2011

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Recommended Citation

Cassisi, C. J. (2011). *All roads lead to common factors rather than turning points in couple and family therapy*. Edith Cowan University. https://ro.ecu.edu.au/theses_hons/21

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All Roads Lead to Common Factors Rather Than Turning Points in Couple and

Family Therapy

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A Report Submitted in Partial Fulfilment of the Requirements of the Award of

Bachelor of Arts (Psychology) Honours

Faculty of Computer, Health and Science

Edith Cowan University

Submitted: October 2011

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All Roads Lead to Common Factors Rather Than Turning Points in Couple and

Family Therapy

Abstract

It has been stated that there is a requirement in the field of couple and family therapy

for research aimed at informing process (Pinsof & Wynne, 2000). Qualitative

methods have been suggested as a means of closing this gap through obtaining

information regarding the subjective experience of those participating in therapy

(American Psychological Association, 2006). Through the use of qualitative, face-

to-face interviewing, this study explored the therapeutic experience from the

perspective of one experienced Family therapist and five of his clients. This study

partially replicated research conducted by Wark (1994) and extended it to overcome

methodological limitations. It examined the shared and unique perspectives of the

participants regarding turning points that were significant in the process of

therapeutic change. Thematic analysis revealed limitations of the turning point

approach in describing the therapeutic process. Moreover, findings supported the

common factors view as proposed by Sprenkle and Blow (2004a). Resultant themes

revealed the significant influence of the following factors in the process of change:

client factors, therapist factors, relationship factors and treatment factors.

Implications for training, research and practice, as well as suggestions for future

research are discussed.

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I certify that this thesis does not, to the best of my knowledge and belief:

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Acknowledgements

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All Roads Lead to Common Factors Rather Than Turning Points in Couple and

Family Therapy

In the field of couple and family therapy (CFT) there is a demand for the

development of research with the intention of informing process. Pinsof and Wynne

(2000) assert that it is necessary for the field to close the gap between research and

practice. The use of qualitative methods has been suggested as a means of informing

practice, as it can allow for the subjective experience of those participating in

therapy to be described (American Psychological Association, 2006). This area has

been overlooked in the research, thus there is a need for the perceptions of both

clients (Helmeke & Sprenkle, 2000) and therapists (Pinsof & Wynne, 2000) to be

accessed. It has been stated that in order to make research more relevant to the

experience of therapy, for both client and therapist, there is a need for research that

addresses "how client systems learn and how therapists can best facilitate that

process…this entails at least a temporary shift away from research focused on

treatments to research focused on client change processes" (Pinsof & Wynne, 2000,

p. 5).

The body of literature pertaining to mechanisms of change is vast. Two areas

that have been contrasted in the research are common factors and specific factors.

The former relates to components of therapy that can be found across effective

therapies and the latter to model specific factors (Webb, DeRubeis & Barber, 2010).

Additionally, change has been investigated qualitatively via interviews with clients.

Through asking for turning points, critical incidents or pivotal moments, research has

examined clients' perspectives concerning what they considered helpful or hindering

in the therapeutic process (Christensen, Russell, Miller & Peterson, 1998;

Greenberg, James & Conry, 1988; Helmeke & Sprenkle, 2000; Wark, 1994).

Guiding Literature

This study was interested in significant moments that occurred during the process of therapeutic change. It is through adapting a common factors lens that the current research addressed the challenges posed to the field of CFT. This guiding approach enabled the study of client change processes from the perspective of both client and therapist.

The Process of Change: The View from the Inside

Greenberg, James and Conry (1988) suggested that the perspectives of both clients and therapists are valuable. Despite this, most authorities consider that clients and therapists differ in their views regarding what is significant for change in therapy (e.g. Olsen & Russell, 2004). Wark (1994) studied this and concluded that there were limited to no shared perceptions of critical incidents between therapists and clients. Therapists not only lacked awareness of their clients' experience of therapy but also sensitivity regarding what their client considered to be most critical in therapy. A study conducted by Helmeke and Sprenkle (2000) supported Wark's finding that there is a lack of concurrence between the therapist and client perceptions of what is significant in therapy. These conclusions are unexpected given that effective therapy might be considered to be a mutual understanding between therapist and client (Hubble, Duncan & Miller, 1999).

One of the principal limitations of Wark (1994) was her data analysis and interpretation, as she did not describe how the data were analysed. Moreover, findings were presented with minimal information from the interviews to substantiate the thematic analysis. Wark's findings were reanalysed, revealing shared client and therapist perceptions of the themes of 'positive results' and 'alternate perspective offered by the therapist'. A more holistic and storied approach to the

collection and analysis of the interview transcriptions might be more effective in revealing shared and unique themes between therapist and client.

Two other aspects of Wark (1994) are also of concern. First, each of the five therapists studied were in training. Many of the negative incidents reported might be attributed to the therapists' inexperience and relative lack of building shared meaning within the therapeutic process. This is evidenced in the study: therapists expressed regret regarding assuming too much responsibility and not obtaining enough information from clients during therapy. Clients also expressed disappointment with the therapists' lack of follow up from one session to the next. Second, Wark used multiple pairings of therapists and clients, and a greater opportunity to observe shared perspectives might be found if only one experienced therapist were used.

Research aimed at discovering the process of change from the clients' perspective is limited, however, it has broadened our knowledge of what clients perceive as significant for change to occur. The following have been reported by clients as significant for positive therapeutic outcome: changes in affect, for example, in emotional expression, communication, for example, developing more supportive interactions and cognition, for example, awareness, insight and gaining perspective of oneself or partner (Christensen et al., 1998; Greenberg et al., 1988; Helmeke & Sprenkle, 2000). Moreover, research has identified conditions reported by clients as necessary for change. These included, therapist characteristics and practical suggestions, equality in the therapeutic setting in relation to the alliance with the therapist, normalisation of the problem, hope that the situation would improve and for therapy to be conducted at a pace that allows those involved to have a clear understanding (Christensen, et al., 1998; Helmeke & Sprenkle, 2000).

The nature of these reports do not seem to indicate critical incidents, or turning points, and might be considered within the framework of common factors, as indicated in the next section of this thesis.

Common Factors

The history of psychotherapy research shows a prevailing view highlighting the importance of theoretical frameworks and model specific approaches (Sprenkle, Davis & Lebow, 2009). Conversely, research has discovered results suggestive of a model based on extra-therapeutic factors where some individuals improve without formal therapy and where positive outcomes are demonstrated for a wide range of therapeutic interventions (Sprenkle et al., 2009). In relation to the latter finding, it has been concluded that in general psychotherapy is effective. Moreover, there has been little evidence demonstrating the superiority of one model over another (Lambert, 1992; Luborsky, Singer & Luborsky, 1975). As evidenced by such findings, the evolution of the research field has revealed results prompting debate surrounding what makes therapy effective and what leads to change.

Lambert (1992) proposed various explanations for such findings. Lambert considered the possibility that comparable outcomes can be achieved by a variety of therapies using different procedures, methodological shortcomings of previous research have not identified different outcomes or diverse therapies encompass common factors that can account for a significant proportion of therapeutic improvement. The latter explanation provides an interpretation consistent with the common factors body of research, which postulates "common mechanisms account for much more of the outcome variance among effective psychotherapies than unique aspects of treatment models" (Sprenkle & Blow, 2004, p. 114).

In one of the most extensively circulated interpretations of the factors that

influence change transpiring in treatment (Sprenkle et al., 2009), Lambert (1992)

proposed figures based on the educated estimation that change can be attributed to

40% extra-therapeutic and client factors, 30% common factors such as relationship

between therapist and client, 15% placebo or positive expectancy and 15% treatment

factors. Though frequently reported in the literature as variance explained, it is

important to note that these figures are not mathematically derived (Sprenkle &

Blow, 2004a).

The theory of common factors in its original conception can be traced back to

the ideas of Saul Rosenzweig in the 1930's, who first made reference to the

suggestion that common elements in therapies were more significant than specific

methods in leading to therapeutic effectiveness, stressing the importance of the

relationship between therapist and client (Sprenkle et al., 2009). Rosenzweig (as

cited in Sprenkle et al., 2009) suggested that generally all treatments are equal in

their effects, a notion that would be echoed in the 1970's by Luborsky and

colleagues' finding of what they named the "dodo bird verdict" based on the

conclusion that "comparative studies of different forms of psychotherapy found

insignificant differences in proportions of patients who improved by the end of

psychotherapy" (Luborsky et al., 1975, p. 1003).

The field was further impacted by the pioneering work of Jerome Frank in

the 1960's who identified four central elements for healing relationships, the

common factors he believed to be fundamental for change in psychotherapy,

medicine and other types of healing. These factors were:

    An emotionally charged confiding relationship with a helping person, a

    healing context, a rationale that provides a plausible explanation for the

client's problems and how to resolve them, and a procedure that involves

active participation of client and therapist and is believed by both to be a

means of restoring health (as cited in Sprenkle et al., 2009, p. 19).

The work of Carl Rogers further emphasised the importance of the healing

relationship and therapist characteristics (Rogers, 1957) and due to its seminal

impact on conceptualisations of the therapeutic relationship will be addressed in

more depth in a subsequent section of this thesis.

One of the earliest major meta-analyses to investigate psychotherapy

outcomes reported a large effect (0.84) for impact of psychotherapy and further, no

differences were found across treatments in regards to effectiveness (Smith, Glass &

Miller, 1980). More recently Wampold (as cited in Sprenkle et al., 2009) and

Hubble, Duncan and Miller (1999) supported this view arguing that specific methods

are of very little significance and effectively have no impact on outcome, stating that

the core of the therapeutic process lies solely in common factors.

The above-mentioned research was conducted in the context of individual

psychotherapy; although more recently major meta-analytic research findings in CFT

have revealed consistent results (Shadish & Baldwin, 2003). In a review of 20 meta-

analyses of marriage and family interventions, Shadish and Baldwin (2003)

concluded that the interventions were effective and that the varying approaches

generated relatively similar results. However, due to the strong emphasis on "sacred

models" in this field of therapy the common factors explanation was met with some

resistance (Sprenkle & Blow, 2004a) and scarcely featured in the literature. Davis

and Piercy (2007) stated that there were fewer than 12 published articles specifically

addressing common factors in marriage and family therapy.

