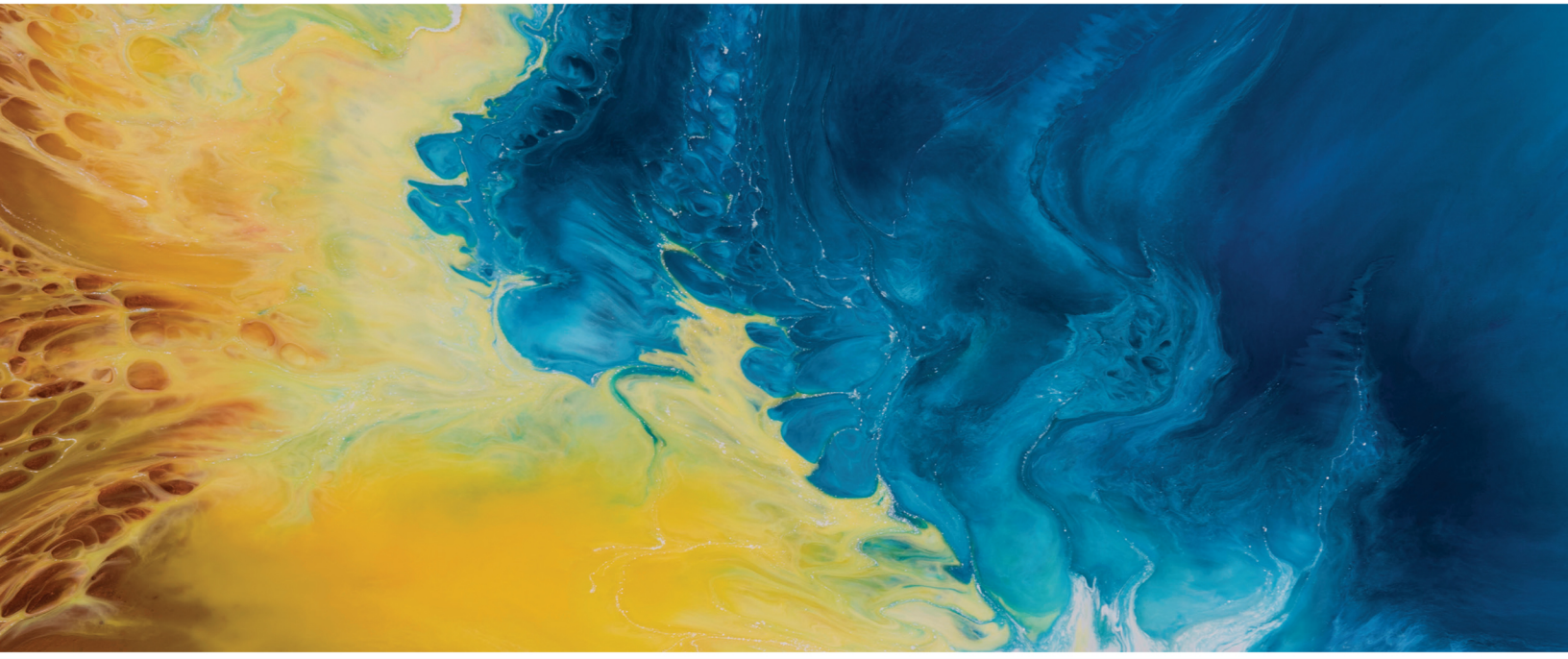
50TH ANNIVERSARY EDITION

BERGIN AND GARFIELD'S HANDBOOK *of* PSYCHOTHERAPY *and* BEHAVIOR CHANGE



EDITED BY

MICHAEL BARKHAM • WOLFGANG LUTZ • LOUIS G. CASTONGUAY

WILEY

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We dedicate this 50th anniversary edition of the Handbook *to the vision and scholarship of Allen E Bergin and Sol L Garfield.*

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Foreword

This Foreword is addressed particularly to the younger generation of researchers, clinicians, and professors in the many parts of the world where this *Handbook* may be useful. I recall vividly my experience in 1967, as a young 33-year-old professor in the Clinical Psychology Doctoral Program at Teachers College, Columbia University in New York. It seemed that the evidence to support then-current therapeutic interventions was unclear. A systematic summary of data was needed to guide our work and to stimulate innovation or remediation where needed. I thus began to assemble every bit of solid evidence pertinent to our clinical work.

Fortuitously, working as a clinical psychologist within an educational institution brought me in contact with a path-breaking volume on the efficacy of educational methods edited by Nathaniel Gage, titled *Handbook of Research on Teaching*. Reading that book prompted the thought that something similar could and should be done for "psychotherapy," another applied intervention method, with techniques similar to the educational process.

I thus began to assemble every bit of good evidence I could find regarding the efficacy and safety of psychotherapy techniques. Even in those early days, it became obvious that there was a research literature more abundant than one person could master in a reasonable time-period. Consequently, I asked a senior colleague and director of our Doctoral Program, Sol L. Garfield, to assist me in the effort. As an established leader in the field and an accomplished writer, he provided the wisdom, encouragement, and contacts that were essential to the project. He became a treasured friend and collaborator. With his kind and competent reassurance, *The Handbook* became much more than it would have been through my effort alone.

The first edition appeared in 1971, published by the prominent international book company John Wiley and Sons, which had also printed the *Handbook of Research on Teaching*. Both books have gone through multiple editions. The *Bergin & Garfield Handbook* appeared in 1971, 1978, 1986, and 1994, followed by 5th and 6th editions edited by our younger colleague, Michael J. Lambert, in 2004 and 2013. Michael's labors and that of the contributors he recruited have extended and expanded the influence of good research on clinical practice and human welfare. These six volumes now grace the study in my and my wife, Marian's, retirement home in St George, Utah – a place near the Arizona border where the sun shines all year and keeps my aging brain alive.

The gratifying *Handbook* odyssey now continues under the leadership of new editors who reflect the international presence and value of empirically validated therapeutic interventions. This 7th edition, managed by Michael Barkham in England, Wolfgang Lutz in Germany, and Louis Castonguay in the United States, will appear in 2021, marking a most fitting 50th anniversary since the beginning in New York in 1971. I extend my good wishes to them and my gratitude to all of the fine contributors over the past five decades. May the labors of so many careful researchers whose efforts are documented therein continue to improve clinical treatments and bless the lives of the general public who rely on us for competent, effective, and safe techniques.

Allen E Bergin, PhD
Professor Emeritus, Brigham Young University

Preface

Like so many researchers in the field of psychotherapy research, we have each been brought up on a combination of successive editions of the *Handbook*, some now quite tattered, along with many years of collaboration and dialogue with colleagues in the Society for Psychotherapy Research (SPR). Among those who has been hugely influential for each of us is Michael Lambert, editor of the previous two editions of the *Handbook* and who, in the summer of 2017, approached MB about interest in editing the 7e, and who in turn approached WL and LGC as collaborators, having worked together previously on a chapter in the 6e.

From the very beginning of our collaboration, it was obvious that this edition would fall close to the 50th anniversary of the first edition published in 1971. And so it was agreed from the outset that the planned publication date would coincide with the 50th anniversary in 2021. With that decision made, and with a broader international editorship, we brainstormed a combination of the best researchers and scholars in the field who would capture the present state of psychotherapy research as well as having an eye to the future. Our choices were influenced by what we felt were the key areas for which there was a solid evidence-base associated with world leaders in the field.

The two defining hallmarks of the *Handbook* over the past 50 years have been its depth of content and its scholarship. In terms of its content, the *Handbook* tries to cover the key areas in the field of psychotherapy research without espousing any one particular theory or psychological approach over another. Therefore, the new edition broadly follows the structure of the 6e, although it remains more within the field of the psychological therapies rather than moving into health behaviors in the latter chapters. It is divided into six sections as follows: (1) history and methods; (2) measuring and evidencing change in efficacy and practice-based research; (5) therapeutic ingredients; (4) therapeutic approaches and formats; (5) increasing precision and scale; and (6) epilogue.

