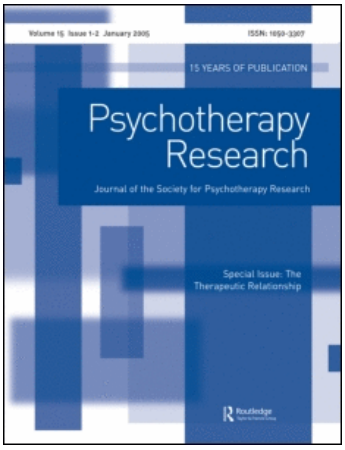

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Clients', therapists', and observers' agreement on the amount, temporal location, and content of psychotherapeutic change and its relation to outcome

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Clients', therapists', and observers' agreement on the amount, temporal location, and content of psychotherapeutic change and its relation to outcome

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Abstract
Clients', therapists', and observers' identification of change was studied in 27 therapeutic processes, and agreement on the amount, temporal location, and content of change was related to outcome. Results show that clients reported more changes in successful therapies. Client–therapist temporal match of change moments was low irrespective of outcome. Results from all three perspectives were consistent in that manifestation of new behaviors and emotions was the most representative content of change among all therapies. Meanwhile, client–therapist agreement on the frequency of grouped change indicators reported was associated with positive outcome, whereas client–observer agreement was related to negative outcome. Therapists and observers agreed in both successful and nonsuccessful therapies. The relationship between agreement and therapeutic outcome is discussed in relation to each dimension of analysis.

Keywords: change moments; change content; participants' recall; convergence; therapeutic outcome

Research on psychotherapeutic change process has been concerned with how change occurs within the therapeutic endeavor and with discovering the active ingredients (interventions and conditions) that relate to this change (Elliott, 1984, 1991; Elliott, Slatick, & Urman, 2001; Gazzola, Iwakabe, & Stalikas, 2003; Greenberg, 1999, 2007; Hill, 1990; Mahrer & Boulet, 1999; Marmar, 1990). In recent years, however, psychotherapy process research has focused on the importance of studying how these specific ingredients relate to the final outcome (Elliott et al., 2001; Garfield, 1990; Hill, 1990; Marmar, 1990) as well as on the relevance of considering the complexity of the study object, since its manifestations and contents vary in a heterogeneous succession of phases or episodes (Krause, 2005; Krause et al., 2006, 2007).

This complexity raises attention to the fact that process research has traditionally used predominantly quantitative methodologies to assess in-session processes, infer causality, and predict outcome (Elliott et al., 2001; Marmar, 1990; Williams & Hill, 2001). Consequently, several authors have stressed the importance of studying change process combining qualitative and quantitative methods as well as considering clients', therapists', and observers' perspectives in order to understand the complex sequences and patterns that constitute change (Elliott, 1984, 1991; Elliott et al., 2001; Greenberg, 1999; Marmar, 1990; Shoham-Salomon, 1990). Others have pinpointed the relevance of examining the degree of convergence between clients and therapists in their evaluation of the therapeutic process and how it relates to outcome (Helmeke & Sprenkle, 2000), under the assumption that agreement between the two participants reflects a good therapeutic alliance and, therefore, constitutes a mediator of change (Kivlighan & Arthur, 2000). However, research in this field has demonstrated that there is a low proportion of match between clients and therapists in their identification of significant therapeutic events (Cummings, Hallberg, Slemon, & Martin, 1992; Cummings, Martin, Hallberg, & Slemon, 1992; Helmeke & Sprenkle,

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2000; Martin & Stelmaczonek, 1988), while its relation to outcome varies across studies and the measures used to assess it (Cummings, Hallberg, et al., 1992; Cummings, Martin, et al., 1992; Helmeke & Sprenkle, 2000; Kivlighan & Arthur, 2000). Nevertheless, there is more agreement when taking into consideration the content of the changes identified (Martin & Stelmaczonek, 1988), suggesting that change events must be studied considering the different dimensions involved. In this research context, however, few studies have used a three-perspective approach in the study of change events and its content evolution in naturalistic settings with therapies of different modalities and theoretical approaches, comparing the level of agreement among patients, therapists, and observers and relating it to outcome, using a combination of qualitative and quantitative methods.

This study is an attempt to deepen the understanding of convergence in the evaluation of the therapeutic process through clients', therapists', and observers' report of change along the dimensions of quantity, temporal location, and content and its association with therapeutic outcome. The following research questions guide this study:

1. Given the low degree of match between clients and therapists in their identification of change events, on what dimensions do participants and observers coincide and/or diverge?
2. How does client and therapist evaluation of the therapeutic process through retrospective recall compare with observers' direct identification of change when considering their level of agreement?
3. How does the level of agreement between the three perspectives relate to the therapeutic outcome?

Study of In-Session Significant Moments

Until now, a productive field for process research has been the study of in-session episodes that are relevant for therapeutic change. In the context of patients' and therapists' identification of specific in-session events, Cummings, Hallberg, et al. (1992), Cummings, Martin, et al. (1992), Fitzpatrick and Chamodraka (2007), and Kivlighan and Arthur (2000) report participants' recall of "critical events" in therapy, whereas Elliott (1984) reports the identification of clients' insight events in which new understandings and self-awareness are attained. Concurrent with these results, Martin and Stelmaczonek (1988) found that what participants identified as important were events that entailed insight, understanding, provision of personal material, exploration of feelings, and expression of new behaviors. On their part, Timulak and Elliott (2003) distinguished five types of empowerment events identified in process-experiential psychotherapies of depressed patients: poignant, emergent, decisional, determination, and accomplishment empowerments. Meanwhile, in the context of couple's therapy, Helmeke and Sprenkle (2000) found that both spouses as well as their therapist could identify specific pivotal moments throughout the process. Integrating some of the just-mentioned findings, a meta-analytic review of qualitative studies by Timulak (2007) synthesizes client-identified impacts of helpful events in nine core categories: (a) awareness/insight/self-understanding; (b) behavioral change/problem solution; (c) empowerment; (d) relief; (e) exploring feelings/emotional experiencing; (f) feeling understood; (g) client involvement; (h) reassurance/support/safety; and (i) personal contact.

Meanwhile, based on an observational approach to the therapeutic process, Greenberg (2007) has reported events of resolution of unfinished business with significant others, whereas Krause et al. (2006, 2007) have identified episodes in which clients experience a change in the explanatory theories about themselves and their problems. Meanwhile, Mahrer (1988) and Mahrer and Nadler (1986) report 12 categories of "good moments" in therapy, including the provision of significant material, description and exploration of feelings, emergence of previously warded-off material, expression of insight and understanding, expressive communication, expression of good working relationship with the therapist, expression of strong feelings toward the therapist, expression of strong feelings in personal life situations, manifest presence of a substantively new personality state, undertaking new ways of being and behaving in extratherapy life situations, reporting changes in target behaviors, and expression of a welcomed state of well-being. In a study that combines both participants' recall and direct observation of in-session events, Greenberg (1999) reports events in which painful emotions are allowed, of interruption of emotions, and of hopelessness.

The cumulative findings just reviewed support the argument that in-session events are observable and identifiable through different sources (clients, therapists, and external observers), thus giving them empirical value as objective means for accessing the psychotherapeutic process. Their value also resides in the fact that these episodes are intensely productive instances of the therapeutic process that are identified as being helpful for the client's healing process. This underscores the relevance of their study, because they allow a deeper understanding

of what works in therapy and in that way inform clinicians on how to contribute to clients' change process (Timulak, 2007). Furthermore, clients' memory of significant events may facilitate their active use of the information acquired during therapy in those circumstances in which it can be useful. On the other hand, therapists' identification of these events can contribute to reveal the extent to which they understand their clients' experience of them and thus enhance the therapeutic endeavor (Martin & Stelmaczonek, 1988). Finally, the study of in-session episodes allows for a generic or common factors approach to unveiling the active ingredients associated to change, able to be applied to different therapeutic modalities and theoretical approaches and in that way contribute to a cumulative corpus of knowledge on these healing factors.

