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FUTURE DIRECTIONS: EMERGING OPPORTUNITIES AND CHALLENGES IN PSYCHOTHERAPY RESEARCH

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With the publication of this volume, it is our hope that psychotherapy researchers and practitioners will not only enjoy the stories that enrich our shared past but will also have an opportunity to reflect on the emerging research and practice trends that are likely to shape the fields of clinical and counseling psychology, psychiatry, and social work in the years to come. Accordingly, in this final chapter we identify core research themes for the identification of key research issues that are likely to shape the future of psychotherapy research, training, and practice.

ASSESSING PSYCHOTHERAPY OUTCOMES— FROM RANDOMIZED CLINICAL TRIALS TO PRACTITIONER–RESEARCHER NETWORKS

No doubt influenced by Eysenck's (1952) challenging yet flawed review of psychotherapy effectiveness, a number of pioneers of the Society for Psychotherapy Research (SPR), such as Rogers, Luborsky, and Strupp, developed research programs aimed at measuring the outcome of insight-oriented treatments (the main target of Eysenck's review). Other researchers, such as Bergin,

Garfield, Howard, and Orlinsky, undertook the important task of collating, critically evaluating, and disseminating outcome research findings through the publication of landmark texts such as the *Handbook of Psychotherapy and Behavior Change* (Bergin & Garfield, 1978).

Irene Elkin's innovative effort to refine randomized controlled research designs for application in multisite collaboration psychotherapy research trials, the Treatment of Depression Collaborative Research Program, set the stage for the development of brief therapy approaches designed to address specific clinical disorders such as depression and anxiety. In addition to Elkin, numerous researchers featured in this book have conducted randomized clinical trial (RCT)-based therapy outcome studies that have contributed to the establishment of empirical support for psychodynamic (Blatt, Luborsky, Piper, Shapiro, Strupp), interpersonal (Strupp), client-centered/emotion-focused (Greenberg), gestalt/emotion-focused (Beutler), and cognitive behavioral (Beck, Beutler, Goldfried, Grawe, Shapiro) treatments for depression.

The number and variety of comparative treatment trials that have been completed over the past 30 years clearly attest to the impact that RCT designs and the evaluation of treatment outcomes have had on the field of psychotherapy research and practice as a whole. However, the equivalency of positive outcome findings achieved across different therapy approaches for the treatment of depression has led a number of researchers (Strupp, Goldfried, Elliott, Howard, Piper) to question whether future research efforts and funding should be focused on RCT designs that test differential treatment approaches for specific clinical disorders. Several researchers have encouraged the field to go one step beyond the question of whether one therapy is superior to another and have emphasized the importance of conducting studies to identify what forms of treatment might be more effective for particular types of clients or clinical problems (Beulter, Blatt, Grawe, Elkin, Jones, Kiesler, Piper, Stiles).

Influential contributors such as Frank, Bordin, Luborsky, Strupp, and Orlinsky have long advocated taking a new direction in psychotherapy research and funding that would entail the identification and empirical validation of key mechanisms of change—across therapy approaches—that are causally linked to efficacious treatment outcomes. Frank and Goldfried, along with Castonguay and Beutler (2006), have also suggested that if we are to understand how therapists can achieve more effective clinical outcomes with their patients, future research efforts should focus on the identification and empirical evaluation of a shared corpus of key principles of change that are evidenced in a diverse range of evidence-based practices. Understanding specifically how, when, and where key principles of change are most effec-

tively used for productive treatment outcomes, across differing therapy approaches, will be an important future direction for this challenging research initiative.

Additionally, there is mounting criticism from key contributors to the psychotherapy research and practice field that the patient selection criteria used in RCTs is unduly restrictive and not representative of the complex symptom profiles that patients often present with in community-based settings. They also argue that the use of approach-specific therapist treatment manuals, mandatory for adherence ratings in RCTs, unduly limits the ability of therapists to responsively and flexibly meet the complex needs of patients who are often seen in community-based clinical practice. This is a particularly important issue for psychotherapy practitioners who may be required to use evidence-based therapy approaches with their patients. Taken together, critics have questioned the utility, generalizability, and validity of RCT-based research findings for clinicians who practice in real-world settings and have challenged major research funding agencies and clinical researchers to draw on sample practitioners engaged in community practices for future research trials. Indeed, a vitally important future research question remains to be answered in this regard: Can RCT experimental designs be adapted for implementation in community-based samples and still address key methodological issues such as random assignment to treatment, client diagnostic heterogeneity, and consistent adherence to specific treatment manuals? Alternatively, do psychotherapy researchers need to develop a new gold standard for the evaluation of effective clinical practices that not only accommodates but capitalizes on the heterogeneity of practice approaches and client diagnostic issues that abound in real-world clinical settings? Resolving these important key methodological and practice-based research issues will certainly shape the direction of psychotherapy research in the years to come.