We have balanced tradition with some new elements. In the current edition, we now have two chapters focusing on qualitative research and new chapters on mindfulness and acceptance-based treatments, internet therapy, and personalized treatment approaches. And significantly, the final substantive chapter (bar the Epilogue) focuses on models of psychological therapy delivery. We also tried to include a broader international perspective and authorship, given that the *Handbook* has been influential in many countries around the world. As with all choices, some folk will ask why there isn't a chapter on this or on that, but we hope we have captured the main topic areas of interest to the majority of people within the limits of the space allowed.

And in terms of scholarship, the 23 chapters comprise a combination of updates by the same authors, updates by the same lead authors with new co-authors, updates by new authors, or new chapters by new authors. Our collective of scholars comprises 67 researchers from over 10 countries (the precise number depends on definitions), of whom a majority will be recognized as contributors to SPR. But, notwithstanding the rich tradition of research that is synonymous with SPR, we also extended the invitation to scholars in the broad field of the psychological therapies, as we are keen to collaborate with and learn from all scientist-practitioners committed to working in and promoting bona fide interventions aimed at alleviating distress for people in need and improving the quality of their lives.

In order to give greater recognition to each author and to aid new readers in becoming more familiar with these scholars, we asked each author to provide a 50-word summary of their major research interests, and these are listed at the front of the *Handbook*. As readers will see, there are many luminaries. However, on this 50th anniversary, we wanted in particular to acknowledge those who have contributed on multiple occasions (3+) to editions of the *Handbook* and in that sense have

helped set the standard with which it is known internationally. Hence, our special thanks to Aaron Beck, Allen Bergin, Larry Beutler, Gary Burlingame, Robert Elliott, Paul Emmelkamp, Sol Garfield, Les Greenberg, Clara Hill, Steve Hollon, Alan Kazdin, Michael Lambert, David Orlinsky, Timothy Smith, and Bernhard Strauss. And, to be historically complete, in the initial four editions there were successive contributions from Richard Bednar, Theodore Kaul, Mary Koss, and Joseph Matarazzo. As a tribute to all contributors, we have compiled a schematic summary of the chapter titles and authors from all editions of the *Handbook* in the Appendix.

In terms of the process of producing the chapters, although we did not set out with a clear plan regarding how we would review chapters, we found a natural process whereby all three of us reviewed each chapter and fed back together to the lead authors, with all chapters running through two review cycles. All chapter leads were responsive in their revisions, which made our task so much easier. As a standard, we asked all authors to be mindful and inclusive of two points. First, to be inclusive of cultural and diversity issues relating to their chapter content. We took the decision to integrate these issues into chapters rather than focus on them as a specific topic. Second, we asked authors to avoid the use of presumptive pronouns. Beyond that, our overarching aim was to support authors in delivering the best scholarship possible. In addition, we have introduced several enhancements. First, each chapter starts with an abstract and outline and also contains a glossary of abbreviations. Second, we migrated to APA 7e referencing style, which means that the body of the text no longer has long strings of author names and all references contain author names up to 20 (plus last) rather than just 6 (plus last) and also have doi numbers where they exist, thereby making the reference lists a valuable resource in themselves. And, in order to retain the extent of references used by authors without consuming a disproportionate number of printed pages, we took the decision to reduce their font size.

The experience of editing the *Handbook* has been unique. It has been a privilege to work with so many influential scholars and creative minds from multiple regions of the world as well as to have access to a vast amount of empirical knowledge – both in terms of breadth and depth. We are grateful for this opportunity, and we also hope that the pleasure we have derived from working together has found its way into the final product that we have shepherded for close to four years.

We have also shared a deep sense of gratitude for Allen Bergin's genuine and enthusiastic support in helping us carry the torch that he and his colleague Sol Garfield started 50 years ago, before passing it on to Michael Lambert, who has been with us in spirit throughout and for whom we wish to note our special thanks.

We are grateful to all lead and co-authors for their excellent work and time given freely. We would especially like to thank Monica Rogers at Wiley, who has been the key person throughout and who, together with Kerstin Nasdeo, has calmly managed pulling the *Handbook* together. And our thanks to Cheryl Ferguson who copyedited all the material, to Suthan Raj for overseeing the production, and Christina Weyrauch and the design team for their creative contributions to the cover design. We also thank Ann-Kathrin Deisenhofer, Kate Duffy, Rebecca Janis, Ryan Kilcullen, Kaitlyn Poster, and Jana Wasserheß for their supporting work. Last, but not least, we thank Patricia Santoso for her artwork that is the cover image for this edition, a cover that captures the integration of rich traditions of knowledge that the *Handbook* has been striving toward for five decades.

Finally, we hope that this *Handbook* will be the lodestar – thank you Irene Elkin – for all psychotherapy researchers in our collective quest to deliver quality therapies and psychological interventions for all people seeking help, regardless of their personal, social, or economic circumstances.

Michael Barkham – Sheffield, UK

Wolfgang Lutz – Trier, Germany

Louis G Castonguay – State College, USA

June 2021

PART I

HISTORY AND METHODS

CHAPTER 1

TRADITIONS AND NEW BEGINNINGS: HISTORICAL AND CURRENT PERSPECTIVES ON RESEARCH IN PSYCHOTHERAPY AND BEHAVIOR CHANGE

WOLFGANG LUTZ, LOUIS G CASTONGUAY, MICHAEL J LAMBERT, AND MICHAEL BARKHAM

Abstract

This introductory chapter to the seventh and 50-year anniversary edition of *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* provides a context for current research activity by framing psychotherapy research since the 1950s as a series of research "generations." Each of these generations adopted specific research strategies to investigate a question that was key at the time. Reflecting the development of the field, these key questions have been addressed over the course of the previous six editions of the *Handbook*. Importantly, these questions remain relevant today. They have also been refreshed by new themes and topics that represent, to a large extent, the background of this new edition. Among them are developments pertaining to standardization and replication, evidence-based practice and practice-based evidence, process and qualitative research, methodological and technological developments, as well as issues related to theoretical integration, diversity, dissemination, psychometric feedback, and personalized mental health. This introduction concludes by providing a short overview of the chapters in this new edition of the *Handbook*.

OVERVIEW

INTRODUCTION

This seventh edition of *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* is a milestone that deserves to be celebrated as it marks the 50th anniversary of its first edition (Bergin & Garfield, 1971). Since its inception, the *Handbook* has been a cornerstone of psychotherapy research, a standard reference book that has been hugely influential in providing the scientific base for establishing psychological and mental health services in many countries around the world.

The past 50 years have seen tremendous activity in psychotherapy research. For example, searching the term *psychotherapy research* on Google Scholar between 1970 and 1995 (i.e., the 25-year time period corresponding to the first four editions of the *Handbook*) reveals approximately 384,000 publications. In contrast, the last 25-year period (i.e., 1996–2020) has seen over twice the number of publications (approximately 825,000) on the topic of psychotherapy research. The task of the past six editions has been to summarize the quintessence of empirical publications and to capture new findings (see Bergin & Garfield, 1971, 1994; Garfield & Bergin, 1978, 1986; Lambert, 2004, 2013a). The current anniversary edition continues this tradition by distilling the central findings of both current developments and emerging advances in the field.

