practice, while seven of the participants had 15 or more years of experience. Regarding the age of the participants, four were 40 years or younger with the remaining eight being 40 years or older; the mean age was 45 years.

Data collection

As stated previously, a qualitative descriptive approach was used for this research to assess how psychologists perceive change process and key events in

psychotherapy. Two main data collection methods were used in this research. Firstly, a demographic questionnaire was used to gather the age, gender, registration category, year of registration, number of years in private practice and whether participants work exclusively in a private practice setting or a mixed setting of academia and private practice. This data allowed the researcher to determine whether the participants met all the inclusion criteria and further their understanding of some of the data collected for the purpose of data analysis later on.

Secondly, semi-structured interviews (Etikan, Musa, & Alkassim, 2016) were conducted with the participants. The interviews consisted of four main questions and were audio-recorded by the researcher for transcription purposes. Follow-up questions also supplemented the main questions in an attempt to create clarity, as is commonly done during semi-structured interviews (Guest, Bunce, & Johnson, 2006). Permission was obtained from the participants to audio-record the interviews before the interviews were conducted. The audio-recordings were then transcribed by the researcher to form the data of this study. Interview transcripts allowed the researcher to conduct a deeper, more thorough analysis of the data and themes that emerged. The questions were structured around the research aim to ensure that the interviews addressed the research question. In addition, the participants were presented with operational definitions of the research question's main constructs. The interview questions were compiled by the researcher in collaboration with the research supervisor.

The four main questions in the interview were: 1) What do you perceive as change process within psychotherapy? 2) Are you aware of any key events that take place during psychotherapy? 3) Please explain if and how these key events lead to change

within the context of psychotherapy and 4) Is there any additional information that you would like to mention?

Between these questions, the researcher was allowed to probe, clarify and verify certain answers to ensure the quality of the collected data and to maintain the integrity of the research aims throughout the interview process.

The interviews were conducted by the researcher after appropriate times were arranged with the participants. Once the interviews were completed, the data was transcribed by the researcher as well.

Data analysis

The semi-structured interviews were transcribed verbatim by the researcher and the data was used in a thematic analysis to identify certain themes within the data and highlight the most prominent trends that arose from the data. The data analysis was conducted by both the researcher and the research supervisor. The themes were identified by both parties, which were then taken as the prominent themes in the research; therefore, a consensus was reached. This process was used furthermore to identify commonalities or differences among the participants' responses and thus determine the general perception (Braun & Clarke, 2006; Clark & Braun, 2013).

Thematic analysis focuses on identifying patterns across the dataset and requires a number of steps before the data can be interpreted (Braun & Clarke, 2006; Clark & Braun, 2013).

These steps comprised, firstly, familiarising with the data by reading the data critically, through which the researcher was able to identify the participants' thinking processes and the specific response sets that were used; secondly, creating codes

according to significance; and thirdly, highlighting possible themes from the codes and categorising them under overarching themes. The final step was to revise the themes by making them significant to the data. The last phase of the thematic analysis required the researcher to label the themes and identify possible subthemes for each theme (Braun & Clarke, 2006; Clark & Braun, 2013).

Trustworthiness

Tracy (2010) poses guidelines for ensuring and maintaining trustworthiness throughout a project. The guidelines consist of four main aspects, which have been used to ensure that all the specifics of the research were met while conducted, namely: 1) worthy topic; 2) rich rigour; 3) sincerity; and 4) credibility.

For a topic to be classified as worthy, it must be in line with the rest of the research; that is, the topic must reflect the purpose of the research. The researcher has therefore taken measures to address the gap in the field of this study's research topic and thereby conduct research on previously unknown phenomena where little or no information exist in relation to the research problem.

Rich rigour focuses on the research process that is followed and ensures that the research design and approach are consistent with the sampling and data analysis method employed. Rich rigour aims to establish a logical thread throughout the research to ensure that the project is empirically sound, including its various constituents, such as the theoretical construct, time period for the study, the sample and the context, which have all been addressed in this study accordingly.

Sincerity refers to the researcher's credibility and whether the researcher has the necessary training to conduct the research study. It also ensures that all ethical protocols have been followed (see ethical considerations below).

Finally, credibility focuses on the standard of the research proposal and ensures that all the theoretical constructs have been explained adequately to ensure that the purpose of the research makes a meaningful impact on the profession.

Ethical considerations

The ethical approval for this study was obtained from the Health Research Ethics Committee (HREC) of the North-West University (NWU-00128-18-A1). See annexure 1 for proof of the ethical approval obtained. Once approval had been obtained from HREC, an independent person who also served as a mediator contacted all the available participants from the pre-existing database and gave all the participants who were willing to participate in the research an informed consent form to participate. The informed consent form contained all the relevant information about the research, including the ethical aspects that have been discussed previously. The participants then signed the informed consent form and gave it back to the mediator.

Once the mediator had obtained all the available informed consent forms, she gave them to the researcher who would contact the willing participants to schedule a meeting time. The participants were informed about confidentiality, anonymity and the opportunity to withdraw from the research at any given moment before data analysis. The participants gave verbal consent for the interviews to be recorded and for transcription after the interviews have taken place. Finally, participants were reassured that the data would be kept safe under a password-protected computer

and that the responsibility of safekeeping all the transcriptions and data would belong to the North-West University.

Findings

Through the thematic analysis, five main themes were identified to be associated with *change process* and *key events* in psychotherapy. An inductive approach was used to identify the following themes (Bryman, 2012). Under these five themes, various subthemes were identified, which are discussed alongside the five main themes below. The five main themes are: 1) client variables, 2) psychologist variables, 3) therapeutic relationship variables, 4) therapeutic technique variables, and 5) change constructs related to key events. Verbatim extracts from the transcripts are provided to demonstrate and highlight how the themes were obtained from the data collected. See annexure 3 to 7 for the respective tables summarising each theme.

