Hindering Events in Psychotherapy: A Retrospective Account from the Client's Perspective

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Abstract

This qualitative study examined retrospective client accounts of hindering experiences that occurred during therapy. In order to explore in-depth and descriptive information about client experiences of hindering events, a structured thematic analysis methodology was used that resulted in conceptual ordering (Corbin & Strauss, 2008). Data collection was conducted through face-to-face semi-structured interviews of 9 participants who had previously experienced a hindering event. Structured thematic analysis (Braun & Clarke, 2006) was used to distill themes from the collected data, where four major themes emerged from the data that were relevant to the research questions of the present study: 1) Identified Hindering Events, 2) Subjective Experience of the Event, 3) Response to the Event, 4) Handling/ Addressing the Event. Results from this study contribute to further understanding of client experiences of hindering events that occur in therapy. Implications for therapeutic organizations, therapists/ counsellors, and educators are discussed.

Keywords: hindering events, client experiences, thematic analysis

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CHAPTER I

Introduction

The examination of experiences and change processes in therapy provides valuable information about why psychotherapy works or does not work for different clients (Swift, Tompkins, & Parkin, 2017). Change process research (CPR) offers useful information about mechanisms of change in psychotherapy through the identification and description of processes that occur in therapy and elicit therapeutic change in clients (Greenberg, 1986). The significant events research approach is a type of CPR that combines multiple elements of other basic approaches of CPR (i.e., process-outcome design, helpful factors design, and/or microanalytic sequential process design) to create more comprehensive strategies such as task analysis (Greenberg, 2007; Pascual-Leone, Greenberg, & Pascual-Leone, 2009; Rice & Greenberg, 1984), comprehensive process analysis (Elliott et al., 1994), and assimilation analysis (Stiles et al., 1990). Significant events research examines the client's experience in therapy to develop a more realistic and subjective understanding of the therapeutic process (Corrêa, Ribeiro, Pinto, & Teixeira, 2016), while also examining the association between in-session processes to post-session outcomes (Elliott, 2010) through descriptive and non-comparative methodology.

The examination of significant events experienced in psychotherapy offers a deeper understanding for how change occurs in clients within the therapeutic process (Corrêa et al., 2016). Significant events research focuses on the identification of specific influential moments that occur in session and consist of client or therapist actions that facilitate change in clients (Elliott, 1984). Additionally, significant events research categorizes events as either helpful or hindering to the therapeutic process. Helpful events have been conceptualized in significant events research as the most productive moments of the therapeutic process, while eliciting

positive therapeutic change and leading to helpful impacts on therapeutic outcome (Elliott, 2010; Timulak, 2010). Client accounts of helpful events have been fairly consistent across studies, and common themes include: insight, awareness, problem clarification and/or solution (Elliott, 1985; Llewelyn, 1988). Hindering events are conceptualized as negative experiences identified by clients or therapists that occur in-session and reflect the most problematic moments of therapy that have been associated to limited or reduced therapeutic progress and therapeutic outcome (Elliott, 2010; Timulak, 2010). Hindering events have also been conceptualized as moments identified within therapy that have the potential to cause dissatisfaction or lead to ruptures in the therapeutic alliance and eventual withdrawal (Safran, Muran, Samstag, & Stevens, 2002). Some examples of client reported hindering events include: misrepresentation, negative counsellor reaction, unwanted responsibility, repetition, misdirection, and unwanted thoughts (Elliott, 1985, 2010; Llewelyn, 1988; Timulak, 2010). Despite the amount of research conducted on significant events, accounts of hindering events are reported less frequently than helpful events, while the categories of both helpful and hindering events that are reported vary between studies.

The types of significant events that are identified vary depending on the source and perspective used to report the event that occurred. Significant events have been explored from the perspective of the client (e.g., Levitt & Pomerville, 2016), therapist (e.g., Timulak, 2010), and/or observer (e.g., Castonguay et al., 2010). These differences suggest that therapists and observers have different considerations than clients for what events are helpful and hindering in therapy. Additionally, research has suggested that therapists may be inexperienced in effectively recognising and resolving negative experiences that clients have in therapy (Lietaer, 1992; Rhodes, Hill, Thompson, & Elliott, 1994). Research has also suggested that therapists tend to perceive therapeutic outcomes as significantly more positive than what therapeutic outcome

reports demonstrate (Lambert, 2017; Walfish, McAlister, O'Donnell, & Lambert, 2012). For example, Walfish et al. (2012) found that therapists estimated that about 85% of their clients improve or recover, which was a lot higher than actual measured outcomes in clinical trials and routine care. Also, Hannan et al. (2005) examined the ability of therapists to recognize and predict treatment failure. Only 3 of 550 clients were rated as likely to have a negative outcome and the amount of clients who were worse off at the current session was extremely underrated (Hannen et al., 2005). Thus, the differences in reported significant events between therapists and clients, therapist difficulty in dealing with negative experiences in therapy, and the tendency for therapists to perceive therapy outcomes as positive suggest that there may be biases in therapist accounts of hindering events. Therefore, examining hindering events from client accounts would eliminate potential therapist account biases.

It should also be considered that the majority of significant events research studies that examine hindering events also include the examination of helpful events, while only reporting few incidents of hindering events and focusing mostly on helpful events experienced in psychotherapy (Castonguay et al., 2010; Levitt, Pomerville, & Surace, 2016; Timulak, 2007; Timulak 2010). Therefore, focusing exclusively on hindering events from the client's perspective may allow clients to open up more about their negative experiences in-session and difficulties in the therapy process that may influence therapy outcome. Previous research has suggested that hindering events could be influencing the effectiveness of the therapeutic process and ultimately the discontinuation of therapy (Rhodes et al., 1994; Safran et al., 2002). Hindering events can result in dissatisfaction, disagreements in therapy, and eventual withdrawal from the therapeutic process (Safran et al., 2002). Therefore, further examination of the potential association between experienced hindering events and therapeutic outcome as well as the

exploration of how hindering events are resolved within the therapeutic process would elicit further information that is relevant for effective clinical practice.

The present study aims to further examine the client's perspective on their experiences of hindering events in therapy. A thematic analysis methodology was used to obtain the details of what hindering events are experienced by the client in the process of psychotherapy. More specifically, structured thematic analysis (Braun & Clarke, 2006) was used to uncover rich and complex information and to identify themes within the data. A semi-structured interview protocol was crafted by adopting questions regarding hindering events from the Important Events Questionnaire (IEQ: Cummings, Martin, Hallberg & Slemon, 1992) and expanding therefrom. This interview guide was used to conduct in-depth interviews with participants who have attended therapy in the past and are willing to discuss hindering therapeutic moments.

Further examination about the nature of retrospective client accounts of in-session hindering events, how these negative events are processed (or not), and their influence on the process and outcome of therapy from the client's perspective provides information pertinent to therapeutic practice. This information can inform therapeutic practice by shedding light on aspects of the therapeutic exchange that are perceived as hindering and that have the potential to compromise the success of therapy.

CHAPTER II

Literature Review

Significant Events Research

Change process research (CPR) was introduced more than 30 years ago and has since been conceptualized more broadly as the study of processes by which change occurs in psychotherapy, including in-therapy processes that elicit change and the resultant subsequent client changes (Elliott, 2010). Two types of CPR approaches were initially described by Greenberg (1986) including task analysis of significant therapy events and microanalytic research of sequences of client and therapist in-session behaviours. Both of these approaches to CPR focus on identifying, describing, explaining, and predicting the influence of therapeutic processes in eliciting therapeutic change in the client (Greenberg, 1986). However, the broadness of the CPR definition and different types of evidence that are used to infer causal operation or particular therapeutic processes suggest that there are now more than two types of CPR.

Researchers have created complex mixed genres of CPR that combine basic CPR designs which include qualitative and quantitative data collection procedures within an interpretive, theory-building framework to create comprehensive strategies for understanding how change occurs in therapy. The significant events approach is a type of CPR that combines multiple elements of basic approaches to CPR such as: quantitative process-outcome design that uses in-therapy process variables to predict outcome (Orlinsky, Rønnestad, Willutzki, 2004), qualitative helpful factors design that uses client reports on helpful or hindering aspects of therapy (e.g., Change Interview; Elliott, Slatick, & Urman, 2001, Helpful Aspects of Therapy Form; Llewelyn, 1988), and/or microanalytic sequential process design that examines the direct, immediate influence of therapeutic interventions on within-session client processes (Sachse, 1992; Wiseman

& Rice, 1989). Some examples of significant events research strategies include task analysis (e.g., Greenberg, 2007; Pascual-Leone, Greenberg, & Pascual-Leone, 2009; Rice & Greenberg, 1984), comprehensive process analysis (e.g., Elliott et al., 1994), and assimilation analysis (Stiles et al., 1990). While significant events research examines change processes within therapy, several therapeutic orientations have also identified that significant events are related to therapeutic and symptomatic outcome (McCarthy, Caputi, & Grenyer, 2017).

Significant events research incorporates the process-outcome strategy of looking for connections between in-session process and post therapy outcome (Elliott, 2010). This examination of process and outcome research can be completed within a comparative approach. For example, Rhodes et al. (1994) compared client experiences of resolved and unresolved misunderstanding events. However, significant event studies typically descriptively associate process to outcome in a non-comparative way (Elliott, 2010). This non-comparative approach carefully creates a descriptive theory and represents the initial rational model construction phase of research (Elliott, 2010). The theory built in this descriptive research can then be tested in validation comparative theory-testing studies (Greenberg, 2007). Therefore, significant events research involves the investigation of experiences that occur during therapy and influence the therapeutic process and outcome.

Significant events research investigates client experiences during therapy, while attempting to better understand the therapeutic process (Corrêa et al., 2016). Significant events research was initiated by Robert Elliott in the mid-eighties (Elliott, 1983–1985; Elliott, James, Reimschuessel, Cislo, & Sack, 1985) and based on important events and/or moments research (Berzon, Pious, & Farson, 1963; Bloch & Reibstein, 1980; Bloch, Reibstein, Crouch, Holroyd, & Themen, 1979; Mahrer & Nadler, 1986), which was built on therapeutic factors studies in group

psychotherapy in the late seventies (see e.g., Lieberman, Yalom, & Miles, 1973; Yalom, 1975). The comprehensive ‘Interpersonal Process Recall’ (Kagan, 1975) and ‘Comprehensive Process Analysis’ strategies (Elliott, 1983, 1984, 1986, 1989; Elliott & Shapiro, 1988) were originally used in significant events research to produce meaningful interpretations of single (Elliott, 1983) or multiple events (Elliott, 1984) within therapy. Thus, these early studies concentrated on the thorough analysis of therapy sessions and therapist responses, where therapist responses were rated either as significantly helpful or hindering on a quantitative helpfulness scale and were then analysed using established process measures (Elliott, 1985).

Identifying significant events has been a long-standing approach that initially focused on experiential therapies (Elliott, 1985) and later expanded to several other therapies (e.g., Llewelyn, 1988), while using various methods of event identification (e.g., Helpful Aspects of Therapy Questionnaires; Llewelyn, 1988). However, significant events research studies typically share several methodological features including using some sort of strategy for identifying significant moments in therapy such as self-reports (e.g., HAT Form; Llewelyn, 1988), observational methods for reviewing therapy sessions (Greenberg, 2007), or video assisted client interview methods (e.g., Brief Structured Recall; Elliott & Shapiro, 1988). Typically, a combination of two or more of these data collection methods is used in significant events research. Once significant events are identified, the researchers attempt to create a qualitative, sequential description of what happened, while tracking several qualitative aspects of client and therapist interaction over time. The qualitative sequential analysis within significant events research aims to develop and modify theories (Elliott, 2010), while also attempting to link within session processes to post session outcomes. Therefore, the significant events research approach also incorporates the process outcome strategy of looking for connections between therapeutic

process and outcome. Although the examination of the connection between therapeutic process and outcome can be done in a comparative way (e.g., Rhodes et al., 1994), significant event research studies typically associate process to outcome in a more non-comparative and descriptive manner.

Significant events research examines distinct therapy events in-depth through the identification and categorization of a significant event in therapy (e.g., Elliott, 1985; Timulak 2010), while other studies also examine the impact of significant events on the therapeutic process (e.g., Lilliengren & Werbart, 2005; Llewelyn, 1988; Timulak, 2007) to elicit additional information on the client's subjective experience in therapy (e.g., Richards & Timulak, 2012). These significant events were defined by Elliott and Shapiro (1992) as every moment within a therapy session that serves as a specific intervention, response, reaction, interaction, and/or an act that resonates deeply within the subjective experience of the client or therapist. These significant events involve particular client actions in response to therapist performances (Greenberg & Pinsof, 1986), while arguing that these events likely include effective ingredients for change (Elliott, 1984). Therefore, significant events are conceptualized as moments identified by the client or therapist that stand out against the overall experience as meaningful within the therapeutic process (Giorgi, 1998).

Helpful Events in Therapy

Significant events are categorized by the influence of the event on the client within the therapeutic process (Elliott & Shapiro, 1988). There are two categories of significant events: helpful events and hindering events (see Appendix B for research findings). Helpful events have been conceptualized as the most productive moments of the therapeutic process and stand out as particularly positive from the rest of the session, while also leading to helpful impacts on the

therapeutic process (Timulak, 2010). Significant events research originally focused on the identification and examination of helpful significant events such as insight (e.g., Elliott, 1984; Elliott et al., 1994), empowerment (Timulak & Elliott, 2003), resolution of therapeutic tasks (e.g., conflict splits; Greenberg, 1984), and the various transition points mapped by Stiles's (1999, 2006) assimilation model (e.g., Brinegar, Salvi, Stiles, & Greenberg, 2006). Client identified helpful events that have been reported in previous significant events research include: insight, awareness, problem clarification, problem solution, understanding, reassurance, involvement, and personal contact (Elliott, 1985; Llewelyn, 1988; Timulak, 2010) as well as the provision of information, monitoring, scheduling, restructuring, and distraction techniques (Richards & Timulak, 2012). Therefore, the identification of helpful significant events provides information on therapeutic change processes, while examining isolated moments that are perceived as productive and relevant in positive therapeutic outcomes.

