Therapeutic Collaboration and Significant Events to the Client's change: A Systematic Review

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ABSTRACT

This study presents a systematic review of literature on research focused in significant events in psychotherapy and their relation with collaborative process between therapist and client. Researchers argue that attention to significant events can be effectively an important strategy to improve the understanding of how change process occurs in psychotherapy. Moreover, the therapeutic collaboration as a central dimension of alliance has been consistently associated with therapeutic change. This study aimed to understand how these two research topics have been addressed in conjunction by psychotherapy researchers. Medline and PubMed Resources Guide, Scielo, Web of Science, Scopus, PsycINFO, EBSCO and OVID electronic databases were searched between the years 2000 and 2015, with keywords such as therapeutic alliance or collaboration, and significant events, helpful aspects, important moments, or episodes, and process or outcomes, with all possible combinations of derivatives. Regarding the results of this review, we found only four qualitative studies that meet the inclusion criteria. These studies had different aims and used different methodologies to collect and to analyze the significant events. The analysis of these studies suggest a need for further investigations aiming to microanalyse the interactive and relational processes occurring within the significant events in psychotherapy. *Key words*: significant events, therapeutic alliance, therapeutic collaboration, change process.

Novelty and Significance

What is already known about the topic?

- Significant events in psychotherapy are considered as windows for deeper understanding the mechanisms of change in psychotherapy.
- The therapeutic collaboration is considered a good predictor of the therapy outcomes. However, little is known about the relation between these two therapy process factors.

What this paper adds?

- The study presents a critical and updated review of the research in the field, trying to better understand how therapeutic collaboration process has been investigated in conjunction with the significant events in psychotherapy.
- This study identifies a number of research questions to address in future studies, considering the clinical relevance of the topic.

The therapeutic alliance, an essential element of the therapeutic process is considered a determinant factor of the therapy efficacy, independently of the therapeutic approach. Investigation on the field points out a strong relation between the quality of the therapeutic alliance and the psychotherapy outcome (Horvath & Bedi, 2002; Horvath, 2013).

Although there are several theoretical definitions of therapeutic alliance, Bordin (1979) developed the first pantheoretical definition of therapeutic alliance, being that a most robust and consensual concept. The author defined therapeutic alliance based on the emotional bond experienced by the therapist and the client, as well as on the

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agreement between both in relation to the therapeutic goals and to the required tasks in order to achieve them. With his definition, Bordin (1979) not only emphasized the necessity of a shared responsibility between the therapist and the client in what concerns to the planning of the activities to be developed intra and extra therapy, but also the importance of the development of an affective bond, characterized by a true involvement and a genuine comprehension, between the elements of the dyad. In this sense, the alliance might be understood as a relevant factor in the achievement of a bidirectional therapeutic relationship, based on the mutual collaboration and negotiation between the therapist and the client.

There is a collaborative stance embodied in the concept of therapeutic alliance, being that the quality of interaction depends on it, thus preventing or promoting a favorable change on the client (Tryon & Winograd, 2002). However, this idea of collaboration associated with the therapeutic process is pictured in different ways by different authors, depending on the theoretical model considered. That is, actually, the reason why there is not a consensual definition of collaboration in psychotherapy, meaning that there is not a unique perspective, universally accepted, about what means to collaborate, being partners or being mutually involved in what concerns to the interveners in the therapeutic relationship (Horvath & Bedi, 2002).

The therapeutic collaboration may be understood in the perspective of the client's cooperation with the therapist. This perspective especially reinforced the collaboration as a phenomenon of client's cooperation to the therapeutic alliance, however, according to Diamond and Scheifler (2007), the concept of collaboration is more complex than that, and conveys a sensation of joint work that needs partnership and cooperation of both the therapist and the client through common goals.

To Horvath (1994), for example, an active collaboration between the elements of the therapeutic dyad is needed to the therapy success, whose achievement would be directly connected to the goals established from the beginning of the therapy. In the same line, Hatcher (2010) also considered that when the therapist and the client work together with the finality of concretize certain goals, that requires the existence of collaboration between both parts. To a collaborative involvement between the therapist and the client particularly effective, some basic conditions are needed from both parts, as, for instance, the comprehension and the empathic listening from the therapist, as well as the capacity of cooperation and of involvement in the tasks from the client (Tryon & Winograd, 2002).

