

## REVIEW OF TASK ANALYSIS RESEARCH OF SIGNIFICANT EVENTS IN PSYCHOTHERAPY

### REVISIÓN DE LA INVESTIGACIÓN DE EVENTOS SIGNIFICATIVOS EN PSICOTERAPIA MEDIANTE ANÁLISIS DE TAREAS

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#### Abstract

*Task analysis is a process and outcome research method in psychotherapy proposed by Greenberg (1975). This method is intended to a) check the efficacy of a specific technique as applied to a certain in-session event; b) clarify the elements and the process that makes such an intervention effective; c) assess how much the solution of that event contributes to the overall treatment success. The task-analyzed interventions are described at a micro-process level, which facilitates reliable training and the practice of effective techniques applied to a wide range of key events of the psychotherapeutic process. GOAL: To compile and organize all tasks analyzed to date in order to facilitate access to this training and practice resource. METHOD: Literature review of task analysis research programs carried out to date. RESULTS: Thirty-seven task analysis research programs analyzing significant events from the perspective of several psychotherapy models and settings were found. Only five of these have been completed to date, but twenty-six have produced effective intervention models. CONCLUSIONS: Although task analysis is a very expensive psychotherapy research method, it generates highly valuable resources for practice and training in psychotherapy. Every task analysis which has completed the discovery phase produce a refined and empirically supported intervention model.*

Keywords: *task analysis, psychotherapy process, change, psychotherapy training*

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## Resumen

*El análisis de tareas es un método de investigación de procesos y resultados en Psicoterapia propuesto por Greenberg (1975). Este método pretende a) comprobar si una técnica específica es eficaz para la resolución de un evento determinado intra-sesión, b) esclarecer los elementos y el proceso mediante los que esa intervención es eficaz, y c) evaluar en qué medida la resolución de ese evento contribuye al éxito final del tratamiento. Las intervenciones investigadas quedan descritas a un nivel de micro-procesos, lo que facilita mucho la formación de psicoterapeutas en la aplicación fiable de las mismas para la resolución en una amplia gama de eventos clave del proceso psicoterapéutico. Sin embargo, el conjunto de conocimientos generado mediante este método es de difícil acceso por su dispersión. OBJETIVO: Compilar y organizar los análisis de tareas realizados hasta ahora para facilitar el acceso a este recurso formativo y práctico en psicoterapia. MÉTODO: Revisión bibliográfica de los programas de investigación mediante análisis de tareas realizados hasta febrero de 2015. RESULTADOS: Se identifican treinta y siete líneas de investigación mediante análisis de tareas que se dan en diversos modelos y encuadres de psicoterapia. De ellos, solo cinco se han completado, pero veintiséis han generado modelos de intervención manualizados cuya eficacia cuenta con respaldo empírico. CONCLUSIONES: El análisis de tareas es un método de investigación en Psicoterapia muy costoso pero que genera un conocimiento sobre el proceso terapéutico que resulta valioso para la práctica y la formación en psicoterapia, incluso en el caso de aquellos análisis que no se han completado pero que sí han satisfecho la primera de sus dos fases, la fase de descubrimiento.*

Palabras clave: *Análisis de tareas, procesos en psicoterapia, cambio, formación en psicoterapia.*

## INTRODUCTION

### **Task analysis as a research method for significant events in psychotherapy**

The history of Psychotherapy<sup>1</sup> is generally summarized in two research paradigms, *process* and *outcome*, both of which appear in approximately the same period (Caro, 2004; Orlinsky & Russell, 1994). While outcome research has traditionally received the most attention, as it validates the benefits of psychotherapy, there are a series of questions associated with the processes behind therapeutic change that this type of research cannot answer.

Research in Psychotherapy should also provide answers to the following questions: How does psychotherapeutic change occur? At what moment of the interaction between client and psychotherapist is it most likely this change will occur? What kind of change is possible for the client at any given time over the course of treatment? How is it possible to know when the moment has arrived? What intervention is most likely to facilitate this change?

Task analysis (TA) is a research method to analyze processes and outcomes in Psychotherapy that was designed to respond to these questions. More specifically, Greenberg (1975, 1986, 1991, 1999, 2007; Rice & Greenberg, 1984) conceived of TA in order to research in-session problematic events. For Greenberg, research in Psychotherapy cannot be reduced to testing its efficacy; instead, it is also necessary to shed light on its processes, that is, to understand how it achieves efficacy. TA stems from grouping different research methods in Psychotherapy; when combined in a coherent way, this allows processes and outcomes to be studied within a single line of research (Pascual-Leone, Greenberg, & Pascual-Leone, 2009). The goal of TA is to a) determine whether a specific technique or intervention successfully resolves a specific in-session event; b) define the fundamental aspects and the process that makes this intervention effective; and c) assess how the resolution of the event contributes to the overall success of treatment.