Hindering Events in Therapy

The second category of significant events is referred to as hindering events (also referred to as unhelpful events/experiences) which are conceptualized within significant events research as the most problematic moments within therapy, which reflect some elements of client disappointment with the therapist or therapeutic process (Timulak, 2010). Hindering aspects, events, moments, and experiences are used interchangeably throughout the literature, and are often defined by clients based on their own experiences within therapy (Lilliengren, & Werbart, 2005; Timulak, 2010; Timulak, & McElvaney, 2013). Some examples of reported hindering events include: misrepresentation, negative counsellor reaction, unwanted responsibility, repetition, misdirection, and unwanted thoughts (Elliot, 1985; Llewelyn, 1988) as well as burden of work, time and pace, issues with the content and its form of delivery and technical problems

(Richards & Timulak, 2012). Therefore, hindering events are identified by clients as interfering with the counselling process and preventing them from achieving their therapy outcome goals (Timulak, 2007; Henkelman & Paulson, 2006).

Different Perspectives on Significant Events

Identifying significant events and/or moments considered by clients (e.g., Levitt, Pomerville, & Surace, 2016), therapists (e.g., Timulak, 2010), and/or observers (e.g., Castonguay et al., 2010; Mahrer et al., 1987) to have a helpful or hindering impact in therapy provides data on therapeutic change processes (Elliott, 1985). However, previous research has found that therapists and clients typically identify the same significant events in session, but tend to value these same events differently (Henkelman & Paulson, 2006). Research suggests that therapists and clients experience different degrees of salience for different events within the therapeutic process, and this difference in perspective elicits different information about what is important to clients within the therapeutic process (Timulak, 2010). For example, Timulak (2010) completed an overview of 41 primary studies that had client identified significant events as the main or secondary focus of research and found that clients valued the relational and emotional aspects of events, while therapists identified events of therapeutic work such as insight and the progress made in understanding a problematic issue (Timulak, 2010). Clients also put more emphasis than the therapist on how they are perceived by the therapist (Timulak, 2010). Therefore, the client's experience of helpful and hindering events seems more related to the interpersonal context of their experience than to the progress they have made in understanding their presenting problem.

Prior studies (e.g., Elliot & Shapiro, 1992; Hardy et al., 1998; Labott, Elliott, & Eason, 1992) have found that therapists do not fully acknowledge and understand the clients' experience of hindering events in therapy. Additionally, poor therapeutic outcome has been associated with

more disagreements between what clients and therapists identify as significant within the therapeutic process (Llewelyn, 1988). This finding was reinforced by Kivlighan and Arhur (2000) which indicated that the convergence of client-therapist identification of significant experiences over the course of therapy was associated with outcome. Therefore, the differences between what the therapist and the client identify as helpful or hindering in therapy demonstrate valuable information for consideration in clinical practice. Based on these differences between client and therapist perspectives of what is significant in therapy, it has been argued that the client's perspective is more valid and useful in modeling change processes (Elliott, 2010; Levitt, Butler, & Hill, 2006;), while providing their own articulation and contextualization of elements of change including their experiences with significant events.

Therapists and researchers may not be accurate in their understanding and description of negative experiences that occur in therapy (Lietaer, 1992; Rhodes, Hill, Thompson, & Elliott, 1994). Regan and Hill (1992) suggest that therapists may be inexperienced in effectively dealing with the negative experiences clients have in therapy and that therapists are predominantly inaccurate when speculating about the experience of clients in therapy (Hill et al., 1996; Regan & Hill, 1992). Additionally, the therapist's view of their client's outcome tends to be significantly more positive than measured outcomes from self-report scales (Lambert, 2017). Walfish et al. (2012) reinforced this finding by identifying that therapists estimated that about 85% of their clients improve or recover, which was a lot higher than actual measured outcomes in clinical trials and routine care (Walfish et al, 2012). A serious issue in routine practice and clinical trials is the inability of therapists to recognize clients who get worse during treatment and to consider worsening during treatment as a threatening sign of treatment failure and ultimate deterioration (Lambert, 2017). Hannan et al. (2005) investigated therapist accuracy in

predicting negative treatment outcome by asking 48 therapists at a university outpatient clinic to predict which of their clients would end treatment worse off than when they started treatment. Only 3 of 550 clients were rated as likely to deteriorate, while outcome data indicated that 40 clients had deteriorated by the end of therapy. Therefore, therapists tend to overestimate the positive outcomes of their clients when compared to the actual measured outcomes and are often not accurate in identifying clients at risk for a negative outcome (Hatfield et al., 2010; Lambert, 2017). Such biases in accurately identifying and reporting negative experiences, processes, and outcomes suggest the need for therapists to take into consideration client accounts of their experiences in therapy.

Hindering Events Research

Researchers report that hindering experiences have a significant impact on the therapeutic process and outcome (Binder & Strupp, 1997; Hadley & Strupp, 1976; Mohr, 1995). Previous research has established that hindering experiences and/or negative processes in therapy are major obstacles in successful treatment and that the impact of these experiences has been underestimated when considering therapy outcome (Henkelman & Paulson, 2006; Binder & Strupp, 1997). Hindering events experienced within the therapeutic process can result in significantly negative influences to the therapeutic process such as client dissatisfaction with therapy, disagreements in therapy, and eventual premature withdrawal from the therapeutic process (Safran et al., 2002).

Although client reported hindering events have not been directly associated to dropout and premature termination, previous research has suggested that these events could be influencing the effectiveness of the therapeutic process and ultimately the discontinuation of therapy. When considering that between 15% and 70% of clients drop out of therapy or do not

complete a course of treatment to a satisfactory outcome (Edlund et al., 2002; Luedke, Peluso, Diaz, Freund, & Baker, 2017; Swift & Greenberg, 2012; Werner-Wilson & Winter, 2010), the fact that many clients are not receiving the recommended amount of individual psychotherapy to see significant improvement (75% of clients see significant improvement in 14 sessions; Lambert, 2013), and increased incidents of clients who fail to change despite attending therapy, further understanding of the therapeutic process is required. The statistics on premature termination of therapy from both clinicians and researchers indicate that a significant number of clients are not staying in psychotherapy long enough to receive the maximum benefit or any benefit at all (Luedke, Peluso, Diaz, Freund, & Baker, 2017). Therefore, further exploration into the influence of hindering events on therapeutic process, outcome, and ultimately the client's decision to continue with therapy would create useful information for clinical practice.

Hindering events have been described as difficult to study due to reduced reporting (Henkelman & Paulson, 2006) and reduced consistency of reported categories of hindering events among studies. Despite the influence of hindering events on the counselling process and ultimately on therapy outcomes, the majority of the research on hindering events emphasizes the perspective of the therapist instead of the clients (Castonguay et al., 2010; Levitt, Pomerville, & Surace, 2016; Timulak, 2007, 2010). Additionally, the majority of previous significant events research examines both helpful and hindering events, while focusing more on the examination and analysis of helpful events than on hindering events such as: difficult moments (e.g., Davis et al., 1987), relational ruptures (Safran, Crocker, McMain, & Murray, 1990), and misunderstandings (Rhodes, Hill, Thompson, & Elliott, 1994). Therefore, limitations exist within previous knowledge of subjective client accounts of hindering events.

One potential explanation for the limited accounts of hindering events within previous significant events research could be due to the methodology used to collect client accounts of experienced hindering events (Rousmaniere et al., 2017). The majority of significant event research studies that have examined hindering events have used post-session questionnaires such as the Helpful Aspects of Therapy Form (HAT; Llewelyn, 1988) and the Important Events Questionnaire (IEQ; Cummings, 1992) to elicit information about client experiences in therapy (e.g., Timulak, 2010; Richards & Timulak, 2012). However, client accounts are limited when post-session questionnaires are used because clients only respond to the questions provided and no further probing for additional information is possible.

Additionally, the HAT form and IEQ were created to elicit information about both helpful and hindering events and are not particularly sensitive to hindering events. For example, the HAT questionnaire (Llewelyn, 1988) is the most extensively used and examined qualitative session report form for examining client-identified significant events in therapy (Timulak, 2010). Studies that have used the HAT have been successful in creating useful taxonomies of categories of helpful events (Castonguay et al., 2010; Timulak, 2007, 2011) and case descriptions for how HAT responses vary over the course of therapy (Elliot et al., 2009; Stephen et al., 2011), but the HAT does not appear to be predominantly sensitive to hindering aspects of therapy (Rousmaniere et al., 2017). For example, Castonquay et al. (2010) found that only 2% of HAT forms included accounts of hindering events. However, Cummings et al. (1994) suggested that the Important Events Questionnaire (IEQ; Cummings, 1992) may be more effective in distinguishing between helpful and hindering experiences in therapy.

The Important Events Questionnaire (IEQ; Cummings, 1992) has been suggested in previous research to be more effective at distinguishing between reported helpful and hindering

events in therapy (Cummings et al., 1994). Therefore, it has been suggested that the IEQ report data can be used to go beyond the categorization of reported change events, while interpreting underlining metaphors expressed in the responses (Cummings, 1996). However, the use of post-session questionnaires as a method for data collection of client accounts provides limited insight into the clients' subjective experiences of hindering events in therapy.

The underreporting and lack of consideration for client experiences of hindering events within the therapeutic process has been associated with the methodology used to categorize and analyze collected significant events from client accounts in significant events research. Significant events researchers typically use predetermined categorical systems developed by the investigators and/or authors of the study to code client responses for experienced significant events in the therapeutic process (e.g., Gershefski, Arnkoff, Glass, & Elkin, 1996; Levy, Glass, Arnkoff, Gershefski, & Elkin, 1996; Llewelyn et al. 1988; Llewelyn & Hume, 1979). This approach allows researchers to statistically identify and categorize client accounts of reported significant events based on predetermined categorization and themes found in previous research, while using quantitative measures to identify reported events that they perceive as relevant to the therapeutic process and outcome. However, it has been argued that when approaching qualitative data with pre-constructed categories, the focus is no longer on the client's subjective experience but instead on how well the client's experience is consistent with the previous knowledge of the researcher (Rennie 1992, 1994). For example, Paulson, Everall, and Stuart (2001) suggested that when predetermined coding systems are used to classify aspects of therapy, the activity and reflexivity of the process can be reduced or overlooked.

Additionally, the majority of existing significant events research studies examine both helpful and hindering events (e.g., Timulak, 2010; See Appendix B). The choice to include both

helpful and hindering events in the examination of the client's experience of therapy has also been suggested to limit the reporting and accuracy of client accounts of hindering experiences (Martin & Stelmaczek, 1988). For example, studies that examine both helpful and hindering events within therapy typically collect more information about what is helpful in the therapeutic process (e.g., Bowman & Fine, 2000; Levy, Glass, Arnkoff, Gershefski, & Elkin, 1996), while negative experiences in therapy are underreported (Levy et al., 1996). This assumption has been reinforced by the influence of the contextual nature of memory which suggests that if a client's overall experience of therapy was positive, the client's memories of events within the therapeutic process may naturally shift to recalling all aspects of therapy as positive (Henkelman & Paulson, 2006). For example, if clients are asked about helpful events before they are asked to recall hindering events it is possible that their overall perception of therapy may become more associated with positive experiences and reduce their ability to recall hindering events that occurred in therapy (Henkelman & Paulson, 2006). Therefore, further research on client accounts of exclusively hindering events within therapy could provide useful information on the influence of hindering events to the therapeutic process and therapeutic outcome.

Few studies have examined exclusively client accounts of hindering events in-depth without using post-session questionnaires or predetermined categorizations of events. A study done by Paulson, Everall, and Stuart (2001) appears to be the only study to examine client-identified hindering events without examining helpful events in therapy (See Appendix B for study information), while using semi-structured in-depth interviews to elicit information about the client's experience. The study found that clients identified three hindering aspects of counselling which included: client variables (i.e., concerns about vulnerability, lack of commitment, and uncertain expectations), external and structural barriers (i.e., structure of

counselling and barriers to feeling understood), and counsellor variables and behaviours that negatively impacted the therapeutic process and hindered the participants' progress (i.e., lack of connection, negative counsellor behaviours, insufficient counsellor directiveness, and lack of responsiveness)(Paulson, Everall, & Stuart, 2001). The therapeutic connection between the therapist and client was also identified by clients as central to the therapeutic process in that connection allowed the client to engage in the therapeutic process, while lack of connection had a negative impact on what happened in therapy (Paulson, Everall, & Stuart, 2001). This finding has been supported by previous research which associates the strength of the therapeutic alliance to the effectiveness of therapy resulting in a positive therapeutic outcome (e.g., Kazdin & McWhinney, 2017). Therefore, the development of a strong therapeutic relationship was identified as necessary to encourage a connection between the therapist and the client, while clients were able to identify failures of connection with their therapists as hindering to the therapeutic process. However, this study did not identify how these failures were resolved in session. Therefore, the examination of client experiences of hindering events while considering therapeutic connection and potential resolution of these problematic moments would provide relevant information for clinical practice.

The Paulson, Everall, and Stuart (2001) study also found a discrepancy between therapist and client perception of what was considered hindering within the therapeutic process (Paulson, Everall, & Stuart, 2001). For example, therapists identified lack of progress or slow progress as resistance, while clients perceived it as a need for motivation. Additionally, it was found that therapists often assume that the client knows why they are in counselling and what they want to get from the therapeutic process, but clients identified a need for further information on what counselling is and how it works. Clients indicated that this lack of knowledge was a component

of counselling that needed to be addressed by the therapist and further responded to in the relationship. Therefore, it was suggested that the difference between what therapists and clients found to be hindering in the therapeutic process should be addressed and/or resolved or else the process of therapy and therapy outcome would be negatively impacted.

Client Identified Hindering Events

Previous research has suggested that clients are better positioned to provide information about their process of change, while client perceptions of counselling are better predictors of outcome than therapist perspectives (Elliott, 2010; Levitt, Butler, & Hill, 2006; Levitt, Pomerville, & Surace, 2016). However, the majority of significant events research does not emphasize the perspective of the client on significant events. Additionally, clients typically find it difficult to talk about hindering experiences in therapy (Paulson et al., 2001; Sells et al., 1996) and have a tendency to hide negative reactions in counselling (Audet & Everall, 2003; Farber, 2003; Regan & Hill, 1992; Rennie, 1992; Thompson & Hill, 1991).

