

INTRODUCTION

Over the past several decades, there has been a surge of interest in psychotherapy, specifically in the question of whether it actually works and, if so, how it works. As a result of more recent research, there is now little dispute over the fact that psychotherapy works (see Chapter 1); however, there remains intense interest in the question of *how* it works. This book is about unifying effective approaches to psychotherapy—that is, finding the common process underlying all therapeutic change.

The task of unifying effective approaches to different psychological problems would be straightforward if there were clear agreement on the question of “what is effective” in psychotherapy. All effective treatments would link with each other in some basic ways, both theoretically and practically. One treatment approach would have been found most effective for each problem. We would simply note which “active ingredients” to apply to each problem. It would be like arranging the medications in our medicine cabinet.

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Unifying Effective Psychotherapies: Tracing the Process of Change, by J. S. Fraser

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One medication might be best for headaches, another for body aches, still another for stomach upset, another for itching, and so on.

However, rather than finding one approach that works best for each different psychological problem, we have gradually found that there are many equally effective approaches for a wide range of problems. Furthermore, many of these equally effective treatments grow out of very different premises or theories explaining the nature of problems and their resolution. How can this be? This question has launched an intense debate in the psychotherapy literature. One camp advocates that the specific ingredients of each effective treatment are the key to their effectiveness—and they present strong data to back up their claims. Another group that is just as intense in its positions advocates for common factors present in all effective psychotherapy as the keys to effective treatment—and they present equally compelling research to back up their claims.

Although this debate has raged on, governmental agencies, third-party payers, community agencies, and practice groups have converged in supporting the idea of evidence-supported psychotherapy. Who can argue with the idea that practitioners should offer only those treatments that work for the problems at hand? However, practitioners have found themselves overwhelmed by the growing number of evidence-supported approaches available. How can they learn them all? Furthermore, they have often found many of these approaches not to be a good fit with their own training or personal qualities, expertise, or approach to treatment. What's more, how can practitioners integrate different effective treatments that are often based in such different premises on the nature of problems and their resolution? Things might be different if there were one common definition of problems and their resolution that linked with therapeutic rationales and related procedures for effective treatment. At present, this is simply not the case. Furthermore, the debate rages on over what works in psychotherapy and how to integrate treatments that work, both conceptually and practically. This book aims to address this debate and offer a process for resolution. It argues that the key to unifying effective psychotherapies is tracing the process of change.

The recent intense debates in the literature and in practice are reminiscent of what Thomas Kuhn (1976) termed a *paradigm shift*. Paradigms represent the premises and related practices of fundamental points of view on how to describe, investigate, and practice within a chosen area of interest. For example, we are all immersed in a so-called positivist paradigm, which assumes that we discover the truth from interacting with our experienced world. This view has always tended to work for us. We learn not to bump into walls and to go through doors instead. This positivist paradigm has also fueled our work across sciences, particularly in medical fields, where rational–empirical methods and clinical trials comparing alternate treatments prevail.

The area of psychotherapy has adopted this positivist paradigm and its medical model and clinical trials methods as it has perused answers to what works in psychotherapy. As we have seen, this has recently led to confusion and intense conflict, both in the literature and in practice. However, alternate paradigms commonly coexist. When researchers find increasing examples of data that don't fit the current paradigm's predictions, then confusion and conflict prevail until an alternate point of view emerges that fits the data as well or better. This is the current state of psychotherapy.

The purpose of this book is to uncover a unifying perspective that explains the nature of client problems and their resolution and integrates psychotherapies that work for these problems. My goal is to find out what they all share. Along this journey, I consider an alternative paradigm that has a long history. The alternative paradigm is that of process. I refer to it as a *process of change perspective* because its basic premise is that everything we experience in our lives is in the process of change. As I discuss at length, change often creates distress for our clients, and change is what they seek in therapy. Change is also our goal as practitioners. Therefore, if change is at the heart of clients' problems and the target of effective treatment, then it makes sense to adopt a perspective with change at its core. The thesis of this book is that following the process of change will help integrate effective psychotherapies.

The book comprises three parts. In Part I, I track the journey taken so far by researchers addressing what works in psychotherapy. I look at progress made in research addressing evidence-supported psychotherapy and travel through intense debates to some recent suggestions for resolution (Chapter 1). These suggestions encourage using flexibility and fit in matching the best treatments to problems, clients, and therapists. I then look closer at how to find the "truth" about what works, and I describe alternative views on the nature of human interaction (Chapter 2). I also present a long-standing alternate paradigm, termed a *process view*, that has existed in parallel to the prevailing positivist perspective for centuries. I suggest that this alternate paradigm, which incorporates the nature of change (Chapter 3), the idea of process-based systems (Chapter 4), and the influence of context (Chapter 5), explains the common process underlying all effective psychotherapies.

With this alternate process view in hand, chapters in Part II examine the therapies that work for a range of different psychological and interpersonal problems to see whether the predictions of the process of change view hold up as a "golden thread" running through and connecting them all. I address evidence-supported treatments for anxiety (Chapter 6), depression (Chapter 7), posttraumatic stress disorder (Chapter 8), and the interpersonal problems between couples (Chapter 9) and among family members (Chapter 10). If the predictions of the process of change paradigm fit the

data on all of these evidence-supported approaches across all of these problem areas, then a strong case will emerge for using it in the future to unify effective psychotherapies.

Part III translates this process view into clinical practice. Consisting of one final chapter (Chapter 11), this part offers a practical way to apply the process view to clinical practice, and it illustrates this application using a case example through an initial session. It recounts a live demonstration video from the APA Psychotherapy Video series (see *The Process of Change in Integrative Psychotherapy*; <http://www.apa.org/pubs/videos/4310979.aspx>). In the video, I conduct a consultation session, during which I build a strong working alliance and apply numerous evidence-supported interventions.

This example and these models are just that—only models extrapolated from the process view.¹ It will remain for the field, and for you as a reader, to see whether this alternative view will fit the task of integrating psychotherapies that work.

¹For this book, several identifying aspects of the cases have been altered to preserve confidentiality.