### **Description of the task analysis method**

TA is not a method that can be conducted in a single study. Instead, it should be approached as a research program (Greenberg, 1991) that can take approximately ten years to complete. In addition, a TA will require multiple studies in order to advance through the sequence of steps the analysis requires. Greenberg (2007) has described these steps in details but we will briefly summarize them here.

#### ***Discovery-oriented phase (steps 1-6)***

1. *Specifying the task.* The first step occurs when the researcher, based on her own experience as a practicing psychotherapist or that of others, becomes interested in finding the most efficacious intervention for therapeutic success in response to a set of client behaviors that repeat over the course of treatment and which appear to indicate a concrete obstacle to the general process of change. Through observation,

which will initially be intuitive and loosely structured, the researcher will have to identify the explicit client behaviors that constitute markers of this obstacle and, on the other hand, indicators that the client is willing to get actively involved in an intervention aimed at resolving it (Rice & Saperia, 1984). These markers will indicate that the time is right for the intervention to take place during that very session. These must be explicit and observable behaviors that different observers can identify in a reliable way.

2. *Explicating the clinician/investigator's cognitive map.* This step consists of explaining the theoretical principles of the psychotherapy model that the psychotherapist works with.

3. *Specifying the task environment.* The goal here is to describe the intervention the psychotherapist has chosen or designed for the problematic event in question. An intervention manual will be developed to describe the components of the intervention and the application procedure. This manual will be indispensable in the next steps of TA in which different psychotherapists intervene to evaluate how effectively this technique resolves the problematic event. Before moving to the next step, it is also necessary for the investigator to have enough signs of the effectiveness of this intervention for the task at hand. If there are not enough of these signs, a preliminary empirical study or pilot study should be done beforehand; otherwise, it is better not to embark upon a complex investigation of processes when there are doubts as to the effectiveness of the intervention.

4. *Constructing a rational theoretical model.* This step involves conjecturing what it is we believe will happen once the therapist detects an opportunity to intervene in response to a change event and undertake an intervention. A diagram will be drawn that contemplates the most likely alternatives for client-therapist interaction. This step can be conceived of as a sort of "thought experiment" on applying the intervention and its consequences before beginning the empirical study.

5. *Analysis of empirical tasks.* This involves a detailed description of actual performances of the task in which the event was successfully resolved in order to describe its essential components. These components consist of the client behaviors that mark the appearance of the event and the opportunity to intervene; the sequence of behaviors of the psychotherapist and client (their interaction) that characterizes the intervention; and the final outcome of the significant problematic event. This description is based on the observation (audio and video recording) of two groups of tasks applied in actual cases. One group will be comprised of the tasks applied successfully, that is, cases in which the problematic event was resolved. The second group will be made up of cases in which the same intervention was applied in the same task but the problematic event was not resolved. This comparison between resolved and unresolved tasks is what allows us to define the essential components of an effective intervention.

In this step, it is also necessary to come up with reliable measurement

instruments for the essential components of each task. These instruments are generally going to be systems (scales) of structured observation or self-reporting tools administered to clients and psychotherapists before and/or after the recorded session.

6. *Comparing the rational and empirical models.* With the empirical data created in Step 5, the researcher can “refine” the task model rationally drafted in Step 4. In other words, the researcher will adjust the initial theoretical model to the actual way the successfully resolved tasks develop. The result will be a rational-empirical model of the task that specifies: a) what markers—in the client’s behavior and in the context of the interaction with the therapist— indicate that there is an opportunity to facilitate a concrete change, b) what type of intervention is most appropriate in this case, c) what essential components the intervention should include to actually induce change, d) how to measure the occurrence or magnitude of these components, and e) what markers of client behavior will indicate that the change has actually occurred.

Steps 4, 5 and 6 must be repeated in order as many times as necessary to develop a model that accurately reflects the process by which the event in question is efficiently resolved in the therapeutic context.

Greenberg (2007) refers to these six initial steps of the TA research sequence as the *discovery phase* because its main goal is not to prove something but to gather the information needed to discover a reliable model of the process of the task in question.

7. *Explaining the model: theoretical analysis.* In this step, there is a shift in the way client processes are explained from a descriptive to a causal or explanatory level. Once it is clear what processes are behind the change achieved in a given event, the investigator must explain them, that is, formulate a theory on how the intervention leads to change.

### ***Validation-oriented phase (Steps 8 and 9)***

The two remaining steps are the *verification* or *validation phase*, in which the task model’s validity is checked in relation to the outcomes or efficacy of the general therapeutic model.

8. *Validation of the model components (the generalizability of the model).* This step aims to determine whether the efficacy of the model drafted is generalizable to other cases. The researcher must now record and again measure the task’s performance among a sufficient number of clients in treatments carried out by a sufficient number of psychotherapists. The goal is to compare the way tasks occur in both resolved and unresolved events in order to confirm that the resolved events correspond to the theoretical model drafted in step 6 while the unresolved tasks do not. In this case, the model is validated. Unlike what occurred in Step 5, where it was not necessary to test the efficacy of an intervention analyzed with a sufficiently broad sample of cases, here, in the validation phase, statistical comparison tests are

necessary to determine whether the model that Step 6 yielded is capable of predicting what type of client and psychotherapist behaviors will lead to the event's resolution in the task context in question. In this regard, it will not only be necessary to establish a sufficient number of clients to obtain valid and generalizable data: it will also be essential to identify a sufficient number of psychotherapists who carry out the task in question with different clients.