Several researchers (Grafanaki & McLeod, 1995; Hill et al, 1993; Rennie, 1994) have suggested that clients may hide what they perceive as hindering experiences in therapy rather than state their feelings and thoughts about these experiences (Paulson, Everall, & Stuart, 2001). For example, previous research suggests that client participants associate their articulation of hindering aspects in therapy with criticism towards their therapist following successful therapy (Grafanaki & McLeod, 1995; Hill et al, 1993; Paulson, Everall, & Stuart, 2001; Rennie, 1994). Furthermore, despite a positive relationship between the client and therapist, clients have difficulty reporting hindering aspects of the therapeutic process to their therapist. This finding is reinforced by the Regan and Hill (1992) study which examined unspoken thoughts in therapy. It was found that clients do not typically share their negative experiences with their therapist and

that what clients choose to not tell their therapist is mostly negative in nature (Audet & Everall, 2003; Regan & Hill, 1992). Audet and Everall (2003) also examined counsellor self-disclosure and described the experience of a client becoming dissatisfied with his therapist due to the unspoken nature of his negative experiences in therapy.. Therefore, a more in-depth study focusing on client accounts of hindering experiences in therapy and how these events are addressed in therapy may elicit additional information about client experiences of hindering events in therapy and their influence on therapeutic process and outcome.

Resolution of Hindering Events

When examining the influence of hindering events on clients, the management and resolution of these events has been associated to improved therapeutic processes and outcomes. For example, Rhodes et al. (1994) used inductive methodology to examine client retrospective accounts of resolved and unresolved misunderstanding events while examining major misunderstanding events that occur in therapy from the clients' perspective. Rhodes et al. (1994) reported that clients who had resolved misunderstanding events with their therapist were more satisfied with therapy than individuals who experienced unresolved events, which is consistent with recent research on rupture and repair cycles within the therapeutic alliance between the therapist and client (see Larsson, et al., 2018; Safran et al., 2011; Safran & Muran 1996). Rhodes et al., (1994) also identified pathways for retrospective client-recalled resolved and unresolved misunderstanding events. The resolved events pathways included: a good therapeutic relationship between the client and therapist; the client was engaged in therapeutic tasks; the therapist did not do something that was not what the client wanted/needed; the client had negative feelings toward themselves or the therapist after the event; the client told their therapist about the hindering event immediately after or after a period of silence; the client and therapist

engaged in a mutual repair process while working to further understand and resolve the event, which resulted in client growth and an enhanced therapeutic relationship (Rhodes et al., 1994). Additionally, the unresolved events pathways included: a poor therapeutic relationship; misunderstanding occurred when client was engaged in therapeutic task; the therapist did not do what the client wanted/needed; client had negative feelings towards themselves or the therapist; the therapist was not perceived as being open to discussing negative client experiences. Therefore, the inability of the therapist to acknowledge and progress through misunderstanding events with the client led to client dissatisfaction with therapy (Rhodes et al., 1994). The underreporting and lack of consideration for client experiences of hindering events such as feeling misunderstood within therapy can be detrimental to the therapeutic process and therapeutic outcome in the successful application of therapy (Timulak, 2007, 2010). Thus, while examining client accounts of hindering events in-session such as misunderstanding events, in order to examine the influence of these events on the therapeutic process and outcome, how these events are addressed and resolved should also be considered in order to fully capture the clients' experience of these events.

There are no previous studies that have examined client accounts of hindering events in-depth, while also examining and considering how these events were addressed or resolved in-session. For example, the Paulson, Everall, and Stuart (2001) study, which is referred to earlier as the only study to examine exclusively hindering events without using post-session questionnaires and pre-determined categories, did not identify how reported hindering events were resolved. The Paulson, Everall, and Stuart (2001) study also identified that further investigation of how these events were addressed and resolved could be informative in future research. Therefore, while seeking to explore and further understand the hindering experiences of

clients in therapy and how these events influence the therapeutic process and outcome, how these events are addressed and resolved in therapy should also be considered. While considering how hindering events are addressed, further information can be explored and understood as to why these events persisted as hindering through the retrospective recall of participants.

Present Study

Client accounts of their experiences in counselling provide information about the therapeutic process. Additionally, the client's perception of counselling has been suggested to be a better predictor of outcome than therapist perspectives (Elliott, 2010; Levitt, Butler, & Hill, 2006), while discrepancies have been found between what clients and therapist find helpful and hindering in therapy. Therefore, information regarding client accounts of helpful and hindering significant events experienced in-session provides information about the therapeutic process and therapeutic outcome. However, client accounts of hindering events have been underrepresented in significant events research due to limited accounts of reported hindering events from clients, as well as substantive practices that focus more on positive experiences in therapy than on negative events. Further examination of client accounts of hindering events that occur in therapy when the therapeutic process is not positive will elicit further information about ineffective therapeutic intervention.

These limitations to previous research have created a gap in understanding how hindering events occur in therapy from the client's perspective, the subjective impact of these events on the client's progression through therapy and how the event is either resolved or unresolved within therapy. To contribute to the literature, the present study examines hindering events experienced by clients in psychotherapy. A structured thematic analysis methodology was used to obtain the details of what is experienced by the client in the process of psychotherapy. More specifically,

structured thematic analysis was used to uncover rich and complex information and to identify themes within the data. Modified versions of a few relevant questions from the Important Events Questionnaire (IEQ; Cummings, Martin, Hallberg & Slemon, 1992) were used to elicit information about experienced hindering events from participants who have attended therapy in the past and experienced at least one hindering event in therapy. A semi-structured in-depth interview format was used to create more exhaustive accounts of client experienced hindering events. The examination of retrospective client accounts of hindering events while using semi-structured in-depth interviews to allow for a more detailed exploration of hindering events, while probing questions were used to gain further insight into the experience of the client.

Specific Aims and Research Questions

The purpose of this study is to examine how hindering events are experienced by clients and their influence on the therapeutic process and outcome from the client's perspective. This study aims to answer the following questions from the client's perspective:

- 1) How are hindering events described and experienced in therapy?
- 2) How do hindering event(s) influence the therapeutic process?
- 3) How do hindering event(s) influence the therapeutic outcome?
- 4) Was the hindering event resolved or addressed and if so, how?

CHAPTER III

Methodology

In order to examine hindering events in psychotherapy in depth; this qualitative study used structured thematic analysis to access descriptive information on hindering events experienced by clients in psychotherapy. Qualitative research aims to provide description, theorizing, and/or conceptual ordering of collected data (Corbin & Strauss, 2008), while seeking to understand the unique experiences and perspectives of participants. The next section will provide the rationale for the proposed research methodology, recruitment and sampling method, and the data collection and analysis procedures.

Research Methodology

Structured thematic analysis methodology supports the development of themes, descriptions, and a theory from collected data while using an interactive and systematic of collecting and analyzing data (Strauss & Corbin, 1998). Similarly, significant events research represents a broad examination of smaller quantifiable helpful and hindering events experienced in the psychotherapeutic process (Elliot, 2010; Timulak, 2010). One facet of significant events research is Helpful factors research which uses post-session questionnaires such as the Important Events Questionnaire (IEQ: Cummings et al., 1992) to have clients describe the most important things that happened in previous sessions and what makes these events helpful or hindering (Elliot, 2010). This produces accounts of the immediate effects of important change processes as well as a more in-depth examination of helpful and hindering factors in therapy, which helps convey further information about the therapeutic change process. Therefore, a structured thematic analysis methodology that takes into consideration Helpful factors research allows for the extraction of rich meaning and information from participants while exploring their

experiences, thought processes, and perceptions of their experience with hindering events in therapy. Structured thematic analysis emphasizes conceptual ordering, which organizes data into discrete themes based on the codes and properties of the collected information, while participant descriptions are used to clarify the developed themes. This approach allows for the collection of in-depth information on hindering events experienced in therapy, the impact of these events, and how these events are managed, while still remaining consistent with the methodology for Helpful factors research.

Trustworthiness

Trustworthiness refers to the degree of confidence in collected data, interpretation, and methods used to ensure the quality of a study (Polit & Beck, 2014), while maintaining criteria such as: credibility, dependability, confirmability, and transferability (Lincoln & Guba, 1985). Credibility, or the confidence in the truth of the findings of the study, was achieved in the present study through the description of researcher biases (See impact of researcher section), while using probing questions, paraphrasing and reflections to ensure the accuracy of interpretations.

Dependability, or the stability of how research will be conducted and repeated, was achieved through the recording of the research process details through an audit trail. Confirmability, or the neutrality and the degree that the findings could be repeated, was ensured by the maintenance of an audit trail and the input of the thesis supervisor in the interpretation of data. Transferability, or how findings could be applied to other contexts, was achieved through a detailed description of the context, location, and participant demographic.

Impact of Researcher as Instrument on Results

The perspectives, assumptions, and experiences of a researcher inspire the approach, process, and analysis of the research that is conducted (Creswell, 1998, 2013). Therefore, these

influences should be identified before the initiation of a research study. In order to elaborate on potential researcher biases, a researcher must recognize their worldview while engaging in and self-reflection through an interpretive process (Creswell, 2013).

The author of the present study has completed the majority of course requirements for the Masters of Counselling Psychology program and has worked within the psychotherapy field as a counselling intern as a part of the program. Additionally, she has also experienced a hindering event as a client within therapy and has had several individuals within her personal life express their hindering experiences. Thus, she considered her previous experience as a client and as a therapist to have influenced the initial interest in collecting subjective data on hindering events and curiosity in analyzing the data for emerging themes that reflected the influences of these events on participants.

Therefore, the main author was a subjective investigator that was not completely separate from the research context of the study. For example, as a previous client, the researcher could relate to the participants' experience of a hindering event within therapy and the influence of that event on the therapeutic process and/or outcome. As a novice therapist, the researcher was able to use previously learnt and developed counselling strategies such as empathy, paraphrasing, and reflection of feelings to allow the participant to explore and explain their unique experience of a hindering event. The researcher also has a foundational knowledge and understanding of psychotherapeutic interventions and services which provides a theoretical and practical understanding of the experiences expressed by participants. While interviewing participants, the main researcher used paraphrasing techniques to ensure that the experiences of the participants was accurately represented and understood. The main researcher debriefed with the thesis

supervisor to ensure that that participant accounts were described accurately and to reduce the potential for biases while analyzing collected data.

By approaching the data from a dual-role point of view, as a past client and current novice therapist, the interpretation of the results was conducted with a heightened curiosity and awareness for the unique experiences of hindering events reported by participants. The main research saw the value of exploring how participants described their experiences of hindering events, while also relying on strategies for dependability and credibility to evaluate the subjectivity of the findings. For example, the researcher monitored her subjectivity by identifying codes from collected data based on the direct quotes of participants from the interview, while identifying themes that emerge from the codes that capture the unique experience of each participant.

The coding of collected information was also audited by the researcher's thesis supervisor to ensure that the themes accurately represented the codes that emerged from the transcripts. Thus, the research process details were recorded through an audit trail, while the transcriptions and conceptual ordering of collected data was audited and edited by the researcher's supervisor.

Procedures

Inclusion criteria. In order to gain insight into hindering events experienced in psychotherapy, any English-speaking Canadian individual over the age of 18 who a) had attended therapy from a therapist and b) had experienced a hindering event that involves some aspect of the client and therapist exchange in therapy were eligible to participate in the study. Also, all genders were approached to participate.

Developing and piloting the interview protocol. The developed semi-structured interview protocol used similar questions as the Important Events Questionnaire (IEQ: Cummings, Martin, Hallberg & Slemon, 1992) due to previous research suggesting that the questionnaire was effective at distinguishing between helpful and hindering events in therapy, while also providing further information about underlining client experiences (Cummings et al., 1994; See literature review). However, these questions were modified within the present study to examine exclusively hindering events.

For instance, the initial IEQ included questions such as: What was the most important thing that happened in this session? Why was it important and how was it helpful or not helpful? What thoughts and feelings do you recall experiencing/having during this time in the session? What did you find yourself thinking about or doing during the time in between sessions that related in any way to the last session? Are you experiencing any change in yourself, if so what? (Cummings et al., 1992). The present study used similar questions but focused more on the subjective experience of hindering events. These modified questions included: What stands out for you as a hindering or unhelpful experience that has happened to you in a therapy session with that therapist? Why was this experience hindering or unhelpful? What thoughts and feelings do you recall experiencing during this time in the session? What did you find yourself thinking about or doing during the time after this session? Have you experienced any changes in yourself since this experience?

The initial interview protocol was piloted and audio recorded with a consenting participant prior to data collection. The thesis supervisor listened to the pilot interview and provided feedback to the main researcher on the interview protocol and on other interviewing techniques. The interview protocol was then edited to include additional contextual questions

(e.g., Please describe the therapist you were seeing when you experienced a hindering or unhelpful event) to better facilitate the memory of events, while also modifying the initial questions to be more effective at eliciting relevant information (See Appendix G for the used interview protocol).

Participant recruitment. After ethics approval was received from the Office of research Ethics and Integrity at the University of Ottawa, participants were purposely recruited by displaying recruitment posters. These were displayed throughout the University of Ottawa campus including at the Student Academic Success Service which is an on-campus counselling service. The main researcher obtained permission to post the recruitment posters at selected locations (Appendix C). The posters displayed information regarding the purpose of the study and asked interested participants to contact the main researcher by e-mail (Appendix D). A first-come, first-served selection basis was used for selecting participants. Brief telephone interviews were then conducted with interested participants to ensure that they meet the inclusion criteria of the study and the recruitment letter was read to them. A recruitment letter (Appendix E) was sent to interested participants by e-mail and if the individual were interested in participating in the study a meeting time was scheduled with the participant to complete an interview (Appendix G). The consent form was provided and reviewed during the meeting (Appendix F).

Between May and June 2018, fifteen individuals expressed interest in volunteering to participate in the study. Three individuals dropped out before a screening interview was conducted over the phone to ensure that they met the study criteria. Two participants dropped out of the study prior to the interview, one individual was not able to accommodate an interview due to restrictions in her schedule, and the other individual had simply lost interest in participating. One potential participant completed the screening interview and was not included in the study

because he did not meet the study criteria. For those that completed the brief telephone interview and met the criteria for the study, a recruitment letter (Appendix E) and informed consent form (Appendix F) were sent to them by e-mail and an interview time was scheduled. The final sample comprised 9 participants.