With regard to the methodological approach for the identification of these significant events, the benefit of using participants' experience as the primary source of information is that both actors are experientially immersed in it and, therefore, can provide firsthand information on the subjective impact of the change process, contributing to determine what is helpful (Clarke, Rees, & Hardy, 2004; Elliott, 1984; Elliott et al., 2001; Levitt, Butler, & Hill., 2006). On the other hand, an observational approach to identifying significant events in therapy allows for a more detailed examination of the moment-to-moment process, which is less influenced by emotional and/or recall process factors. Thus, a combination of both observational and participants' identification of these events has the advantage of serving as a means of triangulation of the data obtained and thus may provide a more in-depth understanding of what is involved in these significant events and the way they relate to change process. Furthermore, the use of qualitative procedures for identifying and describing these change events allows for a more comprehensive access to the complexity of the therapeutic process, thus avoiding a quantification of participants' subjective experience by solely including quantitative methods (Elliott, 1984; Elliott et al., 2001; Greenberg, 1999; Hill, 1990; Williams & Hill, 2001). Furthermore, because process–outcome research can provide relevant knowledge to be applied to clinical practice, several authors emphasize the relevance of implementing it in real clinical settings and across different therapeutic approaches and modalities (Garfield, 1990; Krause et al., 2006; Levitt et al., 2006).

The Study of Client–Therapist Convergence on Change Moments

Within the study field of change moments, several investigations have examined the degree of convergence between client and therapist in their report of significant therapeutic events. Martin and Stelmaczonek (1988) found two levels of convergence based on participants' postsession reports: (a) agreement on the type of events identified as important and (b) agreement on the exact event recalled. Their findings indicate that participants identified the same categories of important events as the most frequent (i.e., expression of insight, provision of important personal material, description and exploration of feelings, and expression of new ways of being). However, in only one third of the cases both participants identified the same events as relevant. This suggests that it may be easier for participants to agree on the content of change than on its specific display in session. On a second study by the same authors, 6 months after therapy termination, 40% of the events remembered by the clients coincided with those identified previously during the after-session evaluation, suggesting that patients and therapists tend to remember a certain number of in-session episodes even after a considerable time period. It could be argued that the events that are most significant for participants in therapy are the ones that remain in their memory, thus supporting not only the lasting effects of psychotherapy (Martin & Stelmaczonek, 1988) but also the value of studying it through the identification of these outstanding moments during therapy and of clarifying what makes them significant for the client's change process.

In the meantime, other studies have related the level of client–therapist agreement on the identification of exact in-session events with therapy outcome. Cummings, Martin, et al. (1992) found a 33% exact match on sessions that were rated as more effective, indicating that, although in a low degree, both participants process the same in-session information as important, thus informing about how clients and therapists construct their experience of therapy when it is effective. In a second study, Cummings, Hallberg, et al. (1992) found a match rate of 39% on more effective sessions. Kivlighan and Arthur (2000) found higher levels of client–therapist match compared with Cummings et al. (1992), reporting that this match increased linearly over time. They also observed that this increase was related to positive therapy outcomes measured by clients' level of interpersonal problems. Meanwhile, Helmeke and Sprenkle (2000) found that the therapist matched 10 of the 24 pivotal moments identified by both spouses of three couple's therapies (42%), without this level of agreement influencing negatively on the couple's degree of satisfaction with the therapy or the therapist. These findings support the assumption that a greater level of congruence or interpersonal

attunement between therapist and client is reflected in their agreement of what is subjectively relevant in therapy, which, in turn, may have positive effects on its perceived usefulness.

Because until now results show that coincidence between participants on exact in-session events is low (Cummings, Martin, et al., 1992; Cummings, Hallberg, et al., 1992; Helmeke & Sprenkle, 2000; Kivlighan & Arthur, 2000; Martin & Stelmaczonek, 1988), but nonetheless related to positive outcome, and that there seems to be more agreement with regard to the types or contents of the changes perceived than their temporal manifestation, it is, therefore, important to continue the study of client–therapist convergence considering the different dimensions of change involved and including external observers' point of view as a means of triangulation. This entails examining not only the agreement on exact in-session events and its relation to outcome, but also the agreement on the amount of changes identified and their specific content. It is our assumption that by studying the level of agreement on this different dimensions and its relation to outcome, we may shed more light on the specificities of the therapeutic experiences that are clinically relevant for change.

The Content of Change

As it has been described, the content of change episodes has been associated with the impact that these events have on the client's change process (i.e., insight, provision of personal material, exploration of feelings, manifestation of new behaviors, empowerment). However, these impacts describe different and sometimes separate elements of a broader process in the evolution of change, which have not always been related to one another or integrated in a generic conceptualization of how this change takes place, among different therapeutic approaches and modalities.

Therefore, in an attempt to study change episodes within an integrated generic model of change, we adhere to the notion, supported by research based on the experience of clients and therapists (Krause, 1992, 1998, 2005; Krause & Cornejo, 1997), that the essence of therapeutic change relates to the transformation of the client's subjective perspective, a process that belongs to a representational dimension (Krause, 2005; Krause et al., 2006, 2007). These representational changes can be conceptualized as changes in the subjective constructs and theories of clients (Krause et al., 2006), which are defined as a complex set of personal cognitions about oneself and the world that serve to guide individuals' behavior and optimize self-value (Groeben, Wahl, Schlee, & Scheele, 1988; Krause, 1992, 1998, 2005; Krause & Cornejo, 1997). Therefore, clients would change through the development of new explanatory models about themselves and their surrounding world, which also guides their new actions. This process of change in the subjective patterns of interpretation and explanation (Krause et al., 2006) shows an evolution in successive stages that begins before therapy starts and ends after therapy termination (Krause, 2005) and involves an increasing, although not necessarily linear, process of construction of psychological patterns of explanation and interpretation as well as a progressively increasing level of complexity and elaboration of these patterns that build on previous and less complex ones (Krause et al., 2007).

This model of evolution of psychotherapeutic change has been supported empirically and operationalized through a hierarchy of generic change indicators (CI; see Table II) developed by the same research team involved in the current study (Krause et al., 2006, 2007), and that has been applied to therapies of different theoretical backgrounds. According to this hierarchy, the therapeutic process would start with initial generic CIs that account for the establishment of the necessary structural conditions of the therapeutic relationship that will allow representational changes, such as the acceptance of the existence of a problem, the acknowledgment of the need for help, and the acceptance of the therapist as a competent professional. This initial phase would also imply the client's initial questioning of his or her usual understanding of the problem. At a middle level, the change process would express itself in indicators of an increase in the permeability toward new understandings (e.g., through client's acknowledgment of his or her own participation in the problems and the manifestation of new behaviours). Toward the end of the process, higher level indicators of a construction of new understandings would be present, like the transformation of the representation of one-self, the acknowledgment of the help received, and the decrease of asymmetry with the therapist would be present (Krause et al., 2007).

This hierarchy of generic CIs will be used in the current study for the analysis of the contents of change moments identified by clients, therapists, and expert observers among therapies of differing modalities and theoretical approaches. As has been done in the previous studies with change moments identified by observers (Krause et al., 2006, 2007), therapists' and clients' verbalizations of the changes recalled through retrospective interviews will be associated with a specific CI.

