1. AIMS AND OBJECTIVES
Two key questions posed in the Medical Research Council’s latest guidance on ‘Developing and evaluating complex interventions’ (2008) are addressed in this study:

(1) Does the intervention work in everyday practice?
(2) What are the active ingredients within the intervention and how are they exerting their effects?

Following this, the specific questions to be answered by this research are:

(a) Can observed changes be reasonably attributed to the therapy process?
(b) What are the principles of change that are common across modalities or specific to a particular approach?
(c) How does change occur: what are the mediators and causal mechanisms explaining observed change?

2. METHOD
(a) Design

- First, the Hemeneutic Single Case Efficacy Design (HSCED) developed by Elliot (2002b) is employed to build a rich case record of the therapy process in each case. Quantitative and qualitative data is collected, and triangulated across sources and time points.
- Second, a process of abductive reasoning is used to draw inference to the best explanation from competing theories presented.

(b) Measures: building a rich case record

- Background information: demographics, diagnosis, history and duration of problem, presenting problems, medication.
- Quantitative Outcome Measures - the General Health Questionnaire (Goldberg, 1978), the Beck Depression Inventory (Beck, 1969) and the CORE-COP, given to participants at the start, middle and end of therapy.
- Weekly Outcome Measures - the Simplified Personal Questionnaire (SPQ - Elliot, Shapiro & Mack, 1999), an individualised target complaint measure created using 10-point distress rating scales completed at each session.
- Qualitative Outcome Measure - a semistructured interview (Elliot, Polman & Ilett, 2001) which is conducted at the mid-point and end of therapy. The interview asks the client about changes since therapy began, their attributions for the changes, and the helpful and hindering aspects of therapy.

- Qualitative Change Process Data: The Hopeful Aspects of Therapy (HAT) form (Lewellyn, 1986) is used to assess change process data about significant events on a weekly basis.
- Direct information about Therapy Sessions - Therapist process notes and the therapist post-session evaluation form are completed weekly for mapping to client self-report measures.

(c) Participants

- Three clients from three Psychological Therapies Service – one from each modality (Cognitive Behavioural Therapy, Personal Construct Therapy and Experiential Therapy) – were included in the study.
- The therapists were Clinical Psychology trainees in their first year of training on a year long placement within the service.
- The researcher was a final year trainee on the doctoral programme in Counselling Psychology, and worked in the service as an honorary clinician in training.

(d) Procedure

- From the rich case record established, data sources are triangulated and examined to establish evidence for change in each case.
- Drawing on criteria from the HSCED method (Elliot, 2002b), evidence for therapy-process factors, client factors, external factors, and evidence for insufficient/insufficient change are sought.
- These methods assist in the extraction of the phenomena from the data. In all three cases change data was collected.
- Abductive Reasonings methods (Haig, 2005) were used to generate and develop competing theories for change.
- The theories were appraised using Thagard’s (1987) criteria to draw inference to the best explanation (Haig, 2009).

The process of abductive reasoning is illustrated above, and elaborated on the right for each of the three cases.

4. CONCLUSIONS

- All three cases argue that therapy contributed to changes in clients.
- Theory development suggested that changes in therapy were analogous to different forms of learning processes.
- Relational aspects including social biases, expectancy effects and client/therapist factors were active contributors to change.
- Therapy-process factors and relational factors were not mutually exclusive.
- Factors common across different modalities are impacting substantially on outcome.
- What is specific to each modality is the execution of the common factor, rather than the factor itself being distinct or unique to a modality.

5. REFERENCES

[References provided in the text and are not listed separately in the document.]

6. 3. RESULTS AND ANALYSIS

PCP CASE

- Phenomena Detection
  Changes: improved self-esteem, increased motivation, increased social interaction, management of anger,2 asking for support, expressing feelings to others, insight, and self-discovery.

- Theory Generation
  Theory 1 - Therapy Process Factors
  Therapy as a process of reflection, adjustment and experimental causality contributed to the changes in the client.

- Theory Development
  Analogy: Exploratory learning theory
  Generic experience, reflective observation, abstract conceptualisation, and active experimentation

- Theory Approval
  The theory has breadth as it explains different domains of therapy and experimental causality across a variety of instances where the theory fits.
  It is applicable to empirical assumptions are needed except for an hypothesis to account for client’s emotional processing. The theory is strengthened by analogy to other theories which strengthens the theory, and deepened by mechanisms such as problem solving and an active method two.
  Therefore, it is found to be approximately true.

- Inference to the Best Explanation
  Therapy as a process of experiential learning is found to be the best explanation for client’s changes. Client expectations into outcome are found to be a complete subset of this theory, and possible pre-condition to the effectiveness of learning.

EPT CASE

- Phenomena Detection
  Changes: courage to be who one feels they are (Authenticity), increased motivation, increased openness to new experiences, an increase in the perception of independence, increased concern for others (what others think of her new way of being), shift in attitude around certain aspects of the self, improved sleeping pattern, sense of freedom from burdens, sense of happiness, sense of emotional control, client has a new job, client’s ending of long-term relationship.

- Theory Generation
  Theory 1 - Therapy Process Factors
  The discovery of choice and new ways of being in the presence of another causally contributed to the changes in the client.

- Theory Development
  Analogy: Discovery learning
  As developed by theories such as Piaget (1971) and Bruner (1961).

- Theory Approval
  The theory has breadth as a variety of instances are evident in the phenomena. It is simple as no ad hoc hypothesis is required to explain the facts.
  It is strengthened by analogy to discovery learning with shared properties of reflected self-discovery and problem solving, but requires deepening to explain the causal effect of the therapist’s presence and active experimentation.
  This theory is nevertheless approximately true.

- Inference to the Best Explanation
  The first theory offers the best explanation of the phenomena. However, the client factors explained by the second theory and client interactions with the therapist factors and technique variables explained by the first theory to produce the observed change.

CBT CASE

- Phenomena Detection
  Changes: having new strategies to respond differently in situations, increased confidence in communication skills, greater self-help and self-assessment. Less need to be always in a competing situations that cannot be controlled, better management of unexpected changes, Prioritising and less self-criticism for not achieving everything, Positive shifts in automatic negative thinking.

- Theory Generation
  Theory 1 - Therapy Process Factors
  The apprehension of compensatory skills taught in therapy causally contributed to changes in the client (CS Model developed by Heffer, Exner & O’Callaghan, 1996; 1997).

- Theory Approval
  The theory has breadth as a variety of instances are evident in the phenomena. It is simple as no ad hoc hypothesis is required to explain the facts.
  It is strengthened by analogy to compensatory skills and technique variables explained by the first theory to produce the observed change.

- Inference to the Best Explanation
  The theory is found to be approximately true.

- Theory Development
  Analogy: Instructional design
  Main component: problem solving and guided discovery

- Theory Approval
  The theory has breadth as a variety of instances are evident in the phenomena. It is simple as no ad hoc hypothesis is required to explain the facts.
  It is strengthened by analogy to instructional design and technique variables explained by the first theory to produce the observed change.

- Inference to the Best Explanation
  The theory is found to be approximately true.

There are a variety of instances which give this therapy a breadth, but it is insufficient to explain the impact the therapist factors have on the process. Therefore it is not a simple theory. It is analogous to social theories of social desirability and goal orientation which helps to strengthen the theory. These analogous theories deepen the therapy and help to explain why it works. Thus it is considered to be approximately true through less than the competing theory.