9. *Relating the process with the outcomes.* It is necessary to evaluate whether short-term change—within a session—are associated with long-term changes. If this is the case, the clients who adequately resolved the task in question should receive higher scores on general treatment efficacy measures (reduction of symptoms, greater functional capacity and adaptations, increased psychological wellbeing, etc.) than those who did not adequately resolve the task.

### **Differential and defining characteristics of task analysis as a research method in Psychotherapy**

Greenberg designed this research paradigm in an attempt to overcome different limitations encountered in process and outcome-oriented research in Psychotherapy. In this regard, some of the defining characteristics of TA that we refer to below can be understood as advantages over other traditional Psychotherapy research methods.

1. *Psychotherapy* [i.e. the psychotherapeutic process] *can be broken down into a series of events or episodes, the resolution of which advance the course of therapy and lead to change.* (Greenberg, 1991; Rice & Greenberg, 1984).

2. *Process diagnosis* (Greenberg, 1991). The therapeutic events mentioned above must be defined in a way that allows them to be reliably identified (process diagnosis, which differs from clinical diagnosis) when they appear over the course of therapy.

3. *Bear in mind that the context in which client and psychotherapist behavior occurs in-session in order to truly understand the meaning of these behaviors.* This context will depend on the following parameters: an adequate therapeutic relationship between therapist and client, and the client showing explicit and measurable signs of being in a psychological situation that constitutes an opportunity for change which can materialize if the technique in question is used.

4. *Consider multiple parameters of behavior variability that reflect different dimensions of meaning.* Behavior is a highly complex phenomenon. If we want to ensure that the set of behaviors we are investigating is truly homogenous, we need to check that all its variability parameters coincide. If only some of these parameters coincide, then we may be dealing with behaviors with very different meanings and functions. Valsiner (1995) agrees with Greenberg in this regard.

5. *Questioning the research through randomized trials and the use of control groups to obtain evidence on which interventions successfully produce therapeutic change* (Greenberg, 1991). For different reasons, the client can often participate in the application of the technique as a witness or outsider who remains distant from

the intervention and thus impermeable to its effects. For this reason, in randomized controlled trials on the efficacy of psychotherapeutic interventions, it is very likely that the data obtained in the experimental group will not evidence the therapeutic potential of the intervention in question. Since the investigator must be able to measure how the client is actually involved in the process of the intervention, the methodological strategy to be followed would differ from that of the randomized controlled trials. Instead, the interaction process between client and psychotherapist in cases in which the client demonstrates a therapeutic change as an outcome of the intervention should be compared with other cases in which the client does not reveal any change. This allows the investigator to establish not only whether the intervention in question does or does not produce change but also whether the components of the interaction between the client and therapist are essential to obtaining the therapeutic effect associated with the intervention.

6. *Place more emphasis on a rational/observational methodology* with respect to the refutation stage or the statistic hypothesis test; the latter has been receiving too much attention, as if it alone were responsible for elaborating scientific knowledge (Greenberg & Newman, 1996; Greenberg, 1991).

7. *Comparing the results of the process research with the findings of the outcome research* to assess whether the processes in fact contribute to the outcomes.

### **Usefulness of task analysis for Psychotherapy integration**

In addition to the advantages of TA over other research methods in Psychotherapy presented by the author, we would like to add another one that we believe is important. Although TA was designed by clinicians/investigators clearly affiliated with a specific school of psychology, emotion-focused therapy, this research method itself does not belong to any one model or school of psychotherapy. On the contrary, it has a transtheoretical position with respect to different models. The language employed in TA utilizes concepts that belong exclusively to the realm of scientific methodology (rational analysis, empirical analysis, observation, validation, etc.) and of process analysis (tasks, events, interventions, interaction, etc.). This method can be used to research change events and psychotherapy techniques in any model. The development of specific intervention models for the resolution of different events or tasks derived from different psychotherapy models or schools can be one of the best paths towards integration in psychotherapy (Rice & Saperia, 1984). The goal of this type of research is not to utilize research results to argue why some models are better than others but to contribute to Psychotherapy integration through technical integration, following the different paths to Psychotherapy integration described by Arkowitz (1991).

### **Limitations of Task Analysis**

The principal limitation of TA as a research method was mentioned earlier: the enormous amount of time and effort it requires (Elliott, 2010). A complete TA can

take over a decade of research (Greenberg, 1991). As a result, few researchers are able to commit to research projects of this kind (Pascual-Leone, Greenberg, & Pascual-Leone, 2009) in spite of the fact that its objective—revealing the processes that can bring about psychotherapeutic change and relating these processes with the treatment's final outcome—represent the ultimate goal of Psychotherapy research.