Theme one: Client variables (see table 2.2.1 in annexure 3)

During the data collection process, it became apparent that the participants kept referring to various components of psychotherapy concerning how the perception of the psychologist and the client differs. Theme one therefore refers mainly to how the participants perceived the client's process of change and how certain themes in therapy affected the process of change. This theme addresses four main subthemes that also emanated from the analysis, namely: levels of consciousness, readiness to change, buy-in to the therapeutic process, and problem solution. These sub-categories are explained below.

Levels of consciousness. Given the variety of clients that psychologists work with, different levels of consciousness are naturally a factor in psychotherapy. The participants identified certain factors which they observed to contribute to the level of consciousness that clients bring to psychotherapy.

Insight and awareness were two sub-subthemes that came to light. P8 states: *I think at times the session is a place where, with the person telling his sort of story and you reflecting on it asking questions ... it sort of broaden his awareness and in the session he might come to new awareness or insight.* Also on awareness, P3 states: *... a client must be very aware of what the issues is and if there is a process to help them to lead to that, then obviously that will be first.* Therefore P3 implies that part of the psychologist's responsibility is to assist the client in reaching a basic level of awareness during psychotherapy.

The **a-ha moment** was also a prominent sub-subtheme among the participants, with P3 stating: *You can see when somebody gets it. There is an a-ha; there is a lift in their face; they come back the next time looking differently.* P7 describes the moment as: *it might be a facial expression of you know I don't like this but 'a-ha' and you can see it in the persons face or a response like 'well I never thought about that' or just a nodding of the head or other times it might be in the tone of voice you know the way in which he says it.*

P8 describes the **acceptance** of certain circumstances that clients need in order to progress in psychotherapy, which he describes as: *the last one is acceptance and willingness that will be where someone accepts their circumstances not trying too much to change them or ... uhm ... to yeah basically not trying too hard to change them or anything but accepting that this is life.*

Readiness to change. This second subtheme focuses on the clients' ability to absorb information in psychotherapy and whether or not they are ready for change and the time and effort that come with psychotherapy. P4 states: *well, from my own approach I would look at it as first and foremost I think the decisions for a client to come to therapy already forms part of a process leading to change.* This links to the client's motivation to change, because part of the process is the client's desire to change something in their lives. Essentially, change is the main reason that clients come to therapy. P4 also states: *ultimately, the goal of psychotherapy is to see behaviour change.*

Locus of control is also vital because it influences the client's willingness to participate in psychotherapy. For example, P9 states: *a key event that I think would be important for me, is willingness, because often people are sent because the wife sent them or the parents sent them but a person have to be willing themselves to change otherwise nothing is going to happen.*

Buy-in to the therapeutic process. Various participants repeatedly emphasised the client's ability to buy into the process. This willingness facilitates the change process because the client is willing to invest more effort into the therapeutic process. Part of this concept focuses on the client's **openness towards the psychologist**, as P4 states: *yeah, well, all of those things would be needed for change to take place so if the client doesn't buy in, he won't stay in therapy long enough in order to get the change that we are looking for.* P4 continues: *I think that's also a key element there for them to buy in and that your skill set will have to be on point to get that in place.* It can therefore be said that the client's trust in the psychologist is also crucial because it will improve their confidence going forward in psychotherapy.

Problem solution. This subtheme focuses on the client's ability to identify and implement problem solutions within psychotherapy. One main factor was to focus on the client's specific **defence mechanisms**, as P11 states: *sometimes it can be very frustrating, you know, because some patients they are so defensive, they don't have any ego strength so the moment you start to confront them or just show them, try to get them to get to the insight part ... some of them, they are so defensive that they are not willing*. The opposite of this is that people have an innate tendency to solve their own problems and this strength, therefore, plays into their favour. P5 states: *I do believe that we all have the potential inside ourselves we just need to open up to it ... it's like a skill that we don't realise we have*. The client's coping mechanism can also play a significant role since it shapes the way clients deal with problems. The problem arises when those coping mechanisms are no longer working and therefore cause distress. P1 states in that regard: *so sometimes I think that the client's real-life experiences can also uhm, help them to understand things that were discussed in therapy and ... I think those can also become key events*.

Theme two: Therapist variables (see table 2.2.2 in annexure 4)

Theme two focuses on another important aspect in the process of psychotherapy, namely the psychologist. This theme highlights how the participants perceive their own processes throughout the psychotherapy process and their influence on the effectiveness (or outcome) of psychotherapy. In theme two, four main subthemes were identified, namely therapist responsiveness, practising models, person of the psychologist, and psychological understanding of the client. These four themes are explained below.

Therapist responsiveness. Therapist responsiveness refers to the ability of psychologists to practise with moment-to-moment awareness and purpose. P12 describes the process of **timing** well by saying: *this is what makes the therapy process interesting but also challenging because you have to juggle multiple balls at the same time*. P12 goes on to say that practising with **intentionality** is vital but is also what makes psychotherapy so intricate – for example: *If you just over-focus on the relationship and you misdiagnose ... you're in trouble ... if you neglect the relationship but you are on the money you're in trouble ... if you do everything right and somebody isn't ready for change, you are not going to get anywhere. If you do all of this and they are ready for change, but you sort of use a model that doesn't speak to the mechanisms of the problem, you are going to miss it. And this is what makes it tricky ... and if you want to properly replicate how you get from A to Z, I think that's what makes a good therapist is the ability to keep all these things alive at the same time and realise when you are slipping with one and are skilled enough to keep all these things going at the same time*.