Given the empirical and theoretical background reviewed, the first hypothesis of this study establishes

Table I. Description of the sample of therapies and participants

Therapy number	Modality	Approach	Client	Sex of client	Age of client	Sex of Therapist	N° of sessions	Outcome[b]
I	Individual	Psychodynamic	I A	F	29	M	23	Change
II	Individual	Psychodynamic	II A	F	38	M	18	No Change
III	Family	Social Constructionist	III A[c]	F	38	F	20	No Change
IV	Group	Drug Abuse	IV A	M	19		18	Change
			IV B	M	34		18	Change
			IV C	M	52		18	Change
			IV D	M	23		18	No Change
V	Individual	Psychodynamic	V A	F	43	M	21	Change
VI	Family	Social Constructionist	VI A	M	41	F	10	No Change
			VI B	F	34			Change
			VI C	M	15			Change
VII	Group	Drug Abuse	VII A	M	46	F/F[d]	20	Change
			VII B	M	50			Change
			VII C	F	29			No Change
			VII D	M	47			No Change
			VII E	F	38			Change
			VII F	M	41			Change
			VII G	M	52			Change
			VII H	M	28			No Change
			VII I	F	40			Change
			VII J	F	34			Change
			VII K	M	28			No Change
			VII L	M	35			No Change
VIII	Couple	Humanistic	VIII A	F	57	F/M	19	No Change
			VIII B	M	61			No Change
IX	Couple	Humanistic	IX A	F	43	F/M	19	No Change
			IX B	M	51			No Change

[a] In the case of open drug abuse groups, it refers to the total number of sessions observed and videotaped.
[b] Outcome was measured according to the OQ-45.2's RCI. If it is above 17, it is considered Change, if it is below 17, it is considered No change.
[c] This client initially sought help with her son and his father, who soon dropped out. The mother continued individual therapy with a family focus, responding to her concern about her relationship with her son.
[d] In the case of therapies with two therapists, the sex of both is reported in the table.

that there will be more coincidence between clients and therapists on their report of the contents of the changes identified than on the specific identification of change moments, given the low level of convergence found in previous studies and the reconstructive character implied in their recall of the therapeutic process. Second, it is expected that clients will identify more changes of higher levels of elaboration and complexity than therapists. Third, we expect that those therapies that show coincidence between participants will also show positive therapeutic outcome, under the assumption that agreement is an indicator of a good therapeutic relationship.

Method

The current study combines quantitative and qualitative methods for the analysis of convergence between perspectives under the assumption that both approaches can provide information that can be complemented in the understanding of this phenomenon. A qualitative method was used to identify change moments through direct observation and to analyze follow-up interviews as well as to associate these reports on the change process to the generic CI. Quantitative methodology was used to analyze the frequency of changes reported by these three perspectives on the dimensions of quantity, location, and content and to compare them in relation to the final outcome.

Participants

Clients and therapists. Twenty-seven therapeutic dyads (27 clients and nine therapists) were involved in a total of nine brief therapeutic processes that took place at several specialized mental health centers contacted by members of the research team. All therapies were conducted by therapists with 10 to 30 years of clinical experience, and therapies ranged from 10 to 23 sessions, with a mean duration of 18 sessions. Following the generic nature of this study, therapies of different modality and theoretical approach were studied, as shown in Table I. Drug

Table II. Hierarchy of Generic Change Indicators (listed in ascending order)*

Grouped Categories	Specific of generic change indicators
I. Initial Consolidation of the structure of the therapeutic relationship	1. Acceptance of the existence of a problem. 2. Acceptance of his/her limits and of the need for help. 3. Acceptance of the therapist as a competent professional. 4. Expression of hope ("moral boost" or "remoralization"). 5. Questioning of habitual understanding, behavior, and emotions ("opening up"). 6. Expression of the need for change. 7. Recognition of his/her own participation in the problems.
II. Increase in Permeability toward New understandings	8. Discovery of new aspects of self. 9. Manifestation of new behavior or emotions. 10. Appearance of feelings of competence. 11. Establishment of new connections among: aspects of self, aspects of self and the enviornment, or aspects of self and biographical elements. 12. Reconceptualization of problems and/or symptoms. 13. Transformation of valorizations and emotions in relation to self or others.
III. Construction and consolidation of a new understanding	14. Creation of subjective constructs of self through the interconnection of personal aspects and aspects of the surroundings, including problems and symptoms. 15. Founding of the subjective constructs in own biography. 16. Autonomous comprehension and use of the context of psychological meaning. 17. Acknowledgment of help received. 18. Decreased asymmetry between patient and therapist. 19. Constrution of a biographically grounded subjective theory of self of his/her relationship with surroundings (global indicator).

* Krause, de la Parra, Arístegui, Dagnino, et al., 2007.

abuse therapies worked with open groups and an open-ended number of sessions; therefore, at the moment of observation and at the follow-up interview, clients varied in relation to the total number of sessions attended and the degree of change achieved. Written consents were signed by patients and therapists, accepting their being videotaped and observed through a one-way mirror and interviewed after therapy termination and, in the case of clients, being administered a self-report instrument throughout the process and at follow-up, all of which was to be used for research purposes.

Researchers. Three main PhD researchers led a team of 10 investigators, who were therapists of different theoretical backgrounds. Researchers worked in small groups observing therapies in situ in search of change moments and, if necessary, triangulating their observations with the rest of the research group in a process of qualitative intersubjective validation. The main investigator of this study was in charge of the follow-up interviews of patients and therapists and of their analyses, being blind toward the change moments identified during observation.

Instruments

Generic CIs. The content and evolution of the change moments identified through direct observation as well as that of the changes reported by clients and therapists through retrospective recall were determined based on the hierarchy of generic CIs (Arístegui et al., 2004; Krause, 2005; Krause et al., 2006, 2007). Table II shows the 19 CIs in ascending hierarchical order as well as grouped into three main categories of evolutionary stages of the change process.

Follow-up interview. To identify client changes perceived by both clients and therapists, an in-depth semistructured interview was applied. The interview included a series of open questions that invited subjects to talk at length about their experience: How did you experience therapy? Was it helpful in any way? Did you perceive any changes throughout the course of therapy? What changes were you able to detect along the process? Participants were asked about any specific moments they considered to be significant or relevant for their change. The rest of the interview examines helpful aspects of therapy that could have influenced these changes.

Outcome Questionnaire (OQ-45.2). This self-administered instrument measures clients' progress (Lambert et al., 1996) on three major areas: (a) subjective distress and symptoms (SD), (b) interpersonal relationships (IR), and (c) social role (SR). It has been adapted and validated for the Chilean context (de la Parra & von Bergen, 2001; de la Parra, von Bergen, & del Río, 2002), for which the cutoff score (CS) is 73. Scores greater than 73 indicate dysfunction, and lower scores reflect normal functioning. The reliable change index (RCI), which for the Chilean context is 17, indicates whether the subject's change is beyond the sample scoring error. Lambert et al. (1996) establish four possible

outcomes according to the RCI and CS: recovery (final score $<$CS and RCI $\geq$17), significant improvement (final score $>$CS, but RCI $\geq$17), maintained well-being (RCI $\leq$17 and the individual is identified as functional), and no change (RCI $<$17 and the individual did not shift toward functional).

Procedure

Analysis of change moments through observation. Each therapy was observed in situ by two independent trained members of the research team, who coded the change moments identified based on the generic CIs and at the end of each session compared their codes, searching for agreement. When this was not achieved, videotapes and transcripts of the sessions were reviewed by the entire research team until consensus was reached, through a process of intersubjective validation (for more details on this procedure, see Krause et al., 2007).

The following criteria had to be present to define a change moment:

1. Theoretical correspondence: Change observed coincided with the contents of one of the generic CIs.
2. Verifiability: Change must have been observed in the session as it took place. In the case of changes that took place out of session, they had to be mentioned during a specific session and explicitly related to the therapy.
3. Novelty: The specific content of that change was present for the first time in therapy.
4. Consistency: The change observed corresponded with the nonverbal behavior and was not denied or contradicted in the same session or later in therapy (Krause et al., 2007).

Analysis of change moments through retrospective recall. Individual follow-up interviews to clients and therapists were mostly carried out from 2 to 4 months after termination[1] and lasted approximately 1 hr. All interviews were audiotaped and transcribed, after which they underwent a qualitative content analysis. Changes reported by clients and therapists through their retrospective recall were associated with a specific generic CI and categorized according to their description as specific moments with a clear temporal location in therapy or as global changes that manifested themselves throughout the ongoing process. Doubts about the coding of these changes were discussed with the research team until consensus was reached.