Data collection and interview procedure. Data collection was conducted through face-to-face interviews using a semi-structured interview protocol with open-ended questioning, where participants were asked about their past experiences in psychotherapy (Appendix G). Interviews were conducted over a two-month period, were approximately 30 minutes in length, and were audio taped to provide a record of the conversation for later transcription. After consultation with the participant on an agreed upon time and location for the interviews, all interviews were conducted at a university office space at a time that suited them. All participants provided a signed informed consent form at the beginning of the interview and were provided with their own personal copy of the form.

After the collection of the consent form, the semi-structured interview protocol (Appendix G) was then used as a guideline for the interview. Participants responded to demographic questions at the top of the interview guide, and the information for participants section was read to participants. Participants were then invited to express any questions or concerns that they have prior to the start of the interview. Participants were then asked a series of contextual questions and interview questions about their experience of a hindering event in previous therapy. All interviews were audiotaped with the participants' permission and lasted approximately 19 to 52 minutes long ($M=31.87$). The interview consists of brief demographic information (i.e., age, gender, and the approximate start/end dates of psychotherapy services) and interview questions based on a modified version of the Important Events Questionnaire

(IEQ; Cummings, Martin, Hallberg, & Slemon, 1992) were then asked to conceptualize and examine hindering events as well as the associated influence and potential resolution to the events, due to the ability of the IEQ to elicit hindering experiences from clients (Cummings et al., 1992, 1994). Paraphrasing, probes and follow-up questions were used by the main researcher during interviews to clarify meaning and encourage participants to disclose further information about their experiences.

Although every participant was asked all of the questions in the interview guide, the main researcher used fluidity and flexibility within the interview process to engage effectively and uniquely with each participant. The researcher used prompting to invite more detail and depth in the description and explanations of participants. Additionally, follow-up questions were omitted if participants had already answered the question within previous responses.

Sample Characteristics

Participants in the present study identified as 8 females and 1 male who ranged from ages 20 to 66 years old ($M=33.2$) and responded to seeing the recruitment posters that were distributed throughout the University of Ottawa campus. Seven out of nine participants identified as a Caucasian ethnicity.

Participants recalled accounts of hindering events that occurred two weeks ago to five years ago ($M=2.4$ years ago). The majority of participants recalled hindering events from experiences they had with the first therapist they sought individual therapy from (67%). Participants reported that these events occurred during their first session to 15 years after they started seeing their therapist ($M= 2.3$ years into therapy). The majority of participants recalled experiencing a hindering event within therapy in a private practice setting (55%), while other participants reported events occurring in counselling services offered through a University

(33%), and others reported the events occurred in a hospital setting (22%). Five of nine participants were seeing therapists for psychotherapeutic services in ongoing way, while 2 of those five individuals continued services with the same therapist that the hindering event occurred with.

Data Analysis

Data analysis included structured thematic analysis procedures (Braun & Clarke, 2006) to identify, analyze, and report on themes within the data set. Themes were identified within the data using an inductive or bottom-up approach to thematic analysis (e.g., Frith & Gleeson, 2004). Inductive analysis was used as a process of coding where themes were identified that were representative of the collected data (Patton, 1990), without attempting to fit these themes within a pre-existing coding framework or the analytic preconceptions of the main researcher (Braun & Clarke, 2006). Additionally, themes were identified at the semantic level (Braun & Clarke, 2006), where themes were identified within the explicit and/or surface meanings of collected data, while not examining or analyzing further meaning beyond what a participant has said during data collection. This form of thematic analysis typically provides less detailed descriptions of the overall data, while providing a more detailed analysis of certain aspects of the data and coding for specific research questions (Braun & Clarke, 2006). Therefore, the research questions of the present study guided the areas of examination that were discussed in the interviews, but the reported experiences, meanings and realities of participants were used to develop themes within the present study. Thus, the present study relied on an approach of thematic analysis that was data driven, while providing detailed and nuanced accounts of themes within the data that were relevant to the research questions within the data (Braun & Clarke, 2006).

To analyze certain aspects of the data and code for information relevant to the specific research questions, the Braun & Clarke (2006) six-phase process approach to thematic analysis was used. *Phase 1: Familiarization and transcription of data*, which is first initiated during the researcher's transcription of audio-taped interviews. After the completion of the transcription of interviews, the researcher became familiarized with the details and depth of collected data by reading and re-reading the transcription texts. Preliminary ideas that were relevant to the research questions were noted and identified along the transcription texts.

The onset of *Phase 2: Generating initial codes across the data set* began after the researcher felt familiarized with the data. While systematically reviewing transcription text line-by-line, initial codes were generated with the intent of identifying, briefly describing, and labeling concepts that were consistent with the aims of the present study. This phase of data analysis organized collected data so that identified codes could be grouped into themes based on repeated patterns in explanations and themes described during interviews. See Table 1 below for an example of this coding phase.

Table 1

Example of Phase 2: Generating Initial Codes Across Data Set

Verbatim Example	Label	Brief Description
He was, uh, <u>seemed distracted. And he was fiddling with papers and moving them around. And I just didn't feel like I had his attention.</u>	Identified Hindering Events	<ul style="list-style-type: none"> - Distracted/ Inattentive - "Seemed distracted" - "fiddling with papers" - "didn't feel like I had his attention"
I had an ageist thought, <u>are you getting too old for this guy? But, I felt unheard.</u>	Subjective Experience of the Event	<ul style="list-style-type: none"> - Doubting Ability- "Are you getting too old for this guy?" - Unheard- "I felt unheard"

After *Phase 2* was completed for each transcription, the researcher began *Phase 3*:

Searching for themes and collating codes by reviewing all coded data and documenting patterns in another document. This phase aims to re-focus the analysis of themes at a broader level while starting to identify and examine the relationship between codes. The researcher organized relevant codes by sorting coded data into tables based on emerging themes and sub-themes. See Table 2 below for an example of this coding phase.

Table 2

Example of Phase 3: Searching for Themes and Collating Codes

Major Theme	Theme	Sub-theme	Codes	Participant (Line #) Quote
Hindering Events	Felt Mistreated by Therapist		Therapist Broke Confidentiality- Therapist did not protect the client's right to privacy and disclosed information discussion in-session with others without consent.	P2 (73) - "She sent a text message without any consent" P5 (74) - "I told her something and I discovered that my mom knew it"
	Perceived Clinical Mistakes		Therapist Questions Felt Inappropriate- Therapist is perceived to be asking questions that are irrelevant or insensitive to the client's presenting problem or experience.	P2 (51) - "questions that aren't really appropriate" P9 (398) - "There were a few intake questions that were like, are you seriously starting with this?"
Subjective Experience of the Event	Negative Emotional Experience	Specific Feelings Associated to Event	Humiliated/Insulted- Therapist is perceived to be asking questions that are irrelevant or insensitive to the client's presenting problem or experience	P2 (65)- "I felt really humiliated by her reaction" P4 (147)- "I just thought it was really kind of insulting"

Let Down/ Disappointed- Individuals felt that the therapist did not support them in the way that they needed.	P1(63) -“It did shift things, and it was very disappointing” P3 (38)- “So I felt like I was letdown”
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Each transcription was audited by the researcher’s supervisor and feedback was provided regarding the coding of data during *Phase 2* and *3*. The feedback was reviewed and integrated into the analysis of data. After the completion of *Phase 3*, *Phase 4: Reviewing themes and mapping the analysis* began. In this phase developed themes and sub-themes were refined and reviewed to result in a clear and more accurate reflection of collected accounts. The main researcher’s supervisor conducted a thorough audit involving the two levels of reviewing and refining of themes (Braun & Clarke, 2006).

Within the audit, the thesis supervisor developed codes from the transcripts and compared them to the identified codes that the main researcher identified within the same data set. These collated excerpts were then examined for each theme and they were examined and reviewed to ensure that they formed a coherent pattern. The main researcher and the thesis supervisor then worked together to adjust and rework identified themes to ensure that the data was accurately represented in the presented themes. A theme was created when the data within the theme had unique properties and codes that were clear and identifiable as different from other themes.

Additionally, Braun and Clark’s (2006) guidelines while considering the importance given to data when creating and reviewing themes, sub-themes, and codes was used in the analysis of data. The prevalence or frequency of a particular data item within an interview did not necessarily dictate the importance of the theme of data (Braun & Clark, 2006). The present

study followed this guideline throughout the analysis and revision of themes. Therefore, data was identified and examined based on the meaningfulness of themes instead of solely on the number of times a certain data item appears in an interview. However, Braun and Clark (2006) also support the importance of consistency in researcher judgment when identifying what data themes are important and relevant to research questions. The researcher followed this guideline by referencing developed tables that were created during *Phase 3* to support and inform decisions for what data represented clear and concise patterns of themes, sub-themes, and codes.

After reviewing all collated data for clearness, importance, and accurate representation, the researcher began *Phase 5: Defining and naming themes* as well as *Phase 6: Producing a report of the analysis* and presented these findings in the Results section. The constant comparative method (Glaser, 1965) was also implemented throughout data analysis including the identification of themes as well as the development of themes and sub-themes. The constant comparative method is a fundamental process within grounded theory research that analyses the data and continuously evaluates it during data collection against previously coded data (Glaser, 1965). Thus, the continuous examination and comparison of coded data ensures that the developed themes accurately represent and are grounded in the collected data (Elliot & Lazenbatt, 2005; Glaser, 1965).

CHAPTER IV

Results

The thematic analysis and conceptual ordering, while coding for information relevant to the research questions, yielded four major themes which were derived from the preceding review of the literature and created from the research questions. These major themes included: *Identified Hindering Events*, *Subjective Experience of the Event*, *Response to the Event*, and *Handling/Addressing the Event* (See Appendix A for the complete conceptual order). Each major theme contains themes that emerged from codes within the collected data. Themes were also further divided into sub-themes to fully encompass participant accounts within the Subjective Experience of the Event and the Response to the Event major themes. The structural organization of each major theme is presented in table form before each section below.

Identified Hindering Events

The first major theme described specific moments and/or incidences that participants identified as hindering or unhelpful within their previous experiences in therapy. Identified Hindering Events (Table 3) was divided into four themes: *Felt Mistreated by Therapist*, *Distracted/Inattentive Therapist*, *Perceived Clinical Mistakes*, and *Tensions from the Management of the Therapeutic Frame*.

Table 3

Identified Hindering Events

Major Theme	Theme	Codes	Verbatim Example
Identified Hindering Events	Felt Mistreated by Therapist	• Therapist Broke Confidentiality	• “She sent a text message without any consent”
		• Experiencing Harm as a result of Therapist Response	• “She looked at it and she laughed”
	Distracted/ Inattentive Therapist	• Therapist Appearing Unfocused/ Not Looking at Client	• “I didn’t feel like I had his attention”
		• Felt Therapist did not Respond to Question	• “All I got was a blank stare”
		• Therapist Fell Asleep	• “He had fallen asleep”
	Perceived Clinical Mistakes	• Therapist Questions Felt Inappropriate	• “She would ask questions that aren’t really appropriate”
		• Therapist Delaying Exploration Experienced as Neglect or Abandonment	• “She said save that for maybe a future session”
		• Offering a Solution when Client wanted Exploration	• “This really specific suggestion instead of helping me explore that”
		• Felt Therapist made an Incorrect Assessment of Client Functioning	• “She said looks like you’re fine in-session”
		• Felt a Lack of Validation/ Neutral Response	• “The response given was a bit too neutral”
	Tensions from the Management of the Therapeutic Frame	• Felt Pressure to Schedule Future Sessions	• “She forced me to book another appointment”
		• Perceiving the Cancellation Policy as Inflexible	• “She would say, you have to pay for it”

- Constant Reminder of Fee
- “The bill for that would be sticking out of my file”

Felt Mistreated by Therapist. The first theme identified events that participants attributed to the negligence or incompetence of their therapists in the performance of therapy. Some codes that emerged from participant accounts included: therapist broke confidentiality, and experiencing harm as a result of therapist response.

Therapist broke confidentiality. The participant’s right to privacy was not protected and the therapist disclosed information to other individuals without the participant’s consent.

Participant 2 for instance described:

I went to the women’s shelter from her office. I left from there and went straight there and she completely broke confidentiality. She sent a text message to the massage therapist without any consent from my part saying that she was allowed to do that or that I wanted someone to know about it. And she told her, that this is what we talked about in our therapy session, that’s where she is going, and she was trying to guide her on how she should react to that. (Participant 2)

Distracted/ inattentive therapist. The second theme refers to events that stood out as hindering because the therapists appeared unfocussed and not fully present in sessions. Specific codes that emerged from participant accounts within this theme were: therapist appearing unfocused/ not looking at client, felt therapist did not respond to question, and therapist fell asleep.

Therapist fell asleep. Therapist fell asleep or appeared to be falling asleep. Participant 4 described that his therapist had fallen asleep in two separate sessions:

So I had an appointment at nine, nine fifteen in the morning. He said nice to see you. I am talking to him. At nine fifty-nine, I look over, he had fallen asleep. Okay then *makes snoring noise* well then so next time, same thing. (Participant 4)

Similarly, participant 8 said: “I think the last time I saw him, it was in the morning, and he was falling asleep. I could see his eyes closing. Um, and he was yawning a lot.” Participant 5 also identified an event where she noticed that her therapist was falling asleep, “Sometimes she’d slouch and close her eyes.”

Perceived clinical mistakes. The third theme of identified events refers to the behaviours of therapists that were recognized by participants as potential errors within therapeutic processes. Thus, participants perceived that therapists may have done something wrong within their roles as professional therapists. Specific codes that emerged from participant accounts included: therapist questions felt inappropriate, therapist delaying exploration experienced as neglect or abandonment, offering a solution when client wanted exploration, felt therapist made an incorrect assessment of client functioning, and felt a lack of validation/ neutral response.

Therapist delaying exploration experienced as neglect or abandonment. The discussion of an emotional experience was put off until the next session when the participant wanted to unpack and potentially resolve the issue in the current session. Participant 6 for instance said:

I felt like I started talking about it and then I started to get emotional, because it was an emotional event. And she kind of was like, it’s okay, we can save that, save that for maybe a future session. Or like you know, kind of being like. I think its best we stop it here. And then I kind of felt like, okay she doesn’t want to, talk about that more. But I wanted to. (Participant 6)

Tensions from the management of the therapeutic frame. The last theme of Identified Hindering Events represented issues identified by participants within the organizational aspects of offered therapeutic services. Specific codes that emerged from participant accounts were: felt pressure to schedule future sessions, perceiving the cancellation policy as inflexible and constant reminder of fee.