Throughout its history, the *Handbook* has had a strong connection with the international Society for Psychotherapy Research (SPR). Allen E. Bergin, Sol L. Garfield, and Michael J. Lambert – the three previous editors – as well as the three current editors, were or are still active members of SPR. As a multidisciplinary scientific association, SPR's aim is to foster research and worldwide communication of findings in order to improve the understanding, effectiveness, and social value of

psychotherapy (e.g., Orlinsky, 1995). This is fully consistent with the primary goals of this *Handbook*, which are to provide an overview of the main empirical findings in psychotherapy (about its outcomes, processes, and participants), as well as to identify implications for both clinical and research practice. By doing this over many years, the *Handbook* has not only generated broad international interest, but has become increasingly international itself by including more authors from around the world.

One of the factors that explains the impact of the *Handbook* has been its broad and integrative focus. From its first edition, it has featured empirical findings from diverse theories of psychological change and approaches to psychotherapeutic interventions, as well as from various methodological perspectives. This seventh edition is no exception. To set up the context for this edition, we provide a short overview of the history and current trends of psychotherapy research before ending with an overview of the *Handbook* chapters and their content.

A Short History of Psychotherapy Research

Psychotherapy research primarily pursues two central goals or traditions, which are not wholly independent of one another. One line of research investigates questions related to the impact of psychological therapies – *outcome research* – while the second line of research – *process research* – aims to identify the components of such therapies that facilitate or interfere with change. Both research traditions have been central to this *Handbook* from its beginning (Bergin & Garfield, 1971).

Table 1.1 and Table 1.2 display central research questions, methodologies as well as representative and highly cited publications over the history of six research generations and editions of this *Handbook*. Of course, these central questions and the chosen papers represent the authors' evaluations and selection, and other scholars with different backgrounds would likely have chosen somewhat different questions and examples (although, we hope, with some degree of overlap). Different accounts can be found, for example, in Muran et al. (2010), Orlinsky (1995), Russell and Orlinsky (1996), and Strupp and Howard (1992).

Within the framework of outcome research, randomized controlled trials (RCTs), quasi-experimental designs, and meta-analyses have been adopted to evaluate the efficacy and effectiveness of various psychotherapy approaches, interventions and techniques. In addition, outcome research includes studies on quality assurance or routine outcome monitoring (ROM), the implementation of empirically based feedback, the effect of routine clinical practice and health care systems, as well as cost and cost–benefit analyses of psychological therapies (e.g., Lambert, 2013a).

Process research, on the other hand, has focused on how psychotherapy works, by investigating various aspects of therapist and client experiences, actions, and interactions, as well as by identifying mediators and change mechanisms that are (causally) linked to treatment outcome (e.g., Crits-Christoph et al., 2013). As with outcome research, both quantitative and qualitative analyses are used to describe and understand what is taking place during (and between) therapy sessions. In both outcome and process research, attention has been given to patient and therapist characteristics that could predict or moderate how therapy may unfold and how it may have an impact – characteristics that could also have consequences for clinical training (see Chapters 5, 7, 8, 9, and 10).

Research Generations

The history of central questions addressed by psychotherapy research can be viewed as historical phases or research generations, which can be marked by the first six editions of this *Handbook*. These generations and the research questions at their respective core are set out in Table 1.1. Notably, although each research generation has a starting date, the themes have been ongoing, with researchers adopting increasingly innovative assessment and statistical tools, as well as larger databases, in order to pursue the most rigorous and robust evidence-based knowledge.

The development of research on psychotherapy – more recently referred to as the *psychological therapies* to capture the plurality of differing theoretical approaches – has been closely linked to the development of the practice of psychotherapy, and more specifically, to the development of a diversity of psychological interventions to treat behavioral and mental health problems. As Urban and Ford (1971) pointed out in the introduction to the first edition, the development of psychotherapy practice did not happen in a continuous way. After the field emerged at the end of the 19th century with the introduction of Breuer and Freud's first psychological interventions, the course of development was not a simple linear progression toward a more precise delineation and research of effective psychological procedures and change strategies. Rather, development was lateral, meaning that many different variants of psychotherapeutic treatments or treatment orientations were introduced. Wampold (2001) counted over 250 distinct psychotherapeutic approaches, and on Wikipedia, a search for the term "list of psychotherapies" provides a certainly incomplete list of 171 variants. Of course, psychotherapy research is carried out on only a small proportion of approaches and variants. In the following, we give a short overview of milestones and landmarks of this development and how psychotherapy research has emerged and developed in this context.

The Early Phase

The early phase of psychotherapy addressed the question, "What is psychotherapy?" It was characterized by well-known founders of psychotherapy schools and their comprehensive psychotherapy models but limited research endeavors. Theoretical debates about causes of mental illness and core interventions have been a central issue throughout the history of psychotherapy practice and research (Lambert, 2013b). Here is not the place to describe these numerous developments, but the *Handbook* covers research on the four main theoretical orientations (psychodynamic, humanistic, cognitive–behavioral, and systemic treatments, including variations and modifications within these broad orientations, see Chapters 12, 13, 14, 15, and 16). It also covers modalities and settings (individual,

Table 1.1 Summary of psychotherapy research generations

		Research Generations					
		I	II	III	IV	V	VI
OUTCOMES	Handbook editions	**Handbook 1e (Bergin & Garfield, 1971)**	**Handbook 2e (Garfield & Bergin, 1978)**	**Handbook 3e (Garfield & Bergin, 1986)**	**Handbook 4e (Bergin & Garfield, 1994)**	**Bergin & Garfield's Handbook 5e (Lambert, 2004)**	**Bergin & Garfield's Handbook 6e (Lambert, 2013)**
	Time frame	1950s – 1970s onwards	1960s – 1980s onwards	1970s – 1990s onwards	1980s – 2000s onwards	1990s – 2010s onwards	2000s – 2020s onwards
	Theme	Justification	Specificity	Efficacy & cost effectiveness	Effectiveness & clinical significance	Evidence-based practice	Practice-based evidence
	Thematic question	Is psychotherapy effective?	Which psychotherapy is more effective?	How can treatments be made more (cost) effective?	How can research findings be transferred into clinical practice?	How can the quality of treatment delivery (by clinical guidelines) be improved?	How can treatment outcome be improved?
	Methodologies	Control group comparisons; effect sizes; meta-analyses	Randomized control trial; factorial design; placebo group	Probit analysis; growth curves; structural modelling; power analyses	Clinical significance; meta-analyses	Meta-analyses; predictive modeling; patient-focused research	Patient-focused research; meta-analyses; predictive modeling; large (multisite) trials
	Key issues	Efficacy; spontaneous remission	What treatment, by whom, is most effective for this individual with that specific problem, and under which set of circumstances?	Dose-response; medical offset; health economics; evidence-based medicine; low-cost interventions	User perspectives; evidence-based practice; practice guidelines; treatment gap	Evidence-based practice; empirically validated treatments; routine outcomes monitoring; good enough level of change	Patterns of change; routine outcomes monitoring; patient feedback; practice-oriented research; low-cost interventions; therapist effects

(Continued)

Table 1.1 (Continued)

		Research Generations					
		I	II	III	IV	V	VI
	Handbook editions	**Handbook 1e (Bergin & Garfield, 1971)**	**Handbook 2e (Garfield & Bergin, 1978)**	**Handbook 3e (Garfield & Bergin, 1986)**	**Handbook 4e (Bergin & Garfield, 1994)**	**Bergin & Garfield's Handbook 5e (Lambert, 2004)**	**Bergin & Garfield's Handbook 6e (Lambert, 2013)**
	Time frame	1950s – 1970s onwards	1960s – 1980s onwards	1970s – 1990s onwards	1980s – 2000s onwards	1990s – 2010s onwards	2000s – 2020s onwards
PROCESSES	Thematic question	Are there objective methods for evaluating process?	What components are related to outcome?	How does change occur (via a quantitative approach)?	How does change occur (via a qualitative approach)?	How to disentangle common and specific factors of change?	How to identify moderators, mediators and mechanisms of change?
	Methodologies	Random sampling of sections of therapy; 'uniformity myth' assumed; therapist patient post-session evaluations	Single-case methodologies; sampling 5-minute sections of therapy	Taxonomies; linking process to outcomes	Qualitative methods; narrative approach; discourse analysis; descriptive studies; theory development	Additive and dismantling trials; factorial designs; shared components	Moderator, mediator analysis; Between and within patient process outcome relations
	Key issues	Verbal & speech behaviours	Rogerian facilitative conditions (e.g., empathy)	Therapeutic alliance; verbal response modes	Events paradigm; single case approach; qualitative methods	Common factors; specific factors	Moderators; mediators; sudden gains; mechanisms of change

Note: This table is an updated and substantially extended version of content previously published in Barkham, M. (2007). Methods, outcomes and processes in the psychological therapies across successive research generations. In W. Dryden (Ed.), *Dryden's handbook of individual therapy* (5th ed. pp. 451–514). Sage.