In response to these criticisms and in light of influential contributions of Howard, Orlinsky, and Bergin, a new generation of psychotherapy researchers (e.g., Grawe, Lambert, Stiles, Elliott) have contributed to the development of session level patient outcome measures for application by practitioners in community-based settings (see Barkham et al., 2008). The collection of large samples and statistical advances in linear growth modeling has also allowed researchers to explore methods that can positively influence clinical decision making through feedback to therapists. For instance, Lambert and colleagues (2001) recently established that therapists in real-world practice settings and training centers are able to achieve more effective treatment outcomes when they are given post-session evaluations of their patient's symptom status and level of distress. The provision of patient feedback appears to significantly enhance treatment

outcomes by reducing early dropout and allowing therapists to calibrate their treatment focus to better meet the needs of their patients. This important empirical finding should have a significant impact not only on current and future psychotherapy training programs—across treatment approaches—but also on real-world clinical practice wherein therapists are encouraged to draw on patients' postsession evaluations for more effective therapeutic outcomes.

As demonstrated by Lambert, the implementation of postsession evaluations in community-based settings also provides researchers with a golden example of how to develop broad-based practice-research networks for future research initiatives. In fact, several other practice-research networks are also proving the utility of large-scale collaborative efforts between therapists and researchers. For instance, the Pennsylvania Psychological Association's Practice Research Network (Borkovec et al., 2001) is a statewide effort to involve therapists in the process of clinically relevant research, from formulating questions to designing studies to collecting data. Furthermore, the Penn State's Center for the Study of Collegiate Mental Health (CSCMH, http://www.sa.psu.edu/caps/research_center.shtml) is a national collaboration in the United States among more than 125 university counseling centers to gather clinical data using a common set of instruments. The initial pilot study of the CSCMH, in which 66 counseling centers contributed one semester's worth of data, yielded a sample of more than 20,000 cases. Although projects of this magnitude require considerable time, coordination, and organization to even get off the ground, their potential benefits outweigh the efforts involved.

Additionally, representing a wide range of treatment approaches, Greenberg, Strupp, and Luborsky have cogently argued that traditional (i.e., comparative) treatment outcome studies have failed to provide definitive answers about the specific mechanisms of change that are causal to therapeutic outcomes. With the exception of dismantling, additive, or parametric designs, comparative treatment trials do not provide empirical validation of the treatment interventions so carefully spelled out in RCT treatment manuals (Borkovec & Castonguay, 1998). As a consequence, there has been an increasing call for the assessment of therapist and patient factors, within and across sessions, that may be able to provide at least approximate causal explanations for specific therapy outcomes (Kazdin, 2008). The immediate future seems to offer an opportunity for experiential/humanistic, integrative, interpersonal, psychodynamic, and CBT process researchers—many of whom have had a strong presence within SPR and have contributed to this book—to continue to focus their expertise on evidence-based treatments, for the identification and measurement of mechanisms of change operating in their respective therapy approaches.