Perceiving the cancellation policy as inflexible. The therapist enforced a cancellation policy and charged for a cancelled appointment despite having stated flexibility on that issue. For example, participant 8 said:

In the beginning he had told me that cancelling an appointment without 24 hours' notice resulted in a fee. However, the first time he is lenient about it. So there was one time I had to cancel. Um, so I left a message that morning and it was for the afternoon and he did charge me for it. (Participant 8)

In addition to describing the factual aspects of hindering events, participants also discussed experiential components in the following section called *Subjective Experience of the Event*.

Subjective Experience of the Event

The second major theme that emerged from the analysis of participant accounts refers to how participants described their emotive and perceptual experiences of the hindering events, while also identifying parallel personal dynamics that may have influenced their experiences. This major theme was divided into three themes: *Negative Emotional Experience*, *Making Sense of the Event*, and *Parallel Personal Dynamics*.

Negative Emotional Experience. The first theme refers to unpleasant and/or adverse feelings that participants recalled experiencing during or after hindering events, which may have limited or reduced therapeutic processes. Two sub-themes were apparent within this theme (Table 4): specific feelings associated with event, and emotional essence of the experience.

Table 4

Negative Emotional Experience

Major Theme	Theme	Sub-theme	Codes	Verbatim Example
Subjective Experience of the Event	Negative Emotional Experience	Specific Feelings Associated with Event	<ul style="list-style-type: none"> • Let Down/ Disappointed • Uncomfortable/ Awkward • Humiliated/ Insulted 	<ul style="list-style-type: none"> • “So I felt like I was letdown” • “It felt really uncomfortable” • “I just thought it was really kind of insulting”
		Emotional Essence of the Experience	<ul style="list-style-type: none"> • Continuous Anxiety • Out of Control/Taken Advantage of • Unheard/ Therapist Empathic Failure Felt • Vulnerable/ Powerlessness as Client 	<ul style="list-style-type: none"> • “It made me pretty anxious” • “I felt very much taken advantage of” • “He doesn’t understand that that’s a big issue for me” • “I felt extremely vulnerable and powerless”

Specific feelings associated with event. The first sub-theme describes the explicit emotions identified by participants that occurred during the hindering event. Some of these reported emotions included: let down/disappointed, and uncomfortable/awkward.

Emotional essence of the experience. The second sub-theme represents what participants recalled as the nature of the experienced feelings they had after the event that hindered the

therapeutic processes. The therapeutically relevant emotions that were reported included: out of control/taken advantage of, unheard/ therapist empathic failure felt, and vulnerable/powerlessness as client.

Making Sense of the Event. The second theme refers to how participants explained how they perceived the events, while reporting on their thoughts, understandings, and interpretations of how the events influenced their therapeutic processes. This theme was divided into three sub-themes: questioning therapist capabilities, difficulties within the therapeutic process, and issues within the therapeutic alliance (Table 5).

Table 5

Making Sense of the Event

Major Theme	Theme	Sub-theme	Codes	Verbatim Example
Subjective Experience of the Event	Making Sense of the Event	Questioning Therapist Capabilities	• Wondering if Therapist was Experiencing Burnout	• “Wow you are not in this anymore”
			• Viewing Therapist as Unprofessional/ Inexperienced	• “She doesn’t know what she is doing”
			• Experiencing therapist as Unhelpful/ Disinterested in Helping	• “He is not interested in assisting me”
		Difficulties within the Therapeutic Process	• Unsatisfied with Therapeutic Progress	• “I never felt that therapy gave me anything positive”
			• Difficulty in Problem Identification/ Exploration	• “It made it more difficult for me to figure out what was going on”
			• Questioning Effectiveness of Therapeutic Approach/	• “It made me think more about his approach”

Issues within the Therapeutic Alliance	<ul style="list-style-type: none"> • Intervention • Felt Reduced Trust in Therapist • Experiencing Limited Therapeutic Relationship/ Connection 	<ul style="list-style-type: none"> • “I don’t trust her anymore” • “You really haven’t established a relationship with me”
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Questioning therapist capabilities. Some participants doubted the therapists’ capacity to provide services that meet their needs in therapy. Specific codes identified by participants included: wondering if therapist was experiencing burnout, viewing therapist as unprofessional/inexperienced, and experiencing therapist as unhelpful/disinterested in helping.

Difficulties within the therapeutic process. Numerous participants experienced dissatisfaction with certain aspects of the therapeutic processes. These codes included: unsatisfied with therapeutic progress, difficulty in problem identification/ exploration, and questioning effectiveness of therapeutic approach/ intervention.

Issues within the therapeutic alliance. Certain participants perceived a lack of therapeutic connections and/or therapeutic relationships with their therapists. Codes that emerged from collected participant accounts relevant to this sub-theme contained: felt reduced trust in therapy, and experiencing limited therapeutic relationship/ connection.

Parallel personal dynamics. The final theme of the Subjective Experience of the Event major theme that emerged refers to the interface and/or overlap between what happened in therapy and the participants’ own issues present outside of therapy. Participants identified that their experiences of hindering events in therapy amplified or negatively reinforced some of the issues they were dealing with in their personal lives. The codes that emerged included: denial of

experience, internalizing fault, external stressors, feeling lonely, feeling insecure, and feeling out of control (Table 6).

Table 6

Parallel Personal Dynamics

Major Theme	Theme	Codes	Verbatim Example
Subjective Experience of the Event	Parallel Personal Dynamics	• Denial of Experience	• “I am someone who is always in denial, when something bad goes wrong”
		• Internalizing Fault	• “So I am always second guessing that sort of treatment, internalizing it and making it my problem”
		• External Stressors	• “One of my big things I was experiencing then was financial stress”
		• Feeling Lonely	• “You are very isolated”
		• Feeling Insecure	• “I often feel insecure in my authenticity as a person, I am super sensitive to that”
		• Feeling Out of Control	• “Things are out of my control”

Denial of experience. A tendency to doubt experiences and question the appropriateness of thoughts and feelings was present outside of therapy. For example, participant 7 mentioned:

That was sort of like, that stage in my life was where I was like, at my most self-doubting, and most...I think it definitely made it like, more difficult for me to actually figure out what was going on, I guess. Because I was doubting myself so much, that it was like harder to figure out like, oh like I actually need to take a step back here. I need to distance myself from these people. (Participant 7)

Internalizing fault. The hindering event reinforced the participant's initial perception that there was something wrong with them. For example, participant 2 disclosed that the event reinforced her internal dialogue:

Yeah, and I know like at times I thought, like, because of her lack of reaction that there was something wrong with me, if I am feeling, you know, the way that I am feeling and she seems so okay with this whole interaction. Like, there must be something wrong with me. Like, it must be something that I am doing or something that I am feeling that is wrong. Um, just kind of that feeling of like, you know, I am the one who needs to change. When really it's her. (Participant 2)

External stressors. Another aspect of life was nerve-racking and was identified as potentially heightening the negative experience of the event. For example, Participant 1 recalled: "Interestingly enough, you know, this committee meeting has been very important to me. And I have been very stressed about it."

Feeling out of control. There was an existing narrative where the participant felt they had no say in what happened to them in life and this was mirrored in the dynamic with the therapist. For example, participant 2 disclosed:

I have always had that sense of being, you know that things are out of my control and this is just what happens in life. I think that was, that has been something that I have been tainted with, just because I was sexually abused for many *many* years. And, so I think, you know, that definitely plays a role in it...So, I do think that that, not that it makes it any better for her to have done it, but it still does, I think, play a role in my part of not being able to say like, wait a minute. This doesn't seem right, and I don't want to do that, or anything like that. (Participant 2)

While reporting on experiences and associated influences on therapeutic processes, participants also identified the repercussions following the events, which is discussed in the next section.

Response to the Event

The third major theme that emerged from the analysis of data was what participants identified as their responses to the events and their decisions on how to react. Two themes emerged from the major theme Response to the Event (Table 7): *client response/decision to continue or end therapy, and reaction to discontinuing therapy.*

Table 7

Response to the Event

Major Theme	Theme	Sub-theme	Codes	Verbatim Example
Response to the Event	Client Response/ Decision to Continue or End Therapy	Continuing Therapy	• Continued Therapy/ No Overall Change in Trust	• “I wouldn’t say things have changed”
			• Limited Therapeutic Connection/ Depth of Therapy	• “Some of that could have been done in therapy”
		Client Initiated Premature Termination	• No Need for Therapy • Free from Unhelpful Therapist	• “If this is therapy, I don’t need it” • “Because of those incidences, it allowed me to cut it short”
	Reaction to Discontinuing Therapy	Pursuing Future Therapeutic Services	• Desired Therapist Traits	• “I just felt maybe I need someone younger”

	<ul style="list-style-type: none"> • Desired Aspects of Therapy 	<ul style="list-style-type: none"> • “Being able to know what I want and don’t want in therapy”
	<ul style="list-style-type: none"> • Importance of Openness/ Deep Therapeutic Interaction 	<ul style="list-style-type: none"> • “That person can only help me if I tell them all the pieces of the puzzle”
	<ul style="list-style-type: none"> • Distrust/ Difficulty Developing Future Therapeutic Connections 	<ul style="list-style-type: none"> • “That has really tainted my relationship with any therapist”
New Sources of Support	<ul style="list-style-type: none"> • Found Helpful New Therapist 	<ul style="list-style-type: none"> • “That bad experience resulted in me seeking someone else”
	<ul style="list-style-type: none"> • Receive Support from Friends/ Family instead of Therapy 	<ul style="list-style-type: none"> • “If I feel like I need to talk to someone I’ll call my sister”

Client response/ decision to continue or end therapy. The first theme emerged from the choices made by participants to stay in or terminate therapeutic services. These choices were reinforced by participants’ perceptions of therapy effectiveness. Two sub-themes were identified within this theme: continuing therapy and client initiated premature termination.

Continuing therapy. Few participants decided to stay in therapy because they thought they could still benefit from therapeutic services. Codes that represent this sub-theme included: continued therapy/ no overall change in trust, and limited therapeutic connection/depth of therapy.

Client initiated premature termination. The majority of participants stopped therapy before experiencing therapeutic improvements and completing the recommended length of

therapy because they felt that the therapy they received was not effective. Codes within this sub-theme included: no need for therapy, and free from unhelpful therapist.

Reaction to discontinuing therapy. Several participants recalled experiencing certain emotions, thoughts and/or realizations after choosing to discontinue therapy. Two sub-themes developed from the analysis of the data: pursuing future therapeutic services and seeking new sources of support.

Pursuing future therapeutic services. Some participants identified that the event influenced how they would pursue future therapeutic services. Relevant codes that arose from participant accounts contained: recognition of desired therapist traits, recognition of desired aspects of therapy, recognition of importance of openness/ deep therapeutic interaction, and distrust / difficulty developing future therapeutic connections.

New sources of support. Several participants described that they sought out alternative resources to assist them with their presenting problems. Codes that emerged from participant accounts in this sub-theme included: found helpful new therapist, and receive support from friends/family instead of therapy.

While examining the influence of hindering events on the effectiveness of therapy and the decision to continue or end therapy, how the events were managed or resolved was also identified as relevant to therapy outcomes. These findings are outlined in the following section called *Handling/ Addressing the Event*.

Handling/ Addressing the Event

The fourth and final major theme describes how the event was managed. The participants recalled if the hindering events and/or their hindering experiences were identified, discussed, or resolved. Therefore, this major theme provides additional information on hindering experiences and identified barriers within therapeutic processes that may have limited the management and resolution of these events in therapy.

The themes that emerged from the major theme Handling/ Addressing the Event (Table 8) included: *Not Handled/ Addressed*, *Handled/ Addressed*, *Interest in Handling/ Addressing Event*, and *Reasons Given for Not Addressing/Handling Event*.

Table 8

Handling/ Addressing the Event

Major Theme	Theme	Codes	Verbatim Example
Handling/ Addressing the Event	Not Handled/ Addressed	<ul style="list-style-type: none"> Not Handled/ Addressed In-Session Dissatisfied with Therapist Solution 	<ul style="list-style-type: none"> "I don't feel like it was resolved between us" "That wasn't a real solution in my mind"
	Handled/ Addressed	<ul style="list-style-type: none"> Handled/ Addressed by Client with Therapist Resolution Outside of Therapy by Client 	<ul style="list-style-type: none"> "At least I am saying something" "I kind of took over what needed to happen myself"
	Interest in Handling/ Addressing Event	<ul style="list-style-type: none"> Handling/ Addressing Event with Therapist 	<ul style="list-style-type: none"> "It'd be good to have that discussion with him"
	Reasons Given for Not Addressing/ Handling Event	<ul style="list-style-type: none"> Uncomfortable Discussing Event/ Lack of Assertion Lack of Therapeutic Support/ Relationship 	<ul style="list-style-type: none"> "I felt uncomfortable saying I want to talk about this" "The relationship, it hasn't really been set"

-
• Forgiving of Unhelpful Event with Stronger Alliance	• “Well that sucked but it’s been fantastic”
• Empathy for Therapist	• “I didn’t want him to feel bad about it”
• Overreacting to Event/ Judgmental of Therapy	• “Maybe my expectations are too high”
-

Not handled/ addressed. The majority of participants identified that they did not feel that the hindering events were managed in therapy. Codes that emerged from this sub-theme were: not handled/addressed in-session, and dissatisfied with therapist solution.

Handled/ addressed. Some participants recalled that the events were discussed and resolved in ways that satisfied them and reduced the overall influence of the events on therapy outcomes. The codes within this sub-theme were: handled/ addressed by client in therapy, handled/addressed by client outside of therapy with therapist, and resolution outside of therapy by client.

Interest in handling/ addressing event. Some participants disclosed that they wanted to discuss the events with their therapists. The code that emerged from this theme was: handling/addressing event with therapist.

Reasons given for not addressing/handling event. The final theme included aspects that participants identified within themselves and therapeutic processes that influenced why the events were not managed in therapy. This theme represents codes such as: uncomfortable discussing event/ lack of assertion, lack of therapeutic support/ relationship, forgiving of unhelpful events with supportive therapeutic relationship, empathy for therapist, and overreacting to event/ judgmental of therapy.