Several authors (e.g., Muran *et al.*, 2009) have empirically verified the dynamic nature of the therapeutic collaboration across the therapeutic process; others (e.g., Ribeiro, Ribeiro, Gonçalves, Horvath, & Stiles, 2013; Lepper & Mergenthaler, 2007) have stressed, for instance, the importance of studying the articulation between therapeutic collaboration and the therapeutic change at a moment-to-moment level, in order to understand the relational nature of the change process. In the last years there has been an increasing interest on to understand how the good relationship built in therapy contribute to its outcome, as well as in the study of the essential conditions to a true promotion of it.

In the decade of the 80's, Elliott (1983, 1985) was responsible for stimulating the investigation around the variety of the clients' experiences during therapy, with the

intention of better understanding the therapeutic process. To Elliott and James (1989), the comprehension of the client's experience in therapy offers a great opportunity to improve the therapist's abilities that can lead to more effective interventions in all the theoretical approaches.

In the same line, Elliott and Shapiro (1992) believed that the process of change is directly related with what was somehow significant to the client during the therapeutic sessions. According to these authors, these significant moments or happenings constitute a fundamental component of the therapy when being experienced by the client as useful and important. In this sense, it seems obvious that the clients can provide fundamental information about their therapeutic processes in order to clarify the meaning of their experiences in therapy, as well as the way they infer those experiences and, by its turn, those experiences influence the clients' process of change.

More recently, Elliott (2010) emphasized that the client him/herself is, indeed, the one who is in a better position to provide information about his/her process of change, which, by itself, can provide his/her own articulation and contextualization of such elements of change into his/her experience (Levitt, Butler, & Hill, 2006). In studies about the client's experience in therapy (e.g., Elliott & James, 1989; Elliott & Shapiro, 1992; Llewelyn, Elliott, Shapiro, Hardy, & Firth-Cozens, 1988) Elliott identified events related with client's aspects (as preoccupations, intentions, and feelings) and some with therapist's characteristics, experiences in therapy and significant aspects of the therapy. In this way, he found that the most common helpful factors can be divided into two broad categories, task/problem solving aspects and relationship/affective aspects.

Also, according to Timulak (2007), the significant events are the most productive moments of the therapeutic work, thus corroborating the study of Elliott (1989), in which he assumed that the variety of these events is particularly associated to the impact that they produce in the client. Timulak (2007) also categorized the impact of the significant events that frequently occur in psychotherapy, and verified that they are tendentiously related with behavior changes, resolution of problems, awareness, empowerment, experience of emotional moments in therapy, involvement and comprehension of feelings by the client.

Paulson, Truscott, and Stuart (1999) and other authors (e.g., Levitt *et al.*, 2006; Lietaer, 1992; Martin & Stelmaczonek, 1988; Wilcox-Mattew, Ottens, & Minor, 1997), invited the clients themselves to categorize their own interviews about what has been useful for them during the therapy. They believed that asking for the clients' perspective the clients would have the opportunity to articulate and contextualize important elements of change in their experience. Paulson, Truscott, and Stuart (1999) e developed clusters and items from client's perceptions of helpful experiences in counseling, considering the importance of the therapeutic relationship and the role of counselor's interpersonal style as helpful aspects of the therapeutic process.

The focus on the clients' experience in therapy, namely on the significant events as identified by them, seems to be an important strategy in order to better understand the psychotherapy processes (Elliott, 2010). In addition, understanding the types of the client's experiences should offer an important input to the therapeutic ability, which might lead to more effective interventions, independently of the therapeutic approach (Elliott & James, 1989). To Levitt and Rennie (2004), when clients describe what they

were doing at specific moments in therapy, they reveal intentions, purposes, and motives that often are not mentioned to the therapist.

Given the relevance stated in the literature of both the therapeutic collaboration and the significant events in the client's perspective to understand the successful therapies, we believe it would be important to investigate how these two factors have been studied together.

The present study, aimed to elaborate a profile of the last decade publications focused simultaneously on the significant events and on the therapeutic collaboration. Thus, we intended to make a systematic review and to summarize the relevant literature in the field, in order to describe the methods of investigation of the therapeutic collaboration process as associated to the significant events in psychotherapy.