FROM PROCESS TO PROCESS-OUTCOME STUDIES
AND THE IDENTIFICATION OF KEY MECHANISMS
OF CHANGE IN EVIDENCE-BASED THERAPY APPROACHES

Beginning with early investigations of generic change processes and relationship conditions (Rogers, Strupp, Orlinsky, Howard), many of the seminal researchers in this volume addressed specific measurement issues (Elkin, Kiesler, Elliott, Stiles), sometimes by utilizing observational tools that measure at a detailed level (Benjamin, Elliott, Jones) and at other times through qualitative research strategies that prize patients' first-person accounts of experiences of change (Hill, Elliott). It is clear that psychotherapy process research methodologies have significantly changed over time. In particular, there has been a gradual shift to more specification of individual change processes observed and assessed within and across therapy sessions and an increasing focus on tools that capture the patient's experience of therapy. For instance, Grawe used therapy spectrum analyses to formulate empirically validated heuristics that specified a mixture of resource- and problem-focused interventions suited to the different phases of therapy and guided the therapist's session-to-session decisions for the continual adaptation of treatment procedures. The Client Experiencing Scale (Gendlin), Rice's Client Vocal Quality Scale, Stiles's Verbal Response Modes, and Hill's efforts to measure therapist intentions and response modes, as well as patient reactions and behaviors, all share an appreciation of the multifaceted ways in which language can and does play a role in the change process.

Additionally, because most—if not all—of these measures emerged from the intensive, inductive analysis of actual therapy sessions, they have had considerable impact on clinical practice. For instance, Rice's systematic, intensive case analysis of specific client vocal markers (1967) ultimately contributed to the development of a new, process directive approach to conducting humanistic psychotherapy, emotion-focused psychotherapy. The intensive single-case analyses of actual therapy sessions—as demonstrated by Orlinsky, Rice, Rogers, Hill, Stiles, Elliott, and Kächele in their respective research programs—may in fact serve as an important first step and methodological bridge for future psychotherapy researchers who are interested in identifying evidence-based mechanisms of change. Specifically, the possibility of conducting multiple, intensive single-case analyses of dyads that have participated in RCTs opens the door to the identification (and with enough multiple cases, possibly verification) of key mechanisms and/or core principles of change for clients and therapists who have achieved clinically significant change at therapy termination. The intensive, contextual analysis of key change processes—interpersonal, patient, and therapist factors—within and across therapy sessions in turn provides researchers with an opportunity to develop a much

more differentiated understanding of the complex factors that contribute to productive patient outcomes in the context of evidence-based therapy practices. Importantly, these findings may then inform the development of practice guidelines and training programs for the effective implementation of evidence-based approaches in community settings—an important and challenging future direction for psychotherapy research and practice.

Methodological flexibility that embraces a creative openness to unexpected findings is a recurring theme that seemed to define many of the process and outcome researchers included in this book. When one set of research tools proved inadequate to illuminate answers to research problems, they were flexible enough to consider alternative approaches. The problems that these researchers were studying were quite complex, and as complexity per se appeared to explain particular research findings, these researchers applied methods that were better suited for capturing this complexity.

For instance, Strupp began his career using analog procedures to make inferences about psychotherapy, then conducted carefully designed experiments using actual clients before turning to case study methodology to explore puzzling findings from Vanderbilt I. Findings from the intensive case analyses of actual therapy sessions in turn facilitated the development of hypotheses used for a new RCT about training. Kächele's intensive analysis of psychoanalytic therapy sessions also involved a hybrid approach that mixed various levels of observation, ranging from group-level measures to detailed and complicated analyses at the level of the individual word. Stiles turned to qualitative strategies in order to identify assimilative processes, whereas Hill adapted qualitative methods to understand more fully what clients experience during therapy sessions. Similarly, Greenberg turned to task analysis when he needed to identify specific change processes entailed in productive empty-chair and two-chair interventions. It is clear that the capacity to flexibly adapt standard research methodologies for the evaluation of emerging research questions has been key to the generation of new knowledge and effective intervention practices that have significantly affected the field as a whole.

It is also important to note that key research innovators such as Rogers, Luborsky, Goldfried, Strupp, Beck, and Greenberg have all practiced as psychotherapists throughout the course of their highly generative research careers. Understanding the essential contributions of therapy practice for the development of innovative, generative psychotherapy research programs must continue to inform how we educate and train future generations of psychotherapy researcher–practitioners.