CHAPTER V

Discussion

The findings within the present study offer further subjective knowledge on the overall experience of hindering events from the client's perspective, while accounting for other aspects of the events including the reactions and resolutions to the events. These results provided in-depth descriptions and analyses of retrospective client accounts of hindering experiences in therapy. The following section will provide a summary of the findings, compare these findings to relevant literature, and describe implications for therapists, educators and supervisors as well as therapeutic organizations. Additionally, limitations of the current study will be discussed and potential suggestions for future research will be identified.

Summary of Findings

While using structured thematic analysis, four major themes emerged from conceptual ordering: 1) Identified Hindering Events, 2) Subjective Experience of the Event, 3) Response to the Event, 4) Handling/ Addressing the Event.

Information regarding the Hindering Events that participants experienced were divided into four themes: a) Felt Mistreated by Therapist, b) Distracted/Inattentive Therapist, c) Perceived Clinical Mistakes, and d) Tensions from the Management of the Therapeutic Frame.

Three themes developed from the Subjective Experience of Events that participants reported: a) Negative Emotional Experience, b) Making Sense of the Event, and c) Parallel Personal Dynamics. These themes described how participants recall experiencing the events in therapy, including the feelings and thoughts they had when the event occurred as well as how they perceived their experiences influenced the therapeutic processes.

Two themes were found within the Response to the Event major theme: a) Client Response/Decision to Continue or End Therapy, and b) Response to Discontinuing Therapy. These themes described how the events may have influenced the therapeutic outcomes of therapy, while associating their hindering experiences to the perceived effectiveness of therapy and decision to continue or end therapy.

Finally, four themes were present in the Handling/Addressing the Event major theme: a) Not Handled/ Addressed, b) Handled/ Addressed, c) Interest in Handling/Addressing Event, and d) Reasons Given for Not Addressing/Handling Event. These themes described whether or not the hindering events were resolved and if not, why were the events not being managed.

Comparing Results to the Literature

The disclosures of participants' in the present study revealed information about what events were considered hindering, why the events were hindering, how they reacted to the events, and if they felt that the events were managed or resolved. Therefore, the in-depth data that was collected allowed participants to subjectively discuss and explore moments in previous therapy that limited their therapeutic processes and/or therapeutic outcomes. The following section compares the results from the current study to previous literature.

Identified hindering events. The majority of existing significant events research examined both helpful and hindering events (e.g., Timulak, 2010; Swift et al., 2017), while reporting significantly less hindering events and focusing more on the analysis of helpful events (Castonguay, 2010). Additionally, the majority of previous studies that have examined hindering events from the clients' perspectives used post-session questionnaires instead of in-depth interviews (e.g., Helpful Aspects of Therapy Form; Llewelyn, 1988), while using predetermined categorical systems developed by investigators to code client responses (See literature review).

Therefore, the diversity and amount of detail on what events were identified within previous research are limited. However, the present study conducted in-depth interviews which revealed more subjective and detailed accounts of identified hindering events that were not reported within existing literature (e.g., harmful therapist response, and therapist fell asleep, etc.).

The Paulson, Everall and Stuart (2001) study appeared to be the only previous study to exclusively examine client accounts of hindering events through in-depth interviews. Therefore, similarities between some of the results in the current study were found within the Paulson, Everall and Stuart study. For instance, Paulson, Everall and Stuart identified that clients had “Concerns about Vulnerability” where they felt that their therapists did not protect their rights to privacy and disclosed information to other individuals without consent. This theme also appeared within participant accounts in the present study, where participants reported that their therapists broke their confidentiality. Additionally, all of the codes found within the perceived clinical mistakes theme also appeared within the Paulson, Everall and Stuart (2001) study. For example, participants reported that counsellors asked strange questions (therapist questioning felt inappropriate code), were not liking where they were going in counselling (postponed exploration/solution instead of exploration code), and that the counsellors were not doing what they expected (e.g., lack of validation/ neutral response code) (Paulson, Everall, & Stuart, 2001).

Subjective experience of the event. Previous significant events research has not examined both the hindering occurrence and the phenomenological angle of events separately. However, participants within the present study reported experiencing the same or similar events differently. Thus, the current study was the first to code identified hindering events and subjective experiences separately during data analysis. Therefore, some of the codes and sub-themes within collected data were more subjective and were not fully represented within existing

literature. For example, codes within the specific feelings associated to event sub-theme (e.g., humiliated/ insulted, continuous anxiety, let down/disappointed) were not described in previous research.

Nevertheless, similarities were found between existing literature and the current study in identified themes that were relevant to the therapeutic process. For example, Castonguay et al. (2010) identified that participants felt that their therapists were deflecting them or leading them away from important topics (i.e., digression), which was similar to the unheard/therapist empathic failure felt code in the current study. Additionally, the perceptions and thoughts reported by participants in the making sense of the event theme were represented within previous research. For example, Paulson, Everall, and Stuart (2001) found that participants perceived negative counselor behaviours, insufficient counsellor directiveness, and lack of responsiveness within their experiences. These codes are similar to the sub-theme questioning therapist capabilities (i.e., therapist burnout, unprofessional/inexperienced therapist, etc.).

Finally, Radcliffe, Masterson and Martin (2018) also found that the interactions participants had in therapy repeated and/or reinforced dynamics that they were struggling with in their personal lives. Commonalities between reported codes in the Radcliffe, Masterson and Martin (2018) study and the current study included: fear of losing control (i.e., feeling out of control) blamed themselves for the failure of therapy (i.e., internalizing fault), had low self-esteem and worthlessness (i.e., feeling insecure), and felt lost and desperate (i.e., feeling lonely).

Response to the event. Previous research has suggested that hindering events can increase the likelihood of negative outcomes such as dissatisfaction, ruptures in therapy, and eventual withdrawal from therapy (Safran et al., 2002; Paulson, Everall, & Stuart, 2001). This finding was supported in the current study where the majority of participants disclosed that they

prematurely terminated therapy after hindering experiences and their associated perception that therapy was not helpful.

Handling/addressing event. The management and resolution of hindering events in-session has not been documented in previous research (Paulson, Everall, & Stuart, 2001). Thus, the present study was the first to attempt to explore the resolution of hindering events. However, similar content has been well documented within literature pertaining to alliance ruptures and repairs (e.g., Safran et al., 2001; Safran, Muran, & Eubanks-Carter, 2011; Larsson et al., 2016). As previously mentioned, hindering events have been conceptualized as moments identified within therapy that have the potential to lead to ruptures in the therapeutic alliance (Safran et al., 2002). The majority of participants in the present study that reported that the hindering events were not managed also reported limited therapeutic progress (e.g., unsatisfied with therapeutic progress) and decided to discontinue therapy because they did not perceive therapy to be effective to therapeutic progress (e.g., client initiated premature termination). Similarly, rupture patterns (without repair) within therapeutic alliance literature have been associated with inferior treatment outcomes (Larsson et al., 2016; Flückiger et al., 2018). These findings are supported by findings within the current study, where participants that did not resolve the hindering events reported experiencing negative treatment outcomes.

Reasons given for not addressing/handling event. The present study supports previous research findings that suggest that clients may hide or not discuss hindering experiences in therapeutic processes (Grafanaki and McLeod, 1995; Levitt, 2002), while choosing not to disclose their negative reactions including their own thoughts and feelings (Paulson, Everall, & Stuart, 2001; Audet & Everall, 2003). Similarly, most of the participants within the current study

reported that they did not discuss the hindering experiences with their therapists because they felt uncomfortable discussing the event and asserting their feelings.

Additionally, participants who reported positive therapeutic relationships with their therapists and experienced some improvement in therapy were more forgiving of the hindering events and more likely to dismiss and not discuss their negative experiences with their therapists. Participants who reported that they did not have a positive relationship with their therapist also did not disclose their hindering experiences with their therapist. These findings were supported by the Audet and Everall (2003) study which examined self-disclosures in therapy, and reported that clients did not want to give 'negative feedback' to their therapists regardless of their therapeutic relationship. Therefore, there appears to be a reluctance to discuss negative aspects in therapy regardless of the therapeutic relationship (Henkelman & Paulson, 2006).

Implications of Findings

The present study examined experiences of hindering events from client accounts which elicited information on the subjective influences of these events on how clients experience change in therapy, view therapy overall, and pursue future therapeutic services. Similarities of current findings to existing literature confirms that these moments elicit negative influences on therapeutic processes and outcomes, while identifying that there is a lack of previous research examining exclusively hindering events exists. The major contributions and implications of the findings are discussed below.

Summary of major contributions. Client accounts of hindering events revealed specific incidences reported as hindering (e.g., therapist fell asleep, incorrect assessment of client functioning, forced to schedule sessions, etc.); specific feeling associated with the events (e.g., humiliated/insulted, continuous anxiety, uncomfortable/awkward); the client's making sense of

the event (e.g., questioning therapist capabilities); the associated response/decision to continue or end therapy (e.g., client initiated premature termination- no need for therapy); reaction to discontinuing therapy (e.g., pursuing future therapeutic services: difficulty developing future therapeutic connections); and information on handling/addressing the event (e.g., not handled/addressed, reasons given for not handling/addressing the event). Therefore, this study fills a void within significant events research that lacks subjectivity and in-depth details in the reported accounts of what happens in therapy that stands out as hindering to clients.

Additionally, the present study identified codes within collected data to develop themes using terminology that was close to the actual descriptions of participants. Therefore, the derived conceptual order (See Appendix A) offers an accurate representation of hindering experiences from the perspectives of clients, which was not present within existing significant events literature. Thus, the gathered information provides further information on the subjective hindering experiences of clients in therapy, which is relevant to further understanding how these events may influence the clients' decisions to stay in or end therapy.

Implications for therapeutic practice. The major contributions of the current study have important implications for therapeutic practice. The findings can be translated into practical suggestions for practicing therapists as well as educators, supervisors, and organizations are discussed.

Avoidable and unavoidable hindering events. The specific moments that were reported provide information for therapists on what might be happening in sessions that could be perceived or experienced as hindering by clients. Although there is potential for better therapy outcomes when these events are resolved (as previously discussed), the majority of participants'

reported that they decided to leave therapy instead of discussing or resolving the events with their therapists.

Therefore, therapists could use the knowledge of some of the identified incidents to develop adjustments to their practice so that avoidable hindering moments are less likely to occur. For example, some participants reported that the therapists were distracted or inattentive and that they had fallen asleep. These hindering events could potentially be avoided or reduced in therapy through the implication of mindfulness techniques by the therapist so that they are more present and alert in sessions. For example, mindfulness meditations have been found to activate regions of the brain associated to more adaptive responding to negative situations or stress (Cahn & Polich, 2006; Davidson et al., 2003). Therefore, therapists could engage in mindfulness exercises (e.g., Siegel, 2010) before meeting with clients to reinforce and develop the skill of self-observation, while grounding themselves before each session using mindfulness techniques to ensure that they are present in sessions with their clients.

Although some of the reported hindering events could be potentially be avoided (e.g., therapist falling asleep), some of the events may be unavoidable in therapy. For example, one participant reported that the therapist delayed the exploration of a presenting problem to the next session, despite the fact that the participant had started to cry and wanted to discuss it in that initial intake session. Although the participant perceived this moment as a hindering event, the therapist may have put off the conversation because the initial intake session required the collection of a variety of information in a limited amount of time. Therefore, there was a possibility that this hindering event was unavoidable. However, the therapist handled the event in a way where the discussion of the issue was put off and the participant described that they were anticipating the resolution of the event in the next session. Thus, it is important that therapists

observe changes in session and the clients' verbal and non-verbal cues which may suggest that a hindering event has occurred so that these events can be recognized and resolved in therapy.

Eliciting client feedback. Participants reported not feel comfortable asserting their feelings and thoughts experienced due to hindering events in therapy, regardless of the strength of the therapeutic alliance. However, the majority of participants disclosed that the events negatively influenced their therapeutic processes and drove their decisions to leave therapy after not experiencing improvements. Therefore, the findings suggest that the unspoken nature of clients' experiences of hindering events may be contributing to the lack of resolution and progression in therapy.

Therefore there is a need for therapists to become more effective at initiating these conversations with clients. Previous research has suggested that the willingness and openness of therapists to pursue and understand client perspectives contributes to stronger therapeutic alliances as well as better therapeutic outcomes (Timulak & Keogh, 2017). Therapists could initiate these discussions by encouraging clients to talk about hindering moments, while also being attentive to shifts in-session that may suggest that a hindering event has occurred. These types of conversations could be present as early as the initial intake session with new clients. Therapists could suggest the possibility of past unresolved issues in therapy and asking clients to disclose previous hindering moments in the intake session. This initial dialogue could also reassure clients that it is okay to talk about what stands out as negative in previous therapy and that their opinion is valued in the integrative therapeutic process.

Additionally, therapists could maintain the open dialogue by checking in with clients several times throughout the therapeutic process to ask about how they feel therapy is progressing, or if they feel that anything stands out to them as unhelpful within therapy thus far.

These check-in moments could be done in a face-to-face conversation where therapists ask for constructive feedback or in paper format such as the Session Rating Scale (e.g., Duncan et al., 2003), which could be completed in privacy without the therapist being present. While instigating open conversations with clients about hindering events, therapists are achieving a better understanding of the clients' experiences in therapy. This empathetic dialogue provides therapists with relevant information that they could then use to collaboratively resolve the hindering events with the clients (e.g., modify therapeutic interventions, or recommend a different therapist) and strengthen the therapeutic relationships, which leads to better therapy outcomes.

Progress feedback and therapeutic outcome. Previous research suggests that therapists are typically not accurate in predicting negative treatment outcomes and miss negative changes in their clients (Walfish et al., 2012). This finding was reinforced by the present study in that the majority of clients reported not discussing the hindering events with their therapists and that the therapists may not have been aware that the event had occurred. Previous research suggests that providing therapists with information about the progress of their clients will increase therapist awareness of negative treatment outcomes and negative moments or changes (Koementas-de Vos, Nugter, Engelsbel, & De Jong, 2018). For example, several meta-analyses have shown positive effects of progress feedback on outcome in clients that are at risk of deterioration (e.g., Kendrick et al, 2016; Lambert et al., 2003). Additionally, Krägeloh et al. (2015) found that feedback was more effective when it was provided in a formalized structure to guide the discussions of therapists and clients. Therefore, certain structured outcome measures such as the Outcome Questionnaire-45 (OQ-45; Lambert et al., 2004) may be useful in guiding effective conversations between the therapist and client on the clients' progress in therapy.