Analysis of convergence between perspectives. The comparison between the different perspectives on the change process was examined on three dimensions. First, an analysis of convergence on the amount of changes reported by clients, therapists, and observers was carried out. In the case of clients and therapists, the total number of changes reported was registered, including specific change moments as well as global changes that could not be located in a specific point along the therapeutic process. Instead, because of the direct observation of the therapeutic process as it took place, changes reported by observers considered only specific change moments. Second, an analysis of the temporal dimension of change moments was conducted based on the level of agreement between clients and therapists on the specific change moments reported through retrospective recall. Temporal convergence was present if both participants reported the exact same event as significant for the change. Specific markers were used to determine the match: the content of what was being worked on, the session context, specific actions of client and therapist, and temporal markers reported by the interviewees (e.g., session number, phase of therapy, location in relation to other change moments). Observers' perspective was not taken into consideration for this analysis because of the temporal accuracy given by direct observation in comparison to participants' less accurate retrospective reconstruction of events, probably resulting in a higher match of observers with clients and therapists than between clients and therapists. Third, convergence regarding the content of the changes identified was analyzed considering clients', therapists', and observers' reports. This analysis included both change moments and global changes in the case of therapy participants, because the interest was on the specific content of these changes. Each change reported was associated to a single generic CI.

For the analysis of convergence on the content of change, we examined the extent to which each CI was represented along the 27 therapeutic processes according to patients', therapists', and observers' reports. The level of representation of each CI was considered, irrespective of their frequency of apparition. This allowed an evaluation of the extent to which the different CIs are common across therapies of different modalities and approaches in the different outcome groups. A second analysis of convergence on the content of change considered the frequency of each CI reported by each perspective, which, in turn, was categorized according to the phase of evolution and level of complexity of the process of psychotherapeutic change. As has been discussed and empirically supported by previous studies (Krause, 2005; Krause et al., 2006, 2007), CIs evolve in an ideal sequence from an initial phase of creation of the necessary conditions for representational change, going through a middle phase of questioning previous understandings and

preliminary changes in the subjective theories, to a final phase of creation and elaboration of new subjective theories and explanations. Based on this, the 19 CIs were theoretically grouped into three main categories (see Table II). A chi-square analysis was executed to examine any significant differences between perspectives along these three categories.

Outcome analysis. The OQ-45.2 was administered to all clients at the beginning and end of therapy and at follow-up. For this study, we considered that a client attained "change" when the scores satisfied criteria for significant improvement (i.e., final RCI score ≥ 17), irrespective of the population the client was classified into at the end of therapy. This responds to the assumption that reliable changes attained by clients in 20 sessions would be clinically significant, although the individual did not enter the functional population. Thus, when the total RCI score was less than 17, no change was considered to have taken place. A chi-square analysis was carried out to examine statistical differences between the amount, location, and content of changes identified by each perspective in each category of therapeutic outcome.

Results

From the nine therapeutic processes studied that involved 27 clients and 9 therapists, 14 clients achieved change, while 13 clients showed no change at therapy termination, as measured by the OQ-45.2, thus showing a homogeneous distribution among participants (see Table I).

Convergence on the Amount of Changes Reported

Overall amount of changes. An analysis of the overall amount of changes reported by clients and therapists through retrospective recall of the therapeutic process, and by observers through direct observation, was carried out for the therapeutic processes that achieved clinical change and those that did not (Table III). Chi-square analysis shows significant differences between outcome groups, $\chi^2(2,\ N=566)=6.75,\ p=.03$. Specifically, these differences were observed among clients who reported significantly more overall changes in the group of successful cases compared with clients who did not achieve clinical change, $\chi^2(1,\ N=204)=4.32,\ p=.04$. Regarding our first and third research questions, findings indicate that clients diverge with respect to therapists and observers in their evaluation of the change process through the total number of changes reported, being able to discriminate at this level between successful processes and those that did not attain reliable clinical change. At the same time, they contradict our third hypothesis regarding a positive relationship between participants' agreement and positive outcome, at least at this level of analysis.

Types of changes. Results show that both clients and therapists described two types of changes during the follow-up interviews: specific change moments, which they could locate temporally in some point of the therapeutic process, and global changes, which were described as unfolding throughout the entire process, without a specific location. This distinction was not made by observers, because direct observation of the therapies always resulted in the identification of specifically located change moments. The following examples illustrate how the two types of changes are described by therapy participants. The first vignette shows a specific change moment reported by the therapist of psychodynamic therapy I:

> Therapist: I remember that when we ended therapy, that same day her daughter graduated from nursery school ... Our last session was on January 10th, I guess, I'm almost sure it was that day, and that same January 10th, her daughter ended nursery school ... we talked about how [the client] was graduating too ... I think we worked a lot on that: the issue of her dependent aspects ... and that she could be capable of recognizing it.

The second vignette describes a global change reported by the client of family therapy III:

> Client: In a beginning I also thought that I should raise my son that way [with physical violence], you know? And that is not the right way. With [the therapist] I understood that was not the way. With a dialogue, talking, through conversation, dialogue, dialogue was ... the best thing I could do, you know? ... With [the therapist] I learned to have patience.

The proportion of change moments reported by clients and therapists was relatively small compared with their report of global changes (Table IV). Clients and therapists behaved similarly in the

Table III. Overall amount of changes reported by each perspective according to therapy outcome

Therapeutic outcome	Clients' report	Therapists' report	Observors' report
Change	119 (58%)*	46 (47%)	124 (47%)
No change	85 (42%)	52 (53%)	140 (53%)
Total	204	98	264

Table IV. Amount of global changes and change moments reported by clients and therapists according to therapy outcome

Type of change	Clients' report	Therapists' report
Global changes		
Therapies with change	90 (62%)	36 (53%)
Therapies with no change	56 (38%)	32 (47%)
Total	146	68
Change moments		
Therapies with change	29 (50%)	12 (38%)
Therapies with no change	29 (50%)	20 (62%)
Total	58	32

proportion of each type of change reported, both in the group of therapy processes that attained change and those with no change, showing no significant differences, $\chi^2(1, N=167)=0.01$, $p=.93$, and $\chi^2(1, N=137)=0.26$, $p=.61$, respectively. Answering the question about the dimensions in which therapy participants agree, these results indicate that there is a convergence in the manner in which participants reconstruct the therapeutic process. The absence of differences between outcome groups in this dimension of analysis regards our third research question about the relationship between agreement and outcome. First, there seems to be no positive relationship between the amount of each type of change reported by clients and therapists and outcome. Second, it seems that the experience of reconstructing the therapeutic process is not influenced by the level of client's change.

Level of Convergence on the Temporal Location of Change

Convergence between clients and therapists in relation to temporal location was calculated for specific change moments. As was described earlier, convergence was established when participants' descriptions of change moments revealed details, contents, and/or temporal markers that indicated they were referring to the exact same event. The following vignette exemplifies a temporal match between the client and therapist of humanistic couple therapy VIII:

> Therapist: There is one session in which I sat on the floor ... I don't remember when or why it happened ... Being on the floor I was like a little in the back, like withdrawing. But it was also to invite him, on the other hand, to defend himself less, and to loosen himself. Now, I don't know what session it was, but that kind of thing, corporal, subtle, touched him. So I think that there I was establishing a bond with him, which was my intention.
>
> Client: The session in which the therapist sat on the floor. That called my attention ... [It had to do] with being more sincere, more open, more honest, with everything.