Method

Procedure

Initially, a protocol was elaborated in order to plan and schematize all the common steps of a systematic review of literature, as it was intended in the current study (see Figure 1). After that, an online search was conducted in order to download indexed papers in national and international databases, namely on Medline and PubMed, Scielo, Web of Science, Scopus, PsycINFO, EBSCO and OVID, containing keywords or descriptors related with the concepts of therapeutic collaboration and significant events in therapy (the two fundamental concepts of this study). The keywords or descriptors of relevance (*therap*; and, alliance or relation*; and, interact*, coordinat*, cooperat*, collaborat*, or conversat*; and, helpful, significant, or important; and, moment, episode, or event; and, results, process, *sucess*, or outcome*) were, then, combined in all the possible ways: using the search operators AND and OR and "*", in the appropriate way for each database.

We intended to verify, particularly, the incidence of studies published between the years of 2000 and 2015 in those databases referred above, in Portuguese, English, and Spanish. The sample included publications of indexed papers and free access, and the selection of the studies were made through a previous reading of their abstracts, taking into consideration the following inclusion criteria: i) studies with adult clients that have been through an individual therapeutic process, independently of the theoretical approach adopted; ii) studies about what has been considered useful to the client's change / useful aspects of therapy; and, iii) studies with a qualitative, quantitative or mixed design, including literature reviews. On the other hand, we have considered the following exclusion criteria: i) studies about therapeutic processes conducted through the internet, by telephone or by other means that did not required the presence of the participants; ii) studies with children, teenagers, and/or elderly people; iii) couple, family, and group therapies; iv) systematic reviews of literature; and, v) studies with therapists still in training, without formal formation.

All the selection process of the studies was carried out based in the independent perspective of three judges, who were at the moment doing a Doctoral Course in

Applied Psychology. However, the consensus about the studies that should be included or excluded in the current review was obtained through meetings between the judges.

The storage process of the papers then selected was made by using the tool EndNote Web, that is freely available to the members of the platform ISI Web of Knowledge. Using this platform we were able to manage the references, by keeping, organizing and detecting duplicate registers, as well as to directly searching in some databases (for instance, on Web of Science and PubMed) or to indirectly searching on others (for instance, on Scopus and Scielo), then sending the registers to the EndNote Web.

Results

We obtained 8285 papers during the search phase in the databases, considering the keywords or descriptors indicated above, the language and the years of publication. After that, each judge had independently made a preliminary analysis of the titles of each one of the 8285 papers, which was conducted in order to keep only the papers whose titles were related to the fundamental concepts of our review (therapeutic collaboration and significant events in therapy), or whose exclusion was not possible due to the lack of clarity of their titles. This first filtering step was made through consensus between the judges, and, from the 8285 initial papers, 8084 were excluded and 201 were maintained.

The second step of our review consisted in the independent reading of the abstracts of the 201 papers therefore maintained. After consensus, 64 of those 201 papers were maintained and 137 were excluded because they did not satisfy the criteria for inclusion according to the abstract, but 20 of the referred 64 papers were in duplicate. Therefore only 44 papers were then considered (see Figure 1).

Finally, taking into consideration the inclusion and exclusion criteria previously defined in the protocol for our review, after the independent and integral reading of the
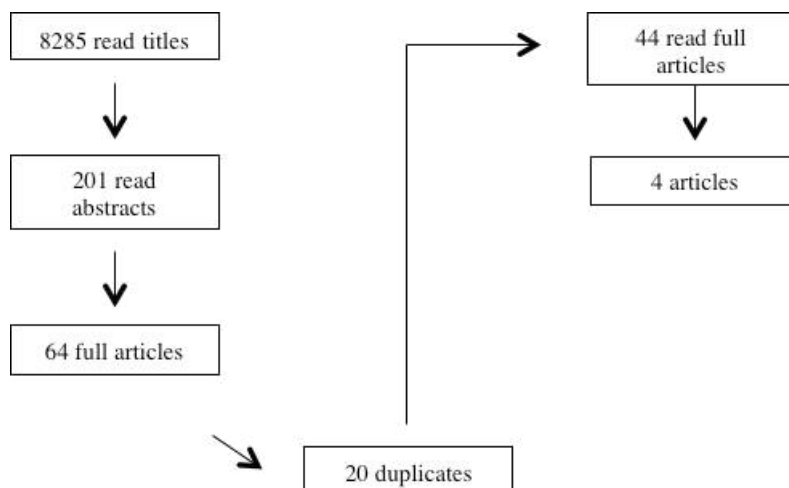

Figure 1. Flow of information from identification to inclusion of studies.