Practising models. This subtheme focuses on the particular stance that the psychologist adopts and how this influences the therapeutic process, especially regarding the change that the psychologist aims to achieve with the client. The **theoretical paradigm** ensures that psychologists work from a specific theory which helps them to understand the client's problem. P3 states: *I have a very humanistic, existential ... uhm ... approach which then makes that if I think of the process of change in psychotherapy ... it is to help me to empower the person sitting in front of me to manage their difficulties*. Therefore, P3's theoretical paradigm will influence the kind of work that he does with clients. P4 states that *if a client comes to me it's very important that I am aware of my view of human nature because that becomes*

my glasses through which I look at a client. Therefore, the psychologists' **view of human nature** is also crucial to understanding the client's behaviour and problem(s).

Person of the psychologist. The psychologist's values and boundaries need to be taken into account because this will influence the therapeutic process directly. The psychologist's own views play a vital role in how the psychotherapeutic process unfolds. P1 states that *I think it's difficult to ... to generalise any of this ... I think ... obviously it's something that you are going to do, but I think different therapist and different clients have unique experiences of how therapy changes them.* This refers to the fact that it appears that change is not a linear process. P7 states that *the best way to build rapport is to just listen to the person's story; be very inquisitive about it.* Therefore, the psychologist's sense of **congruence** is to be genuinely inclined to pay attention to the client in the present moment.

Psychological understanding of the client. This focuses on the different factors that psychologists use to understand their client in a professional and theoretical manner. The psychologist must consider several variables to be able to build an accurate picture and understanding of the client. P10 mentions: *I use my first session ... but I try to start in therapy already ... uhm ... just to give them an idea of what we are aiming at.* Therefore, getting the client's **background information** but also introducing the client to the process early on tends to ease the client into psychotherapy. **Case conceptualisation** is another crucial component that psychologists must undertake because it allows them to understand the client and the problem better. For example, P4 states: *the client will have the situation predominantly in their mind ... it will be the main focus, but I would like to help them to understand the underlying things leading to that situation.* Therefore, the

psychologist must understand the mechanism of the problem and not only to see the problem at a surface or symptom level.

The **client-treatment fit** focuses on which treatment would best address the presenting problem and the client at hand. P12 states: *I believe that a big part of the change will come into ... also ... then understanding evidence-based models for specific disorders.* This client-treatment fit will allow the psychologist to choose the best treatment for the diagnosis that they make and determine what would be most beneficial for the client from an EPB perspective.

Identifying hindering factors is also a vital skill – one common theme that resurfaced was the tendency of clients to have poor insight, which could hinder the change process. A second hindrance is that clients could become defensive, which could give rise to conflict within the therapeutic process. In this regard, P11 mentions: *if the patient doesn't understand the problem ... we cannot own the responsibility ... so, I think you cannot get anywhere and for some patients, it is difficult, because a lot of them just remain defensive.*

Theme three: Therapeutic relationship (See table 2.2.3 in annexure 5)

The third theme highlights the relationship between the client and the psychologist and how these two roleplayers can collaborate to foster change within the context of psychotherapy. This theme focuses on a more holistic interaction between these two roleplayers in psychotherapy. Two important main subthemes under the therapeutic relationship arose from the interviews, namely therapeutic alliance and ethical conversations.

Therapeutic alliance. One main factor that fosters a good therapeutic alliance is **collaboration** between the two main roleplayers in psychotherapy, that is, the client and the psychologist. P2 states that: *in the first session, I like to give feedback as well ... uhm ... where I try to discuss what might be a possible diagnosis, causes and a treatment plan.* This type of collaboration allows the client to participate in the process equally, and it ensures that the client is always included. This inclusion tends to foster a sense of equality. P4 highlights the importance of building and fostering a relationship from the first session by stating: *I believe the next factor will obviously be the relationship you build with that client ... so how they feel in your presence ... and I believe that the first session to me is critical for this.* P6 states for me, personally, would be the building of the relationship ... so I think that would be the start of change because then if a person begins to trust you then they become open to you. This observation emphasises the fact that the relationship is pivotal to the strive for change, and creating a **trusting relationship** should be one of the main focuses of facilitating change within the context of psychotherapy. As P11 echoes: *trust is very very important ... so the very first thing I do is (to work on) trust.*

Ethical conversation. The important factors here are how the client and psychologist can impact on the therapeutic relationship in an ethically beneficial way so that the therapeutic goals can be achieved. This is vital to ensuring that the therapeutic relationship, which is identified as a key factor in psychotherapy, remains of a high quality throughout. P4 states: *my view of human nature [...] becomes my glasses through which I look at a client ... and ... that will make better fit with some clients than with others.* The implication is thus that not every psychologist will fit every client at hand and that it becomes essential to determine whether the **client-therapist fit** is beneficial to the process. P10 mentions that *[a]connection takes*

place ... I know that we can now start relaxing ... and that we have the same objective ... it is difficult for me to work without that connection.

A **shared language** is also crucial to ensuring that both roleplayers are working towards the same goals. One important observation mentioned among the participants was feedback between psychologists and clients. P6 states *the process carries on and then I see that ... okay ... now they are ready for feedback on certain things*. P7 highlights: *I think if the client participates and is in the moment with you ... answering your questions ... and participating and giving feedback [...] I hope it is there for a long time during the session*. P1 emphasises: *for me this could be a non-verbal feedback from a client ... uhm ... where I make an interpretation or I try to clarify something and they show agreement ... almost like an a-ha moment*. Any form of **feedback** between client and psychologist is important during the psychotherapeutic process, in which case a shared language is crucial for ensuring a good understanding and clear communication between the client and the psychologist.