While the first generation of outcome researchers saw little or no need to address within- and across-session change processes, it can also be said that process researchers (Kiesler, Rice, Gendlin, Rogers) were not initially interested in evaluating session or treatment outcomes when undertaking intensive

process analyses of therapy sessions. The two worlds of psychotherapy research began to move closer together, however, when outcomes among different therapy approaches were found to be equivocal and could not be explained. Building on the integration of psychotherapy process and outcome research methodologies, researchers have become increasingly interested in understanding of the contributions of the therapeutic relationship to overall therapy outcomes at treatment termination and follow-up. Orlinsky and Howard's Therapist Session Report, Strupp's Vanderbilt Psychotherapy Process Scale, and Luborsky's Penn Helping Alliance Scales have set the stage for the development of the many alliance measures that have both sprouted and become deeply rooted throughout treatment research during the past generation.

In turn, the broad-based administration of reliable, pantheoretical self-report measures of the therapeutic alliance (Bordin, Luborsky), such as the Working Alliance Inventory (Horvath & Greenberg, 1989), has resulted in accumulating research evidence that patients' reports of a strong, collaborative alliance early in therapy are consistently correlated with overall positive therapeutic outcomes, across diagnostic subgroups (dysphoria, personality, anxiety, substance abuse) and therapy approaches (client-centered, psychodynamic, interpersonal, emotion-focused, CBT; Castonguay & Beutler, 2006). However, given the consistently modest effect sizes across diagnostic samples and therapy approaches, several researchers have cautioned that we still do not understand if a strong, early alliance is an essential "glue" of therapy that activates and helps to sustain other change processes or if it is the fundamental ingredient of therapeutic change itself (A. O. Horvath, personal communication, 2008). Investigating this research question and understanding how therapists help clients engage in the fundamental tasks of therapy will be an important focus of future process and outcome research that will likely influence psychotherapy training and clinical practice.

Recent developments in computerized DVD-based software systems that enable the simultaneous coding and analysis of relational processes occurring during therapy sessions may contribute to future research efforts addressing the contributions of client and therapist interpersonal processes for effective therapeutic outcomes. It is now possible for psychotherapy researchers to intensively investigate microlevel, interpersonal process patterns that are associated with positive, early alliance ratings, as well as therapeutic gains, using these observer-based coding systems. The development of new coding methodologies may in fact open the door to future innovative applications of standardized measures such as Benjamin's Structural Analysis of Social Behavior and the Client Experiencing Scale (Gendlin), as well as further refinement of concepts such as the therapeutic alliance. As demonstrated by Kächele's textual analysis of long-term psychodynamic therapy sessions, computer-assisted technology has already made a significant impact on psychotherapy process research, and

advances in voice recognition and text conversion software may one day soon allow for live computer analysis of text and the potential for immediate feedback to therapists and trainees.

THERAPIST CONTRIBUTIONS, PSYCHOTHERAPY TRAINING, AND INTERNATIONAL RESEARCH NETWORKS

Interestingly, psychotherapy research has focused mainly on treatment methods and on clients' characteristics, in-session behaviors, and clinical outcome—while the person of the psychotherapist has remained largely unexplored. To address this gap in the research literature, Orlinsky and colleagues recently cofounded the SPR Collaborative Research Network (CRN) to conduct an international study of the development of psychotherapists. Meeting intensively before and after SPR conferences, a group of colleagues from different countries, professional backgrounds, and theoretical orientations worked together to construct the Development of Psychotherapists Common Core Questionnaire (DPCCQ). The DPCCQ has been translated into 20 languages to date and has been used in more than two dozen countries to collect reports about work experiences and professional development from nearly 9,000 psychotherapists. A theoretical integration of research findings resulted in a "cyclical-sequential model of psychotherapist development" that has resulted in empirically grounded recommendations for clinical training, supervision, and therapeutic practice. Orlinsky and his CRN colleagues are expanding data collection in previously unstudied Western and non-Western countries, examining the distinctive characteristics shared by therapists of specific orientations and exploring aspects of therapists' personal lives, such as the nature and impact of their religious background and experiences.

In addition, Bruce Wampold's (2001) work has exerted considerable influence on the field, emphasizing the importance of therapist, relational, and contextual factors in psychotherapy outcome and calling into question many of the assumptions of RCTs. Like Frank and Garfield before him, Wampold also questions the supposition that technical factors are largely responsible for change. As multilevel modeling and other similar statistical techniques become more widely accepted, understood, and utilized, researchers will be able to make continued advances in determining the relative contributions of these factors to treatment outcomes.