44 papers, the judges concluded, consensually, that only four papers rigorously fulfilled the required criteria (see Table 1).

The Table 2 shows the results of the analysis of the four articles that fulfilled the inclusion criteria for this study.

The study from Levitt, Butler, and Hill (2006) using interviews on significant events to identify components of psychotherapy experience and principles that can be used to guide the process of therapy, interviewed 26 clients through a semi-structured and exploratory interview. Those clients had already finalized their therapeutic processes and were asked to describe their experience about the therapy, about the therapeutic relationship and/or about events that, somehow, were significant for them during the therapy. Grounded theory method was used to analyze the transcribed interviews.

The results of this study (Levitt *et al*., 2006) showed that the majority of the clients described the therapy as a positive experience and evaluated the quality of their alliance with the therapists from moderate to elevate. In relation to the outcome of the therapy, they evaluated their personal change as, in mean, 4.15, in a scale ranging from 1 (insignificant) to 5 (very significant). Furthermore, through the method of grounded theory, Levitt and colleagues (2006) developed an hierarchy of what the clients revealed to have been more important for them in therapy: 1) commitment to therapy: honesty is negotiated for success; 2) the therapy environment as a reflection of therapist's care; 3) out-of-session processing: structuring transitions between worlds; 4) the therapeutic relationship: building trust that self-exploration can be sustained, even in the face of threat; 5) therapist's characteristics: caring the right amount yet providing firm direction when needed; and, 6) therapeutic intervention: structuring a focus to encourage reflexivity and client's self-discovery. They proposed also that the experience in therapy seems to be more recalled by the clients in a general way, more than in an episodic way. For the authors, the findings presented may sensitize therapists to clients' internal processes and inform therapist decision making.

Viklund, Holmqvist, and Nelson (2010) made use of the methodology of conversation analysis to analyze the data. The intention of the authors was to describe the interactional structures and practices of significant happenings in therapy, according to a moment-to-moment analysis of the therapeutic interaction, especially in moments that the client, in its own perspective, considered important for him/her. Eight therapist

Table 1. Number of publications found and selected to the review.

Database	Research found	Read abstracts	Read articles	Final stage
Ebsco	8	5	3	1
Medline	7	7	3	0
PsycInfo	3	2	2	0
Ovid	5397	83	31	1
PubMed	2	1	0	0
Scielo	0	0	0	0
Web of Science	16	8	6	0
Scopus	2852	95	18	2
Total	8285	201	64 (20 repetitions) 44	4

Table 2. Types of studies, methodologies and results.

Kind of study	Authors, Year and Journal	Aims	Method	Results
Qualitative	Levitt, Butler, & Hill (2006) *Journal of Counseling Psychology*	Identify aspects from psychotherapy experience and resources that might be used as a guide moment to moment through interviews about significant events.	Clients were interviewed about what was important to them about your psychotherapy process. The analysis and transcription of the interviews were analyzed using the grounded theory method. The Working Alliance Inventory was used to assess the quality of therapeutic alliance, and the Outcome Questionnaire to assess the therapeutic change.	The clients had moderate to strong alliance with their therapists, and suggested significant changes. 19 of 26 participants considered the therapeutic process a positive experience. Nine participants reported negative perceptions of therapy. The clients considered that their change is related to therapist interventions that were not specific to therapeutic approaches, the relation among the dyad, and the client's ability to develop an understanding about their experience.
Qualitative	Viklund, Holmqvist, & Nelson (2010) *Psychotherapy Research*	Identify significant events, and describe aspects of the interaction, including structures and practices among the dyad on significant events.	Eight dyads were interviewed after the sessions, about some aspect considered important, and they located this moment on videotape, indicating the start and end. Conversation Analysis method was used.	A frequent theme that emerged in events involved interactions in which client and therapist disagreed. The authors concluded that there are three ways that therapist uses to deal with these disagreements. The therapist guides to the client, inviting the client to elaborate his/her usual point of view to establish a similar understanding; or orienting to client's disagreement, but defining his/her own point of view prevails; and the therapist not orienting the client's disagreement.
Qualitative	Timulak, Belicova, & Miler (2010) *Counselling Psychology Quarterly*	Explore all significant events over a therapy case, verify in significant events, the useful aspects and examine the client's progress.	It was used BDI and SCL-90 measures, for the therapy outcomes. The quality of the therapeutic relationship was based on Barrett-Lennard Relationship Inventory. The evaluation of therapeutic change was based on qualitative Client Change interview. All sessions were recorded and the client was interviewed according to the Interpersonal Process Recall format about her experience in therapy, and significant events. The therapist was also interviewed, focusing on her experience and the client experience during these events.	The client identified a total of 59 significant events. Based on the contents of the event, categories were created, resulting in 14 types of mutually exclusive events. The most common events related to awareness or insight about the problematic experience, and the client's appreciation of the therapy as a place for bring important issues. There were also moments wherein the client felt more confident, secure, understood by therapist, and had empowerment experiences.
Qualitative	Levitt & Piazza-Bonin (2011) *Psychotherapy Research*	Examining what is significant in psychotherapy in the client's and therapist's perspectives, and the differences among both personal experiences.	Four dyads through the session videotaped watched their experience and were interviewed according the Interpersonal Process Recall method about what was significant during the selected session on the video. The descriptions of those experiences were categorized inductively. The Therapist Perception Questionnaire was used to assess the feelings of participants about the therapy. The Working Alliance Inventory was used to assess the quality of alliance.	70 significant events were identified. There was convergence among therapists and clients in identifying the events, but less convergence on the explanation of the importance of those events. Several categories and subcategories for the explanation of significant events identified by the therapists and their clients were identified. The first category concerns the client's change; the second category concerns the client's needs in the session; the third category, the interventions planning; and finally the fourth category, feelings connection among the client and the therapist.