Table 1.2 Representative and highly cited publications over the history of research generations

	Research Generations					
	I	II	III	IV	V	VI
Handbook editions	**Handbook 1e (Bergin & Garfield, 1971)**	**Handbook 2e (Garfield & Bergin, 1978)**	**Handbook 3e (Garfield & Bergin, 1986)**	**Handbook 4e (Bergin & Garfield, 1994)**	**Bergin & Garfield Handbook 5e (Lambert, 2004)**	**Bergin & Garfield Handbook 6e (Lambert, 2013)**
Examples of representative texts on outcome	Eysenck (1952); Cohen (1977); Frank (1961); Kiesler (1966); Melzoff & Kornreich (1970); Sloane et al. (1975); Waskow & Parloff (1975)	Cohen (1988); Gurman & Razin (1977); Hollon & Beck (1978); Paul (1967); Smith, Glass, & Miller (1980); Stiles, Shapiro, & Elliott (1986)	Crits-Christoph et al. (1991); Horowitz et al. (1988); Roth & Fonagy (1996)	Barlow et al. (1994); Howard et al. (1996); Jacobson et al. (1984; 1991); Strupp et al. (1997)	Barkham et al. (2006); Borkovec et al. (2001); DeRubeis & Crits-Christoph (1998); Lambert (2007); Lutz et al. (1999); Wampold (2001)	Barkham et al. (2010); Clark (2018); Cuijpers (2017); Holmes et al. (2018); Kazdin (2008); Lambert (2013c); Lutz et al. (2006); Wampold & Imel (2015)
Examples of representative texts on processes	Rogers (1957); Rogers & Dymond (1954); Rogers & Gendlin (1967); Orlinsky & Howard (1967); Whitehorn & Betz (1954)	Benjamin (1974); Bordin (1979); Howard & Orlinsky (1972); Stiles (1979); Strupp (1980)	Greenberg & Pinsoff (1986); Horvath & Greenberg (1994); Goldfried (1980); Rice & Greenberg (1984); Russell & Stiles (1979)	Elliott et al. (1999); Hill et al. (1997); Orlinsky et al. (1994); Jones & Pulus (1993); Toukmanian & Rennie (1992); Safran et al. (1990); Stiles et al. (1998)	Barber et al., (1996); Castonguay & Beutler (2006); Norcross (2002); Safran & Muran (2000); Tang & DeRubeis (1999); Wampold (2001)	Crits-Christoph et al. (2011); DeRubeis et al. (2014b); Kazdin (2007); Norcross (2011)
Examples of highly cited/ influential articles	Luborsky et al. (1971); Smith & Glass (1977); Strupp & Hadley (1979)	Luborsky et al. (1975); Prochaska & Di Clemente (1983); Rush et al. (1977)	Elkin et al. (1989); Howard et al. (1986); Keller et al. (1987); Prochaska & Di Clemente (1992)	Bateman & Fonagy (1999); Chambless & Hollon (1998); Horvath (1991); Linehan et al. (1991); Lipsey & Wilson (1993); Seligman (1995)	Butler et al. (2006); Chambless & Ollendick (2001); Hayes et al. (2006); Hill et al. (2005); Martin et al. (2000); Seligman (2005)	Hofmann et al. (2010); Horvath (2011); Insel (2014); Richards & Richardson (2012)

couple and family, group interventions, adults, children and adolescents, internet treatments; see Chapters 6, 16, 17, and 18) that are linked to these traditions.

Psychotherapy began with the psychoanalytic (today often termed *dynamic* or *psychodynamic*) tradition (e.g., Freud, Adler, Horney, Sullivan), with a central focus on unconscious motivations, early life experiences, repressed conflicts, interpretations, and defense mechanisms (see Chapter 12). It was the predominant orientation from the early years of the 20th century until the 1960s. From a research perspective, extensive case and preliminary outcome studies had already been conducted in this early period.

During the 1940s, however, the humanistic approaches emerged (e.g., Rogers, Frankl, Perls, Moreno), with a departure from Freudian views, the rejection of interpretations and the expert role of the therapist, and an emphasis on the self-healing process by providing a respectful, warm, and empathic therapeutic environment to the client. This new development, and especially Rogers's work (e.g., Rogers, 1957; Rogers & Dymond, 1954), also marked the beginning of psychotherapy process research through recordings of treatment sessions and their analyses (Chapter 13).

Even before the advent of the humanistic movement, laboratory experiments set the foundations of the behavioral orientation in the 1920s (e.g., Watson, Jones, Mowrer & Mowrer), which gained greater impact as a psychological therapy after the publication of Wolpe's work on the concept of reciprocal inhibition in the late 1950s (Wolpe, 1958). Defined by learning-based strategies, this approach was characterized by the therapist's directive interventions aimed at changing patient behavior and its environmental determinants (Chapter 14). Both new orientations (humanistic and behavioral) were associated with an emphasis on briefer treatments and a formal evaluation of treatment effects (Lambert, 2013b).

With the 1960s and 1970s came an expansion of the behavioral orientation with the adoption of cognitive constructs (such as automatic thoughts, schemas, and self-efficacy) and the use of interventions to change them (e.g., Beck, Ellis, Lazarus, Bandura). Along with these conceptual and clinical developments, the cognitive-behavioral approach (CBT) emphasized the systematic evaluation of treatment outcome for specific disorders and cost-effective short-term treatments (Chapters 14 and 15). More recently, a third or new wave of treatments has appeared under the CBT umbrella (e.g., Linehan, Hayes, Hofmann, Segal), with a focus on concepts such as mindfulness, acceptance and transtheoretical processes (see Chapter 15).

Yet another major treatment orientation surfaced in the 1970s, which has been labeled as the systemic approach (e.g., Minuchin, Watzlawick, Palazzoli, de Shazer). This orientation focused on family systems and the interaction of members of such a system (Chapter 16). Although its roots can be traced back to the 1930s, the 1980s saw the crystallization of an integrative movement (within and between treatment orientations), based in part on the findings that many therapists do not identify with only one approach, but rather combine elements from different orientations and then tailor them to their patients (e.g., Beutler, Garfield, Goldfried, Grawe, Prochaska, & DiClemente). All of these approaches have developed into several variations and modifications and continue to develop today.

Generations of Outcome Research

Amid the early theoretical phase and its limited research base, Eysenck (1952) criticized the lack of outcome research, comparing the effects of psychotherapy to spontaneous remission and challenging the effectiveness of psychotherapy. This event put psychotherapy outcome research and the key question "Is psychotherapy effective?" at the top of the field's priority list (see Table 1.1, research generation I). Since that time, research has convincingly demonstrated the effectiveness of psychotherapy in reducing psychological conditions and problems as well as its efficiency (positive cost–benefit ratio) for a broad spectrum of treatment concepts and psychological disorders. This has been achieved in numerous individual clinical-experimental studies and summary meta-analyses, starting with the landmark Smith, Glass, and Miller (1980) meta-analysis (for an overview, see Lambert, 2013c and Chapter 5). The effectiveness of psychological interventions has also been shown under routine conditions, as well as in comparison to psychopharmacological treatments and in severely distressed patients such as patients with personality disorders or psychosis (e.g., Lambert, 2013c; Hollon et al., 2019; see also Chapters 4, 5, 6, 9, and 20). Because of these efforts, psychotherapy has become an established treatment for psychological disorders in the health care systems of many (but unfortunately not yet all) countries around the world.