Sprenkle and Blow's common factors lens. Sprenkle and Blow (2004a) argued their support for what they termed a 'moderate' view of common factors based on their disagreement with the "dodo bird verdict" and their belief that it does matter what one does in therapy, making the link between common factors and models. More recently, they have elucidated their stance emphasising the role of the therapist, stating, "models work through therapists" (Sprenkle & Blow, 2007, p. 110). Their main criticism of the CFT field was the importance placed on the distinctiveness of models (Sprenkle & Blow, 2004b). This view of change processes prompted scholarly debate, with those who contested the approach stating that the model is oversimplified and does not provide sufficient explanation for what is a complicated and diverse process (Sexton, Ridley & Kleiner, 2004; Sexton & Ridley, 2004).

Sprenkle and Blow's (2004a) common factors view includes: client factors, therapist effects, the therapeutic relationship, expectancy effects and non-specific treatment variables. They have also expanded this model to include variables unique to CFT.

Client factors. Client factors emphasise the importance of the role of the client, which has been considered as one of the strongest contributors to change (Miller, Duncan & Hubble, 1997). These factors operate separately from treatment models and pertain to the characteristics and qualities of the client. For example, commitment to change, level of motivation, for instance, their willingness to engage and persevere in treatment, their ability to reconstruct or individualise interventions for their own uses and even their age, gender and race. This component also includes extra-therapeutic factors that influence change, for example, stressful life

events such as an illness, or the amount of social support they have (Sprenkle &
Blow, 2004a).

   Therapist effects. This element of the model credits the contribution of the
therapist in the process of change. Variables that have been studied include therapist
age, gender and ethnicity and their values, attitudes and beliefs. The research has
also considered the impact of personality characteristics, allegiance to a treatment
model and competence and skill (Beutler, Machado & Neufeldt, 1994).

   Blow, Sprenkle and Davis (2007) highlighted the importance of the therapist
in activating change processes and acknowledged variability in therapist
effectiveness. They considered therapist competence, including their skill for
recognising opportunities for change and making the most of them, as a significant
contributor to outcome. However, there is limited research identifying the skills and
characteristics that distinguish effective from less effective therapists.

   The therapeutic relationship. The therapeutic relationship is indisputably
one of the most studied elements of the therapeutic process in CFT. Rogers' (1957)
work describing the necessary and sufficient conditions of change is seminal to
current notions of the therapeutic relationship. Rogers' proposed six conditions
central to the process of therapeutic change. The first was the existence of the
interaction between people. The remaining were characteristics of the relationship,
including, that the client was in a position of incongruence, and that the therapist was
a congruent, genuine and integrated individual who experienced unconditional
positive regard for the client. That is, that there were no conditions necessary for the
therapist to experience warm acceptance toward to the client. Moreover, Rogers'
stated that it was necessary for the therapist to experience accurate empathic
understanding and that this was communicated, through behaviours and words, so

that the client perceived that the therapist was experiencing these feelings. Rogers'

also asserted that the presence and degree to which the conditions were present

impacted positive personality change.

Bordin (1979; 1983) conceptualised the alliance between the change agent

and the individual seeking change to include three elements: an agreement on goals,

a collaborative effort in the designation of tasks and the development of bonds,

including those involving trust and attachment. Bordin considered a strong alliance

an important factor for accomplishing change in therapy.

More recently, the literature has confirmed the notion that strength of alliance

is predictive of outcome (Martin, Garske & Davis, 2000). A weak alliance has been

linked to an increased probability of client dropout (Sharf, Primavera & Diener,

2010) and a strong alliance to better outcome (Baldwin, Wampold & Imel, 2007). In

the field of CFT the alliance has been found to be demonstrably effective (Norcross

& Wampold, 2011) and to have a stronger predictive ability for treatment retention

and outcome than specific therapy methods (Friedlander, Escudero, Heatherington &

Diamond, 2011).

A review of the research on the therapeutic alliance identified a number of

therapist characteristics and techniques that positively impacted the alliance

(Ackerman & Hilsenroth, 2007). Findings included an ability to connect with the

client in a way that imparts confidence and trust, expression of congruence, positive

regard and empathy, including components of empathy such as affirming, helping,

warmth, friendliness and understanding. These indicate that the therapeutic alliance

is also influenced by the ability of the therapist to connect with and understand the

experience of the client (Maione & Chenail, 1999). Techniques that were identified

as being influential for forming and maintaining the therapeutic relationship include

reflecting, listening, interpreting, questioning and advising (Ackerman & Hilsenroth, 2007).

Expectancy effects. Expectancy effects refer to the progress attributable to factors such as the client's knowledge of being in therapy, having the belief that the treatment is credible and developing hope (Sprenkle & Blow, 2004a).

Non-specific treatment variables. Non-specific treatment variables are approaches common to varying psychotherapies (Goldfried, 1980). Despite differences in approach, these variables achieve similar results (Sprenkle & Blow, 2004a; Sprenkle, Davis & Lebow, 2009). The change outcomes achieved have been classified under behavioural regulation, cognitive mastery and emotional experiencing (Karasu, as cited in Sprenkle & Blow, 2004a).

Factors unique to CFT.

Relational conceptualisation. Conceptualising presenting issues in relational terms relates to the consideration that the unit being treated is the relationship. The nature of CFT involves complex, multilayered interactional systems and when interrelating with any part of this system in therapy it is imperative to consider the whole system, including the indirect treatment system, who are those that are not physically present but are still important to treatment (Sprenkle & Blow, 2004a; Sprenkle et al., 2009).

The expanded direct treatment system. Expanding the direct treatment system refers to the involvement of more individuals than the identified client in the therapy process. This allows for the actual treatment to occur with the direct system as opposed to considering those that are not present in the room and can specifically focus treatment on this interaction (Sprenkle & Blow, 2004a).

The expanded therapeutic alliance. The presence of multiple individuals in the treatment room requires the therapist to conceptualise the alliance in terms of the relational system. This involves the forming of alliances with each member of the family individually and with the family as a whole. However, maintaining a balanced alliance may be difficult due to this complex interactional process (Sprenkle & Blow, 2004a).

Within-family alliance. The within-family alliance has not been proposed as a common factor. However, it might be important to consider the influence of this factor, in light of the interactional processes addressed by Sprenkle and Blow (2004a). As previously mentioned, the presence of multiple individuals is an aspect unique to the process of CFT. Thus it differs from individual psychotherapy in that there is a further relational dynamic, one that involves the collaboration and emotional bond among members of the family or couple (Friedlander, Escudero, Heatherington & Diamond, 2011). Originally conceptualised by Pinsof (as cited in Friedlander, Escudero, & Heatherington, 2006), this relationship is characterised by a preparedness to collaborate and an agreement and unified sense of purpose including a shared and equal belief concerning the value of therapy. Additionally, the within-family alliance involves consensus in the family regarding what is problematic or harmful, acknowledgment that there is a requirement for help and that each individual shares the objective for change or resolution and a sense of safety, especially around disclosing shameful or hurtful events (Friedlander et al., 2006).

However, within the therapy process the therapist can also affect this relationship. For example, the bond may be strengthened through approaches aimed at creating awareness of a perspective that unites them, encouraging cooperation and the seeking out and respect of each person's point of view. In contrast, the bond

may be weakened in cases where the therapist neglects to explore multiple or alternate perspectives, instead accepting one individual's explanation of the problem (Friedlander et al., 2006).

Recently the within-family alliance has been measured using the System for Observing Family Therapy Alliances (SOFTA-o), a trans-theoretical observer rating scale of client behaviours indicative of a strong working alliance and is the only alliance measure used in research that incorporates the component of safety (Friedlander et al., 2011). Two dimensions of this instrument reflect the within-family alliance: Safety within the Therapeutic System and Shared Sense of Purpose within the Family (Friedlander et al., 2006). "Safety refers to the individual's comfort level in interacting with family members in psychotherapy, and Shared Sense of Purpose refers to the level of productive family collaboration on therapy goals and tasks" (Escudero, Friedlander, Varela & Abascal, 2008, p.197). Research utilising this instrument has found the within-family alliance to be influential in therapy outcome (Friedlander et al., 2006), particularly behaviours suggestive of a strong sense of purpose later in the therapy process (Escudero et al., 2008). Using a different instrument Escudero and colleagues (2008) also found that a strong sense of purpose was the only alliance dimension to demonstrate a consistent association with both client and therapist perceptions of therapeutic progress, further reinforcing its importance in therapy outcome.

The research reported in this thesis aimed to examine the shared and unique perspectives of one experienced family therapist and his clients. The study partially replicated Wark (1994) and extended it to overcome the methodological concerns described earlier, by asking both clients and therapist to reflect upon what was effective or ineffective in the therapeutic process.

The research questions driving this exploratory qualitative research were, first, what were the significant and meaningful turning points in therapy as reported by therapist and clients? Second, were there consistencies in what was reported by clients and therapist? Third, how relevant was the guiding literature as an explanation of the reported experience of the therapeutic process of change?

Methodology

Approach

The present research is embedded within a social constructionist epistemology where the emphasis is on the making of meaning and the production of knowledge through language, culture and social interaction (Puig, Koro-Ljungberg & Echevarria-Doan, 2008). Constructionists assert that meaning is based on the interaction between human beings and their world, and objects in that world (Crotty, 1998).

The theoretical framework associated with the social constructionist epistemology is framed within the interpretivist tradition of symbolic interactionism. Understanding the position of the other is an interaction. This human interaction may be studied through the interpretation of symbolic and communicative tools such as dialogue and language (Crotty, 1998). As this symbolic and communicative system is shared among humans, it is these tools that make it possible for one to become conscious of and understand the perceptions, feelings and attitudes of others (Crotty, 1998). This is similar to the interactive process of therapy.

The research methodology was phenomenological as the purpose was to acquire an understanding of what is meaningful during the therapeutic process from the perspectives of both therapist and clients. The present research applied the approach used by Wark (1994), where the Critical Incident Technique (CIT,

Flanagan, 1954) was employed as a means for data collection. CIT is "a procedure for gathering certain important facts concerning behaviour in defined situations" (Flanagan, 1954, p. 335). Data were collected through face-to-face interviews, which is consistent with the focus on language dialogue in social constructionism and symbolic interactionism. Research interview questions were worded so as to enable specification and adequate description; for an incident to be deemed 'critical', it is regarded as having had a significant influence on the objective of the activity (Flanagan, 1954). For the present study, this related to the incidents that occurred during therapy that were regarded as being significant, and these were referred to as 'turning points' as this was considered by the researcher to be more meaningful to the client experience of the therapeutic process. According to Natterson (1993), turning points may be the result of insight, or emotional experience in therapy. Guided by the literature the researcher assumed that focussing her investigation on turning points in therapy, would yield descriptions of change occurring during notable, significant instances (Helmeke & Sprenkle, 2000; Wark, 1994). It became evident during the interview process, however, that many of the participants did not perceive a series of incidents but rather a continuous process that formed the therapeutic experience.