This other extract corresponds to a temporal match between client and therapist of psychodynamic individual therapy II:

> Therapist: She was from the countryside and she had the feeling that all the fast things from the city were better, more civilized, more educated, while her things, reflected on the image of her father, a man with no education, kind of brute that yelled from one place to the other ... So [she had] the image that she had that too ... And ... I have the impression that she understood [it] the first session ... I had the impression that she became somewhat aware, there, that she had a devaluated perception of herself.
>
> Client: He [the therapist] related a lot of things to my father and mother ... that my father, "brute peasant" ... from the countryside, I was ashamed that he would make a fool of me. Because the truth is, that happened to me. Afterwards, thinking about it, that did happen to me ... So he [the therapist] made that comparison. And then I noted that it made me change. Maybe that's why I am like this ... Those were the first sessions.

To calculate the percentage of temporal match between clients and therapists of the 27 therapeutic processes, the total number of change moments reported by clients were added to those reported by therapists, after which the total number of

Table V. Amount of change moments reported by clients and therapists and level of match according to therapeutic outcome

	Number of change moments reported		
	All therapeutic processes (n=27)	Therapeutic processes with change (n=14)	Therapeutic processes with no change (n=13)
Source			
Clients	58	29	29
Therapists	32	12	20
Match	15 (20%)	6 (17,1%)	9 (22,5%)

matched moments were subtracted, giving the total number of change moments of clients and therapists altogether from which to calculate the percentage of convergence. This was calculated for the overall therapeutic processes as well as for each outcome group (Table V). An analysis of differences of proportions indicates that there are no significant differences between therapeutic processes with change and without change in the amount of temporal match, given by the value $z = -0.579$, $p = 0.28$. This again indicates a general agreement between clients and therapists in the manner of recollecting and evaluating the therapeutic process when it comes to specific highlighted events, thus contributing to answer the first research question. As to the third research question, it seems that this process of recollection of significant events is not influenced by therapy outcome as measured by the OQ-45.2.

Convergence on the Content of Change

Agreement on content representation. The content of the changes identified by clients, therapists, and observers along the 27 therapeutic processes were categorized according to the hierarchy of generic CIs (see Table II). A first analysis considered the level of representation—irrespective of the frequency of apparition—of each CI along the 14 therapeutic processes that achieved change and the 13 that did not achieve change, according to each perspective's report. In the case of therapies that achieved change, clients, therapists, and observers show an important level of convergence by reporting the presence of CI 9 (manifestation of new behaviors or emotions) as the most represented throughout the 14 processes (see Figure I). Specifically, CI 9 is present in 79% of the successful processes according to clients, in 86% according to therapists, and in 64% according to observers. Meanwhile, CI 13 (transformation of valorizations and emotions in relation to self or others) is present in 57% of the therapeutic processes according to clients, but is represented in less than half the processes according to therapists and

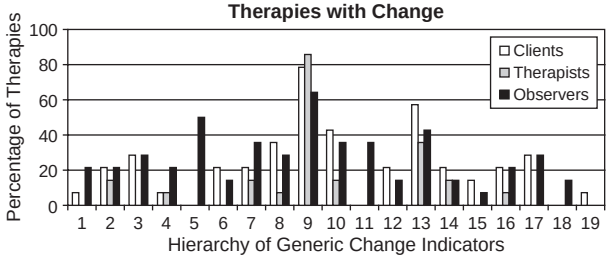

Figure I. Most representative change indicators in therapeutic processes with change according to clients', therapists', and observers' reports.

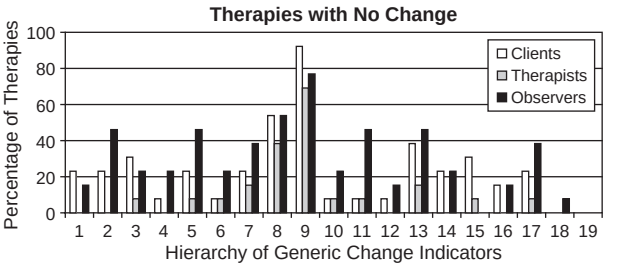

Figure II. Most representative change indicators in therapeutic processes with no change according to clients', therapists', and observers' reports.

observers. On the other hand, CI 5 (questioning of habitual understandings, behaviors, and emotions) is present in at least half of the processes according to observers but in none according to clients and therapists. The rest of the CIs are represented in less than half of the therapies according to all three perspectives.

When considering therapies that did not achieve clinical change according to the OQ-45.2, the same situation is present, as the three perspectivess agree in reporting CI 9 as the most representative, being present in 92% of the processes according to clients, in 69% according to therapists, and in 77% according to observers (see Figure II). Meanwhile, CI 8 (discovery of new aspects of self) is present in 54% of the therapeutic processes according to both clients and observers but in none according to therapists. The remaining CIs are represented in less than half of the therapeutic processes according to all three perspectives.

These results indicate that there is agreement between perspectives in considering a midlevel change as present in therapies with change and without it. However, at the same time, there is disagreement according to therapeutic outcome regarding other CIs. Thus, the question of the relationship between agreement and outcome cannot be answered in a simple way: It will depend on the specific content of the changes reported. Meanwhile, the fact that in therapies that achieved change only clients report a greater level of representation of a CI 13, which represents a higher level change, supports our hypothesis regarding a greater number of higher level changes reported by clients than therapists. This can be complemented with our previous finding that clients report more changes than the other two groups in therapies that achieve change, suggesting that clients could inform better about the real extent of the changes obtained.

Agreement on content frequency. A second analysis of convergence on the content of change included the frequency of CIs associated with the report of perceived changes. For this analysis, CIs were

Table VI. Frequency of grouped Change Indicators reported by the three perspectives for each outcome group

	Clients' report	Therapists' report	Observors' report
Therapeutic processes with change			
I. Initial consolidation of the structure of the therapeutic relationship	18 (15%)[b]	5 (11%)[c]	47 (30%)[b,c]
II. Increase in permeability towards new understandings	83 (70%)	38 (83%)[c]	68 (55%)[c]
III. Construction and consolidation of a new understandings	18 (15%)	3 (6%)	19 (15%)
Total	119	46	124
Therapeutic processes with no change			
I. Initial consolidation of the structure of the therapeutic relationship	18 (21%)	7 (13%)[c]	47 (34%)[c]
II. Increase in permeability towards new understandings	54 (64%)	43 (83%)[c]	75 (53%)[c]
III. Construction and consolidation of a new understandings	13 (15%)[a]	2 (4%)[a]	18 (13%)
Total	85	52	140

[a] Significant differences when comparing clients with therapists.
[b] Significant differences when comparing clients with observers.
[c] Significant differences when comparing therapists with observers.

theoretically grouped into three categories (see Table II). Given the emphasis on the content dimension of the change process, all changes reported were considered irrespective of their description as specific change moments or global changes. Table VI shows the frequency of the grouped CIs reported by each perspective in therapeutic processes in which clinical change was attained and in those that did not attain change.

When comparing the distribution of the three categories of CIs reported by clients and therapists regarding the therapeutic processes with change, no significant differences were found, $\chi^2(2, N=165)=3.11$, $p=.21$. Both participants agree in reporting a greater proportion of midlevel Category II CIs, which refer to the process of augmentation of the permeability toward new understandings. Similarly, both participants reported relatively small numbers of Category I and III CIs, referred to the initial structuring of the therapeutic relationship and the construction and consolidation of a new understanding, respectively. However, in the case of therapies with no change attained, significant differences were found between both participants in the proportion of grouped CIs reported, $\chi^2(2, N=137)=6.59$, $p=.04$. Although both converge in reporting a relatively small number of CIs belonging to the initial structuring of the therapeutic relationship (Category I) and a majority of CIs associated with the augmentation of the permeability toward new understandings (Category II), they nevertheless disagree in the number of CIs referred to the construction and consolidation of a new understanding (Category III), $\chi^2(1, N=15)=3.86$, $p=.05$. Here, therapists reported a lower proportion of higher level indicators compared with clients. This suggests that when therapies do not achieve a good outcome, there is a divergence between clients and therapists in the way they evaluate the level of complexity and elaboration of the changes attained by clients, whereas in therapies with change clients and therapists agree on the number of CIs belonging to each category. This contributes to answer our third research question about the relationship between level of agreement and therapy outcome. Our second hypothesis (a greater identification of higher level changes by clients in comparison with their therapists) is supported in the case of therapies that do not achieve change, while our third hypothesis (a greater client–therapist convergence associated with positive therapy outcome) is supported. Finally, when taking into account these results together with the agreement on the greater level of representation of CI 9 along the 27 therapeutic processes, and the fact that the temporal match between clients and therapists was relatively low, we may consider that our first hypothesis is supported. The combination of these findings indicates that clients and therapists show more points of agreement when evaluating the content of the changes reported, which include specific change moments and global changes, than when solely considering the exact same moments identified in the therapeutic processes.