Nevertheless, the pressure to demonstrate legitimacy has never completely disappeared and is significantly stronger than, for example, somatic treatments in all health service systems. Nor has the question of "What is psychotherapy?" (as core psychological interventions) disappeared, while numerous new developments continue to take place today. It is therefore not surprising that from the beginning, the various therapeutic orientations competed with each other. Hence, starting in the 1960s, the question, "Which psychotherapy is more effective?" became more central in the research community (see Table 1.1, research generation II; e.g., Luborsky et al., 1976; Stiles, Shapiro & Elliott, 1986; Wittmann & Matt, 1986). Therefore, the second edition of the *Handbook* from 1978 introduced a chapter on the comparison between psychological therapies and psychopharmacological interventions and a discussion of the effects of potential combinations (Hollon & Beck, 1978). This research question resulted in the landmark National Institute of Mental Health Treatment of Depression Collaborative Research Program study (NIMH TDCRP; Elkin et al., 1989; 2004), which then took place in the 1980s. In this large, multicenter randomized controlled trial with 250 patients, the outcomes of four 16-week treatment conditions were compared: interpersonal psychotherapy, cognitive behavioral therapy, placebo plus clinical management, and imipramine hydrochloride plus clinical management. The data has been shared between different research groups and used for a large number of process and outcome evaluations. Today, over 30 years later, the data are still used and over 100 publications have resulted from this study (e.g., Elkin et al., 2006). The NIMH

TDCRP study was also one of the first studies to measure competence and adherence to treatment protocols (see Chapter 2).

Paul (1967) introduced a finer-grained research goal to investigate differential treatment effects and inter-individual differences by reframing the question of the optimal psychological therapy into: "*What* treatment, by *whom*, is most effective for *this* individual with *that* specific problem, and under *which* set of circumstances?" (pp. 111; see Table 1.1, research generation II). One example of an approach shaped by this question is the systematic treatment selection model (Beutler et al., 1991; 2018), an empirically derived set of guidelines to match psychotherapy practice to patients' characteristics. The idea was, and still is, to empirically identify the optimal treatment concept or intervention for the specific needs of the individual patient. This research question can be tracked to today's debate and research on empirically based personalization in psychotherapy (see Chapters 4, 18, 19, and 20).

While investigating these first two research questions further, a subsequent research generation (III in Table 1.1) and *Handbook* edition saw a broader investigation of the optimal dosage and cost-effectiveness of treatments ("How can treatments be made more cost effective?"). During this phase, Howard et al. (1986) produced a classic study on the dose–effect model. By summarizing 15 studies in a probit-analysis, the authors found that an increasing number of sessions was associated with diminishing returns regarding the percentage of improvement (see Chapters 4 and 5). This dosage research has been further developed by Lambert's group using stricter criteria (e.g., Kadera, 1996) and later extended by Barkham et al. (2006) by introducing the good-enough level model, demonstrating that patients stay in treatment (if it is not restricted by arbitrary service or clinic regulations) until they have reached a satisfying level of change.

In the next two research generations – IV and V – the scope of psychotherapy research questions broadened again, dealing with, for example, "How can research findings be transferred into clinical practice?" and how the scientist-practitioner gap in the field can be reduced. The research community tackled questions related to the development, evaluation, training, and implementation of disorder-specific manuals in order to produce best evidence for clinical guidelines and to improve treatment delivery (e.g., Chambless & Hollon, 1998; DeRubeis & Crits-Christoph, 1998). Starting in the 1990s and gaining importance in the 2000s, the question of practice-based evidence (see Table 1.1, research generation VI) and the immediate improvement of individual patients' treatments through psychometric feedback (termed *patient-focused research*; Howard et al., 1996; Lambert, 2001) became a major research topic. This area has also remained a highly relevant research topic to this day (see Chapters 4 and 6; Lambert, 2007; Lambert et al., 2018).

Generations of Process Research

From the beginning, this history of outcome research has been supplemented by research on the processes (events in treatment sessions that correlated with outcome) and mechanisms of change (hypothesized causal relations to outcome; see Chapters 7 and 8). Systematic process research began with Rogers' assessment of sound recordings from treatment sessions and their attempt to identify process correlates of personality change and treatment outcome (e.g., Rogers & Diamond, 1954). About a decade later, the first session reports were developed (Orlinsky & Howard, 1967) to operationalize process variables including therapeutic actions and experiences related to outcome during psychotherapy sessions or longer-term outcomes in the daily lives of patients (see Table 1.1, research generation I, processes). Starting in the 1960s, these two research strategies developed and further research strategies such as single case methodologies were added (see Table 1.1, research generation II, processes). In the 1970s, the measurement of therapeutic alliance and verbal response modes gained research attention as well as the first empirically based taxonomies and/or categorizations summarizing process-outcome relations identified in individual studies (e.g., Orlinsky & Howard, 1978; Russell & Stiles, 1979). From this time on, this topic has remained a central focus of process research, while the statistical methods used to investigate process-outcome relations have become more sophisticated over the years (e.g., Castonguay & Beutler, 2006; Castonguay et al., 2019; Crits-Christoph et al., 2013; Greenberg & Pinsof, 1986; Norcross & Lambert 2019; Stiles et al., 1998). These developments have been accompanied by qualitative research methods and narrative descriptions of processes, which gained attention in the research community in the 1980s (e.g., Rice & Greenberg, 1984; see Chapters 3 and 11). In the 1990s, additive and dismantling trials as well as factorial designs were increasingly used to investigate variables and processes specific to treatment orientations, but also common factors (shared components between different treatment orientations) and therapist effects (see Chapter 9). In the 21st century, more statistically sophisticated investigations of change processes have become possible by using multilevel modeling of within and between patient variations across treatments (e.g., Crits-Christoph et al., 2011; Kazdin, 2007; see Chapters 7 and 8).

Current Trends and Developments

As described above, psychotherapy has been established as an efficacious and a cost-effective treatment. Its effectiveness has been demonstrated under experimental conditions, in routine care, as well as in comparison to psychopharmacological or somatic treatments (Cuijpers et al., 2013, 2019; Lambert, 2013c, see Chapters 4, 5, 6, 9, 17, and 20). This statement remains valid even when taking relapses and more strict success criteria into account (e.g., Lambert, 2013c). However, even well-examined treatment packages are based on results of average effectiveness and do not provide any guarantee of success for an individual case. It is therefore necessary to increase our understanding of those patients who do and do not benefit from treatment and to further improve psychological therapies for cases at risk of drop out, less than optimal response, and treatment failure. There is also a large degree of heterogeneity regarding treatment variants, settings, and dosages provided around the world, making a future focus on cross-cultural and dissemination issues a necessity. Furthermore, although the

standardization of findings in psychotherapy research has improved over the years, several measurement problems remain, and a clear definition and identification of key processes of change are still high on the research agenda.