Theme four: Therapeutic techniques (See table 2.2.4 in annexure 6)

This theme focuses on the specific techniques that psychologists use during psychotherapy, how they benefit the process of change and ultimately achieve the goal of psychotherapy. Four main subthemes were identified, namely cognitive techniques, behavioural techniques, emotive techniques, and interpersonal techniques. These subthemes are discussed below.

Cognitive techniques. This subtheme focuses specifically on the cognitions of the client and how the psychologist can influence their thinking patterns (i.e. thought content and processes) regarding certain presenting problems. P7 states: *the*

session is a place where ... with the person telling his sort of story ... and you reflecting on it ... asking questions ... it sort of broaden his awareness.

P8 talks about **normalising** certain experiences by using specific techniques, for example: *okay ... panic ... come and sit here next to me and let's see what we are going to call you ... and talk about it ... and just normalise it. P8 finally states: I only basically use techniques when it is to help the practical side of the process and to make it more practical for a patient.*

These therapeutic techniques highlighted above create **cognitive awareness**, which the psychologist can use to ensure that the client is progressing through the process adequately. With cognitive awareness, the psychologists tend to make use of **thought restructuring** to identify, evaluate and modify 'faulty' cognitions (or irrational thoughts) and, finally, of **cognitive disengagement** to externalise and obtain a balanced view.

Behavioural techniques. This subtheme focuses on the behavioural aspects in psychotherapy and extra-therapeutic factors which influence the clients' behaviour in one way or another. P8 states: *the patient gets empowered themselves to make the changes that is necessary ... behavioural ... uhm ... regulation through the processes then they are able to adapt it to any situation.* By empowering the client through **behavioural modification**, the client can begin to see results throughout the process. P4 states: *ultimately, the goal of psychotherapy is to see behaviour change*, and goes on to say: *to change ineffective behaviour to effective behaviour ... so ... at the end ... you'll see whether the behaviour has changed in order to see that as a mark on whether you've been successful.* Therefore, and in line with this, P9 highlights: *I will rather try and push it into a behavioural aspects to say okay now*

you've gained insight ... you've thought about it ... but this still just thought ... how do we test it now ... and ... I believe in that behavioural action that will make the change. Various participants agree that behavioural change is vital to change in psychotherapy. According to P3, clients *start to take responsibility as clients ... and they start to work along with homework or little experiments that they have to do ... or reading up ... or questionnaires that they should complete ... or a relaxation exercise.* The abovementioned extracts also highlight the importance of **homework** and **real-life application**.

Emotive techniques. This subtheme, emotive techniques, focuses on the emotions of the client within psychotherapy and how to best address those experienced emotions. This can also include certain techniques to correct previous emotional experiences that might have been contributing to the problem. P3 relates: *the first session that I had with her ... uhm ... she spent on emotional venting and getting it out.* By letting the client tell her story, she experienced certain emotions that were beneficial in psychotherapy. P4 expounds: *I believe another critical change process is corrective emotional experience which is also something that a client experiences from you as a therapist.*

These extracts describe the value of a **corrective emotional experience**. P5 explains: *I do a technique with trauma where ... I don't know if you know about it ... but we freeze the trauma ... the emotional side of it ... you can't do away with a trauma memory ... but you can take a little bit out of the emotion.* Through **emotional experience**, trauma, for example, can be processed better and, consequently, coped with better.

Interpersonal techniques. This subtheme focuses on the core values of establishing a good therapeutic relationship with the client and building good rapport throughout the therapeutic process. Most of these values are based on the Rogerian (or person-centred) approach to psychotherapy. P4 states: *in my approach ... there I would always have a person-centred interview at the start of therapy ... establishing a good relationship from the start by using person-centred techniques.* P6 highlights that *client-centred ... mostly non-judgmental way of looking at the situation and the client ... empathy, unconditional positive regard ... as well for the patients ... so for me as a therapist ... that's my most important ... uhm ... to elicit a better relationship as well.* P7 expands: *well this is very simple ... I think you know a Rogers style ... [he] said you must build rapport and become an older brother or sister for the client.*

Evidently, the techniques of **empathy, unconditional positive regard and congruence** are key to practising certain interpersonal techniques.

Theme five: Change constructs related to key events (see table 2.2.5 in annexure 7)

The final theme focuses on the main constructs that exist within key events and change. This theme consists of three subthemes. The first two subthemes are the **context of key events** and **process of key events**. This section focuses on the most prominent data collected from the participants and how they experience key events within psychotherapy. The third subtheme is the nature of change and how change evolves throughout psychotherapy. This final subtheme creates a link between change process and key events in order to better understand the purpose of both.

Context of key events. This subtheme determines how change occurs pre-therapy, during therapy and post-therapy; including extra-therapeutic factors. P12 describes: *you have to firstly understand the readiness to change from a client ... because they will be in different spaces ... uhm ... the whole Prochaska model is a good example of something that you can use as a guiding principle.* P3 also states: *but then if somebody is not that open for change ... not that ready ... there is frustration, frowns, and ... uhm ... yeah, confrontation.* Both participants share the same view

that the client must foster in them a readiness to initiate pre-therapy change. Another example supporting this notion of key-event contextuality is P6's observation: *certain things that happen in the psychotherapy process that would bring about change in the person ... be it ... uhm ... motivation or lack of motivation and things like that.*

P2 remarks: *when they are sharing thoughts with me ... sharing emotions ... uhm ... giving examples in their real life for us to move forward ... I need that information ... and for a client to feel comfortable that is when they start sharing ... so I think it also goes back to the relationship and having trust in the therapist ... so I can share this with her that already is a sign of moving forward.* P2 elaborates: *this usually lead to making a second ... uhm ... appointment ... for a next session, which shows that they are already committing to the process of change.*

On these accounts, therefore, the sharing of information and committing to more sessions mean that the change process is already underway within psychotherapy.