On the other hand, based on the way it is currently formulated, TA is not a process research method apt for certain concrete types of significant change events. TA is useful for researching events that are troubling or egodystonic for the client and emerge in session, but not all of the problems or disorders that lead a person to seek psychotherapy will necessarily occur in session at some point during treatment. For example, the obsessive ideas or compulsive rituals that often plague patients suffering from obsessive-compulsive disorders in their everyday lives may well not occur in the context of the psychotherapy session. For any change processes that cannot be activated in session, TA is not the right research method. (This limitation in relation to this type of events is not exclusive to TA; it applies to any type of process-based research method centered on the in-session context). In this regard, it is important to note that while certain models of psychotherapy “wait” for problematic events to spontaneously emerge in the session before intervening, others—such as emotion-focused therapy—actively work to evoke these client events or egodystonic experiences (emotions) in session in order to intervene. TA is the most adequate research method to research the processes corresponding to this second type of psychotherapy models.

In the general therapeutic process, the resolution of certain tasks requires a cumulative process, even when the right techniques are used to approach them. In such cases, the same intervention must be persistently applied over several sessions (Diamond & Diamond, 2002). For this type of change events or psychotherapeutic tasks that cannot be successfully resolved in a single session, the limitations of TA become clear.

### **Reviewing task analysis research of significant events in Psychotherapy: An opportune moment**

Forty years have passed since TA was first proposed as a research method in Psychotherapy (Greenberg, 1975) but to date, there has been no extensive review of the scientific advances attained through TA research of significant events. The authors who came closest to a review of this kind are Elliott, Watson, Goldman, & Greenberg (2004). Besides the fact that their work was published a decade ago, it has another limitation: it focuses exclusively on investigations conducted in emotion-focused therapy (the sphere where TA was developed) and thus does not consider research that may have been done on the therapeutic processes of other psychotherapy models.

We considered that it would be very useful to compile all of the tasks that have been analyzed to date, independently of the psychotherapy model that serves as a



basis for the research. First of all, this would provide therapists –especially those that abide by the principles of the psychotherapy integration movement– with a broad catalogue of interventions that have proven successful in handling many of the most common troubling events that can appear over the course of psychotherapy. Secondly, the knowledge that the TA method provides on these effective psychotherapeutic interventions is so descriptive and detailed that it greatly facilitates learning the method, contributing to reliable and highly educational training programs in Psychotherapy. As we noted earlier, the objective of TA is not only to confirm that a specific in-session situation can be therapeutically handled through a specific type of intervention, but also to describe the context and steps that should be followed in order to ensure a successful intervention. In fact, each TA should yield a detailed manual on how the intervention in question should be carried out. For this reason, interventions that have been researched in a TA program provide rigorous training for therapists and a way to assess whether the therapists in training have effectively learned to practice the intervention successfully. A good example of this use of TAs in psychotherapy training is the program proposed by Beitman & Yue (2004) in which therapists learn the three main interventions researched through TA: the *two-chair dialogue* applied to the self-evaluative split, the *empty-chair dialogue* as an efficient intervention for a client's *unfinished business* (Elliott, Watson, Goldman, & Greenberg, 2004), and the *systematic evocative unfolding* applied to *problematic reactions* (Watson, 1996).

Although all this useful knowledge generated by the TAs that we refer to has been published, the dispersal of publications is so great that it can be difficult for professionals who could utilize such knowledge to discover and access it. This dispersal, combined with the difficulties associated with accessing and using this knowledge, is the main problem that this review attempts to address. In keeping with this goal, we propose the following objectives.

## OBJECTIVES

The general objective of this review is to compile the research programs in Psychotherapy through the TA method to date in order to facilitate access to this body of knowledge as a whole, given its usefulness for enhancing the training and practice of Psychotherapy.

A second objective of this work is to review the set of the compiled TAs in order to classify them according to the following criteria: the significant problematic events they address, the interventions or tasks analyzed, and the specific publications psychotherapists should refer to in order to enhance their competence in each of these psychotherapeutic tasks.

Finally, as mentioned earlier, since a TA involves a research program that can take years to complete, this review also aims to determine the degree of completion of the TAs that have begun to date. This will make it easier to know which TAs have already generated intervention models sufficiently tested for their incorporation to

psychotherapy training programs.

## METHOD

This review consists of an additive data study (Fernández-Ríos, and Buela-Casal, 2009).