client dyads participated, but this paper deals with the episodes selected by the clients from the session videotaped.

In their study (Viklund *et al.*, 2010), the client was asked to describe what was important for him/her at each therapeutic session, immediately after its end, and to point out the moment of its occurrence in its video recording, indicating its beginning and its end. Were selected 16 episodes. The recordings and transcripts of the episodes were analyzed for interactional structures and practices. A recurrent theme that was identified involved sequences in which the dyad disagrees. The analytic procedure was focused on all sequences containing clients' expressions of disagreement that were collected from the transcripts to allow a detailed microanalysis.

The sequences containing clients' expressions of disagreement were analyzed. The authors described three different ways that the therapists use to handle with this discrepancy: i) exploring with the client signals of discordance between them, inviting the client to elaborate his/her own perspective on those signals, and, thus, trying to stablish a common ground that might be reasonable for both; ii) exploring those signals of discordance, but assuming that his/her own perspective is the most correct once he/she is the expert; or, iii) not exploring, at all, those signals of discordance.

The authors (Viklund *et al.*, 2010) considered that, although the studies on the significant events in therapy (e.g., Elliott, 1985; Timulak, 2007) have extended the knowledge on what is important to the clients in the therapeutic process, there are some limitations in these studies, namely, the fact that most of them did not analyze in detail the interactive microprocess in the significant events in therapy, preventing from is accurate comprehension.

Timulak, Belicova, and Miler (2010), in their case study, invited the client to identify significant events that occurred during the therapeutic process (already finalized at that point), and to relate them with the success of the therapy. After each session, the client was interviewed according to the Interpersonal Process Recall method (IPR; Elliott, 1986; Kagan, 1975) about her experience before, during and after each session. He was also asked to describe significant events of the session and to identify them in its video recording, as well as to describe how his experience was during each exact moment. Questions like: "Was there any moment that you experienced as somehow helpful?"; "What kind of feeling did you experience around that moment?"; "What was on your mind?"; "How did you perceive that moment and the therapist around that moment?" (Timulak, Belicova, & Miler, 2010, p. 376), were part of the interview.

The client identified 59 significant events across his 19 sessions of therapy. After the client's interview, the therapist was also interviewed and the significant moments previously identified by the client were showed to her. He was asked about his own experience and about the client's experience during those events (Timulak *et al.*, 2010).

From the identification of the significant events by the client, a categorization was made, according to the following domains: event content, client and therapist process, key intervention, and impact on the client. From those domains resulted 14 types of significant events mutually exclusive (Timulak *et al.*, 2010). The most common events were related to the client's insight about his problematic experience, followed by events related to the client's satisfaction with the therapy. According to the authors (Timulak

et al., 2010), the therapeutic benefits had to do, indeed, with the client's awareness and auto-acceptance as an individual, in the context of the therapeutic relationship. This study also evaluated the therapy outcome (BDI and SCL-90) and both measures suggested that significant progress was achieved in therapy. Furthermore the therapeutic relationship was assessed (Barrett-Lennard, 1986). In general, the relationship showed steady improvement in the client's perception of the therapist provided relational conditions.