P8 supports this notion: *how I look for change ... and change in therapy ... happens when there is a move in any one of these directions ... the one is not dependent on the other ... as if one happens ... something can happen with the other one and eventually all of them can come together and then it creates flexibility.*

Comment [A1]: This sentence reads fine to me

P9 emphasises a focus on the emotions: *I can see the change is happening when there is often a shift in emotion that will indicate to me that something has happened*, which is an indication to P9 that the client is progressing in psychotherapy.

Process of key event. This subtheme focuses on the process before, during and after the key events. Understanding the process from start to finish was one of the crucial features of key events and how they occurred spontaneously in psychotherapy sessions. P4 states accordingly: *that's what I sort of try and live for ... what I call the nodal point or that critical area of intervention ... that will have like a domino effect*. P4 thus identified the nodal point or critical area of intervention as a key event during the process of psychotherapy.

Also on key events, P1 notes: *I think it's more the process before and after the key events ... that's my understanding ... I think I almost see it like in chemistry ... you ... uhm ... you have the thing that's called ... uhm I think the English word for it is the catalyst ... so it doesn't form part of the chemical reaction ... but it causes it to happen*. Thus, regarding the key event as an essential step in the right direction for change to occur.

P10 observes: *there is a key event when things start ... when you can actually withdraw ... uhm ... and terminate the relationship*. The participant describes the process of termination as a key event in itself because the client reaches a point where they become independent. P4 adds: *that will obviously be the point where it can go to termination ... where the client there isn't truly wanting to work with anymore and they can continue without my input*.

Nature of change. This focuses on how change is carried out throughout the therapeutic process and what are some of the key mechanisms of change that occur

during the process. P10 notes: *they realise that we can actually change that ... they can think differently and that's when one gets the feeling that change is starting to take place*. This realisation helps the client feel as though they are beginning to see progress, which creates a sense of momentum in the client's **evolving story of change**. P3 describes the nature of change in physical aspects: *It's a physical moment. You can see their eyes you can see them lighting up and they also look different. Subtly but they look different when you see them*. Therefore, change can also be identified in the client's physical presence and actions.

P4's description of a nodal point ties in with and emphasises the momentum that an intervention elicits: *that's what I sort of try and live for what I call the nodal point or that critical area of intervention that will have like a domino effect*. This statement affirms how crucial the markers which the participant calls the **nodal points** in psychotherapy interventions are in resulting in actual change. P12 adds: *You get those moments where they think this is a good point but they are still going to go back and think about it*, which emphasises the fact that change takes time and that the client will not simply accept what the psychologist says in the first session as they initially need time to contemplate and think about it.

Discussion

This qualitative study aimed to identify perceptions of change process and key events in psychotherapy by psychologists in private practice within the Dr Kenneth Kaunda District in the North West province. The following research question guided this study: *How do psychologists in private practice perceive change process and key events in psychotherapy?*

The participants reported several distinct experiences when working with clients in psychotherapy, although there were certain commonalities which highlight how the participants focused on change in psychotherapy and how key events played a significant role whenever the participants worked with various clients. According to Elliott (2010), various factors contribute to therapeutic success, one of them being the relationship between the psychologist and the client.

From the findings it was clear that all participants identified the therapeutic relationship as having a significant effect on therapeutic effectiveness (or outcome). The relationship between the psychologist and client emerged as one of the most prominent themes in this study, despite the psychologists' different approaches to psychotherapy and preferred theoretical paradigm.

Brown (2015), Goldfried (2013), Harris, Kelley and Shepard (2015), Horvath and Bedi (2002), Lindgren, Folkesson, and Almqvist (2010), Norcross and Wampold (2011) and Reiter (2010) argue that the relationship between client and psychologist is just as important as the treatment method that is used. This argument corroborates the findings of this study, as the participants described the psychotherapeutic relationship and the intervention itself as bearing equal importance. Consequently, without a strong therapeutic relationship, the therapeutic process will fail to progress sufficiently and both the psychologist and the client will be unable to meet their corresponding therapeutic goals (Dourdouma, Gelo, & Moertl, 2017). The two main subcategories that were identified by the participants are, firstly, establishing a good therapeutic relationship through collaboration – where trust is vital in ensuring that the therapeutic process thrives – and creating common therapeutic goals to achieve change through psychotherapy; and secondly,

maintaining the therapeutic relationship throughout the psychotherapeutic process. This can be achieved through a shared language and constant feedback between both parties. This is in line with Margison et al. (2010) who highlight client feedback as an important aspect of EBP. Both of these factors give rise to important conditions, such as productivity and problem exploration, in the therapeutic relationship which Norcross and Wampold (2011) refer to in their study.

The participants even went as far as saying that if the therapeutic relationship has not been established, creating change will not be possible. Rhodes (2012) takes into account the fact that CPR incorporates all the various factors of psychotherapy to ensure that change is the main priority. The findings conclude that psychologists ought to consider the therapeutic relationship before deciding on a specific treatment process. Also, the findings show that the participants should take the necessary time and effort to establish a strong therapeutic relationship, especially during the initial phases of the therapeutic process (Dourdouma et al., 2017).