It is in the movement from assumption to interpretation that the challenging of beliefs occurred (Willig, 2008). The epistemology, theoretical framework and methodology enabled the researcher flexibility in her interviewing approach, broadening the discussion of the process through shared dialogue between researcher and respondents.

Participants

The therapist involved in the study had over 40 years of therapeutic experience as a Clinical Psychologist and Family Therapist. A convenience sample of the therapist's clients, which included four couples and one family, also participated in the research. As each family or couple was considered as one client grouping, a total of five participant groups contributed to this study. The sample of participant groups is similar to that in the Wark (1994) study and with the nature of family therapy.

Client participants were selected on the following criteria: that the participant was currently attending therapy, had received a minimum of five therapy sessions and that all adult members of the family or couple were willing to participate. One couple were attending therapy with their children, but as those children were both under the age of 18, they were excluded from the research for ethical reasons. Another couple also had children, two of whom were over the age of 18, but these adult children were excluded because they had not attended all the sessions.

Ethics

This research was approved by the Edith Cowan University School of Psychology and Social Science Ethics Subcommittee. Ethics were of a particular concern in this research, due to involvement of both therapist and current clients and the interested reader should consult Appendix A, which details the successful navigation of a variety of ethical issues surrounding research of this nature.

Procedure

Potential participants were identified in collaboration with the Family Therapy centre. The recruitment process involved the receptionist at the therapy centre providing potential participants with a letter of information with an attached

cover letter (Appendix B) when they arrived at the centre. The cover letter informed them that the attached document (Appendix C) detailed information regarding the study. Individuals had the option of either discussing the research with the principal investigator or contacting the researcher at a later date. Those who volunteered to participate either requested that the therapy centre provide the researcher with their details or contacted the researcher via email themselves. This was followed by a telephone conversation where the researcher answered any questions the participant had and scheduled an interview. Interviews were either conducted at the therapy centre or a location requested by the participant. All participants, including the participating therapist were required to provide written informed consent prior to participation in the interview (Appendix D). The participating therapist was also given an information letter (Appendix E).

Data were collected through face-to-face interviews conducted by the researcher with each of the participants; all members from one family or couple were interviewed at the same time (see Appendix F for client interview schedule). The therapist was interviewed on one occasion and the interview covered questions pertaining to each of the participating client groups (see Appendix G for therapist interview schedule). Interviews were digitally recorded for later transcription by the researcher. Pseudonyms were used to identify participants to further ensure protection of their identity and confidentiality. The interviewer also took field notes and utilised a reflective journal during data collection as a means of assisting subsequent analysis (Braun & Clarke, 2006; Patton, 2002).

Rigour

An in depth review of the literature was preceded by the initial stages of data analysis. Cross member checking gave the participants the opportunity to review the

drafted results and interpretations of their transcript to ensure it was representative of their experience, which further enhanced the rigour of the research. Moreover, the researcher and her supervisor conducted initial coding of the first transcript, which provided for the researcher, verification and resolution of any discrepancies in coding. The supervisor also checked coding of subsequent transcripts.

Analysis

Thematic Analysis was staged according to the procedure outlined by Braun and Clarke (2006). This involved the researcher taking an active role in the identification, analysis and description of themes within the data. Firstly, the researcher immersed and familiarised herself with the data. Immersion occurred through the researcher's involvement in all stages of the research process and through active and repeated readings of the transcribed interviews. This engagement with the data generated an early record of ideas concerning what participants were reporting as the researcher took notes and recorded memos as a means of paraphrasing ideas. Secondly, the data were organised into meaningful groups. The identification of these coding groups described what was meaningful about the participant's experience. Thirdly, the initial codes and statements were extracted and assembled into matrices allowing for the identification of common data to be classified into themes. (Appendix H). The researcher also created a short narrative of each family group's report, which was presented to the participant to determine if the emergent concepts represented their experience (Appendix I). Fourthly, the themes were reviewed, refined and where necessary, collapsed or broken down.

Reviews of the collected data extracts were conducted to ascertain patterns. The data were re-read to determine whether the themes reflected meaning. Finally, a comprehensive analysis of each theme was performed and themes defined and

named. After the client and therapist interviews were analysed statements from each

interview transcript were again extracted to allow for a comparison of their

perceptions (Appendix J). This reiteration permitted data to be further analysed for

consistencies in their responses.

The method of analysis used allowed data to be filtered at various levels.

Data were analysed at the level of the individual and at the level of the family group.

Themes emerged from analyses within the family, between the families and between

each family and the therapist.

Findings and interpretations

All participants considered that the therapeutic process was effective and did

not report anything that hindered their process. For example, in considering the

sessions that she experienced, Karen stated, "I think they have all been helpful,

nothing has been hindering".

An Illustrative Example: The Smith Family's Narrative

The Smith family's narrative portrays the experience of one family that was

interviewed in order to offer narrative evidence for the themes that will be addressed

in the succeeding discussion.

The Smith family is a family of four (Margaret and Don, and their daughters

Betty and Polly). It became apparent that what was being explored during the

therapeutic process was different for all family members. Margaret, revealed that for

her it was experiencing the entire process that was significant:

Getting back to that word of "process". I genuinely think…the process was

huge so when you asked your question initially, I'm going "what was an

event?"…it was more the process. By engaging in the process and

committing to the process there was something about a commitment that

allowed for that to almost miraculously happen, without being able to find

any critical events.

However, Polly's experience was that there were "instances" that were "really

influential and helpful". For Polly, to experience those "stages" and "to have

progress…has been really helpful".

Common to all members of the family was the belief that the experience of

therapy, individually and collectively was helpful, even during "painful" periods. As

described by Don it was "helpful and painful at the same time but that's kind of

what's necessary in it". Betty also echoed this experience, she said that while the

experience has been helpful it was not always easy:

I would say, in a big way, very, very, very helpful…I'm not saying that it

was all super fine and easy, that there weren't days or weeks where I was like

"I don't know if I can handle it this week"…the experience of certain

sessions was horrific, just falling off a cliff is a good description of it but

overall…there was nothing hindering about that at all they were very helpful.

A shared perspective was the importance of a strong alliance between all

members of the family and their therapist, Antonio. The "guided safe space" and

"Antonio's incredible skill and personality" was for Margaret, important for the

"facilitation" of her family to find their "own strength" and their "own new way".

This perception was shared by Betty, who felt that "within the first session" Antonio

had gained the family's "absolute trust" which "neutralized the family dynamics"

allowing them to feel that they "were all equal in that room".

Betty, also said that "there was probably a lot of learning by Antonio's

example", through him "demonstrating just listening …when someone was

incredibly emotional" and his responses to such situations were "reassuring and kept

everything calm, where as perhaps as a family we had a tendency to get really

panicked and implode at those points". She further emphasised the importance of

Antonio making a therapeutic safe space where each member was valued:

> …he really supported and nurtured the idea of the family as a unit and how it
>
> operated is so important and I think that really clicked with us as a family and
>
> immediately we trusted that…it could only have happened on the back of the
>
> fact that we had a space where there was so much trust and it was such a safe
>
> space and it was a neutral space for the whole family it was our whole
>
> families space and I knew that Antonio knew just as much and cared just as
>
> much and valued just as much the other three individuals as well as my
>
> experience.

Antonio also said that it was important for him to "show them that he valued them as

people" and he believed that they felt that from very early on in the process "that this

room was safe, that this was a safe place".

This sense of trust and safety was important for the family alliance, which

they all agreed strongly impacted their ability to heal. Don said that "suddenly

realising that he [Antonio] is not going to unpack it and give it back to us and solve

it. It's we, the family relationship, is what's going to do that", was a defining

moment for him. Betty agreed with her father as she believed that the process:

> was about being together and rebuilding it together that really allowed us,
>
> even as individuals to get past the trauma we'd been going through. I think it
>
> would have been impossible to get to where we are if we hadn't all done that
>
> collectively.

This also allowed them begin to acknowledge and accept that they all had different but equally valid perceptions of the situation and that "this was the revelation that allowed us to actually be an organism and a whole and move through the healing".

It appeared that the therapeutic relationship had caused significant cognitive changes in the family members which lead to them gaining and accepting different perspectives. Betty discussed this transition and the way in which the trust and safety of the environment allowed this to occur:

> I was able to talk through chronologically to the family without having to worry about what their reaction would be or self censoring my words, 'cause I trusted Antonio would take care of all their reactions if they were going to have really negative reactions...I'd never thought to have done this before but was able to turn and say you know "thank you mum, thank you Polly for being in this moment, doing this and also I understand that this would have been so hard of you. And I just want to say I really appreciate that and I'm sorry to have put you through x, y, z". It was a really empowering and kind of unburdening experience.

Antonio's perception of this aspect of the process was also consistent with the family's reports. He believed that even if the focus was on one person, having the "opportunity to tell their stories" was significant as it allowed all of them to "talk about their journey, their pain, their difficulties [and] their confusions".

Polly placed significant emphasis on how and through what means she experienced healing and change, especially in their interactional patterns. For her there were specific techniques offered to the family that "were really influential and helpful in emphasising the importance of communication". Polly described how they:

used to have an object that we would hold when we were talking so that there

wasn't a sense of someone was owning the conversation compared to

someone else, which had caused a lot of aggravation and anger or depression

and also allowed the person at the time who was say, verbalising the most to

not feel like they had to verbalise. So that was really helpful.

Don agreed with Polly regarding the significance of this strategy, as "the fact that

people were over talking each other and interrupting and not listening" was a "huge

barrier" for his family's communication. He revealed that he also valued the change

as it allowed his daughter to feel powerful and stand up for herself:

…there was one time, when Polly, you were talking about something and

getting over talked then you just, without even looking at the person, just

took the thing up and waved it and waited. In other words you felt

empowered, you felt irked. Irked was the response, not anxious, not anything

else. It's just "wait a second, calm down and let me go". And that was um,

just invaluable.

Antonio recognised the value and significance this technique had for the Smith

family, he said that "one of the things we used was a talking stick, so that people had

to respect who ever had the talking stick spoke and the others were quiet" and that

this was beneficial in "helping Polly grow up and speak out and…they could with

time, they could see what she was experiencing, they could understand that".