When comparing the distribution of the three categories of CIs between clients and observers regarding therapeutic processes with change attained, significant differences were found, $\chi^2(2, N=243)=7.98$, $p=.02$. Observers reported almost twice the number of initial changes belonging to Category I than clients, $\chi^2(1, N=55)=5.81$, $p=.02$. However, both report a significant amount of midlevel changes (Category II) and a small proportion of higher level changes (Category III). Thus, clients and observers disagree in their evaluation of the contents of the changes referred to the initial consolidation of the structure of the therapeutic relationship. In therapies that did not achieve change, convergence was found because there were no statistical significant differences between the proportion of the three categories of CIs

reported by clients and observers, $\chi^2(2, N=225) = 3.96$, $p=.14$. In cases in which clients did not attain change, both clients and observers reported a majority (more than 50%) of Category II CIs, followed by approximately one third of Category I CIs and a small proportion of Category III CIs. It seems that when considering clients and observers, convergence is related to negative outcome, whereas divergence is associated to positive outcome. These results answer our second research question by indicating that, when comparing clients' evaluation of the content of change with observers' evaluation, there is a tendency of the latter to report changes that are observed in the initial stages of the change process while clients emphasize higher level changes.

Finally, the comparison of therapists' and observers' report of the three categories of CIs showed the same situation in therapies that achieved change and those that did not. In the first case, significant differences were found, $\chi^2(2, N=170) = 11.04$, $p=.00$. Specifically, observers reported a significantly greater amount of CIs belonging to Category I, $\chi^2(1, N=42) = 4.89$, $p=.03$, whereas therapists reported significantly more CIs belonging to Category II, $\chi^2(1, N=106) = 4.15$, $p=.04$. Meanwhile, the proportion of Category III CIs was similar for both perspectives. In the case of therapies that did not achieve change, the same situation was observed, with significant differences shown by the value of $\chi^2(2, N=192) = 13.64$, $p=.00$. Observers reported a greater number of initial category CIs, $\chi^2(1, N=54) = 5.45$, $p=.02$, and therapists reported a greater amount of midlevel category CIs, $\chi^2(1, N=118) = 5.23$, $p=.02$. These results suggest that therapists and trained observers, irrespective of the therapeutic outcome, agree in the frequency of identification of changes that belong to a more advanced level of evolution of change associated with the construction and consolidation of new understandings. At the same time, they indicate that in both outcome groups observers disagree with therapists by reporting significantly more initial CIs than therapists, while therapists disagree with observers by reporting significantly more midlevel CIs than observers. Regarding the second research question of this study, when comparing clients' evaluation of the content of change with observers' evaluation, there is a tendency of the latter to report changes that are observed in the initial stages of the change process while clients emphasize higher level changes. At the same time, the analysis of convergence for each pair of perspectives answers our third research question regarding how the level of agreement between them relates to change, by indicating that when therapy participants agree on the content of change, it is associated with positive outcome, while client–observer and therapist–observer agreement is not associated with positive outcome. Based on the results of this study, it becomes clear that the question about the dimensions in which the three perspectives agree or disagree is a complex one to answer, and this complexity increases when considering the content dimension of change.

Discussion

The first general research question guiding this study examines the dimensions on which participants and observers coincide and diverge in their evaluation of the change process. The second question is included in the first by inquiring how clients' and therapists' evaluations of the therapeutic process through retrospective recall compare with observers' direct identification of change. The third question, also derived from the first one, asks about the relationship between agreement and therapeutic outcome.

Results from this study show that agreement between perspectives is present on the dimension of amount of changes and content. With regard to amount of changes reported, clients and therapists agree in indicating a small proportion of specific change moments with regard to global changes, irrespective of therapeutic outcome. This also answers the third research question by showing no relationship between agreement and positive outcome, as was hypothesized. It seems that for both participants it is easier to report changes that imply a general recollection of the therapeutic process and that are experienced as a result of the total moments of the entire process than to recall specific events, at least when some time has passed after therapy termination. At the same time, the fact that participants are able to recall specific change moments supports the argument that in-session specific events are identifiable by therapy participants and that a portion of them are remembered even after a considerable time period (Martin & Stelmaczonek, 1988).

Agreement on the content of change is shown by a converging report about the presence of midlevel changes along the therapeutic processes. On the one hand, all three perspectives agree in reporting CI 9 (manifestation of new behaviors or emotions) as the most representative content of change among the therapeutic processes studied, irrespective of therapeutic outcome. On the other hand, clients and therapists agree on reporting a large frequency of Category II CIs, in which CI 9 is included, both in therapies with and without change. In both cases, there is no relationship between agreement and therapeutic outcome. A possible interpretation for

this finding is that midlevel indicators in the evolution of change that involve an increase in permeability toward new understandings may be present in therapies that achieve a good final outcome as well as in those that do not achieve it, because they reflect the initial process of change in subjective theories that needs yet to be consolidated. In that sense, the predominance of CI 9 may be an expression of the tendency of clients and therapists to more easily recall changes that seem more evident or "objective," such as changes in behaviors or expression of new emotions. These are changes that could be foregrounded in the reconstructive recall process, because they could be interpreted by participants as having more visible consequences in clients' everyday life, confirming those changes perceived during therapy sessions. It could be assumed that these "concrete" changes are informed by clients during the process as important achievements, therefore serving as an important feedback to therapists, who could be more attentive to them and access them easily at recollection. This same rationale could be applied to observers as long as it expresses a visible and concrete evidence of change that can makes consensus between raters easier. At the same time, it seems that when considering representation of CI 9, there is no major difference between retrospective recollection and direct observation of the process. This argument is supported by previous findings of Krause et al. (2007), who report that from observers' point of view, the most common extrasession CIs across therapies were CIs 9 and 13. When considering both studies, we can conclude that from the three perspectives the most clearly generic indicator is CI 9.

Clients and therapists also agree in reporting a low proportion of initial CIs belonging to Category I in both types of therapies (with and without change). This may respond to the fact that these initial CIs relate to the structuring of the conditions that make possible subsequent changes in subjective theories (acceptance of therapy and initial opening); therefore, they may not be perceived by clients and therapists as changes in themselves, not registering them in their memory as significant events.

Meanwhile, therapists and observers show a significant level of agreement on the frequency distribution of the three categories of CIs in both outcome groups. Observers report significantly more initial CIs than therapists, and therapists report significantly more midlevel CIs than observers, while both report a small proportion of high-level indicators. This may be partially explained by the previous argument about what therapists may consider remarkable changes as well as by the greater accuracy from observers' perspective as a consequence of direct observation. Observers have access from the beginning to the moment-to-moment unfolding of the process, in which the initial level changes referred to the establishment of the therapeutic relationship acquire significance for the continuation of the therapy. These results also suggest that there is a difference between being a therapy participant and an external observer in the way the therapeutic process is evaluated.