For the identification of all publications that have reported TAs conducted to date, we first selected all articles published up to February 2015 and included in the PsycINFO database whose titles or summaries include the expression *task analysis*. From the documents obtained in this search, we started by eliminating those that did not deal with Psychotherapy; we then deleted those that were exclusively theoretical reflections on TA as a research method (research that did not involve the use of TA for the investigation of a specific significant event) and those that only mentioned TA in passing. This way, we reduced our selection to empirical research reports on the use of TA in Psychotherapy. We then proceeded to search for all reports on research conducted with TA that were cited in the publications gathered during the first step of the process but not detected in our initial search. We followed the same selection process for these new publications and then searched them for citations of other research reports on TA; we repeated this process until we had exhausted all options.

The publications we selected in this process were later grouped according to the psychotherapeutic task each analyzed. Each of these publication groups reports on an independent TA.

Finally, each group of publications or TA was reviewed to determine the most advanced step each had reached in the nine-step methodological sequence that, as mentioned earlier, constitutes a TA according to Greenberg (2007). We then inferred the step each research area had reached from the publications reporting on each TA, since this information is generally not mentioned explicitly in the texts; on rare occasions, the publications may state whether the research is focused on the discovery or validation phase. In order to classify the TAs based on their degree of completion, we established the three categories described below.

TAs that have reached a proposal for a rational or theoretical model for task resolution based on the authors' clinical experience or observation of different real-life cases of task resolution were assigned a "4" (step number four of the nine steps of a full TA).

We gave a "6" to TAs that have completed an initial theoretical model of the task (step four) as well as a subsequent empirical comparison to refine the model. This empirical comparison, which we referred to earlier in the text, is done by selecting a sample of audiovisual recordings or records of real cases where the task in question is resolved successfully and another sample of recorded episodes in which the event is not adequately resolved. Later, a check is done to confirm whether the initial theoretical model fits with the events resolved successfully and allows them to be differentiated from those that were not. When necessary, the

appropriate changes are made to the initial theoretical model for the task to adjust for the resolved episodes. This way, a refined task model based on empirical data is obtained. A “6” score on a TA thus means that the discovery phase has been completed.

Finally, TAs scored as a “9” not only have an empirically backed task model but are also those in which episodes corresponding to the task and resolved over the course of treatment have been confirmed to contribute to a successful final outcome of the therapy. A score of “9” thus means that the validation phase is finished and thus, the TA is completed.

## RESULTS

To date, thirty-seven research programs have been developed using TA. These lines of research are outlined on Table 1. Each row of Table 1 summarizes one of these thirty-seven lines of research, describing the significant problematic event the task aims to address; the psychotherapy model on which the analyzed treatments are based; the specific psychotherapeutic intervention or technique proposed for the resolution of said event; the publications in which advances have been described through the different phases that comprise a TA; and finally, an estimate of the maximum degree of completion attained by each TA based on the three categories described above. In the cases in which Table 1 does not describe what problematic event, psychotherapy model or technique is being researched, this is because in the publications reporting on these TAs, the authors do not provide this information. The different lines of research are organized in chronological order (by publication year). The expressions between quotes are those used by the researchers of each TA.

*Distribution of the TAs by psychotherapy models.* Nineteen TA models have been developed within the sphere of emotion-focused/experiential-process therapy. An additional seven focus on events in different family therapy models (constructivist family therapy, multidimensional family therapy, structural family therapy, Satir transformational systemic therapy, attachment-based family therapy and integrative family therapy). Five deal with events that appear in variations of cognitive therapy (cognitive therapy, linguistic therapy of evaluation, cognitive analytical therapy, cognitive-behavioral therapy). Three additional TAs have been developed for events addressed in dynamic therapy models (two in short-term dynamic therapy and one in interpersonal dynamic therapy). We also found a TA for events corresponding to three other psychotherapy models: brief relational therapy, short-term group psychotherapy, and exposure therapy through symbolic play. Finally, there are two lines of research in which the events studied have not been connected to a specific psychotherapy model. (This classification of TAs by the psychotherapy models described here yielded thirty-nine instead of thirty-seven because two of the TAs simultaneously examine interventions corresponding to two different models).

*Degree of completion of the TAs examined.* As can be seen in the last column of Table 1, which shows the degree of completion of the TAs identified, the majority

Table 1. Lines of Task Analysis Research in Psychotherapy up to February 2015

Significant (Problematic) Event/ Task Marker	Psychotherapy Model	Task (Intervention or Technique)	Publications	Maximum Step of TA Achieved
"Self-evaluative split", "intrapersonal conflict" or "decisional conflict"	Emotion-focused/ process-experiential therapy	"Two-chair dialogue" or "Gestalt two-chair intervention"	Elliott, Watson, Goldman, & Greenberg, 2004 Sicoli & Hallberg, 1998 Greenberg, 1984 Greenberg, 1983 Greenberg & Webster, 1982 Greenberg & Dompierre, 1981 Greenberg & Rice, 1981 Greenberg & Higgins, 1980 Greenberg & Clarke, 1979 Greenberg, 1979	9
"Distress and indirect request for help to the therapist to [improve] self understanding"	Diverse Models (Psychodynamic-interpersonal psychotherapy/ cognitive-behavioral psychotherapy)	Diverse Techniques "Interpretation" to facilitate insight (in psychoanalytic therapy) and "external reattribution" (in cognitive-behavioral therapy)	Elliott, Shapiro, Firth-Cozens, Stiles, Hardy, Llewelyn, & Margison, 1994 Elliott, 1984	6
"Problematic reactions"	Emotion-focused/ process-experiential therapy	"Systematic evocative unfolding"	Watson, 1996 Watson & Rennie, 1994 Rice & Saperia, 1984	6