Margaret also discussed a change in her behaviour in relation to her role in

the family structure and how this dynamic relaxed and changed, it was her opinion

that this change was attributable to the trust she felt within the therapeutic

relationship:

> I didn't think I had to be the saviour anymore and that made a big difference
> and I really think it was a sense that and it's this word 'trust' again, but I was
> able to, from my point of view, stop putting myself in role. I was able to be
> one of four members of that family without thinking I had to have this other
> fix it role or saviour role whatever it might have been. And that was my
> journey um, where as I hadn't remotely got to anything like that with any of
> the other therapists.

This element of challenge was also significant for her husband Don, who stated that they "were given challenges or something confronting to face when we could barely face it…you knew it was never going to be easy in there but I feel like we were growing at every session". Antonio also identified this as a meaningful experience in the therapeutic process for the Smith family, acknowledging, "I think it was hard" during the times that he was "challenging some of the things that they were doing", however, in:

> confronting the mother [Margaret], at times she became defensive and tender
> but to me that was part of the journey…it was hard for her and the family to
> watch that by at the same time it was helpful in terms of getting her to speak
> more for herself rather than to always be trying to placate everyone and fix
> everyone up all the time.

Limitation of the turning points approach in describing the therapeutic process

The previous section illustrating the Smith family experience of the therapeutic process showed that, with the exception of Polly, the family considered that the therapy was a gradual process, rather than a series of turning points.

On hearing descriptions of the process as being gradual and integrated from the clients' perspective it became evident that it is neither adequate nor meaningful

to equate the therapeutic experience with a series of incidents, as this was not the best description of the meaning constructed by all respondents. The data revealed that the process was most commonly characterised by descriptions indicating an "ongoing" development.

Many of the participants reported the experience of gradual change, where what was significant or meaningful in the process was more akin to preconditions for change, conditions or factors that were necessary for facilitating change. This has also been reported earlier. For example, Christensen et al. (1998) stated, "these [critical incident] studies assume that therapeutic change occurs during noteworthy, significant incidents. They do not address whether change could also occur as a subtle, gradual process that is without significant markers" (p. 178).

In reflecting on her experience, Margaret stated:

…the experience of family therapy itself and to be quite honest, Antonio's incredible skill and personality, where I felt for the first time, I was in a safe place with the trauma and all of us who were involved with it and I genuinely felt that all four of us were feeling the same way. What that meant was then that we all came back enough times that we experienced the process and just to wrap that, and this isn't a moment, this is allowing the process to happen…because there was a neutral party and Antonio was highly skilled at it and we had all arrived feeling safe…it allowed everybody to get their turn…and that's what we all needed to heal and kind of progress on our journey and to have someone of who we are all equally trusting of and felt safe and we were all engaged and no matter how hard it was, over a long period of time we all kept coming back.

There were some exceptions in the data set. Not all participants considered that the change was gradual. As these data were characterised by distinguishable events that precipitated change outcomes but were not the salient feature of the data, it was considered by the researcher that these examples were better described as *treatment factors*. For example, participants such as Mike and Polly were more likely to report that there were "lots of moments" and "specific incidents", and examples of these responses are provided at the end of the Findings and Interpretations. Consequently, the Common Factors approach (Sprenkle & Blow, 2004a) was used to organise the data.

Application of the Common Factors model in the therapeutic process

Classification of findings was consistent with the common factors view suggested by Sprenkle and Blow (2004a) with an extension of the model to include sub-themes unique to the family therapy context and in response to the research question regarding shared perceptions between therapist and client. Analysis of the data therefore resulted in the construction of four major themes. The resultant themes were: client factors, therapist factors, relationship factors and treatment factors.

Client factors. The first theme acknowledged the role of the client and their considerable influence on the therapeutic outcome (Sprenkle & Blow, 2004a). There were several aspects of their reports where commonalities were identified. These are reflected in the two sub-themes that embody client factors: commitment to the process and individualising therapy.

Commitment to the process. Participants reported that their own commitment to this process was important, and they acknowledged their own role in facilitating change and how it was important for their transformation, individually

and collectively as a family. Zoey made reference to her role in the change process by saying, "be the change you're wanting to be…if you want something you need to kind of be it…it's not just the other person you know, it's about you as well". Max accepted his responsibility in the change process, as evidenced by the following extract:

> …the onus is always on, I mean he's [Antonio] not going to fix things, he's going to give you tools, and suggestions, often different ways of thinking about things, but it's up to individual, us, to go away and take those things and practice those and put them into place and it's definitely more on us.

> Participants' dedication to practicing what they were being offered during the process was further evidence for commitment. They recognised that it was not something that was going to be a "quick fix" and it was going to be challenging for them but they were willing to commit to the process in order to allow things to be different. As demonstrated in Max's comment above and expanded on by his wife Audrey:

> …even in times of pain I certainly was feeling more positive and things were difficult, I mean things don't change overnight, you have to practice and that's the other thing I sort of realised, it's not just an overnight thing, it's practice, you've got to practice these things, these tools. You've just got to keep practicing them and then you'll get there.

Antonio also identified the importance of the role of his client and their hard work in the process of change. In reference to Max and Audrey he stated, "Whatever it was that I suggested to them fitted for them, they were prepared to do it and he was prepared to do it… the hard work".

These experiences indicated that the client's motivation, including their preparedness to participate in therapy and also their willingness to persevere with the process even through challenging phases is important, and this is an area that has received little research attention in the context of family therapy (Sprenkle & Blow, 2004a).

Individualising therapy. Some participants also discussed that they never felt like their therapist "was in charge of the whole thing" that they were able to use and adapt therapy in a way that was relevant and suitable for their situation. As described by Max:

> I can't think of anything that hindered us, certainly they were all helpful, it was put to us in a way that was, these are opportunities for you use, it's up to you to go away and work on those you know, to take full advantage of or take advantage of what you think and feel you can use.

Karen also discussed this, mentioning that there was one tool they were offered that she felt was not appropriate or relevant for one of her daughters so decided not to implement it. She said, "…nothing has been hindering…all the thing he suggested, there was nothing that I think didn't work and there was nothing that we didn't like, apart from the chart that we didn't do". These examples illustrate the client's ability to adapt what it offered to them in therapy for their own uses.

Therapist factors.   The role of the therapist in the therapeutic process of change was a major theme for all participants. Findings were reflected in three sub-themes that embody therapist factors: personal qualities, meeting individual client needs and therapist astuteness.

Personal qualities. All participants described characteristics that they valued in their therapist. Participants valued their therapist's ability to listen, commenting

that they felt as though they were really being heard. For Betty, this quality in

Antonio was so significant that she felt as though herself and her family were

learning via his example.

Max discussed Antonio's relaxed and calming style of interaction:

As an individual he is just great, he's got great listening skills and he's got

that way of soothing things down and putting things into perspective and

giving you a different way of looking at things. It's obviously his experience

but it's in his nature, he's just that kind of person…he listens to every single

word you're saying.

Ann felt similarly, commenting, "Antonio has a very relaxed style". She

believed that it was important for her fast paced family as it also encouraged them to

"slow down". Ann also believed that his manner was beneficial for her children's'

involvement in the therapeutic process, stating that Antonio had a "beautiful way

with children and he would be observing the children and the children felt really

comfortable".

Karen also added that she felt it was important, especially for her husband

that Antonio was relatable as a person, stating, "you could see that there were things

that Colin said that Antonio could relate to". Colin added, "yeah, I think that it was

more that he's down to earth and you know he was the same as me".

Meeting individual client needs. The participants further shared the belief

that their therapist was meeting their individual needs, resulting in the feeling that

what they were being offered in therapy was relatable. This enhanced

responsiveness to the clients' needs has been linked in the research as a characteristic

of a master therapist (Sullivan, Skovholt & Jennings, 2005). Participants felt that

their therapist had a comprehensive understanding of their dynamics, which meant

that he was often able to guide them in the right direction during discussions.

Zoey and Alex both believed that there were times during the sessions that

they were surprised with the situations they were discussing but felt that Antonio had

the ability to guide them into worthwhile and important discussions. As described by

Zoey:

> …he knew which issues to direct us towards without us really knowing
>
> where we were going, like we were saying, we'd go in thinking that we'd
>
> talk about one thing, thinking that it was the most important thing ever that
>
> we had to talk about you know and he would kind of direct us in another
>
> way, um and it turned out that that was more important than the initial thing
>
> that we went for.

Alex added that it "wasn't like he was in charge of the whole thing…any instances

we did talk about usually ended up in something that was worth talking about". This

demonstrates that they felt their therapist was attuned to their experience. This was

expanded on by Antonio who stated, " I think the things that I've asked them to do

seem to fit, I think they feel understood, I think they feel that I am connected with

them".

Audrey and Max shared a similar experience during the therapeutic process.

They both felt as though Antonio was offering them suggestions that they could

connect with. As Max explained:

> He is very good at giving you examples that are not related to exactly what
>
> were talking about but somehow he gives you examples to kind of
>
> demonstrate, in a way to try and get us to look at things…like a parallel

situation…and he kind of knows, back to what we said, what the next

question to ask is.

Audrey extended on this thought and said:

… it was very easy to relate those instances to ourselves and he was really

good at that. And in a way that allowed us to stand back and look at it

without being in it and I think that's a big thing because he taught us how to

stand back and look at it, and that we don't have to always be in it and

feeling it, we can look at it objectively.

Participants agreed that the therapeutic process they experienced was credible

and relevant. They also felt that they were offered different methods for

approaching and viewing situations. Due to diversity among and within families, the

therapist's skill allowed him to effectively guide them through the process and

deliver therapy in a manner that was consistent with their varying preferences

(Sprenkle & Blow, 2004). As captured in Don's statement about Antonio, "his role

slowly seamlessly adapted to where we could be and I think we were pulled a little

bit, not pushed. If that metaphor makes sense."

The credibility and applicability of the therapist's suggestions discussed in

this sub-theme has been referred to in the literature as a common factors associated

with expectancy effects, specifically "what clients hope to get out of therapy"

(Sprenkle, Blow & Dickey, 1999), however, it is believed that grounded in the data

of the present study is the notion as presented by the participants that this factor is

attributable to the therapist's actions.