Disagreement between perspectives is present on the dimensions of amount of changes perceived, on their temporal location, and on their content. Clients clearly disagree with therapists and observers by recalling more changes in successful therapeutic processes. These results contradict the hypothesis that client–therapist agreement relates positively to clinical change. A possible way to interpret it is by considering that the changes that occurred during therapy take place in the client, so he or she is the best informant of how this process unfolds and extends in time. As has been suggested by previous studies (Krause, 2005), clients continue consolidating the changes achieved after therapy termination and may actively use the information acquired during therapy in different areas of their lives (Martin & Stelmaczonek, 1988). Therefore, their retrospective evaluation of the changes acquired while being in therapy may include these posttherapy changes as prolongations or further developments of the ones undergone during therapy. Instead, therapists and observers have no access to this information and the continuing change process of the client, thus informing only what they could perceive and observe during the actual therapeutic process.

With regard to disagreement on the temporal dimension of change, the low level of agreement between clients and therapists on their identification of the same exact change moments supports previous findings. The level of match in this study is slightly lower compared with the studies of Cummings, Martin, et al. (1992), Cummings, Hallberg, et al. (1992), Kivlighan and Arthur (2000), and Helmeke and Sprenkle (2000). This may be explained by the fact that in this study there was a temporal gap between the sessions where the change moments took place and the follow-up interview in which they were identified by participants. Meanwhile, in the previous studies, participants either identified specific events immediately after the session ended or with the help of session videotapes after a period of time. It is nevertheless striking that a considerable portion of the change moments identified in this study did coincide, suggesting their significance for both participants during the process, as has been discussed by Cummings et al. (1992). However, the lack of association between match on specific moments and therapeutic

outcome found in this study differs from the positive association between match and session effectiveness found by Cummings, Martin, et al. (1992), Cummings, Hallberg, et al. (1992), and Kivlighan and Arthur (2000). This can be partially explained by the fact that these studies assessed outcome through the rating of session helpfulness, while in the present study outcome is measured through the effectiveness of therapy as a whole. This assumption is supported by the study of Helmeke and Sprenkle (2000), in which the low level of agreement among participants on their identification of pivotal moments did not affect clients' overall satisfaction with the therapy and the therapist at the end of the process. It is also possible that the results of this study be affected by the criteria used for defining positive and negative outcome, which considered only the RCI of the OQ-45.2., but not the CS (i.e., whether subjects ended up in the functional or the dysfunctional population). Perhaps if both criteria were considered, results would show more differences between the different outcome groups and the level of convergence in recall of specific change moments.

Disagreement on the content of change is found on different analyses. First, clients differ from therapists and observers in reporting CI 13 (a midlevel change) as highly represented along successful therapies, thus supporting the hypothesis about a greater amount of higher level changes reported by clients than therapists. The transformation of the client's way of valuing and feeling about aspects of him- or herself or significant others, implied in this indicator, refers to a change that comprises predominantly cognitive and affective elements rather than behavioral ones, being therefore less evident or "marked" from therapists' and observers' perspective than more manifest CIs like 9. It is also possible that clients remember these types of changes better because they comprise an emotional component associated with this new way of seeing things that "records" the event in a clear way. At the same time, within the midlevel CIs belonging to Category III, CI 13 involves a higher level of elaboration and consolidation of previous and less complex ones, a process that may have continued to unfold after therapy termination and that only clients have access to from their subjective evaluation, supporting the assumption that clients are better informants of their own process of change. This gives support to the value of clients' subjective experience as a source of empirical data, based on their privileged situation of protagonist of the therapeutic endeavor (Clark et al., 2004; Elliott, 1984; Elliott et al., 2001; Levitt et al., 2006).

In this analysis, observers are the only group that report a predominance of initial level CI 5 (questioning of habitual understanding, behavior, and emotions) in the group of successful processes. Again, this could be a consequence of their immersion in the moment-to-moment process through direct observation. CI 5 is the first indicator of the process of "cracking up" and questioning usual ways of understanding the problem; therefore, it could be registered by observers as a significant marker of change during the moment-to-moment process of therapy. Instead, clients and therapists make a retrospective evaluation of the therapeutic process, in which higher level changes originally developed from this initial "cracking up" acquire more salience, as in the case of CI 13 in clients' reports. This argument is also supported by the comparison between clients and observers on the frequency of grouped CIs reported, where observers report significantly more Category I CIs than clients in successful therapies. It seems that direct observation makes a difference with retrospective reconstruction of the process, at least when comparing clients with observers.

Finally, the considerable representation of CI 8 (discovery of new aspects of self) in therapeutic processes with no change, according to only clients and observers, may indicate that therapists may not consider these kind of changes that imply a certain degree of introspection as being present in unsuccessful therapies. In that sense, it may be easier for them to see concrete and manifest changes as in CI 9 in therapies with a good outcome. On the other hand, the absence of a significant representation of higher level changes in this outcome group from all perspectives may indicate that what may characterize these no change therapeutic processes is that the middle-level changes that may take place do not develop into highly complex ones that can be picked up by a measure as the OQ-45.2.

Although clients and therapists agree in reporting a small amount of Category III CIs in successful therapies, they disagree when it comes to therapies that did not achieve change. In these therapies, clients report more CIs belonging to Category III compared with therapists; thus, the hypothesis of a greater convergence associated with positive therapy outcome is supported as well as that of clients identifying higher level changes than therapists. It is possible that between therapy termination and follow-up clients may have consolidated previous changes that therapists have no access to, thus reporting them in their evaluation of the therapeutic process.

When taking into account the agreement between clients and therapists on the content of change, especially in the case of successful therapies, and considering the low rate of temporal match found,

we may consider that our first hypothesis is supported. It seems that, when considering clients and therapists tend to agree more on the content of what is changing than on the accurate recall of specific change moments. This coincides with the results of Martin and Stelmaczonek (1988) of greater agreement between participants on the categories of the most frequent important events than on the exact same relevant events in spite of a postsession identification of these events.

As the results of this study show, the analysis of the therapeutic change from different perspectives and methodological approaches and along different dimensions throws a more complex picture that highlights different aspects according to the position taken to observe it. In that sense, the question about the relationship between agreement and outcome can only be answered positively when comparing clients' and therapists' perspectives and considering the content dimension of change. They observe the same kinds of changes present in therapies that achieve change, but they disagree on this issue when change is not achieved. This agreement on what has changed during therapy may reflect, as discussed by Kivlighan and Arthur (2000), a good therapeutic alliance and a good level of interpersonal attunement, which, in turn, may have a positive impact on therapeutic outcome. This also underscores the value of studying the specific content of the change moments as a means to better inform clinicians on what can be useful in therapy. In that sense, the present study supports the empirical value of the hierarchy of generic CIs for the evaluation of the content of change.

As the present results have revealed, client–therapist convergence on change moments confirms previous findings that indicate a low proportion of agreement on the temporal dimension of these changes (Cummings et al., 1992; Helmeke & Sprenkle, 2000; Martin & Stelmaczonek, 1988). In that sense, future studies examining this aspect of convergence will most probably find similar results. This questions the further utility of continuing analyzing convergence exclusively from this perspective if it seems unrelated to therapy outcome, as has been reported in this study. Instead, the analysis of convergence on the contents of change using the hierarchy of generic CIs opens up new possibilities for our further understanding of convergence and its relation to outcome.

The mayor limitations of this study comprise the sample size, which although sufficient to draw the discussed results, does not allow a greater distribution of the different CIs along the three perspectives and the 27 therapeutic processes. With a larger sample, a statistical analysis of the frequency of report of all the 19 CIs, without grouping, could have been possible. This would perhaps have given more detailed information on how the 19 CIs behave individually from each perspective in relation to convergence and to therapy outcome. In that sense, the results of this study need to be complemented with future results from other groups of therapies in order to contrast or confirm these data. Another limitation has to do with the time period between therapy and the follow-up interview to clients and therapists, which introduces the issue of reconstructing the therapeutic process rather than being immersed in it as it unfolds. A postsession evaluation may increase the level of participants' accuracy on their report of the change process and, in turn, increase the level of convergence with observers. Although this study found that in some aspects retrospective recall does not differ much from direct observation, in other aspects it does. Probably if therapy participants evaluated therapy from a short distance, as observers do, some of the questions posed in this study might be more clearly answered.