"Unfinished business"	Emotion-focused/ process-experiential therapy	"Empty-chair dialogue"	Elliot, Watson, Goldman, & Greenberg, 2004 Greenberg & Malcom, 2002 Malcom, 2000 Greenberg & Foerster, 1996 Paivio & Greenberg, 1995 Greenberg, 1991 Foerster, 1991 King, 1988	9
"Painful emotions"	Emotion-focused/ process-experiential therapy	"Coping with painful emotions"	Greenberg & Bolger, 2001 Greenberg & Paivio, 1998 Greenberg & Paivio, 1997 Bolger, 1996 Foerster & Greenberg, 1995 Greenberg & Safran, 1989	4
"Need to understand the meaning of an emotional experience"	Emotion-focused/ process-experiential therapy	"Symbolization and creation of meaning"	Elliot, Watson, Goldman, & Greenberg, 2004 Clarke, 1996 Clarke, 1993 Clarke, 1991 Clarke, 1989	6
"Ruptures in the therapeutic alliance"	Diverse Models (Emotion-focused/ process-experiential therapy and brief relational therapy)	"Alliance dialogue"	Safran, Muran, & Eubanks-Carter, 2011 Safran, Muran, Samstag, & Winston, 2005 Muran, Safran, Samstag, & Winston, 2005 Elliot, Watson, Goldman, & Greenberg, 2004 Safran & Muran, 1996 Safran, Muran, & Samstag, 1994 Safran, Crocker, McMain, & Murray, 1990	9
-	Short-term dynamic psychotherapy	"Interpretation"	Joyce & Piper, 1996a Joyce & Piper, 1996b Joyce, Duncan, & Piper, 1995 Joyce, 1991	6

"Dysfunctional cognitive appraisals"	Cognitive therapy	"Changing or resolving dysfunctional cognitive appraisals"	Mann, 2000 Berlin, Mann, & Grossman, 1991	6
"Vulnerability"	Emotion-focused/ process-experiential therapy	"Empathic affirmation"	Elliott, Watson, Goldman, & Greenberg, 2004 Greenberg, Rice, & Elliott, 1993	4
"Unclear feeling"	Emotion-focused/ process-experiential therapy	"Experiential focusing"	Elliott, Watson, Goldman, & Greenberg, 2004 Greenberg, Rice, & Elliott, 1993	4
-	Narrative/ constructivist family therapy	"Transformation in the family's construction of the problem"	Coulehan, 1995	6
"Negative parent-adolescent interactions: from impasse to dialogue"	Multidimensional family therapy	"Changing the content and affective tone of the discussion"	Diamond & Liddle, 1999 Diamond & Liddle, 1996	6
"Critical Incident"	Short-term group psychotherapy	-	Hurd, 1996	6
-	Structural family therapy	"Enactment"	Fong, 1999	6
"Unmet expectations"	Satir transformational systemic therapy	-	Chen, Tsai, & Lai, 2001	6

"Traumatic experience (rape by an adult)"	Exposure play therapy	"Resolution of symbolic play therapy narratives of traumatic events"	Kanthers, 2002	4
"Attachment failures between adolescents and parents"	Attachment-based family therapy	"Repairing Attachment ruptures between adolescents and parents"	Diamond & Stern, 2003	4
"Softening of the blamer [in the couple]"	Emotion/process-experiential-focused couple therapy	-	Furrow, Edwards, Choi, & Bradley, 2012 Bradley & Furrow, 2007 Bradley & Furrow, 2004	6
"Non-resolved problematic situations or experiences"	Linguistic therapy of evaluation (cognitive therapy)	"Orders of abstraction"	Caro, 2005 Caro, 2004 Caro, 2003b Caro, 2003a	6
"Rigid beliefs about problems"	Integrated family approach to therapy	"Creating maneuvering room"	Vaughn, 2004	4
"Problem-relevant Experience"	Emotion-focused/process-experiential therapy	"Empathic exploration"	Elliott, Bohart, Watson, & Greenberg, 2011 Elliott, Watson, Goldman, & Greenberg, 2004 Bohart, Elliott, Greenberg, & Watson (2002)	9
"Beginning of therapy"	Emotion-focused/process-experiential therapy	"Alliance formation"	Elliott, Watson, Goldman, & Greenberg, 2004	4
"Attentional focus difficulty"	Emotion-focused/process-experiential therapy	"Clearing a sSpace"	Elliott, Watson, Goldman, & Greenberg, 2004	4
"Meaning Protest"	Emotion-focused/process-experiential therapy	"Meaning work"	Elliott, Watson, Goldman, & Greenberg, 2004	4