Therapist astuteness. Therapist astuteness relates to the therapist's

connection with the client's experience. To a degree, therapist astuteness and the

above sub-theme include overlapping aspects, however, this section addressed

findings relative to the second research question regarding shared perceptions between therapist and client. The present study found a high consistency between the therapist's understanding of what was significant for his clients and the client's perceptions. This finding is in direct contrast with Wark's (1994) conclusion that "therapists do not have knowledge of their clients' experiences of therapy and operate from their own world view" (p. 49). Evidence for this theme has been presented throughout the Findings and Interpretation section, which have indicated the therapist's view of the family experience.

Relationship factors. Interactional processes in the therapeutic environment have been credited as a source of particular influence in the process of change (Baldwin et al., 2007; Martin et al., 2000; Norcross & Wampold, 2011). Reflected in this theme are two subthemes: the therapeutic alliance and an interaction unique to couple and family therapy, the within-family alliance

Therapeutic alliance. The therapeutic alliance refers to the affective bond and collaboration between therapist and client (Bordin, 1979). In the context of the present study and due to the nature of family therapy this not only includes the relationship between therapist and family but also expands to the therapist's relationship with each member of the family. For all participants the therapeutic relationship featured as a significant element of the therapeutic experience.

One area of the therapeutic alliance that was of great importance to participants was the bond between therapist and client. This refers to the affective aspects of the relationship (Bordin, 1979; Sprenkle & Blow, 2004a). Participants perceived that their therapist understood, supported and believed in them; they felt trusting, safe and comfortable with their therapist, that he actively listened to them with no bias or judgment, and they valued his objectivity.

The data also revealed the incidence of the expanded therapeutic alliance, a factor unique to the context of couple and family therapy. The expanded therapeutic alliance includes the relationship formed between the therapist and each individual member of the system and with the family as a collective (Sprenkle & Blow, 2004a). In the present research, participants perceived this expanded relationship to be valuable as it created a feeling of equality in the therapeutic setting.

For Colin and Karen it was helpful for them to have a neutral space where their family could feel comfortable to discuss issues and receive advice that they could trust. As Karen expressed, "I think he's been more a mediator…a neutral person to give advice, that, I think is good to have…and to just listen to each of our stories and gave his opinion, which because of his professional nature you trust". Colin added to this, "I think it was really good that the kids could actually talk and let out what they really felt and Antonio being there probably gave them more confidence to talk".

Ann and Mike considered the importance of safety not only for themselves but for their young son Joshua too. Anna stated:

he [Joshua] felt comfortable sharing how he really feels, he has trusted Antonio and he feels like Antonio is on his side and understands him and he opened up about how he really feels, and I think that has been really successful.

Zoey and Alex deemed safety to be of great importance for their therapeutic experience, particularly that each had an equally strong relationship with their therapist, which created a safe space for them to be honest. A shared by Zoey during interviewing:

> [Antonio was] very fair at allowing space for whatever it is you needed to
>
> say…facilitating a space that is safe for both of us to be able to express
>
> whatever it is we need to express and that that's going to be ok and it's going
>
> to be accepted and validated by him and also he allows it to be safe for our
>
> partner to hear as well.

Antonio identified that for Zoey and Alex it was important for them to have a space

that allowed them to discuss topics that were hard for them, he stated, " just giving

them the opportunity to talk and getting them to do the difficult talking. So creating

a space for them to be able to talk ".

> For Max and Audrey they also valued their relationship with their therapist

because he conveyed feelings of safety and empathic understanding. Max said: "it

was such a relaxed atmosphere that we didn't really have a fear, he kind of gave us

that comfort feeling". Audrey shared this feeling, as seen in the following statement:

> He has a lovely relaxed manner and it allows me to see things that I often
>
> don't, I have to admit the first time I came I was a bit apprehensive, we both
>
> were, didn't know what to expect, but he made us feel relaxed and welcome
>
> and comfortable from the get go, which was really helpful.

Antonio acknowledged these aspects of the therapeutic alliance as being influential

in the process for Max and Audrey:

> …for Audrey to be able to have a voice, to talk about her, what she needed,
>
> what she wanted and not just to do with the initial reason why they came, but
>
> also having a voice in the relationship. And that was really important, and
>
> her feeling the safety to be able to do that.

> As discussed by Rogers (1957) it is important not only for empathy and

acceptance to be present but also for the client to perceive its presence, an awareness

that emerges from a therapist effectively communicating, through words and behaviours, that he or she understands and accepts the client. As evidenced by the above extracts clients were not only aware that such important relationship conditions were present but also that they significantly influenced the therapeutic process.

Further aspects of the therapeutic alliance including the degree to which clients find therapeutic tasks credible and agreement between therapist and client regarding tasks and goals in therapy (Bordin, 1979) overlap with other sub-themes and thus have been addressed previously, for example, in the sub-theme, addressing individual client needs.

Within-family alliance. Though it is has not been posited as a component of the common factors model in the past the within-family alliance featured strongly in the current study. Its incidence is a client factor unique to the context of CFT. It was commonly reported by participants that they had or were continuing to attend individual psychotherapy, thus the confluence of all members of the family or couple in the CFT environment demonstrated their willingness to collectively collaborate in a manner facilitative of change (Friedlander et al., 2006). Participants also acknowledged the importance that acceptance and respect of the opinion of others had on their capacity to heal as a unit, Margaret expressed this experience:

> …it didn't matter that our facts were different, I think you've [Betty] absolutely hit on a key thing, that our truths that were lived through our own experiences that were different truths of the same set of facts was the revelation that allowed us to actually be an organism and a whole and move to healing.

Moreover, it was also evident that within the participant group that there was consensus concerning what was harmful to the family and a common belief regarding the purpose for change (Friedlander et al., 2006). For example, Mike and Ann verbalised this aspect of the family alliance during interviewing in regards to their seeking help as a family to resolve issues that were occurring for their young son Joshua at school and how they may be have "enhancing his undesirable behaviours". As explained by Mike:

> ..the school would say certain things, which we wanted to have resolved so that he could be educated, or be educated better. Get higher grades in school, rather than where he is at at the moment. And the teachers and everybody was blaming his personality or his lack of intelligence and lack of this and lack of that and we were at wits end trying to sort it out and through the, Antonio's sessions...he has given us a way, a path, or guidance on how to bring Joshua up.

The within-family alliance reflects a unity between the family and collaboration in the therapeutic process (Friedlander et al., 2006). This shared sense of purpose within the family has been found to be influential in progress and outcome (Friedlander et al., 2006; Escudero et al., 2008).

Treatment factors. Participants recognised and used the tools and techniques offered by the therapist, and acknowledged their importance in the process of change. This is consistent with the common factors view proposed by Sprenkle and Blow (2004a), who argued that while differences among the treatment effects of efficacious psychotherapies were small, they were still important.

Although turning points did not adequately reflect the experience of all participants, for some the process of therapeutic change was strongly represented by

these specific moments which all resulted from the therapist's specific treatment techniques. Due to the individualised nature of the therapeutic process, the experience of techniques was different among participants.

Audrey referred to the manner in which her and Max were communicating and how this changed after she and Max viewed a video about communication provided as part of their therapy, she stated:

> One of the really useful tools that Antonio gave us was a video about communication. That was really good to look at the way we discussed things because we weren't talking with one another, we were talking at one another and watching that video made me personally understand that I wasn't listening as much as I should have, so that was a big turning point.

Alex and Zoey discussed how perceiving each other differently was an important change for them; this occurred through their therapist "reflecting back a lot of feelings and thoughts" and through a video offered as part of therapy. Zoey stated:

> He gave us a video to take home and watch…and I remember the guy in the video and just really appreciating the male's perspective and what else might be underlying for Alex that isn't being said. So that was a huge thing I think. Then I started to not be so absorbed in my own stuff but also being able to appreciate things from Alex's perspective and what might be happening for him.

Zoey further stated that she was able "to see Alex's point of view, and see that he is actually a person in this too…you're a living, breathing other person who has feelings".

Antonio also reported the video as influential for Zoey and Alex; moreover, Antonio recognized that through the process both of their views could be seen as important:

…we've produced some video tapes on communication and conflict resolution…so you know they've taken these things and used them and it has improved their communication [and]…getting Zoey to own up to some of the things that she'd done that were hurtful to Alex, getting him to have a voice.

Like Alex and Zoey, Max and Audrey also saw that perspective taking was important, as this encouraged them to consider their partner's perspective allowing them to compromise and find common ground. As expressed by Max:

Antonio…gave us some guidance and tips on how to find common ground. For instance one of the things he got us to do was write a list and bring it the next time we went, of all the things would like to do together, that we could do together...we had to come to a compromise…he got us to come up with our own individual list…These things were not mutually exclusive, just because there were things I wanted to do, doesn't mean that Audrey can't partake or vice a versa.

Antonio discussed how Max and Audrey "started to look at how the two of them could actually enjoy quality time together and they were prepared to actually put their money where their mouth is…and actually do the work".

Mike and Ann reported shared perceptions regarding the significance of a technique offered to them during therapy, which was aimed at uniting their family and changing dynamics. Mike explained:

I think that the shield idea that Antonio has put together, I think that was an epiphany for us. We let too much in and too much out, whereas the shield for

us as a family and as a whole, that people can't hurt us…or take from us or upset us or anything, because we have to let that happen. But the shield is a really good mental block or a mental image to shield us from the life that goes on and protect us as a family…and through that process the kids are a reflection of us and if we're stressed out, the kids will be stressed out, if we're relaxed because we're not being influenced by what is happening outside, the kids will be relaxed and grow comfortably.

Antonio's view was:

…one of the things I got them was to work together as a family…I asked them to do a family shield and part of it was to actually get the parents to feel like they were a unit, we are working together…the kids engaged in that and the parents could see the value in that.

Emotional experiencing was also apparent in participants' recollection of turning points. This related to becoming conscious of, understanding and reprocessing emotions with the purpose of improving the manner in which members of the couple or family relate with each other (Sprenkle, Davis & Lebow, 2009). Mike and Ann discussed this in relation to how through changing the focus on their son from what was negative about his behaviour to what was positive they were able to change their emotional connections with their son. Ann stated:

…because he has been quite challenging I felt guilty that I couldn't come up with all these wonderful words about him and I think as his mother I have softened towards him because it has actually made me look at, at a deeper level some of the wonderful amazing things that are Joshua and appreciate them and by writing them, it made them real.

Mike also reported a strategy that was offered to him during therapy to help him become more aware and more in control of his reactions to situations:

>…for me, he [Antonio] used the stone…because sometimes I fly off the handle a little bit, as probably most blokes do when things frustrate them or it doesn't go the right way, and he said to use the stone, hold the stone and think for five seconds.