In response to these issues and knowledge gaps, several new developments in psychotherapy research have taken place in the last decade or so. To begin with, the core thematic question of the new, now seventh, research generation might be captured as follows: "How can the evidence base of treatment personalization be strengthened, both in controlled settings and in clinical practice?" This differential question reflects a movement toward *precision mental health* that is taking hold in many contexts (see Chapters 4, 5, 6, 18, 19, and 20). Other research advances could also move the field forward in the future. For example, data analytic tools have recently been developed to analyze data sets that could potentially include hundreds of thousands of patients (machine learning), as well as to conduct intensive longitudinal assessments that could potentially involve hundreds of measurement points per person (dynamic complexity; see Chapters 2, 4, and 19). New digital technologies and models for the assessment of outcome and psychopathology have also emerged (e.g., the Research Domain Criteria; e.g., Insel, 2014). In addition, diverse modalities of treatment delivery and stratified services, including low-intensity and internet interventions, have been investigated. Moreover, higher-quality replications and better use of open science models in the field have been advocated. Along with several research topics that have guided previous research generations, these new developments are briefly summarized in the following sections and are then elaborated throughout the current edition of the *Handbook*.

Maturation of the Field: Standardization and Replication

Measuring change has been a fundamental issue in psychotherapy research from its beginning. In the early days of psychotherapy as a field of research, the fundamental question was whether change in psychotherapy could be measured at all, such that unstandardized, written reports were used to measure treatment outcome. Over time, the field has moved forward to the application of standardized outcome measures, including a multidimensional perspective on change. In recent years, the focus has shifted to how change measurement can be improved by more-intensive measures over the course of treatment and an optimal use of change measures in routine clinical practice (see Chapters 2 and 4). Measuring and tracking change has become a part of best practices in many health care systems and training programs (see Chapters 2, 4, 6, 10, and 17). This development is supported by new advances in technology (e.g., outcome tracking, feedback and clinical support tools, including wearable devices, experience sampling, software, biomarkers, and neurocognitive measures), making outcome measurement and monitoring easier to implement in practice while providing more rigorous evidence of the change process.

Nevertheless, several measurement and replication problems remain (Chapter 2). For example, although the standardization of change measurement has improved over the years, and despite the visionary efforts to devise a core outcome battery, first by Waskow (1975) and later by Strupp, Horowitz, and Lambert (1997), there is neither agreement on core outcome nor process measurement instruments available for mental health, specific psychological disorders, or change mechanisms (Chevance et al., 2020; see Chapter 4). There is also no agreement on the definition of change (e.g., pre–post differences or rate of change) as well as a lack of standards on data sharing (although this has improved in recent years). Furthermore, as in psychology and science as a whole, the replication crisis has had an impact on psychotherapy research and demands new approaches to improve the rigor of findings and the implementation of open science practices (see Chapter 2).

Methodological and Technological Developments

Despite early critical and insightful input (e.g., Newman & Howard, 1991), psychotherapy research has predominantly been premised on investigating average differences between two groups using pre–post change measures in relatively small samples of patients. Within this context, the advances in statistical methods and the possibility of generating large datasets between and within patients – *big data* – stands out as notable advances in psychotherapy research in the last two decades (see Chapters 2, 4, 5, 6, 8, 9, and 18). These statistical advances allow researchers to conduct detailed analyses of change on several conceptual levels (e.g., sessions, patients, treatments) and levels of variation (e.g., within- and between-patient variation or between-therapist variation). Complementing these statistical advances are novel measurement options (alternatives to self-report) available via new technologies (e.g., various wearable devices of digital phenotypes, biomarkers and neurocognitive measures, advanced video analysis of emotions, gesture, movement and speech of patients and therapists; see Chapters 2, 4, 9, 21, and 22). Together, these developments have improved the investigation of longitudinal change, causal networks, and therapist effects. Technological advances are also facilitating the use of e-mental health concepts such as internet treatments, chatbots, and the potential to blend e-mental health and face-to-face therapy (see Chapters 21 and 22).

In the midst of such advancements, however, an important caveat is warranted by several methodological problems that have yet to be fully addressed in psychotherapy research (see also Chapter 2). These include (1) nonoptimal planning of studies due to the aim of supporting the effect of a favored clinical concept or approach; (2) nonoptimal operationalization of constructs with limited theoretical and/or empirical bases to support them; (3) underpowered designs; and (4) range restrictions of measures. And, importantly, enticing though more advanced statistical models are, they do not necessarily guarantee or lead to more valid results. The quality hallmark of psychotherapy research must be the clarity and the relevance of the research question(s), the rigor of the design and its implementation, as well as the psychometric value and conceptual coherence of the measures.

From Evidence-Based Practice to Practice-Based Evidence

Many conclusions in this *Handbook* are based on findings derived from research designs commonly applied to evaluate treatment orientations or packages (e.g., RCTs, meta-analyses). There are, however, many limitations to clinical conclusions that are based exclusively on RCTs and meta-analyses (see Chapters 2, 4, 5, and 6). For example, as Baldwin and Imel (2020) recently pointed out, categorization of different variants or orientations of psychotherapy is difficult (in comparison, for example, to most somatic treatments), and often leads to arbitrary decisions about where treatment boundaries are, and which specific mechanisms are actually fostered.

At the core of the criticisms leveled against traditional RCTs is their limited external validity. As a complementary alternative, practice-oriented research is aimed at investigating the impacts and processes of psychotherapy as it is conducted in day-to-day practice (see Chapters 4, 5, and 6) and comprises various activities, including patient-focused research, practice-based evidence, and practice-research networks. This research paradigm is based on the idea of an ongoing collaboration between practitioners and scientists to make immediate use of research results to describe and improve clinical practice (e.g., Howard et al., 1996; Lambert, 2001). In effect, research becomes embedded (i.e., rooted) in routine care with a primary focus on understanding the variability in patient outcomes as a function of their individual characteristics, treatment modalities and interventions, therapists, and clinics/services (e.g., Pybis et al., 2017). Within the context of patient-focused research, for example, therapists deliver treatment and simultaneously collect data by assessing patients' progress over the course of treatment (Lutz et al., 2019). The aggregated data can serve to gather practice-based evidence on superordinate levels in order to benchmark services, investigate dosage of treatment, or to assess therapist effects (e.g., Saxon & Barkham, 2012, see Chapters 4, 5, 6, and 9). Researchers can also use large databases and new statistical tools (e.g., machine learning algorithms) to develop clinical decision systems, allowing therapists not only to track progress on an individual level but also to improve treatment with additional clinical support tools, especially for patients with an early negative treatment course (Lambert et al., 2018; see Chapters 4, 17, and 18). In combination with the above-described technological innovations, these developments are particularly important, as they can facilitate the development of large scientist-practitioner infrastructures, which in the long term can provide data on thousands of patients and therapists (Chapters 4, 5, 6, and 9). The potential for national systems of data collection with public data accessible to independent research already exists, as exemplified by the Improving Access to Psychological Therapies initiative in England (see Clark et al., 2018).

In the context of practice research networks (PRNs), clinicians (and other stakeholders) can be involved in the selection, design, implementation, and dissemination of research. The activities within PRNs aim to investigate questions of interest to the clinicians, such as:

- What did my client and I find helpful and hindering in the session that just ended?
- What interventions did I use during the past session, and what impact did they have on my client?
- What are the benefits that I might gain from participating in peer supervision with other early career practitioners?

Because such studies are grounded in everyday practice, they are designed to add limited burden to routine care and have the goal of confounding the distinction between science and practice (e.g., Castonguay et al., 2013; see Chapter 6).

New Ways to Model Therapeutic Processes

Recently, conceptual and methodological advancements have also taken place in the investigation of processes and mechanisms of change. This empirical tradition began in the 1950s, and although the therapeutic alliance has received the most attention (Crits-Christoph et al., 2013), a wide range of constructs has been examined, such as therapist adherence and competence (Barber et al., 1996) and client cognitive change (Lorenzo-Luaces et al., 2015; Tang & DeRubeis, 1998). Several large meta-analyses have been conducted, providing evidence for the role of process variables in clinical practice and training (e.g., Flückiger et al., 2018; Norcross & Lambert, 2019; see Chapters 7, 8, and 10). However, progress in this line of research has often been hampered by the unknown directionality of the process–outcome relationship (e.g., is the alliance causing improvement or vice versa?), lack of consideration of client and therapist mutual influence in such a relationship, measurement problems, as well as frequent failures to account for the nested nature of psychotherapy data.