"Difficulties expressing feelings"	Emotion-focused/ process-experiential therapy	"Allowing and expressing emotions"	Elliot, Watson, Goldman, & Greenberg, 2004	4
"Hopelessness"	Emotion-focused/ process-experiential therapy	"Resolving hopelessness"	Sicoli, 2005	6
"Attachment injuries in Couples"	Emotion-focused/ process-experiential therapy	"Resolving attachment injuries in couples"	Makinen & Johnson, 2006	9
"Threats to the therapeutic alliance involving the enactment of problematic relationship patterns"	Cognitive analytical therapy	"Resolving threats to the therapeutic alliance"	Bennett, Parry, & Ryle, 2006	6
"Distress"	Emotion-focused/ process-experiential therapy	"Emotional processing"	Pascual-Leone & Greenberg, 2007	6
"Ruptures in the therapeutic alliance"	Cognitive-behavioral therapy	"Resolving ruptures"	Aspland, Llewelyn, Hardy, Barkham, & Stiles, 2008	6
"Trauma"	Emotion-focused/ process-experiential therapy	"Process-experiential narrative trauma retelling"	Breighner, E. S., 2009 Elliot, Watson, Goldman, & Greenberg, 2004	6
"Painful disregulated emotional states or unmet existential needs"	Emotion-focused/ process-experiential therapy	"Self-soothing"	Goldman & Fox, 2010	4



"Anger"	Unspecified model	Diverse techniques ("Focusing on the arousal of reaction" and "focus on interpersonal pain")	Kannan, Henretty, Piazza-Bonin, & Levitt, 2011	6
"Description of interpersonal conflicts"	Short-term dynamic psychotherapy	"Metacommunication"	Austin, 2012	6
"Reluctant adolescents" or "Adolescent engagement" [in family therapy]	Integrative family approach to therapy	"Engaging reluctant adolescents in family therapy"	Higham, Friedlander, Escudero, & Diamond, 2012	6
"Positive Emotion"	Unspecified model	-	Marini, 2013	6

have not yet been completed. Of the thirty-seven TAs identified, we found that five have surpassed the validation phase (step 9 of TA); twenty-one have continued through the end of the discovery phase (step 6); and the remaining eleven have only advanced to the construction of a rational model for task resolution based on clinical experience or unstructured case observation (step 4). Therefore, the discovery phase is complete in twenty-six of the TAs identified (seventy percent).

*Nature of the significant events researched.* As expected, most of the TAs identified deal with significant troubling events, that is, in-session situations which the therapist identifies as markers of an obstacle in the therapeutic process necessitating an intervention. Overcoming such obstacles is viewed as a concrete opportunity to generate change in the subject.

This is not the only option, however, as explained by Pascual-Leone, Greenberg, & Pascual-Leone (2009, p. 528): “The research participants in a therapeutic task to be analyzed could be a client, a therapist, or some relational dyad of people, depending on the identified task for study.” Among the TAs discovered in this review, there are some which apply to an event that only happens to the client, without the therapist’s involvement, and which can lead to a change experience based on how the client handles the event on his/her own. This is the case of the TA carried out by Marini (2013) in relation to positive emotion episodes that a client can experience in session (which explains why the box on intervention/technique is empty on the row assigned to this TA on Table 1). The TA presented by Joyce & Piper (1996a) on the technique of interpretation in short-term dynamic psychotherapy offers another variation on possible events to be analyzed that are not determined by the initial appearance of a “problem” in the session. In this case, the key factor for identifying the significant event analyzed is not a specific type of problematic situation the client expresses but the therapist’s decision, regardless of the reason, to interpret a particular client behavior. The same occurs in the case of the TA by Fong (1999) on the enactment technique in structural family therapy (once again, this is why the box for “significant (problematic) events” are blank in the row corresponding to this TA on Table 1).

## DISCUSSION AND CONCLUSIONS

*Usefulness of the results of this review for the training and practice of psychotherapy.* The results of our research go far beyond presenting how many TAs have been conducted since this method was developed: they can contribute to disseminating and facilitating access to a body of knowledge that we deem valuable for psychotherapists in training and those who train them. Although this knowledge was already available, it remained difficult for a great number of psychotherapy professionals to access due to the notably broad time domain and the dispersal of publications. In this work, our main goal has been to locate, group and organize this knowledge for those it can best serve, making it easier to incorporate TAs in training programs and in an increasingly more research-based practice of psychotherapy.