The findings of this study very clearly defined the distinction between the psychologists' view on the client's role and the psychologists' role in psychotherapy. The participants identified that the needs of the client are based on the presenting problem they bring, whereas the needs of the psychologist are to cater to the client's needs at that present moment. The psychologists attempt to focus at all times on what the client presents with, which was highlighted by most participants, this enables the psychologist to allow the client the necessary space to engage in the therapeutic process.

A factor which played an important role under the client variables theme was the client's readiness to change. This was strongly emphasised by many of the participants as a prominent theme in determining whether or not change would be possible during the process of psychotherapy (Connor-Greene, 1993). The client's willingness to take part in psychotherapy was vital in determining whether or not progress toward change would be possible (Krebs, Norcross, Nicholson, & Prochaska, 2019). The participants also linked this willingness to the ability to establish a strong relationship in psychotherapy. Various participants referred to Prochaska (Prochaska, Redding, & Evers, 2015) and the transtheoretical model (TTM) and stages of change to identify whether a client would progress in psychotherapy or not. Research found that the client's willingness to create change strongly influences the process and progress of psychotherapy (Rhodes, 2012), which corroborates the participants' experiences in the current study.

Another important construct identified by the participants is that clients ought to obtain insight and awareness, which in the findings is referred to as levels of consciousness (Krebs et al., 2019). It was evident from the findings that clients bring different levels of awareness and insight into psychotherapy, and this can alternate throughout the process, depending on the client's readiness for change. This is supported by the assimilation of problematic experiences approach to change process research proposed by Stiles, Honos-Webb and Surko (1998), which highlight insight and awareness as important stages in the process of change. Furthermore, Watson and McMullen (2016) conceptualise insight and awareness as a distinct cognitive-affective positions within clients which is beneficial in facilitating change processes during psychotherapy. Gaining insight and awareness was identified as a helpful factor in psychotherapy by most of the participants.

According to Llewelyn and Hardy (2001), helpful factors guide the psychologist in implementing EBP to ensure the benefit of the client in psychotherapy sessions. Therefore, one common goal that each psychologist tried to achieve was to create insight and awareness.

Insight and awareness go together with the willingness to change and the earlier-mentioned stages of change (Krebs et al., 2019; Lane, Ryan, Nadel, & Greenberg, 2015; Prochaska et al., 2015). One common theme was that if the client is not willing to change, then insight and awareness become difficult to achieve. One vital factor that proved beneficial in initiating a willingness to change was the **a-ha moment** that various participants described. Although it is difficult to pinpoint and quantify this moment, it has been described as a moment of both awareness and insight where the client gains a certain level of understanding at a specific (or particular) moment within a given psychotherapy session. The other benefit of the **a-ha moment** is that this moment usually represents a turning point for the therapeutic process, where the client can begin to make progress and changes in and out of psychotherapy to ensure that the common goals are met. Levitt (2002) refers to the **a-ha moment** as *the voicing of the unsaid* in the psychotherapy narrative.

The other side of the therapeutic relationship is the psychologists' role and how they can influence the process accordingly. The therapeutic relationship has already been discussed as being vital in creating a sense of trust and commonality between the psychologist and the client (Lane et al., 2015). However, the psychologist has a significant role to play in the sessions, and this was one theme that had differing opinions among the participants.

One commonality that was found is that the theoretical paradigm of the psychologist plays an important role in three main factors, namely: 1) diagnosing, 2) conceptualising, and 3) choosing what therapeutic techniques the psychologist will use. Most participants agreed that the practising model contributed in those three domains, and the model from which they practise influences their thinking process. This is in line with the research findings of Kazdin (2008; 2009) and also confirms Kolden's (1996) approach to psychotherapy, who states that CPR in psychotherapy allows researchers to directly integrate the therapeutic relationship with the treatment for specific clients to determine whether a specific therapeutic approach will be successful for that particular client. Therefore, by keeping to what they know, psychologists are ensuring the client receives the best possible care.

However, this directly contradicts the process of working solely from an evidence-based approach, which means individualising treatment in order to take the client's presenting information and mould it to the therapeutic context in order to best fit the client's presenting problem. Very few commonalities were found between the participants that chose an evidence-based approach and those who chose to mould the clients' problems to their own theoretical paradigm.

One main feature that did arise is that those participants willing to work from an evidence-based approach tailored their approach to use the best possible therapeutic techniques. This is in line with recommendations made by Castonguay, Boswell, Constantino, Goldfried, and Hill (2010) and Goldfried (2013). The participants highlighted a variety of possible therapeutic techniques that can be used during psychotherapy. The function of these therapeutic techniques was to achieve change in psychotherapy and to assist clients in the process of change altogether.

The participants also agreed that therapeutic techniques sometimes serve as key events both internally, or in psychotherapy, and externally, or for other extra-therapeutic factors.

EBT focuses on the specific techniques that psychologists use in order to evoke certain responses or changes within the client (Harris et al., 2015). The participants in this study used therapeutic techniques accordingly, with frequently used ones being, cognitive and interpersonal techniques.

The context of change states that there are four main phases of change, namely: pre-; within-; extra- and post-therapy change. All these phases were demonstrated in the findings and showed that the client must be ready for change, which already begins at the pre-therapy phase. The client and the psychologist will work within psychotherapy to ensure progress and change. Emphasis was placed on extra-therapeutic factors and maintaining change even after psychotherapy has ended. According to Paley and Lawton (2001) and Reiter (2010), up to 40% of outcome variance can be attributed to extra-therapeutic change variables. This finding is also in line with Elliott's (2010) statement that therapeutic change is a multifaceted process with various intricate steps in between which occur holistically throughout the process of psychotherapy. More so it reflects Elliott's (2010) qualitative helpful factors approach which states that the psychologist should constantly reflect on the process and ask the client how the therapeutic process is affecting him. Therefore, encouraging constant feedback between both parties.