Among the methodological advances that have been made to address these issues are the analyses of both within-patient variations and client–therapist dyadic processes over the course of treatment (Chapters 2, 4, 6, 7, 8, and 9). The multilevel modeling of such factors at the session, patient, and therapist levels allows the disentanglement of variance components, the identification of potential causal relations, and the specification of the source or level of effects. Findings from these methods can lead to new and more precise clinical and training recommendations (Chapters 8, 9, and 10). At a conceptual level, process and mechanisms research is likely to be improved via methodological (e.g., intensive longitudinal analyses) and technological (e.g., computer-based evaluations of behavior and emotion) developments previously described, thereby helping researchers find more detailed answers to an old but still crucially relevant question: "What are the ingredients and mechanisms that make psychological interventions work?"

Qualitative Developments

In the last decade, modern qualitative research in psychotherapy has gained increasing prevalence and depth and has complemented and enriched quantitative research findings within the field of psychotherapy research and behavior change. Guided by a diversity (and combination) of epistemological perspectives, many methodological approaches (e.g., grounded

theory, conversation analysis, task analysis, qualitative case studies) have been developed to serve various purposes, such as theory-building, fact gathering, testing, as well as enriching and deepening of knowledge (Chapters 3 and 11). Their use has provided contextualized and fine-grained understanding of various phenomena, including the internal experiences of patients and therapists, critical events in clinical practice, and specific patterns of interventions that lead to change. In addition, qualitative research has contributed to the construction and refinement of models of change (e.g., assimilation model), the evaluation of treatment outcome, and the understanding of therapist training and development (Chapters 3, 10, and 11). Recent years have seen increased prevalence of research designs involving mixed qualitative and quantitative methods (e.g., convergent, explanatory sequential, exploratory sequential), as well as the emergence of meta-analyses of qualitative studies in psychotherapy. Further, new sets of recommendations have been developed to assess and evaluate the integrity of qualitative analyses with regard to design, reporting, and review standards (Chapter 3).

Transtheoretical Integration in Clinical Practice and Theory Building

As described above, the *Handbook* has had an integrative focus from the start, including empirical findings from different and sometimes even competing theoretical orientations (Bergin & Garfield, 1971; Garfield & Bergin, 1978). The finding that a treatment concept or package works does not necessarily imply its theoretical validity or the correctness of its theoretical assumptions related to psychopathology or psychological change (Rosenzweig, 1938). Also emphasized in early editions of the *Handbook* was the potential role played by factors that are common to many treatments, as well as the fact that many therapists use and combine techniques from divergent theoretical perspectives (Garfield & Kurz, 1977).

The *Handbook's* tradition of developing a common ground between different groups identifying with differing models of psychological change based on research has also found broader support within the clinical and research communities in recent years. For example, several new concepts of psychopathology have been introduced to the field, such as the Research Domain Criteria (RDoC; Insel, 2014) or the multivariate Hierarchical Taxonomy of Psychopathology (HiTop; e.g., Conway et al., 2019). The idea behind these developments has been to move past a traditional view of categorical diagnosis (as emphasized in the *Diagnostic and Statistical Manual of Mental Disorders*) to include transdiagnostic perspectives on psychopathology and change measurement, and develop theoretically broader concepts of psychopathology. Besides these developments, other transtheoretical efforts have emerged, including modular and transdiagnostic treatments, principles or process-based approaches or perspectives, and integrative models of psychopathology and psychotherapy. Cutting across these efforts is the combination of elements within or between different treatment orientations based on empirical research and with the goal of tailoring these modules to specific patient problems and needs (e.g., Caspar, 2019; Castonguay & Beutler, 2006; Castonguay et al., 2019; Fernández-Alvarez et al., 2015; Goldfried, 2019; Grawe, 2004; Hofmann & Hayes, 2019; Norcross & Lambert, 2019; e.g., Chapters 4, 5, 7, 8, 9, 11, and 23). Such transdiagnostic and transtheoretical approaches are likely to be further developed in the future.

In combination with adaptations to specific patient populations (e.g., ethnic, sexual, gender minorities), varying session frequencies, the integration of basic science findings, and tools from e-mental health, such developments may lead to more personalized and improved treatments, especially for patients at risk for treatment failure (see Chapters 4, 17, 18, and 19).

Diversity and Dissemination

As can be seen in the list of all chapters of the editions of this *Handbook*, the author lists have become increasingly international and cross-cultural over the years. This represents a welcome growth in the field of psychotherapy research as a whole. SPR, for example, which began as a US organization and expanded to Europe in the 1980s following its first international meeting outside North America in 1979 (Oxford, UK), now counts 51 member countries and all continents with the exception of Antarctica. However, some parts of the world remain underrepresented, and internationalization efforts are an ongoing agenda.

Furthermore, there are large cross-cultural differences and little convergence between countries regarding the frequencies and average durations of different variants of psychological treatments (Flückiger et al., 2020). A priority of the field should be the fostering of cross-cultural and international research, as well as the integration of such research into the scientific basis of psychotherapy. Increasing the comparability and practical relevance of findings across diverse communities, within and between countries, may help address the sobering problem of dissemination. This problem refers to the large gap between the number of people in need of psychological treatment and the number of people who actually receive it (Kazdin, 2018; see Chapter 22). In the US and across the globe, most people in need do *not* have access to psychological services at all. This calls for a more extensive adoption of a range of delivery services at scale including modular and transdiagnostic treatments, strategic use of lower-intensity interventions (i.e., psychoeducational), and internet-based treatments (see Chapters 18, 21, and 22). In addition to these fairly new solutions to reach out to more people in need, small group research has been a focus of the *Handbook* from its inception and empirical evidence has increased in recent years (Burlingame et al., 2013; Strauß et al., 2008; Chapter 17).

Precision Mental Health and Clinical Navigation Systems

Several new developments have emerged within the tradition of outcome monitoring and patient-focused research based on concepts from precision mental health research and precision medicine (e.g., Delgadillo & Lutz, 2020; DeRubeis et al., 2014a; Huibers et al., 2015; Chapters 4, 17, 18, and 19). The main goal has been to move beyond average differences between treatment protocols toward tailoring treatments to the individual patient – a move toward personalization research that is consistent with

most therapists' individualization of their treatment based on their own clinical training and practical experience (e.g., Bickman, 2020; Page et al., 2019; Zilcha-Mano, 2021). These developments rely on the combination of treatment prediction and selection research with research on computer-based feedback, decision-making, and clinical problem solving to generate a new field of evidence-based personalization research and potential clinical practice. For instance, machine learning techniques have been applied to large datasets to develop prognostic indicators and personalized predictions for patients regarding their optimal treatment, treatment strategy, or therapist (e.g., Cohen & DeRubeis, 2018; Delgadillo et al., 2020; Fisher & Boswell, 2016; Chapter 9). As a new step, adaptive feedback tools have been used during treatment to identify patients at risk for treatment failure, dropout or self-harm, and to provide clinical problem-solving tools aimed at minimizing such risks (Lutz et al., 2019). To date, the successful implementation of such clinical navigation and stratification systems has been limited (e.g., Wilkinson et al., 2020). However, this new field of research is gaining increased attention, recently augmented by tools from e-mental health and intensive longitudinal assessments. In the future, it has the potential to translate research directly into clinical practice (see Chapters 4, 18, and 19).