Importance of discussing/resolving hindering events. Another way that therapists could ensure that clients feel comfortable discussing hindering events as they occur could be by providing psychoeducational information regarding the importance of resolving and discussing hindering moments. While sharing existing empirical evidence that supports the importance of rupture-repair patterns in therapy within the therapeutic alliance to producing positive therapy outcomes (e.g., Frankel & Levitt, 2009; Flückiger et al., 2018), clients may be more comfortable opening up about moments that stand out as hindering or ruptures to the therapeutic alliance with the intention of resolving those moments and moving forward in therapy. For example, during data collection, several participants disclosed that they ‘felt better’ about the hindering event while being able to process and discuss the event during the interview. Additionally, most of the participants mentioned that the discussion of the event in the interview was the first time they had talked about the hindering event and how it had influenced them. Therefore, encouraging clients to discuss these hindering moments may contribute to the additional processing required for them to move forward in therapy.

Implications for Educators and Supervisors. Educators involved in the training of therapists and supervisors involved in the mentorship of therapists can assist in the identification and discussion of hindering events in therapy. Both educators and supervisors can achieve such a goal through their administrative and psychoeducational actions. These influential figures can normalize the occurrence of hindering events in therapy by providing readings that report on empirical findings relevant to hindering events and the resolution of those events (e.g., Paulson, Overall, & Stuart 2001; Aspland et al., 2008). They have the opportunity to prepare their students and/or supervisees for how to notice (i.e., physical and/or verbal changes in the client),

discuss, and resolve hindering events with their clients through what has been outlined in previous research and how they would do so within their own practice.

Also, by having discussions on hindering events within a classroom setting or in a supervision meeting could allow newer therapists to examine their own thoughts and experiences of hindering events, while developing ideas for how to resolve such events when they occur. These discussions could also allow students and newer therapists to feel more comfortable and confident identifying and exploring these events with their clients in future discussions.

Implications for Organizations. Organizations offering therapeutic services and/or therapists operating private practices could implement client feedback strategies to encourage comments from clients that choose to prematurely discontinue therapy (e.g., exit interview or anonymous comment cards). Although the majority of participants reported that they left therapy without discussing the event with their therapist, a few participants reported that they discussed the events or their decisions to leave with their therapists and as a result felt as if the events were resolved. Therefore, an opportunity for all clients to provide feedback about their experiences in therapy could potentially resolve any lingering hindering events that occurred. The provision of client feedback also allows therapists to identify areas of improvement within their therapeutic approach and/or interventions that they can adjust through additional training or modifications.

Limitations of the Study

This study provides research on the hindering experiences of 9 individuals in previous counselling. All of the participants who volunteered for the present study resided in Ottawa, Ontario and were recruited from posters displayed across the University of Ottawa campus. Additionally, the majority of participants identified as the Caucasian ethnicity (78%) and as

female (89%). Therefore, the results may not be representative of individuals within other settings.

This study was also limited by the sample size of 9 participants. Due to the sample size, the study does not represent saturation in the account of hindering experiences in previous therapy. Although, the themes that were located within the collected information of participant accounts may be relevant to the experiences of others, the sample was not representative of the general population including the experience of individuals of different ethnicities and different levels of education from other areas of Canada. Therefore, the results of this study may not be directly transferable to other individuals outside of the sample.

Additionally, the current study used semi-structured interviewing to collect in-depth and unique accounts of participants within their previous hindering experiences as clients in therapy. Participants reported on events that occurred on average 2.4 years prior to the interview. Therefore, the retrospective reports of participants may not fully represent the initial experiences of the events due to the limited recollection of details and the alteration of experiences as participants make sense of the events over time (Rhodes et al., 1994).

Also, it should be considered that previous significant events literature often refers to hindering events as “unhelpful” events and uses these terms interchangeably. Therefore, the interview protocol asked participants to report on “unhelpful or hindering” events. This vagueness of the conceptualization of terms led to some confusion in participants where hindering events often had to be defined and redefined during the interview. Thus, the terminology used to describe the type of events that were to be examined may have led to confusion in the participants and influenced the type of events that were reported.

Finally, there is a possibility that speculations of participants on how the events influenced the therapeutic process and outcome may not be accurate. The majority of participants conceptualized their decision to drop out of therapy as a therapy outcome, where they chose to leave because therapy was ineffective. However, outcome research conceptualizes therapeutic outcomes as post-therapy results of therapeutic intervention (Elliott, 2010). Therefore, the perception of therapeutic outcome in the retrospective accounts of participants may not be completely accurate or applicable to existing outcome research.

Future Directions for Research

Future research can use the developed conceptual ordering as supplementary information to lead a variety of investigations. Firstly, while using similar methodology; future research can aim to further examine what is conceptualized and defined by participants as either “unhelpful” or “hindering” in therapy. Similarly to the majority of previous significant events literature, the interview protocol within the present study used the terminology of “hindering” and “unhelpful” events interchangeably. However, participants within the present study used either “unhelpful” or “hindering” to refer to the events that occurred and previous research has suggested that these events may influence different outcomes. For example, Paulson, Everall, and Stuart (2001) reported that although hindering and unhelpful events were experienced similarly by participants, these events may have influenced different therapeutic outcomes. Although hindering events were perceived by participants as interfering with therapy, they did not prevent a positive outcome, while unhelpful events were related to negative outcomes such as premature termination in therapy (Paulson, Everall, & Stuart, 2001). Therefore, future research could further examine the differences of hindering and unhelpful events, while investigating the different conceptualizations and influences of these events separately.

Similarly, the subjective experiences of some participants were more influential in resulting in harmful therapy outcomes, than others who reported that the events were simply unhelpful to positively influencing therapeutic processes. Thus, further studies could potentially examine the severity of experienced impacts due to hindering events while using a rating question to ask participants how hindering the event was on a scale. For example, Paulson, Overall, and Stuart (2001) had participants rate statements collected from other participants based on a five-point scale ranging from not at all hindering (1) to extremely hindering (5). Therefore, future research could provide additional knowledge to the subjective experience of clients by asking participants to report on the severity of impact of the event on their therapeutic processes and outcomes.

Additionally, the collected data suggested that some participants experienced multiple similar events prior to the experience that was identified as the hindering event, but those previous events were not considered hindering for a variety of reasons. Therefore, further investigation into the sequence/evolution of similar events could lead to further understanding of the phenomena of accrued hindrances as opposed to isolated incidents.

Also, although previous significant events literature does not draw direct parallels between hindering events research and the literature on alliance rupture and repairs, the findings of the present study may be able to inform further literature on alliance rupture and repair. Previous research has suggested that hindering events can lead to ruptures in therapy and eventual withdrawal (Safran et al., 2002). This finding was supported by the present study where some participants reported experiencing hindering events that negatively influenced the therapeutic process (e.g., questioning effectiveness of therapeutic approach), which led to their premature termination of therapy, and that the event was not handled/addressed with their

therapist. This finding appears to be similar to rupture without repair cycles reported within alliance rupture literature (e.g., Safran et al., 2001; Safran, Muran, & Eubanks-Carter, 2011; Larsson et al., 2016). Therefore, the findings within the present study could potentially inform rupture and repair literature since some of the reported events in the present study may be enough to cause ruptures within the therapeutic alliance, when those events are not initially noticed or identified by the therapist (all reported events in the present study), and it is up to the client to initiate the management of the events. Thus, future research could potentially interpret the findings of the present study through an analytical lens situated within therapeutic alliance literature to further interpret the results of the study.

Finally, it would be valuable to conduct a study using grounded theory methodology to examine client accounts of hindering events. A total of twenty-five individuals reached out to the main researcher through e-mail after seeing recruitment posters and reported that they had experienced a hindering event in previous therapy. Therefore, with more time and resources a more exhaustive study that can dedicate the time to interview enough participants to reach saturation within the collected data, which would be beneficial in furthering the findings within the present study.

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Appendix A Conceptual Ordering

1) Identified Hindering Events

Major Theme	Theme	Codes	Verbatim Example
Identified Hindering Events- Specific moments and/or incidences that participants identified as hindering or unhelpful within their previous experiences in therapy..	Felt Mistreated by Therapist- Events that represented the negligence or incompetence of therapists in their performance of therapy, or violations of ethical regulations relevant to therapeutic practice.	Therapist Broke Confidentiality- The participant's right to privacy was not protected and the therapist disclosed information to other individuals without the participant's consent.	P2- "She completely broke confidentiality" "She sent a text message without any consent from my part" P5 - "I told her something and after some weeks, I discovered that my mom knows it" " <i>She had talked to your mother without your consent? Exactly</i> "
		Experiencing Harm as a result of Therapist Response- Therapist did not refrain from actions that risked harming the client.	P2- "I don't know what your problem is. That's most peoples' goal weight" "You should be happy with where you are at" P2- "She looked at it and she laughed" "She just threw it in the garbage" "It was really difficult for me to get those words out"
	Distracted/ Inattentive Therapist- Events that stood out as hindering because the therapists appeared unfocussed and not fully present.	Therapist Appearing Unfocused/ Not Looking at Client- Therapist appeared preoccupied and was not paying attention or listening to the participant.	P1- "Seemed distracted" "fiddling with papers" "didn't feel like I had his attention" P5- "She is always looking at the time"
		Felt Therapist did not Respond to Question- The therapist did not reply to a specific inquiry for further information.	P4 - "I asked him a specific question about something I was dealing with" "All I got was a blank stare"
		Therapist Fell Asleep- Therapist fell asleep or appears to be falling asleep in session.	P4- "He had fallen asleep" "Well then so the next time. Same thing." P8 - "He was falling asleep" P5- "Sometimes she'd slouch and close her eyes"

	Perceived Clinical Mistakes- The behaviours of therapists that were recognized by participants as potential errors within therapeutic processes. Thus, participants perceived that therapists may have done something wrong within their roles as professional therapists.	Therapist Questions Felt Inappropriate- Therapist is perceived to be asking questions that are irrelevant or insensitive to the client's presenting problem or experience.	P2- "she would ask questions that aren't really appropriate when someone is recovering from an eating disorder" P9- "There were a few intake questions that were like, are you seriously starting with this?"
		Therapist Delaying Exploration Experienced as Neglect or Abandonment- The therapist put off the discussion of an emotional experience until the next session.	P6- "I started talking about it and then I started getting emotional " "She said we can save that, save that for maybe a future session" "It's best we stop here"
		Offering a Solution when Client wanted more Exploration - The therapist provided a specific resolution to a presenting problem instead of empathizing and discussing the client's experience of the issue.	P9- "My self-care routine had fell apart" "Oh well, you know you can self-care" "There is a spa, that one is really good. I have been there before" "That's a bit of a rash response" "Given this really specific suggestion instead of helping me explore that"
		Felt Therapist made an Incorrect Assessment of Client Functioning- Therapist did not take into consideration the client's varying moods when assessing the severity of client's distress.	P3- "I was very distressed" "But when I went to see her was in a very good mood" "I did tell her on the phone that I was having a bit of lows and downs all the time" "She said looks like you're fine in-session"
		Felt a Lack of Validation/ Neutral Response- Therapist did not use an empathetic response while the client was discussing their feelings/experience.	P7- "I was looking for somebody else to be like, ah yeah man that sucks" "The response given was a bit too neutral" "Rather than, like a statement that would have been more validating"

	Tensions from the Management of the Therapeutic Frame Event represents issues identified within the administrative and/or clinical obligations of therapists in organizing offered therapeutic services.	Felt Pressure to Schedule Future Sessions- Therapist pressured the client at the end of every session to book the next session.	P5- "At the end of every session, she wants me to schedule my next session" "She forced me to book another appointment" "You have to book right now"
		Perceiving the Cancellation Policy as Inflexible- Therapist had firm policies for the cancellation of appointments, and/or charged for cancelled appointments regardless of previously indicated flexibility.	P5- "If you e-mail her a day before she would say, you have to pay for it" P8- "He had told me that cancelling an appointment without 24 hours' notice resulted in a fee" "The first time he is lenient about it" "One time I had to cancel" "He did charge me for it"
		Constant Reminder of Fee- Therapist consistently mentioned pending charges at the beginning of each session.	P8- "He would always have my file when we would meet" "The bill for that would be sticking out of it" "He would be like, just so you know this is still outstanding" "Every time"

2) Subjective Experience of the Event

Major Theme	Theme	Sub-theme	Codes	Verbatim Example
Subjective Experience of the Event Why the event was identified as hindering. The feelings and thoughts that the individual recalls undergoing when the event occurred and/or how the event influenced their therapeutic	Negative Emotional Experience- The feelings identified by participants during the occurrence of the event.	Specific Feelings Associated to Event- Emotions identified by participants that were experienced at the time the event occurred.	Humiliated/ Insulted- Individuals felt embarrassed and/or disrespected when the event occurred	P2- "I felt really humiliated by her reaction" P4- "I just thought it was really kind of insulting"
			Continuous Anxiety- Individual felt constantly worried and nervous in-session when the event(s) occurred	P8- "It made me pretty anxious" "Anxiety was a big factor" "It was definitely creating an anxious environment"

process.			Let Down/ Disappointed- Individuals felt that the therapist did not support them in the way that they needed when the event occurred	P1- "It was very disappointing" "he is the one person in the world who really knows me" P3- "At that moment, I already felt like I was drowning, I did not know what was going on" "So I felt like I was a bit of, I was let down, a little bit yeah" P4- "In this case he probably really let me down"
			Uncomfortable/ Awkward- Individual felt unsure how to react and uneasy when the event occurred	P8- "Oh this is a bit awkward" "I wasn't really sure if I should keep talking" P9- "It felt really uncomfortable" "You know, there was the discomfort of this is an uncomfortable conversation to have"
		Emotional Essence of the Experience- Emotive Reactions to events that were identified by participant as relevant to their therapeutic process	Out of Control/Taken Advantage of - Felt that there was a power imbalance between the therapist and the client, where the therapist was perceived to be in control and/or have ulterior motives in therapy (i.e., control , money)	P2- "I felt very much taken advantage of" "In many ways she took advantage of her position via mine" "I felt like she was manipulating my life" "I just felt like I had to do it" "It just felt like this is how things go" "This is what therapy is" P5- "Every time she cut me off" "She is here just to get money"