This was consistent with a change that Antonio identified as occurring for Mike. He stated, "Mike really, really worked hard at having a different relationship with his son…he would every now and again really start to lose it and changing that side and being more in control".

These turning points are related to nonspecific mechanisms of change, which are approaches common to varying psychotherapies (Goldfried, 1980). These mechanisms or techniques may be employed differently among varying treatment models but despite these differences, the techniques achieve similar results. This stresses both what is unique and common among psychotherapies (Sprenkle et al., 2009).

Reflections and Discussion

This study explored the shared and unique perspectives of one experienced family therapist and a diverse group of his clients that presented to therapy with differing concerns. The present study added to a limited body of research, informing our knowledge of the process of change in the context of CFT, from the perspective of those who explore this therapeutic space.

A unique aspect of the current research was the emergence of findings supportive of a common factors approach, albeit the original intention which was to study turning points. Data revealed a possible limitation of the turning point

approach in describing the therapeutic process. The majority of participants reported an experience reflecting several conditions necessary for facilitating change and for these participants the process was gradual. The exception, were those whose data was characterised by distinguishable events that precipitated change. As indicated at the beginning of the Findings and Interpretations, it was considered that these turning points were better classified as treatment factors. This was because the turning points participants referred to were aspects of therapist technique.

Four themes confirming the relevance of the common factors approach in CFT were elucidated. The first theme acknowledged the importance of the client in the process of change (Miller et al., 1997). Due to the individualised nature of the therapeutic process, individual differences were reported. However, commonalities among participants were reflected in their commitment to the process and their ability to individualise therapy for their own purposes.

The second theme reflected the strong influence of the therapist's characteristics and competence, including the client's belief that the therapist was meeting their individual needs. The ability to meet client needs was reported as an essential therapist skill. Moreover, data suggested the possibility that the estimate of therapist influence initially proposed by Lambert (1992) was conservative (Davis & Piercy, 2007). Encompassed in this theme was the important finding that there existed a high level of consistency between the perceptions of both therapist and clients pertaining to the significant and meaningful aspects of the therapeutic process. This finding challenges the conclusions of previous research in relation to a lack of concurrence between therapist and client perceptions of what is significant in therapy (Helmeke & Sprenkle, 2000; Wark, 1994).

In previous research, individualising therapy has been offered as a possible explanation as to why a lack of consistency between therapist and client perceptions of significant moments in therapy exists (Helmeke & Sprenkle, 2000; Sprenkle & Blow 2004a). In the current study the master therapist was attuned with his clients due to the implementation of strategies that allowed him to obtain feedback from clients during the therapy process. As explained by Antonio:

> I make use of the ideas he [Scott Miller] and his group write about, regularly re-viewing progress with clients. Asking them what was most helpful in the previous sessions as well as what wasn't helpful.

Miller, Hubble and Duncan (2007) suggested that master therapists work harder at actively seeking honest feedback from their clients about what does and does not work for them, appraising their performance and making improvements. Moreover, they are observant, alert and attentive which allows for awareness of the situation and attunement with the client's experience (Miller, Hubble & Duncan, 2007). The competence of the therapist reflected in the present findings allowed him to connect with the experience of the client in order to make the most of opportunities for change, thus maximising the chance for positive outcome (Blow et al., 2007).

The third theme revealed the importance of the therapeutic relationship. The interactional process between therapist and client featured as a significant element of the therapeutic process for all participants, although clients had attended between 6 and 57 sessions, indicating its importance in all stages of the therapeutic process. Consistent with the view of Rogers (1957) clients perceived and valued the experience of a warm, accepting and empathic therapist. Moreover, findings revealed clients believed they were working collaboratively with a therapist that understood them and that a bond had been developed (Bordin, 1979; Maione &

Chenail, 1999). The therapeutic alliance appeared to be strongly linked with the

previous theme as the development of this relationship was influenced by therapist

characteristics, such as the therapist's ability to listen and communicate his

understanding, to connect with the client and help them to feel safe and comfortable

(Ackerman & Hilsenroth, 2007).

The current research also presented support for the expanded therapeutic

alliance as a common factor unique to CFT (Sprenkle & Blow, 2004a) and extended

the model to include the occurrence of the within-family alliance (Friedlander et al.,

2006). Future research could utilise the SOFTA-o to investigate the influence of this

interactional process (Friedlander et al., 2011). To the author's knowledge the

within-family alliance has not previously been linked with common factors, adding a

further level of complexity to the model.

The fourth and final theme revealed the relevance of treatment factors and

the significant moments linked to what the therapist did during therapy (Sprenkle &

Blow, 2004a). This finding enhances the existing, though limited, body of research

pertaining to the process of change from the clients' perspective. Consistent with the

previous research was the clients' discussion of affective and cognitive change and

modification of interactional processes resulting in improved communication

(Christensen, Russell, Miller & Peterson, 1998; Greenberg, James & Conry, 1988;

Helmeke & Sprenkle, 2000).

In an attempt to understand how change occurs from the perspective of the

client it was revealed that it is through the interrelation of several factors that this

process is facilitated. The current study confirmed the view of Sprenkle and Blow

(2004a, 2004b) that it does make a difference what therapists do during therapy and

that the therapist is an essential ingredient in actuating effective therapy. Data also

revealed further findings confirmatory of their view, that it is through the competence of a skilful therapist that models and common factors are connected. It is the therapist's task to activate models and to recognise when and how to address diverse problems with diverse clients, in varying cultural and familial circumstances (Sprenkle & Blow, 2007).

Limitations

It is necessary to highlight a few possible limitations to this study. One potential limitation was that members of the family groups were interviewed collectively, it is possible that interviewing them individually may have yielded less consistencies between their perspectives (Helmeke & Sprenkle, 2000). Moreover, the interviews were reflective of the whole process, which may explain the limited support for the turning point approach. Helmeke & Sprenkle (2000) conducted interviews immediately after sessions, and found stronger evidence for the influence of clearly identifiable events prior to change occurring.

Further, unlike previous research the researcher was unable to view videotapes of therapy sessions and was thus not privy to information pertaining to the context of the moments reported. However, this limitation resulted from a strength, as the reason this was not possible was because the research was conducted with an experienced therapist in a clinical setting as opposed to a university-based clinic.

One possible limitation that was a concern during the ethics process was the researcher's lack of therapeutic experience. Though in reflecting on the process, it is the researcher's belief that this was also a potential strength. It is believed that the interviewing process benefited from the fact that the researcher was not a therapist as the nature of the interviews generated moments where the line between interview

and therapy session could have been blurred. However, the researcher felt that she was able to perform her role as the researcher and demonstrate empathic listening while avoiding blurring these lines. Moreover, a therapy model did not influence the research, as the researcher had no affiliation with a particular theoretical orientation (Binder, Holgersen & Nielsen, 2009).

Implications and Future Directions

The present research provided evidence of common factors in CFT. Such findings may contribute to the development of training for therapists in this field. This demonstrates the importance of considering essential therapeutic skills, such as empathic listening and reacting and the development of a strong alliance and may lead to a shift to decrease the emphasis for aligning oneself with a single model (Sprenkle & Blow, 2004a). With common factors in mind, it may be beneficial to encourage trainees to increase their awareness and knowledge of diverse models, both those that are empirically supported and those that are foundational to the field (Sprenkle et al., 2007), so they are able to adapt to the clients needs. It is also important to consider the therapist factor, in terms of both personal and professional development in training (Davis & Piercy, 2007). The therapist factor is also in need of further investigation, particularly in relation to the characteristics and behaviours that distinguish effective therapists from less effective therapists. In addition to this, consideration of the link between therapist attunement with the client's perspective and effective outcome also requires further investigation.

Future research could conduct a case study with one family, gathering data throughout the course of therapy to identify how factors interact at each stage of the process (Blow et al., 2009), as this would be important for theory development. Moreover, it is equally as important to investigate what is unhelpful and what does

not work in therapy (Davis & Piercy, 2007), as this also informs our knowledge on how to conduct effective therapy.

As research has demonstrated that CFT is effective in leading to change (Shadish & Baldwin, 2003), it is now more pertinent to focus on the question of how. The present research has evidenced the applicability and importance of accessing clients' reports of the therapeutic experience. Further development of effective methods for studying and analysing qualitative data from multiple respondents is needed (Heatherington, Friedlander & Greenberg, 2005) to enhance the body of clinically relevant research.

The findings of the present research contribute to a limited body of literature relating to common factors in CFT (Davis & Piercy, 2007). Though the notion of common factors was initially met with resistance in this field, this study demonstrates their presence. Moreover, it appears to be a relevant model as an explanation for the process of change from the perspective of the client.

Conclusion

The present study demonstrated the use of qualitative research methods in identifying components of the therapeutic experience influential in change. In sharing their perspectives of what was significant and meaningful in the process of effective therapy, clients revealed that through the collective influence of their own characteristics, their therapist, the therapeutic relationships and treatment techniques, that change was accomplished. The present study revealed that the interactive relationship between these conditions provided what was fundamentally necessary for therapy to be effective for these clients.

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Appendix A

Navigation of Ethical Issues

The obstacles encountered when conducting process research in a therapeutic setting involve a complicated navigation of ethical issues. While an awareness of the potential ethical issues present in conducting research in sensitive areas or with vulnerable participants is necessary, it is likely that such complications are the reason why so little research in this area is available, specifically research conducted with experienced therapists in professional clinical settings. Despite this, it is necessary for researchers to endure these difficulties in order to develop a template for research that is acceptable to ethics committees and where the potential benefits for the clients far outweigh any risk to those involved.

In the current research, consideration was initially given to the general ethical matters applicable to conducting research with human participants. These ethical principles included obtaining written informed consent from all participants, maintaining the privacy and confidentiality of all participants, avoiding deception and ensuring that participation in the research would not have adverse effects for those involved, thus employing strategies to minimise risk and harm (Hohmann-Marriott, 2001). However, review from an impartial outside committee revealed that the nature of therapeutic process research in the area of family therapy places it in a unique context, which required further consideration of these principles.