*How the degree of completion of the TAs influences their usefulness for practice and training in psychotherapy.* Does a TA have to be completed in order to consider the associated intervention model validated for use as part of a training program? What would be the minimum degree of completion required to consider the task model generated by a TA valid? The intervention model generated by a TA could be refined and tested enough for its application and dissemination even if this TA is not yet complete. In fact, once the discovery phase of a TA is finished, it has yielded a refined model of a specific therapeutic intervention or technique that not only works theoretically but has also been validated empirically. The majority of the therapeutic techniques that are ordinarily practiced have not been subjected to such demanding tests. This is because, as discussed earlier, randomized controlled trials evaluate overall treatment without separately assessing the efficacy of each intervention or technique used during this treatment.

Once the discovery phase of a TA is complete, it may already be a reliable and useful resource for psychotherapy training. These TAs provide trainers with a manual with a detailed description of the components that must be considered in order for the technique in question to be efficacious; the moment of the process in which it should be applied; the interactive sequence of client and therapist behaviors that should be expected; and the client behavior markers that will indicate that the task has been successfully resolved. For example, although the task model for *systematic evocative unfolding* designed for the resolution of *problematic reactions* (Watson, 1996) derives from a TA that has only completed its discovery phase, Beitman & Yue (2004) decided to include it in their training program.

On the one hand, we consider it important to clarify that even if the validation phase of a TA is not yet complete, the efficacy of the general psychotherapy model in which the analyzed technique is developed could have already been proven. What the validation phase really proves is not the efficacy of the general model itself but the relationship between the occurrence of successfully resolved significant events at some point in the therapeutic process and the ultimate success of the full treatment. The TA conducted by Joyce and his collaborators on the interpretation technique in short-term dynamic psychotherapy (Joyce & Piper, 1996a, 1996b; Joyce, Duncan, & Piper, 1995; Joyce, 1991) is one good example of this. This TA remains incomplete, although several studies have confirmed the efficacy of short-term dynamic psychotherapy (see, for example, Svartberg, Stiles, & Seltzer, 2004). The same can be said of the TA conducted by Diamond & Liddle (1999, 1996) on how to modify the tone and content of negative parent-adolescent interactions. The discovery phase of this TA is complete but its validation phase is still pending. However, the efficacy of multidimensional family therapy has already been broadly documented (Schaub & cols., 2014; Wevodau, 2013; Liddle, Rowe, Dakof, Henderson, & Grenbaum, 2009).

*The response to TA as a process-outcome research method.* Studies based on TA have yielded multiple lines of research on processes and outcomes in

psychotherapy. As expected, most of these studies have been carried out in emotion-focused therapy or process-experiential therapy, which was created by the author of the TA method. On the other hand, as Elliott (2010) has noted, the fact that TA is identified with this specific model of psychotherapy in which the client is viewed as an active agent of change can make TA incompatible with other theoretical approaches to psychotherapy. This was mentioned earlier in reference to the limitations of TA. However, this review has shown that TA research programs have also been associated with a range of other psychotherapy models (dynamic, cognitive-behavioral and systemic) and settings (individual, family, couple and group therapy). This allows us to confirm one of the main advantages we have noted with regards to TA: its transtheoretical nature and its affinity/usefulness with regards to the psychotherapy integration movement.

*Determining the full series of significant events.* In order to advance towards more profound knowledge of the general therapeutic process by clarifying the significant events that comprise it, we believe it is useful and even essential to determine beforehand what events these are. This initial task requires what could be referred to as a mapping of the psychotherapy process in order to gauge what significant events appear regularly and recur in treatments. The work by Diamond and Diamond (2002) and naturally, the study by Elliott, Watson, Goldman and Greenberg (2004), are two good examples of identifying the sequence of significant change events that would have to be addressed over the course of the general psychotherapy process within the framework of a specific psychotherapy model. This type of work has yet to be undertaken in the majority of psychotherapy models.

*Conclusions.* The TA studies conducted to date have already yielded highly detailed intervention procedures for the efficacious management of up to thirty-seven significant situations or events that can appear over the course of the psychotherapy process. Twenty-six of these psychotherapy task models have proven effective for successfully resolving the task at hand. At the same time, five of these twenty-six effective intervention models have also been proven to make a significant contribution to the ultimate success of the treatment.

Most of these effective task models are framed within emotion-focused therapy, but numerous other psychotherapeutic tasks identified in many psychotherapy models and for different forms of treatment (individual, family, couple and group therapy) have also been studied.

The set of TAs compiled in this review identifies and organizes a body of knowledge that could prove highly useful for training in empirically validated psychotherapeutic interventions.

To advance towards the design of training programs in psychotherapy and increasingly more effective treatments, efforts should be made to identify which significant events constitute the general psychotherapeutic process. At the same time, studies that seek immediate findings in Psychotherapy should gradually give way to more long-term research projects. In spite of their high cost, these long-term

projects allow for a deeper understanding of the processes or concrete interactions between client and psychotherapist that lead to the successive changes which define successful treatments. This knowledge represents the ultimate research objective in Psychotherapy.

## Notes

- 1 When Psychotherapy is capitalized, we are referring to the science and when it appears in lowercase, we are referring to psychotherapy as the practice of an applied field.

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