The same process applies to key events, except it differs in the sense that key events focus on one specific moment or occurrence. Therefore, the findings emphasised the nodal point and how this specific moment is a catalyst that

influences the entire process of change as mentioned above. **Key events** are important moments in psychotherapy that elicit change within the client and eventually the psychotherapeutic context and are, as such, one of the important features to identify in psychotherapy. Identifying these specific moments and grasping them in psychotherapy or even outside of psychotherapy helps facilitate the change process altogether (Rhodes, 2012).

The specific key events form part of the specific **nature of change** and the evolving story of the client. They importantly also form part of and contribute to the process of change as a whole. Identifying and focusing on these **key events** helps the psychologist structure the process to achieve the ultimate goal of psychotherapy, namely change (Lane et al., 2015). Therefore, structuring the psychotherapeutic process from the first moment until the moment of termination and thereafter is crucial to therapeutic success, and most participants agreed with the fact that paying attention to every single moment while trying to take care of the process and see the bigger picture is part of establishing a successful psychotherapeutic process (Elliott, 2010).

One of the prominent features which differentiated those participants who are in academia and private practice from those who are only in private practice was their opinion of how change process takes place and what influences it during psychotherapy. The individuals in academics chose to structure their answers around their theoretical paradigms and how this was beneficial. Conceptualising the problem and developing a treatment plan according to their theoretical paradigm of choice is what normally guided their change process conceptualisation(s) in psychotherapy. On the other hand, those in private practice chose not to highlight

their specific theoretical paradigms but instead focus on the problem that the client brought and how that would influence their change process conceptualisation(s).

Limitations and recommendations

One of the main limitations in this study is that only psychologists from a private practice setting were used, which might exclude a portion of psychologists, particularly those working in the government sector, such as those in psychiatric hospitals or other mental health institutions. Therefore, it would not be possible to generalise the findings of the current study. With that being said, conducting a large-scale study on this topic would be beneficial even if only to generate a comparison of how the government-employed psychologists differ from the private practice psychologists within the Dr Kenneth Kaunda District (and on a larger scope).

Another limitation identified was the fact that psychologists' view of change differed depending on the specific model or paradigm that they felt most comfortable working from. The research questions did not account for such differences, mainly because this was a small-scale study considering only a limited number of constructs or variables. In future, it might be necessary to determine empirical differences between psychologists practising from different theoretical paradigms and the effect or impact it has on change processes or key events in psychotherapy.

One of the recommendations of this research would be for practitioners to identify the prominent themes that surfaced and focus on them during their psychotherapy processes with clients. From a practical standpoint, this will allow them to highlight certain key events that might be beneficial in facilitating change processes. From a research perspective, it would be beneficial to conduct in-depth analyses to discover

why and how these findings were so prominent and even widen the scope by using more diverse participants in different contexts.

These findings are mostly recommended for use in private practice; however, further research could create a crossover for government-employed psychologists and even those purely in academic settings without active psychotherapy practices. It would also be beneficial if the findings of this study can be integrated into the formal curriculums of psychologists in training. It is recommended that psychologists in training and registered psychologists receive training in change processes within psychotherapy and on how these processes impact on them as psychologists in any particular setting. This could naturally lead to the development and delivery of numerous continuous professional development (CPD) courses in the future.

Finally, it is recommended to explore whether years of experience in practice has any influence on how psychologists perceive change process in psychotherapy.

Conclusion

The study aimed to explore how psychologists perceive *change process* and *key events* within psychotherapy within the Dr Kenneth Kaunda District in the North West Province. The researcher found that change was considered to be a continuous process with various factors at play. The psychologists perceived change process as a vital part of the psychotherapeutic process, and they also emphasised various themes that could play an important role. These themes were vital in answering the research question: *How do psychologists in private practice perceive change process and key events in psychotherapy?*

The therapeutic relationship was one of the prominent themes that came up throughout the data. All 12 participants highlighted the therapeutic relationship as an integral theme when it came to creating a conducive environment for change to occur during psychotherapy. Therapeutic techniques also assisted in discussions about change and the therapeutic relationship. It was clear that these two themes emerged as the most prominent factors when initiating change. However, participants were reluctant to use therapeutic techniques before focusing on the therapeutic relationship. This is an interesting finding, considering that the participants explained that they did not perceive techniques as being able to create meaningful change in the absence of a strong therapeutic relationship.

In order to conceptualise the mechanism of the client's problem and formulate an intervention, it was important to understand all the different variables that both the client and the psychologist brought to psychotherapy. This was crucial because the participants had first to understand their client before they were able to initiate any kind of therapeutic goals that could intentionally influence the change process.

Finally, by integrating the context of therapeutic change with the process of how key events influence clients, psychologists are better able to formulate a holistic understanding of clients' change processes. This finding demonstrates that though a focus on the small intricacies in psychotherapy is important, it is equally important to focus on the bigger picture. Furthermore, understanding how these small yet intricate moments link to the bigger picture contributes to change in psychotherapy, which also manifests in extra-therapeutic factors highlighting such changes or shifts within clients. Therefore, the change process in psychotherapy depends on various

themes, and how the psychologist integrates those themes is important for ensuring change as the ultimate goal.