One of the primary ethical concerns was the involvement of both therapist and client and the perceived pressure this may place on the client to participate in the research. The issue of dependent and unequal power relationships between therapist and client has the potential to cause undue pressure on clients, who may perceive that their decision to participate or not could consequently affect their involvement

with their therapist. It was recognised that the power relationship between a psychologist delivering therapy to a client is one that is unequal and that all individuals have the right to access fair psychological services. It was also communicated to clients that if they chose to decline participation this would not affect their ongoing therapy with their psychologist. It was therefore crucial to emphasise to potential participants that their participation was voluntary and ensure that they did not feel coerced. In order to address this issue and to maintain the voluntary nature of consent, recruitment occurred independent of both researcher and therapist. The receptionist at the therapy centre provided potential participants with a letter of information with an attached cover letter. The cover letter informed the individual that the attached document detailed information regarding the research and also stated that the researcher would be available at the therapy centre if they wished to discuss the research with her after their therapy session. The letter also gave the participant the option to take some time to think about participating in the research and welcomed them to contact the researcher at a later date. The therapist's absence in this process prevented the potential for undue pressure to participate. Moreover, the willingness of therapists to participate in such research conveys to clients that the research is credible and important (Heatherington, Friedlander & Johnson, 1989) and communication of this to potential participants via a third party may assist them in feeling more comfortable with the process of participating is such research.

A further ethical issue was confronted with individuals who are undergoing therapy with respect to the competence of the research investigator. In the current study the principal investigator was completing an Honours degree and it was decided that it would be in the best interest of the participants that some interviews

be conducted in the presence of a supervisor who was appropriately qualified for the research. The presence of the researcher's supervisor, who has over 30 years experience in research and five years experience in therapy, minimised any risk to participants should a difficult or challenging situation occur during interviews. Moreover, the researcher had access to the master family therapist involved in the study and the WA Family Therapy Association. This precautionary action was taken as a measure to ensure the researcher had access to further support from other experienced therapists if a difficult situation were to arise, though no such situation occurred during the research process. Regardless, this was an essential measure to have in place so if such an event did occur the risk would have been managed adequately with the support of experienced, qualified and competent associates

The above also relates to the ethics surrounding the interviewing in process research. The aim of such research is to investigate the therapeutic process and the experience of those who are exploring this. The issue here surrounded the participant's potentially disclosing sensitive information during interviews. The scope of the current study focused on the turning points in therapy and did not require participants to disclose the context of their therapy. In the event that such sensitive information was disclosed the relevant portions of the audio recordings were erased to protect the privacy of clients. Clients were informed that this action would be taken with the aim of minimising any anxiety surrounding the thought of making public the nature of their family life.

It is important for researchers to remember the vulnerabilities of the population they are conducting research with to minimise the potential for harm (Hohmann-Marriot, 2001). In the current research consideration was given to the age of family members. For example, children were not included in the research.

Acknowledging their experiences in therapy is valuable, however, the current research is not directly relevant to this vulnerable population (Hohmann-Marriot, 2001). In such circumstances it is important to evaluate the potential risks and benefits for the participants when conducting research.

The current research aimed to interview in a manner that is consistent with the systemic nature of family therapy. This placed the research in a unique context, as the involvement of multiple family members required that unanimous consent was given from all adult members attending therapy. If all of the family members who were attending therapy did not consent to the research they were excluded from the project. This created a complicated task in the recruitment process, which differs greatly from research conducted with individuals, where only their sole consent is required.

The interviewing of multiple family members also produced a difficult task due to the possibility that each individual's opinions are likely to differ. As consistency between family members or couples is an interesting finding in itself, it was expected that they would have differing perceptions and opinions. Asking each participant separately for their perceptions and also asking the family group for any shared perceptions enabled this situation to be managed

Finally, it is important to note that avoidance of dual relationships was imperative in the current research and the role of the therapist was to act as a participant only. Moreover, the researcher and therapist were minimally affiliated (Hohmann-Marriot, 2001; Cain, Harkness, Smith & Markowski, 2003). Client participants were also made aware of the role of their therapist in the research prior to interviewing.

Appendix B

Covering Letter

Edith Cowan University
270 Joondalup Drive
JOONDALUP WA 6027
Phone: +61 (08) 6304 2170
Fax: +61 (08) 6304 2661

Project title: Turning Points in Couple and Family Therapy

To Whom It May Concern:

My name is Cathryn Cassisi and I am studying the process of family therapy. Please find attached an overview of my research. The work forms part of my honours degree in Psychology at Edith Cowan University.

If you are interested in participating or have any questions, I am present at William Street Family Therapy Centre and happy to discuss the research with you further. Alternatively, please take the opportunity to think about this invitation to participate and feel free to contact me at a later date. My contact details are below.

Kind Regards,

Cathryn Cassisi

If you would like more information about this study, please contact me **(mobile: 0422 286 064; email: ccassisi@our.ecu.edu.au)**, or my supervisor, Dr Ken Robinson (office: (08) 6304 5526; email: k.robinson@ecu.edu.au). If you have any concerns or complaints about this project and would like to speak to an independent person, you may contact the Andrew Guilfoyle (office: (08) 6304 5192; email: a.guilfoyle@ecu.edu.au)

Appendix C

Information Letter to Clients

Edith Cowan University
270 Joondalup Drive
JOONDALUP WA 6027
Phone: +61 (08) 6304 2170
Fax: +61 (08) 6304 2661

Dear Participant,

I am an Honours research student in Psychology, and I am researching the process of family therapy. I expect that this research will contribute to the improvement of family therapy and better our understanding of the relationship between therapist and client. This study has been approved by the ECU School of Psychology and Social Science Subcommittee.

In interview with you, I would like you to discuss moments in the therapy where there are shifts or changes in your attitudes, feelings or behaviour. My supervisor, Dr Ken Robinson, will also be present should there be any issues where you or I might need assistance. Your participation is voluntary and should you choose to participate, you will be interviewed for approximately forty minutes at William Street Family Therapy Centre. You are free to share as much or as little information, depending on what you feel comfortable with. Our discussion during the interviews will be audio recorded and transcribed. After transcription I will contact you by telephone or email to give you an opportunity to reflect on the transcription and themes I have identified to ensure they represent your experience. Your feedback will be welcomed. There will be no identifying information included in the transcriptions.

Should you participate, then I will interview Aldo Gurgone regarding his perceptions of what events he believes were meaningful for you in therapy, and this will allow me to compare the views of yourself as client with those of your therapist.

You will be free to withdraw your involvement in the project at any time, if you do so, any information that has been collected will be destroyed to protect you. Should you choose or choose not to participate, this will not affect your involvement with William Street Family Therapy Centre or your therapy with Aldo Gurgone.

If you would like to volunteer for this important research, please feel free to contact me to schedule an interview.

Yours sincerely,
Cathryn Cassisi

If you would like more information about this study, please contact me (mobile: 0422 286 064; email: ccassisi@our.ecu.edu.au), or my supervisor, Dr Ken Robinson (office: (08) 6304 5526; email: k.robinson@ecu.edu.au). If you have any concerns or complaints about this project and would like to speak to an independent person, you may contact the Andrew Guilfoyle (office: (08) 6304 5192; email: a.guilfoyle@ecu.edu.au)

Appendix D

Informed Consent Form

Edith Cowan University
270 Joondalup Drive
JOONDALUP WA 6027
Phone: +61 (08) 6304 2170

Project title: Turning points in couple and family therapy

I _____ have been provided with and have read the

information letter explaining this research and I understand the purpose of this study.

- I have been given the opportunity to ask questions and am satisfied with the

  answers given.

- I am aware that should I have further questions I can contact the research

  team at any point and I have been provided with their details.

- I understand that participation in this research requires me to take part in an

  interview and brief follow up discussion.

- I understand that all information provided will be kept confidential and my

  identity will not be revealed.

- I understand how the information provided will be used and that it will be

  used only for the purpose of this research.

- I understand that I am free to withdraw from participation at any time,

  without explanation or penalty.

I _____ freely agree to participate in this project.

_____   _____
Participant Signature   Date Signed

_____   _____
Researcher Signature   Date Received
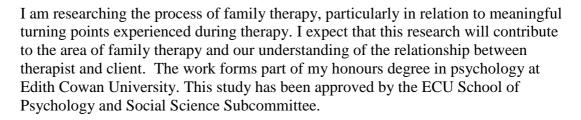
Appendix E

Information Letter to Therapist

Edith Cowan University
270 Joondalup Drive
JOONDALUP WA 6027
Phone: +61 (08) 6304 2170
Fax: +61 (08) 6304 2661

Project title: Turning points in couple and family therapy

Dear Aldo,

I am researching the process of family therapy, particularly in relation to meaningful turning points experienced during therapy. I expect that this research will contribute to the area of family therapy and our understanding of the relationship between therapist and client. The work forms part of my honours degree in psychology at Edith Cowan University. This study has been approved by the ECU School of Psychology and Social Science Subcommittee.

I would like you to discuss what you perceive to be meaningful turning points for your clients in therapy. You will not be required to disclose any specific information regarding the context of your clients' therapy. Your participation is voluntary and should you choose to participate, you will be interviewed, by myself at William Street Family Therapy Centre. You will be free to withdraw your involvement in the project at any time, if you do so, any information that has been collected will also be withdrawn from the project.

I will also be interviewing your clients regarding their perceptions of turning points in therapy.

Our discussion during the interviews will be audio recorded and transcribed. After transcription I will contact you by telephone or email to give you an opportunity to reflect on the transcription and themes I have identified to ensure they represent your perceptions. Your feedback will be welcomed. There will be no identifying information included in the transcriptions.

If you would like to volunteer your participation, please feel free to contact me to schedule an interview.

Cathryn Cassisi

If you would like more information about this study, please contact me (mobile: 0422 286 064; email: ccassisi@our.ecu.edu.au), or my supervisor, Dr Ken Robinson (office: (08) 6304 5526; email: k.robinson@ecu.edu.au). If you have any concerns or complaints about this project and would like to speak to an independent person, you may contact the Andrew Guilfoyle (office: (08) 6304 5192; email: a.guilfoyle@ecu.edu.au)

Appendix F

Client interview schedule

1) Please describe any significant or meaningful events that you have

   experienced during therapy that you believe were turning points in the

   process? These may be change in your attitudes, feelings or behaviour and

   may be a result of something either of you thought said or did or even

   something that your therapist said or did.

   (Participants will be asked to respond to question one first, with any

   individual perceptions and second, with any shared perceptions).

2) Please tell me in what way these turning points have been helpful or

   hindering in resolving the concerns that brought you to therapy?

3) Please tell me in what ways has the therapy been effective or ineffective in

   helping you deal with the concerns that brought you to therapy?

Appendix G

Therapist interview schedule

1) Please describe any significant or meaningful events that have occurred during the process of therapy that you believe have been turning points for your client (client names)? This may be something you or your clients said or did, or something they discussed in therapy that was particularly meaningful.