And finally, the study of Levitt and Piazza-Bonin (2011), the clients (and therapists) of four therapeutic dyads were interviewed according to the Interpersonal Process Recall Method (IPR; Elliott, 1986; Kagan, 1975) two days after one of the sessions they attended. In the total, the four sessions, a total of 70 significant events identified by dyad (31 shared moments, 17 client-only identified moments and 22 therapist-only identified moments) were explored in the video recording of their four individual sessions. Curiously, the authors found a great convergence in the identification of such significant events between the dyads (comparing their differences and their similarities), but a less homogeneity in the clients' explanation relatively to their importance (260 rationales were provided to explain why these moments were experienced as significant for the dyad, and 24 shared reasons were put forward by both therapists and clients). The description of the clients' experiences was, then, inductively organized by categories and subcategories: client's change, client's in-session needs, planning and executing interventions, and sense of connection between the client and the therapist. Furthermore, the quality of the therapeutic alliance was evaluated using the short form of the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989), and the feelings of the clients about the process of therapy in general and of the particular session under analysis were identified through an adaptation of the Therapist Perception Questionnaire (TPQ; Strupp, Wallach, & Wogan, 1964).

The authors (Levitt & Piazza-Bonin, 2011) corroborated the impression of Cummings, Martin, Hallberg, and Slemon (1992) that had proposed that the clients (and the therapists) are more able to identify significant events right after each therapeutic session than latter. Moreover, they believed that the use of the IPR might have contributed to the great convergence between each therapeutic dyad in the identification of the significant events in therapy, once the possibility of watching the video recording of the session under analysis might have improved their capacity to recall those events.

DISCUSSION

Although there is a growing interest from researchers about the therapeutic relationship, namely the therapeutic collaboration as an important variable of the alliance (e.g., Lepper & Mergenthaler, 2007; Ribeiro, 2009; Horvath & Greenberg, 1989; Horvath & Bedi, 2002; Berdondini, Elliott, & Shearer, 2012) and significant events in therapy (e.g., Elliott, 1985; 1989; 2010; Elliott & Shapiro, 1992; Levitt, Butler, & Travis, 2006; Llewelyn, Elliott, Shapiro, Hardy, & Firth-Cozens, 1988; Timulak, 2007; Timulak, *et al*, 2010), the findings from this study shows that both research topics addressed in conjunction are still little explored in literature, according to small number of studies found.

The purpose of this study was to make an updated review of the research that has been developed about this specific topic joining the significant events in psychotherapy with the process of collaboration between therapists and clients. For this purpose, systematic literature review was conducted.

The results shows that studies that address in conjunction those two topics are very recent, they are all qualitative and privilege interview as data collection method focusing the perspective of the participants on their experience of therapy and its relevance to the client's change. On the other hand, we can also conclude that the focus of those studies is mostly at the session level or process level, as only one study was focused on micro-analytical processes regarding the therapeutic interaction. The results of the analyzed studies suggest that changing factors associated with significant events, include not only the therapists interventions, but also aspects of relational nature. In the four analyzed studies, we found that the relation among therapeutic alliance or therapeutic collaboration between the dyad and the change in psychotherapy has been studied using different methodologies, whether describing structures and interactional practices (Viklund, Holmqvist, & Nelson, 2010) in order to help raise awareness of therapists for the type of interaction that clients consider important, assessing the relationship/alliance through instruments (Timulak, Belicova, & Miler, 2010; Levitt & Piazza-Bonin, 2011) or assessing the therapeutic relationship through semi-structured interviews (Levitt, Butler, & Hill, 2006).

The results of this review also suggest the need for micro-analytical studies that combine the significant events for change, identified by the client, and the quality of the therapeutic relationship in progress in those moments. Using the methodological triangulation, including methodologies focused on the client and therapist's perspectives with observational methodologies of the therapeutic interaction may contribute to deeper understanding of the complexity involved in those significant events.

In conclusion, we think it is crucial to deeply understand the therapeutic events identified by the client and therapist as significant for the client's change, looking at what is happen moment by moment in the therapeutic interaction. We believe the research with this focus could make a substantial contribution to practice of psychotherapy, helping the therapists develop more responsive and productive strategies.

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