Taken as a whole, the CRN project presents the field of psychotherapy research with a highly innovative demonstration of the rich possibilities that may ensue when broad-based international research collaborations are created to address key research questions central to psychotherapy training and

practice. We anticipate that SPR will continue to serve, as it has served in the past, as a key international forum for the creation of collaborative research networks that foster the development of innovative, rigorous research methods, measures, and research strategies that result in more effective training and delivery of evidence-based clinical interventions in community-based settings.

The CRN initiative dovetails with a growing interest in the psychotherapy research field at large regarding the contributions of psychotherapy supervision and training for effective therapeutic outcomes. Developing methods to systematically measure core competencies and productive training outcomes will be critical for this future research initiative. Additionally, Goldfried has also highlighted the critical importance of more fully addressing sexual orientation issues when educating psychotherapy researchers and practitioners, and he has organized a curriculum review initiative to achieve this outcome. In so doing, he has set the stage for future psychotherapy researchers to continue to attend to key multicultural issues such as race, gender, and nationality when conducting psychotherapy research investigations.

CONCLUSION

The field of psychotherapy research has been generative—and regenerative—in an almost benevolent way. The extraordinary scholars featured in this book are more than researchers and/or practitioners—they are also committed mentors, giving of themselves and their accumulated wisdom for the benefit of the profession and, more immediately, for those who are fortunate enough to study and work directly with them. Many of the chapter authors, and indeed the editors of this volume, can trace their own lineage to contributors featured in this book who were instrumental in introducing them to SPR at early points in their professional careers. The origination of our own collaborative research programs can be directly traced back to early engagement in SPR meetings and the respect for diversity, intellectual curiosity, and methodological rigor that permeates the society as a whole. And in this regard, it seems to us that SPR is unique in its explicit nurturing and valuing of collaborative research initiatives and its support for students and young scholars. We are truly indebted to those who have come before us, especially SPR cofounders David Orlinsky and Ken Howard, and this debt of gratitude is willingly paid in the form of a commitment to mentoring the next generation of psychotherapy researchers and ensuring the vitality and generativity of SPR for generations to come.

REFERENCES

Barkham, M., Stiles, W., Connell, J., Twigg, E., Leach, C., Lucock, M., . . . Angus, L. (2008). Effects of psychological therapies in randomised trials and practice-based studies. *British Journal of Clinical Psychology, 47,* 397–415. doi:10.1348/014466508X311713

Bergin, A. E., & Garfield, S. L. (Eds.). (1978.) *Handbook of psychotherapy and behavior change: An empirical* (2nd ed.). New York, NY: Wiley.

Borkovec, T. D., & Castonguay, L. G. (1998). What is the scientific meaning of "Empirically Supported Therapy"? *Journal of Consulting and Clinical Psychology, 66,* 136–142. doi:10.1037/0022-006X.66.1.136

Borkovec, T., Echemendia, R. J., Ragusea, S. A., & Suiz, M. (2001). The Pennsylvania Practice Research Network and future possibilities for clinically meaningful and scientifically rigorous psychotherapy effectiveness research. *Clinical Psychology: Science and Practice, 8,* 155–167. doi:10.1093/clipsy/8.2.155

Castonguay, L. G., & Beutler, L. E. (Eds.). (2006). *Principles of therapeutic change that work.* New York, NY: Oxford University Press.

Eysenck, H. J. (1952). The effects of psychotherapy: An evaluation. *Journal of Consulting Psychology, 16,* 319–324. doi:10.1037/h0063633

Horvath, A. O., & Greenberg, L. S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology, 36,* 223–233. doi:10.1037/0022-0167.36.2.223

Kazdin, A. E. (2008). Evidence-based treatment and practice: New opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care. *American Psychologist, 63,* 146–159. doi:10.1037/0003-066X.63.3.146

Lambert, M .J., Hansen, N. B., & Finch, A. E. (2001). Patient-focused research: Using patient outcome to enhance treatment effects. *Journal of Consulting and Clinical Psychology, 9,* 159–172.

Rice, L., & Wagstaff, A. K. (1967). Client vocal quality and expressive styles as indexes of productive psychotherapy. *Journal of Consulting Psychology, 31,* 557–563.

Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods and findings.* Mahwah, NJ: Erlbaum.