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Section 3:

Critical reflection

Conducting this research was an eye-opening experience for me. I decided to take a construct which I knew very little about and, in the course of 24 months, make it my own. Although there were certain challenges along the way, I would not trade this experience for anything. Interviewing the participants gave me a close-up look of how psychologists reflect and perceive certain events while conducting psychotherapy. My questions caused them to think deeply and share some interesting memories with me.

Upon reading the discussion and evaluating my research question, I believe that I managed to answer the research question sufficiently and adequately. The target was achieved, and the data provided valuable and rich information. The results did give way for various new questions that might provide even more information and add on to the topic in future.

One of the challenges I experienced early on was to stay on track with my questions because often it was easy to get sidetracked upon being presented with such rich information. Gathering the participants was a frustrating experience initially because of the complexity of getting them to give up their free time to participate and answer a few questions; this was a process that took some months and a lot of perseverance.

Once all the data had been gathered and we began with the data analysis; I felt as though I had started afresh, with renewed vigour and enthusiasm. The sheer amount

of energy and time spent working on this research sometimes led to frustration and fatigue, especially toward the end of the project.

Overall, I feel that it was a privilege to have been able to listen to professionals in the study sample, both young and old, and get access to their knowledge and experience for the purpose of this study. Working with my supervisor gave me a rewarding and eye-opening experience of the world of research that I would not trade for any other. This whole journey has certainly taught me the value of hard work and perseverance. I believe the most important lesson I learnt was that there are times to pick up the laptop and work and then there are times when you need to put it aside and let the mind rest for a while. The ability to distinguish between those two was the most challenging part of this journey.

Annexures

Annexure 1: Proof of ethical clearance



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02 May 2019

ETHICS APPROVAL LETTER OF STUDY

Based on approval by the North West University Health Research Ethics Committee (NWU-HREC) on 02/05/2019, 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: Psychologists' perception of change process and key events in psychotherapy: A qualitative study.																														
Study Leader/Supervisor (Principal Investigator)/Researcher: Mr R Kok																														
Student: A Campos Chacon																														
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Commencement date: 02/05/2019																														
Expiry date: 31/05/2020																														
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):

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-HRECAppl@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

 Digitally signed by Wayne Towers
Date: 2019.10.09 14:51:16 +02'00'

Prof Wayne Towers
Chairperson NWU Health Research Ethics Committee

Original details: (22351930) C:\Users\22351930\Desktop\ETHICS APPROVAL LETTER OF STUDY.docm
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3 December 2018

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Annexure 2: Proof of language editing

Language Editor's Declaration



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Language editing, translation, transcription, simultaneous
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Date: 9 March 2020

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2531

To whom it may concern,

This document certifies that the manuscript/title listed below has been edited, within reasonable, ethical and professional limits, for syntax, grammar, spelling, punctuation and specific stylistic requirements of the English language by one or more qualified language practitioner(s) at Language Matters. The editor's revisions and comments serve as recommendations; the overall quality of the final manuscript's contents remains the responsibility of the client/author.

Manuscript title: Perceptions of change process and key events in psychotherapy by psychologists in private practice: a qualitative study.

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Supervisor: Mr. R. Kok

Date Issued: 9 March 2020

Issued by: Language Matters

Annexure 3: Table 2.2.1

Table 2.2.1:

Themes and subthemes related to the client

Theme 1			
Client			
Subthemes:			
Levels of consciousness	Readiness to change	Buy-in to therapeutic process	Problem solution
Insight	Stage of change	Openness towards therapist	Defence mechanism
Awareness	Motivation to change	Trust in therapist	Coping styles
Aha moment	Locus of control	Clients level of participation	Strengths
Congruency			
Level of self differentiation			
Mindfulness			
Acceptance and acknowledgements			

Annexure 4: Table 2.2.2

Table 2.2.2:

Themes and subthemes related to the therapist

Theme 2:			
Therapist			
Subthemes:			
Therapist responsiveness	Practising models	Person of the psychologist	Psychological understanding of the client
Timing	Theoretical paradigm	Therapist congruence	Background information of the client
Intentionality	View of human nature	Creativity	Case conceptualisation Client treatment fit Identifying hindering factors

Annexure 5: Table 2.2.3

Table 2.2.3:

Themes and subthemes related to the therapeutic relationship

Theme 3:	
Therapeutic relationship	
Subthemes:	
Therapeutic alliance	Ethical conversation
Role definition	Client therapist fit
Expectation	Shared information
Collaboration	Shared language
Boundaries	Shared case conceptualisation
Therapeutic goals	Feedback
Comfortable	Unique interpersonal impact (corrective emotional experience)
Trusting relationship	
Flexibility	

Annexure 6: Table 2.2.4

Table 2.2.4:

Themes and subthemes related to therapeutic techniques

Theme 4:			
Therapeutic techniques			
Subthemes:			
Cognitive techniques	Behavioural techniques	Emotive techniques	Interpersonal techniques
Reflection	Behaviour modification	Interpretation	Empathy
Questioning	Real life application	Empathic confrontation	Congruence
Clarification	Homework	Use of metaphors	Unconditional positive regard
Normalisation		Use of humour	Non-judgement
Identifying unique outcomes		Correctional emotional experience	
Cognitive restructuring		Emotional venting	
Psycho-education		Emotional experiencing	
Scaffolding			
Positive reframing			
Meaning making			

Annexure 7: Table 2.2.5

Table 2.2.5:

Themes and subthemes related to key events

Theme 5:		
Change constructs related to key events		
Subthemes:		
Context of key events	Process of key events	Nature of change
Pre therapy change	Process before key event	Evolving story of change
Within therapy change	Process during key event	Mechanism of change
Extra therapy change	Process after key event	Nodal point
Post therapy change		Symptom relief