Acknowledgements

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Note

[1] Of the 27 clients interviewed, two from a drug abuse group therapy, one from a family therapy, and one from a couple's therapy were interviewed between 8 and 15 months after therapy termination because of difficulties in contacting them. In the case of one of the individual psychodynamic therapies, follow-up interviews of client and therapist were repeated to complement initial information that could not be analyzed as a result of audiotape malfunctions.

References

Arístegui, R., Reyes, L., Tomicic, A., Krause, M., de la Parra, G., Ben-Dov, P., et al. (2004). Actos del habla en la conversación terapéutica [Speech acts I the therapeutic conversation]. *Revista Terapia Psicológica*, *22*, 131–143.

Clarke, H., Rees, A., & Hardy, G. E. (2004). The big idea: Clients' perspectives of change processes in cognitive therapy. *Psychology and Psychotherapy: Theory, Research and Practice*, *77*, 67–89.

Cummings, A. L., Hallberg, E. T., Slemon, A., & Martin, J. (1992). Participants' memories for therapeutic events and ratings of session effectiveness. *Journal of Cognitive Psychotherapy*, *6*, 113–124.

Cummings, A. L., Martin, J., Hallberg, E., & Slemon, A. (1992). Memory for therapeutic events, session effectiveness and working alliance in short-term counseling. *Journal of Counseling Psychology*, *39*, 306–312.

de la Parra, G., & von Bergen, A. (2001, June). *Administration of the Outcome Questionnaire OQ-45.2 in Santiago, Chile: Validity, reliability, applicability, normative data and clinical projections*. Paper presented at the 32nd International Congress of the Society for Psychotherapy Research, Montevideo, Uruguay.

de la Parra, G., von Bergen, A., & del Río, M. (2002). Primeros hallazgos de la aplicación de un instrumento que mide resultados psicoterapéuticos en una muestra de pacientes y de población general [Preliminary findings of the application of an instrument that measures psychotherapeutic results in a sample of patients and general population]. *Revista Chilena de Neuropsiquiatría*, *40*, 201–209.

Elliott, R. (1984). A discovery-oriented approach to significant change events in psychotherapy: Interpersonal process recall and comprehensive process analysis. In L. Rice & L. S. Greenberg (Eds.), *Patterns of change: Intensive analysis of psychotherapy process* (pp. 249–286). New York: Guilford Press.

Elliott, R. (1991). Five dimensions of therapy process. *Psychotherapy Research*, *1*, 92–103.

Elliott, R., Slatick, E., & Urman, M. (2001). Qualitative change process research on psychotherapy: Alternative strategies. In J. Frommer & D. L. Rennie (Eds.), *Qualitative psychotherapy research: Methods and methodology* (pp. 69–111). Lengerich, Germany: Pabst Science.

Fitzpatrick, M. R., & Chamodraka, M. (2007). Participant critical events: A method for identifying and isolating significant therapeutic incidents. *Psychotherapy Research*, *17*, 1–6.

Garfield, S. L. (1990). Issues and methods in psychotherapy process research. *Journal of Consulting and Clinical Psychology*, *58*, 273–280.

Gazzola, N., Iwakabe, S., & Stalikas, A. (2003). Counsellor interpretations and the occurrence of in-session client change moments in non-dynamic psychotherapies. *Counselling Psychology Quarterly*, *16*, 81–94.

Greenberg, L. S. (1999). Ideal psychotherapy research: A study of significant change processes. *Journal of Clinical Psychology*, *55*, 1467–1480.

Greenberg, L. S. (2007). A guide to conducting a task analysis of psychotherapeutic change. *Psychotherapy Research*, *17*, 15–30.

Groeben, N., Wahl, D., Schlee, J., & Scheele, B. (1988). *Das Forschungsprogramm Subjektive Theorien: Eine Einfu hrung in die Psychologie des reflexiven Subjekts* [Subjective theories of the research program: An introduction into the psychology of the reflexive subject]. Tubingen, Germany: Francke.

Helmeke, K. B., & Sprenkle, D. H. (2000). Clients' perceptions of pivotal moments in couples therapy: A qualitative study of change in therapy. *Journal of Marital and Family Therapy*, *26*, 469–483.

Hill, C. E. (1990). Exploratory in-session process research in individual psychotherapy: A review. *Journal of Consulting and Clinical Psychology*, *58*, 288–294.

Kivlighan, D. M., & Arthur, E. G. (2000). Convergence in client and counselor recall of important session events. *Journal of Counseling Psychology*, *47*, 79–84.

Krause, M. (1992). Efectos subjetivos de la ayuda psicológica—Discusión teórica y presentación de un estudio empírico [Subjective effects of the psychological aid—Theoretical discussion and presentation of an empirical study]. *Psykhe*, *1*, 41–52.

Krause, M. (1998). Construcción y transformación de teorías subjetiva a través de la psicoterapia [Construction and transformation of subjective theories through psychotherapy]. *Terapia Psicológica*, *7*, 29–43.

Krause, M. (2005). *Psicoterapia y cambio. Una mirada desde la subjetividad.* [Psychotherapy and change. A subjective perspective]. Santiago, Chile: Ediciones Universidad Católica.

Krause, M., & Cornejo, M. (1997). Psicoterapia y percepción de cambios: Su expresión en metáforas [Psychotherapy and perception of changes: Its expression in metaphors]. *Terapia Psicológica*, *6*, 83–91.

Krause, M., de la Parra, G., Arístegui, R., Dagnino, P., Tomicic, A., Valdés, N., et al. (2007). The evolution of therapeutic change studied through generic change indicators. *Psychotherapy Research*, *17*, 673–689.

Krause, M., de la Parra, G., Arístegui, R., Tomicic, A., Dagnino, P., Echavarri, O., et al. (2006). Indicadores de cambio genéricos en la investigación psicoterapéutica [Generic change indicators in psychotherapeutic research]. *Revista Latinoamericana de Psicología*, *38*, 299–325.

Lambert, M. J., Hansen, N. B., Umpress, V., Lunnen, K., Okiishi, J., & Burlingame, G. M. (1996). *Administration and scoring manual for the OQ-45.2*. Wilmington, DE: American Professional Credentialing Services.

Levitt, H., Butler, M., & Hill, T. (2006). What clients find helpful in psychotherapy: Developing principles for facilitating moment-to-moment change. *Journal of Counseling Psychology*, *53*, 314–324.

Mahrer, A. R. (1988). Research and clinical application of "good moments" in psychotherapy. *Journal of Integrative and Eclectic Psychotherapy*, *7*, 81–95.

Mahrer, A. R., & Boulet, D. B. (1999). How to do discovery-oriented psychotherapy research. *Journal of Clinical Psychology*, *55*, 1481–1493.

Mahrer, A. R., & Nadler, W. P. (1986). Good moments in psychotherapy: A preliminary review, a list, and some promising research avenues. *Journal of Consulting and Clinical Psychology*, *54*, 10–15.

Marmar, C. R. (1990). Psychotherapy process research: Progress, dilemmas, and future directions. *Journal of Consulting and Clinical Psychology*, *58*, 265–272.

Martin, J., & Stelmaczonek, K. (1988). Participant's identification and recall of important events in counseling. *Journal of Counseling Psychology*, *35*, 385–390.

Shoham-Salomon, V. (1990). Interrelating research processes of process research. *Journal of Consulting and Clinical Psychology*, *58*, 295–303.

Timulak, L. (2007). Identifying core categories of client-identified impact of helpful events in psychotherapy: A qualitative meta-analysis. *Psychotherapy Research*, *17*, 305–314.

Timulak, L., & Elliott, R. (2003). Empowerment events in process-experiential psychotherapy of depression: An exploratory qualitative analysis. *Psychotherapy Research*, *13*, 443–460.

Williams, E. N., & Hill, C. E. (2001). Evolving connections: Research that is relevant to clinical practice. *American Journal of Psychotherapy*, *55*, 336–343.