2) Please tell me in what way these turning points helped or hindered your clients' ability to find a resolution for the concerns that brought them to therapy?

3) Please tell me in what ways has the therapy been effective or ineffective in helping your client deal with the concerns that brought them to therapy?

(questions will be asked about each of the clients interviewed)

Appendix H

Example: Extraction of Significant Statements

Max	Audrey
Antonio just taught us to, well *gave us some guidance and tips on how to find common ground*. For instance one of the things he got us to do was write and list and bring it the next time we went, of all the things would like to do together, that we could do together...we had to come to a *compromise*, so we could both do things together and he got us to come up with our own individual list and then talk about them before we came in and then go through them with Antonio. These things were not mutually exclusive, just because there were things I wanted to do doesn't mean that Audrey can't partake or vice a versa.	one of the really useful tools that Antonio gave us was a *video about communication*. That was really good to look at the way we discussed things because *we weren't talking with one another we were talking at one another and watching that video made me personally understand that I wasn't listening as much as I should have*, so that was a big turning point for me in that we learnt (Norm: yeah I got a lot out of that as well)
I *can't think of anything that hindered us, certainly they were all helpful* it was put to us in a way that was, these are opportunities for you to use, it's up to you to go away and work on those, you know, to take full advantage of or take advantage of what you think and feel you can use. Yeah so I don't think any of them were negative.	one was when he made me realise that life will go on and that we had choices, that we had choices to do anything, not just what we were used to but anything new. It was almost like he gave me permission to *move on*, I mean he didn't literally but it was like he was saying you know you really can do this, you really can move on. And that was a big step for me where as I wasn't so much dwelling in the what had been and everything else and was able to move a little bit more forward. So that was a big step for me and *part of that was the exercise that Max described*. I think the other thing that I found really useful was *Antonio listened to everything we said and picked up on a few things and then explored them*. And in doing that he went into some of my, sort of *childhood background* and helped me to realise that some of that was actually impacting on way I was reacting now as an adult and kind of made me realise that I didn't have to hold onto that childhood stuff and that really was before, again that was another big step for me. Like I said in a sense he was giving me like permission or *facilitating me moving on* and I think that was one of the big things for me.
definitely effective...as Audrey said earlier without it we would back talking about the same old things and expecting to get a different outcome.	
He is very good at giving you examples that are not related to exactly what we're talking about but somehow give you examples to kind of demonstrate in a way to try and get us to look at things...like a parallel situation (Audrey: and *it was very easy to relate those instances to ourselves and he was really good at that*. And in a way *that allowed us to stand back and look at it without being in it* and I think that's a big thing because he taught us how to stand back and look at it, and that we don't have to	*it's so easy to get caught up in our own*

always be in it and feeling it *we can look at it objectively*)

It was such a *relaxed atmosphere* that we didn't really have a fear, he kind of gave us that *comfort feeling*

he has a good way of putting things*, he listens to every single word you're saying*

as an individual he is just great, he's got those great listening skills and he's got that way of just soothing things down and putting things into perspective and giving you a different way of looking at things. It obviously is his experience, but *it's his nature he's just that kind of person*

And he kind of *knows, back to what we said, what the next question to ask is, what to probe and get some more out of you*

I think that what he does is great, the way he does it is great but *yes the onus is always, I mean he's not going to fix things he's going to give you tools, and suggestions, often different ways of thinking about things, but its up to the individual, us, to go away and take those thing and practice* those and put them into place and its definitely more on us than it is on Antonio

little story, you own little 'me myth' and it takes somebody like Antonio to make you actually stand back and really look at what is actually going on and giving you an idea of where things are wrong and that's when you are able to really start to look at it with less emotion and maybe more brain, I think that is quite essential.

No I have to agree there was *nothing negative...nothing at all hindered and even in times of pain I certainly was feeling a lot more positive* and things were difficult, I mean things don't change overnight *you have to practice* and that's the other thing that I sort of realised it's not just an overnight thing it's a practice, you've got to practice these things, these tools.

Yeah I think it's definitely been *effective*. I mean if there is anything has been any *ineffectual part about it it's only been because we've relaxed and gone back to the old way of thinking*. I mean we quote Antonio to one another, I mean that's the thing, we say hang on now remember when Antonio said this thing. Whatever has happened we've got those *solid blocks of what that he gave us and we will always use those even if we slip a bit in the meantime but yeah it's definitely been beneficial*. I don't know where we'd be, if we hadn't come here, I don't know where we'd be today, be doing the same thing just going round and round in circles. Even when we are circling he kind of pulls us out and say you know there is a circle out here you know!

(Interviewer: Ultimately the process is yours)
he's just gives some insight to how we can do it and the way we go about it...it's funny because we could talk to each other in a way via him and that was really good. It didn't feel strange or anything, it was, in some cases we were learning things about one another, but talking to

him but yeah he holds up a mirror to help you look at yourself and look at what you're doing and say is that that really the way I want to go on. He does, he helps you to look at yourself and look at the situation and look at what you're doing and what obviously isn't going to work and then suggests well maybe try this or try that

he has a *lovely relaxed manner* and it allows me to see things that I often don't, I have to admit the first time I came I was a bit apprehensive, we both were, didn't know what to expect but yeah, he made us feel *relaxed and welcome and comfortable from the get go, which was really helpful*.

I can't praise him enough actually

He's got *empathy* which is empowering...*you know that he understands what you're saying* and so it makes it fine to talk to him about it. He's got great, I mean obviously it comes with his profession but *he's got great qualities* I mean *I have been to other individual psychologists but I've never had that connection that I get with Antonio*, it hasn't quite worked for me as well as it has with him.

I mean that's the think *because he listens so hard, everything is registered and he knows and its funny he might stop you and say hang on, hang on and go back and think about something, that you might have just glossed straight over but it's actually quite important* but if he doesn't stop you, you'd probably go saying the same thing glossing over it for the rest of your life but he helps you instead to examine things and really thinking about what you've said. It's so easy to just toss words off and sentences off without really thinking about what you're saying and he won't let you do that

Appendix I

Example: Participant Narrative

Participant: Max and Audrey Walker

Max and Audrey both felt as though their therapy was effective and that nothing hindered their process. Consistencies in between their perspectives were reported.

As a result of the therapy, Max and Audrey considered that they were able to communicate with each other in a different way, this allowed them to move past issues instead of circling around the same issues. It was important especially for Audrey that the process in a way facilitated her ability to move on. Max and Audrey were also able to gain some insight into themselves and the perspective of the other person in the relationship. Through this they were able to reach compromised which allowed them to be able to do more things together despite the barriers that had prevented them from doing so in the past.

Max and Audrey also expressed that they felt safe, they felt as though they were really being heard, they felt relaxed and they felt equality and that there was no judgment or bias.

They also expressed that Antonio was able to pick up on things that they may have brushed over, that they didn't realise was important suggesting that they believed he had good insight into who they were. They also felt as though he was offering tools that they could relate to.

Emerging concepts:
- Moving on
- Helpful/ positive even in time of pain/ difficult times
- Therapist: skill, competence, personal qualities
- Safe environment
- Therapeutic relationship: Alliance
- Therapy technique (e.g. exercise to find common ground, video on communication, exploring childhood)
  * Resulting outcome: Gaining perspective and insight, Improved communication

Narrative emailed to participant.

Participant responded to email stating, "Hi Cathryn, We are both happy with your interpretation of our therapy experience. Good luck with the write up"

Appendix J

Example: Comparison of Significant Statements

Antonio	Max	Audrey
Max talked about, disclosed some things that he'd done and I think he felt you know, so small. Um, probably expecting that you know, that I would be very judgmental. And I think the very fact that I could actually accept him, not in a judgment way but also um, confront him whether he had the courage...to be able to do what he needed to do, to, to heal some of the harm that he'd done.	It was such a relaxed atmosphere that we didn't really have a fear, he kind of gave us that comfort feeling	
over time also for Audrey to be able to have a voice, to talk about her, what she needed, what she wanted and not just to do with the initial reason why they came, but also having a voice in the relationship. And that was really important, and her feeling the safety to be able to do that and also that Max was prepared to listen.		He's got empathy which is empowering...you know that he understands what you're saying and so it makes it fine to talk to him about it he made us feel relaxed and welcome and comfortable from the get go, which was really helpful. we learnt how to talk about things, so that was a big turning point for me, there were a couple of big turning points for me um, one was when he made me realise that life will go on and that we had choices, that we had choices to do anything, not just what we were used to but anything new. It was almost like he gave me permission to move on, I mean he didn't literally but it was like he was saying you know you really can do this, you

		really can move on. And that was a big step for me where as I wasn't so much dwelling in the what had been and everything else and was able to move a little but more forward. So that was a big step for me and part of that was the exercise that Max described [exercise about finding common ground]
over time they started to look at how the two of them could actually enjoy quality time together and they were prepared to actually put their money where their mouth was. You know and actually do the work	gave us some guidance and tips on how to find common ground. For instance one of the things he got us to do was write and list and bring it the next time we went, of all the things would like to do together, that we could do together...we had to come to a compromise, so we could both do things together and he got us to come up with our own individual list and then talk about them before we came in and then go through them with Antonio. These things were not mutually exclusive, just because there were things I wanted to do doesn't mean that Audrey can't partake or vice a versa.	
they could connect with what I was offering them um that I gave them some structure whatever it was that I suggested to them fitted for them and they were prepared to do it and he was prepared to do, especially him though, the hard work	He is very good at giving you examples that are not related to exactly what we're talking about but somehow give you examples to kind of demonstrate in a way to try and get us to look at things...like a parallel situation we were a bit apprehensive thinking about what we had to do	and it was very easy to relate those instances to ourselves and he was really good at that. And in a way that allowed us to stand back and look at it without being in it and I think that's a big thing because he taught us how to stand back and look at it, and that we don't have to always be in it and feeling it we can look at it

	but… I think that what he does is great, the way he does it is great but yes the onus is always, I mean he's not going to fix things he's going to give you tools, and suggestions, often different ways of thinking about things, but it's up to the individual, us, to go away and take those thing and practice those and put them into place	objectively I mean things don't change overnight you have to practice and that's the other thing that I sort of realized it's not just an overnight thing it's a practice, you've got to practice these things, these tools. You've just got to keep practicing them and then you'll get there I mean we quote Antonio to one another, I mean that's the thing, we say hang on now remember when Antonio said this thing. Whatever has happened we've got those solid blocks