Current and Future Developments: A Synopsis

Several developments and research trends have emerged in the last decade that we believe already have improved our knowledge and will continue to do so in the years to come. From the advancements presented above, the following key areas of work and impact can be delineated:

1. Greater adoption of standardized, freely available and easy-to-apply psychological measures that capture the diversity of patients' concerns.
2. Further efforts to strengthen the principles of replication.
3. Further improvement of measures tapping processes and outcomes, including new digital tools and biomarkers.
4. Further improvements in statistical methods to analyze large datasets and intensive longitudinal assessments, including idiographic approaches.
5. Greater emphasis on research conducted in routine clinical practice and on therapist effects.
6. Improved quantitative and qualitative research of processes and mechanisms of change.
7. A better integration of research findings into transdiagnostic as well as transtheoretical clinical models and concepts and their broader implementation in health service systems.
8. Improved dissemination of psychological therapies including internet services and interventions (e-mental health).
9. Further cross-cultural adaptation and dissemination of psychological therapies and research topics.
10. A better implementation of outcome monitoring and clinical navigation systems into personalized as well as evidence-based clinical services and training.

Given these new developments and prospects, we are excited and optimistic about the future advances in psychotherapy research that are likely to occur in the foreseeable future. However, we are also mindful of the challenges faced by the field in general in ensuring that we find a balance between producing the highest-quality research possible and also striving to support the practical delivery of better psychological interventions to those most in need, regardless of their social, cultural, or economic context.

Overview of the Seventh Edition of This *Handbook*

We conclude this introductory chapter with a brief overview of the six sections and 23 chapters comprising the current edition of the *Handbook*.

Section 1 provides a summary of key frameworks and procedures that underpin the empirical investigation of psychotherapy and behavior change. *Chapter 1* (i.e., this chapter) has identified historical milestones from the inception of the *Handbook* in 1971 to recent trends in psychotherapy research. *Chapter 2* (Baldwin & Goldberg) covers methodological foundations and innovations in psychotherapy research. The chapter sets out core assumptions underlying high-quality quantitative psychotherapy research and introduces new methodologies and debates (e.g., about replication and transparency) that are highly relevant to psychotherapy researchers. *Chapter 3* (Levitt, Stiles, & McLeod) provides an overview of strategies and methodological issues in qualitative research. The chapter focuses on qualitative methods that have been providing additional insight into psychotherapy outcome and processes in recent years.

Section 2 addresses the topics of measuring and evidencing change in trials conducted in controlled settings, as well as in practice-oriented research. It provides a review of approaches to change and their yield in the meta-analytic literature as well as in data from routine practice settings. *Chapter 4* (Lutz, de Jong, Rubel, & Delgadillo) addresses the fundamental issue of change, how to measure, monitor, and predict change, and how to provide feedback on treatment outcomes. It also includes the application of advanced analytical procedures to large datasets and clinical navigation systems. *Chapter 5* (Barkham & Lambert) provides a state-of-the-art summary of the efficacy and effectiveness of psychological therapies. It deals with questions central to practitioners and the impact of clinical practice by drawing on findings from (network) meta-analytic studies, randomized controlled trials, other well-designed studies, and studies drawn from routine practice. *Chapter 6* (Castonguay, Barkham, Youn, & Page) complements and extends the previous chapter by providing an overview of recent practice-oriented research. It draws on the increasing evidence from routine practice that reflects how therapies are delivered in everyday situations, their impact, and factors that are associated with change in a diversity of naturalistic settings.

Section 3 focuses on therapeutic ingredients across treatment approaches and provides a detailed coverage of factors linked to the impact of psychotherapy. *Chapter* 7 (Constantino, Boswell, & Coyne) focuses on patient, therapist, and relational factors as correlates of psychotherapy outcomes. *Chapter 8* (Crits-Christoph & Connolly Gibbons) covers process–outcome research, with an emphasis on studies that have attempted to

examine the causal relationship between processes variables (specific to one orientation and common to all treatments) and patient change. *Chapter 9* (Wampold & Owen) focuses on therapist effects by presenting the statistical methods required to assess these effects, and by summarizing the current findings – both in terms of the magnitude of therapist differential effectiveness and the characteristics that are displayed by more as opposed to less effective therapists. *Chapter 10* (Knox & Hill) focuses on training and supervision, offering a review of current evidence for activities that provide the foundation and continuing support to high-quality practice across theoretical orientations. *Chapter 11* (McLeod, Stiles, & Levitt) covers contributions that have been made by qualitative research with regard to how psychotherapy works and its impact on patients. This second chapter on qualitative research (alongside Chapter 2) recognizes the increasing importance and advances of such methods in recent years.

Section 4 examines therapeutic approaches and formats. The chapters deliver state-of-the-art reviews of the main theoretical approaches and treatment modalities of psychological therapies. Covering both process and outcome, all but one of them (Chapter 15, which is new) are updated versions of chapters appearing in the previous edition. *Chapter 12* (Barber, Muran, McCarthy, Keefe, & Zilcha-Mano) focuses on psychodynamic therapies, *Chapter 13* (Elliott, Watson, Timulak, & Sharbane) focuses on the humanistic and experiential therapies, *Chapter 14* (Newman, Jarrett, Haaga, & Agras) focuses on behavioral therapies and cognitive-behavioral therapies, *Chapter 15* (Forman, Arch, Bricker, Gaudiano, Jurasico, Rizvi, Segal, & Vowles) attends to mindfulness and acceptance-based treatments often described as "third wave" behavioral treatments, *Chapter 16* (Friedlander, Heatherington, & Diamond) focuses on systemic and family approaches, *Chapter 17* (Burlingame & Strauss) covers small group interventions, and *Chapter 18* (Ng, Schleider, Horn, & Weisz) focuses on treatments for children and adolescents.

Section 5 addresses the personalization and/or delivery of psychological therapies at scale by covering new and well-established research areas. Reflecting a more recent innovative research strand, *Chapter 19* (Cohen, Delgadillo, & DeRubeis) is a new chapter that focuses on personalized treatment approaches. It covers new methodological (e.g., machine learning) and clinical approaches to provide innovative answers to the old question, "What works for whom?" *Chapter 20* (Hollon, Andrews, Keller, Singla, Maslej, & Mulsant) sets out the evidence regarding offering therapies alone versus in combination with medication. The chapter addresses a long-term debate in the field, covering new empirical ground and showing that psychosocial interventions work at least as well as medications and are often more enduring for nonpsychotic disorders. *Chapter 21* (Andersson & Berger) is a new chapter that addresses the considerable growth over the past 10 years in internet approaches, a format of treatment that is likely to foster the dissemination of psychotherapy. *Chapter 22* (Kazdin) discusses new ways and models of therapy delivery. This chapter is also new to the seventh edition and highlights current and promising concepts and strategies to scale up the provision of mental health services in order to better address unmet needs around the world.

Finally, *Section 6* comprises an epilogue within its single chapter – *Chapter 23*. This chapter summarizes the current state of psychotherapy and makes both predictions and recommendations about psychotherapy research, practice, and training from an international perspective as represented by its eight authors (Castonguay, Eubanks, Iwakabe, Krause, Page, Zilcha-Mano, Lutz, & Barkham) from seven countries (Australia, Chile, Germany, Israel, Japan, UK, USA) and five continents (Asia, Australia, Europe, North America, and South America).

All chapters in this anniversary edition have been written by experts in their specific field and have the same goal as all previous chapters and editions of the *Handbook*. That is, they try to update students, clinical trainees, experienced therapists as well as early career and experienced psychotherapy researchers on the latest findings in psychotherapy research in order to improve clinical services for patients around the world.

Abbreviations

CBT	cognitive behavioral therapy
HiTop	Hierarchical Taxonomy of Psychopathology
NIMH TDCRP	National Institute of Mental Health Treatment of Depression Collaborative Research Program
PRNs	practice research networks
RCTs	randomized controlled trials
RDoC	research domain criteria
ROM	routine outcome monitoring
SPR	Society for Psychotherapy Research

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