			<p>Unheard/Therapist Empathic Failure Felt-</p> <p>Felt that the therapist did not pay attention to the expression of their experiences and concerns, or take the time to comprehend their presenting issues.</p>	<p>P1- "I felt unheard" "he is not getting me" "He is not hearing what I am saying" "He is not listening to me"</p> <p>P3- "I think the struggles I started facing, she couldn't properly see them" "She was not able to see the new struggles I was going through"</p> <p>P5- "I was just talking and she's pretend hearing and we are done"</p> <p>P6- "Felt rushed and not really heard" "I kind of sort of started to talk about it" "And then I started to cry" "And then she asked about some other things that weren't really related" "It kind of just felt like closing a lid on it"</p> <p>P8- "He doesn't quite understand that that's a big issue for me"</p> <p>"When I told him that my parents were separated when I was younger, that was really his focus"</p> <p>"That was not a negative experience for me" "It has been a positive thing for me" "It always came back to that for him"</p>
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				<p>P9- "I don't know if you are still paying attention to me" "I said I don't think it's denial"</p> <p>"I don't know how to do it. I don't know what to do, I don't know how to get there"</p> <p>"She said something like, what! It kind of sounds like denial, but uh we can call it whatever you would like to call it"</p>
			<p>Vulnerable/ Powerlessness as Client-</p> <p>Felt exposed and unsafe while disclosing personal experiences in therapy at the time of the event</p>	<p>P2- "I felt extremely vulnerable and powerless"</p> <p>P2- "I exposed all of my vulnerability"</p> <p>P9- "I am doing this because I want to tell this person some really uncomfortable stuff"</p> <p>"If I tell her something where I feel like I am putting my heart on the table" "I don't feel safe with that"</p>
	<p>Making Sense of the Event-</p> <p>Thoughts and perceptions identified by individuals during hindering events that influence how the event is understood and experienced.</p>	<p>Questioning Therapist Capabilities-</p> <p>Individuals have thoughts that doubt the therapist's capacity to provide services that meet their needs in therapy.</p>	<p>Wondering if Therapist was Experiencing Burnout-</p> <p>Experienced thoughts that the therapist is getting too old or experiencing exhaustion which negatively influences their ability to meet their needs.</p>	<p>P1- "Are you getting too old for this guy?" "Was I questioning his capabilities?" "He is close to retiring"</p> <p>P9- "I think I explained it as like maybe burnout"</p> <p>"She looked tired and she was a bit more distracted"</p> <p>"Wow you are not in this anymore"</p> <p>P9- "I don't know if you are challenging me in the way that it started"</p> <p>P8- "Maybe he is too tired" "I could tell he was exhausted"</p>

			Unprofessional/ Inexperienced Therapist- Experienced thoughts that question the performance of their therapist and question their ability to meet their needs.	P5- "I just felt like she is not professional" "I thought because she is expensive she is going to be professional, and not at all" "Like everyone can play this role" "I can do it better than her" P9- "You should have thought about this" "I am not your first client in your life am I?" "She's not grounded or she doesn't know what she is doing"
			Therapist was Unhelpful/ Disinterested in Helping Experienced thoughts that the therapist is not concerned with what they were talking about, their issues, and/or in helping them find solutions to their issues.	P8- "It seemed like he was disinterested" P5- "I felt like she doesn't care" P5- "Spending my time on something that is not helping me at all" "She is not really helping me" P4- "This guy has no interest in me" "He is not surely interested in assisting me"
		Difficulties within the Therapeutic Process- Individuals experienced thoughts during the event that suggest issues in therapy associated to their therapeutic progress.	Unsatisfied with Therapeutic Progress- Experienced thoughts of displeasure with the lack of positive improvement and/or influence of therapy.	P4 - "It caused me to ask myself why are you doing this?" "I just wasn't getting emotional" P5- "There wasn't a therapy" "It was so superficial" P8- "I never felt that therapy gave me anything positive" "He never really provided me any practical ideas or reasons why" "It didn't give me anything I didn't already have" P6- "I left there feeling like it wasn't really satisfying" "It didn't really help me move

				forward” P9- “This is not what I need” “This is not acceptable to me”
			Difficulty in Problem Identification/ Exploration- Participants were not guided in therapy, which negatively influenced their ability to sort through and clarify their experiences and issues in therapy	P6- “It kind of, just brought up all this emotion and I wasn’t able to explain it or sort through it in any way” P7- “I was trying to work through that situation” “I hadn’t put words to that yet” “It definitely made it more difficult for me to actually figure out what was going on”
			Questioning Effectiveness of Therapeutic Approach/ Intervention - Experienced thoughts that the therapeutic techniques used by their therapists were not clearly explained, executed well, and/or were not useful in positively influencing therapeutic progress	P1- “He more, just listens” “So when he is not listening it’s a bit hard” P2- “What am I supposed to be getting out of this?” “Not sure what any of this is about and what the purpose is” P7- “I wanted somebody to tell me that the feelings I was having were valid for me and my experience” “I Didn’t really receive that, and it left me feeling a bit off put” P8 - “It made me think more about his approach”
		Issues within the Therapeutic Alliance- Thoughts at the time of the event related to the therapeutic connection and relationship.	Felt Reduced Trust in Therapy- Experienced thoughts that negatively influenced the individual’s faith and confidence in the therapist and/or therapy	P1- “It undermined the trust” “for the first time every there was a lack of trust” “It was just a loss, an instant loss of trust” P5- “I don’t trust her anymore” P4- “At that point I kind of lost faith in him”

			Experiencing Limited Therapeutic Relationship/ Connection- Experienced thoughts that there was a lack of a positive bond and/or rapport with the therapist.	P1- "But this time he definitely wasn't, I thought not connected with me" P2- "I was just trying to figure out what this relationship is supposed to be" P7- "This feels like a disconnect here" "It impacted the relationship" "Not feeling that connection as deeply as I could have" P8- "It was more me not having a great connection with him anyway" P9- "You really haven't established a relationship with me yet " "I cannot bare my soul to this person"
	Parallel Personal Dynamics- Interface/ Overlap between what is happening in therapy and the individual's own issues.		Denial of Experience- Event reinforced individual's tendency to doubt her and question her experienced thoughts and feelings	P3- "I am someone who is always in denial, when something bad goes wrong" "She was confirming my denial thoughts" P7- "I was at my most self-doubting" "That was sort of the problem that had brought me to therapy"
			Internalizing Fault- Event reinforced the individual's perception that there is something wrong with them and that is why the event occurred.	P1- "So I am always second guessing that sort of treatment, like as you say, internalizing it and making it my problem" "Maybe I was being judgmental" "Sometimes I worry about boring him" "He probably has got more important work to do" P2- "I thought because of her lack of reaction that there was something wrong with me"

		External Stressors- Individual identifies other aspects of their life that they were experiencing at the time of the event that they were worried about and may have influenced therapy	P1- "This committee meeting has been very important to me and I have been very stressed about it" P8- "One of my big things I was experiencing then was financial stress"
		Feeling Lonely- Individual was feeling lonely due to other issues outside of therapy when the event occurred	P1- "But the sitting alone with your thoughts.. That's very very difficult. And you are very isolated" "It's very lonely"
		Feeling Insecure - Event reinforced individual's uncertainty within her authenticity as a person	P1- "I was feeling insecure" "I often feel insecure in my authenticity as a person, I am super sensitive to that" "But seeing at that time, that I was feeling uh, insecure. Because I knew that this meeting was coming up and I was not confident at all" "Because I am sensitive about that myself, in a way, being older coming to university. Because I am much older. And being judged, and I am not, or whatever. It is what it is. Maybe I am doing that to him." P7- "I didn't have a lot of respect for myself"
		Feeling Out of Control- Event reinforced the individual feeling that she is has no say in what happens to her in her life	P2- "Things are out of my control and this is just what happens in life" "That has been something that I have been tainted with"

3) Response to the Event

Major Theme	Theme	Sub-theme	Codes	Verbatim Example
Response to the Event- What participants identify as their response and/or the decisions they made as a result of their experience of the event within the therapeutic process.	Client Response/ Decision to Continue or End Therapy- Participants described their reaction to the experience of the event which was reflected in whether or not they chose to stay in therapy.	Continuing Therapy- Participants decided to stay in therapy after the experience of the event because they thought they could still benefit from therapeutic services.	Continued Therapy/ No Overall Change in Trust- Participant decided to stay in therapy with the same therapist and the event did not influence the participant's overall confidence in the therapist.	P1- "I do trust him" "he has helped me a lot in my life" "I'll go back to him until he retires" "I wouldn't say things have changed" P6- "I am seeing her tomorrow" "I think I would be just as open" "I don't think it has affected the relationship, like the trustworthiness"
			Limited Therapeutic Connection/ Depth of Therapy- Participants decided to stay in therapy with the same therapist but did not open up about more personal issues and experiences	P7- "I did end up getting to the bottom of things" "I ended up significantly in a better place than I had been" "I feel like some of that could have been done in therapy if we had been able to go deeper" "These little moments of not feeling that connection as deeply as I could have"
		Client Initiated Premature Termination Participants stopped therapy before experiencing therapeutic improvement/ recommended length of therapy	No Need for Therapy- Participant decided to end therapy with the therapist after feeling like they did not benefit from therapeutic services, and perceived that they will not benefit from future therapeutic services	P4- "I don't need it" "None of it, overspent, give you a pill, tough it out, and put you on track" "What a waste of time" P5- "If this is therapy, I don't need it" "I have to stop"
			Free from Unhelpful Therapist- Participants decided to discontinue therapy after the experience of the event(s), but were open to future therapeutic services and perceived that	P2- "I just didn't go back to her kind of thing" "I was kind of free from that" P8- "Because of those incidences, it allowed me to cut it short, or prompted me to cut it short" P9- "I don't think I want to come back" "It sort of

			they could still benefit from different therapeutic services	stopped that process” “I called to cancel the second session” “I can’t tell you about myself”
	Reaction to Discontinuing Therapy- Emotions, thoughts and/or realizations that participants experienced after discontinuing therapy due to their experience of the hindering event	Pursuing Future Therapeutic Services- How the event influenced the participant’s perception of how they will pursue future therapeutic services including how they will act, and/or what they want from future therapy.	Desired Therapist Traits - Identified potential therapist characteristics that were not present in her previous therapist that may elicit a better therapeutic relationship and connection	P8- “I needed someone more open minded” “I just felt maybe I need someone younger” “maybe even a female who may understand my situation at least a little better” “I would lean towards someone with more recent trainings”
			Desired Aspects of Therapy- Identified codes of therapeutic approaches and interventions that appeal more to them then what was experienced during therapy when they experienced the event.	P3- “I want to get what you got out of it as well, and we can discuss that. I do appreciate that in a therapist, which I see now.” P8- “It could be just his approach and his view” P9 - “It was another good sense of being able to know what I want and don’t want in therapy”
			Importance of Openness/ Deep Therapeutic Interaction- Participants realized the significance of being honest and vulnerable in effective therapy and identified wanting therapeutic services which allow them to do that	P3-“That person can only help me if I tell them all the pieces of the puzzle so that they can put the image back together, and see the whole image” P7- “If we had been able to go deeper” “If we had it would have sped things up and been more helpful”

			Distrust / Difficulty Developing Future Therapeutic Connections- Participants are more skeptical and lack confidence in trusting and finding the right therapist	P2- "I find that that has really tainted my relationship with any therapist" "I have a hard time trusting therapists and psychologists" P4- "I lost confidence in these guys" "I just feel a lack of confidence in the profession itself" P8- "I would now be more skeptical about who I am talking to about things, or what they are going to say" "It's going to be harder to find the right person"
		New Sources of Support- Participants sought out alternative resources to assist them with their presenting problems after the occurrence of the event and discontinuation of previous therapy	Found Helpful New Therapist- Participants sought out and continued with therapeutic services with another therapist	P3- "I think that bad experience resulted in me seeking someone else who has ultimately helped me become a better person" P2- "I knew I needed help" "She continuously reassured me" "She has been very patient with me"
			Receive Support from Friends/Family instead of Therapy- Participants rely on other personal relationships support them and assist them in finding solutions to their issues.	P4- "I see my sister, she is pretty good" "My sister is a registered nurse, social worker" "She often helps me with stuff" "Seek out friendships instead of someone who is paid" "Somebody who just, out of the goodness of his heart, or the friendship. Helps you" P5- "If I feel like I need to talk to someone I'll call my sister" "she is always there for me" "I call my friends and they are there"

4) Handling/ Addressing the Event

Major Theme	Theme	Codes	Verbatim Example
Handling/ Addressing the Event- Was the hindering event identified, discussed, or resolved	Not Handled/ Addressed- The event was not identified, discussed, and/or resolved	Not Handled/ Addressed In-Session- The event was not identified, discussed, and/or resolved in therapy with the therapist	P1- "I didn't say anything to him" "He didn't know what I was thinking" P2- "I don't feel like she was aware at all of how it was impacting me" P2- " I don't feel like it was resolved between her and I" P5- "I don't feel like she reacted" P6- " It wasn't really handled" P7- "I didn't bring it up no" P8- "I didn't mention it" P9- "We didn't end up addressing it" "I don't know that it was really handled" "I don't know that I directly confronted it"
		Dissatisfied with Therapist Solution- The event was identified and discussed in therapy, but the participant identifies that there was not an adequate solution or resolution to the event	P8- "With things I feel more concrete about, like the financial thing, I felt that that was okay to speak up about" P8- "You don't have to pay it right now" "It can be next time or whatever" "That wasn't a real solution in my mind"
	Handled/ Addressed- The event was identified, discussed, and/or resolved	Handled/ Addressed by Client with Therapist- The event was identified due to a conversation initiated by them in therapy and the participant feels like the event was resolved	P3- "I just wanted to clear my heart. And put everything on the table" P3- "She felt like if she wasn't able to see the issues that I was going through, then she wouldn't be very helpful for me in the healing process" "She suggested that I see somebody else" P9- "I think I told her that we are just not a good fit" "I felt more than she is just not a good fit" "But I felt like, it is true enough" "At least I am saying something rather than just not showing up"
		Resolution Outside of Therapy by Client- Participants feel that the event was addressed outside of therapy through their own actions and/or use of alternative resources	P9- "I kind of took over what needed to happen myself a bit" "Maybe not coming back, and it seems very passive, but in a way it is standing up for what I want" P8- "I didn't go back" "Stopping was the answer for me" P4- "It actually corrected itself" "I am an MD now at self-diagnoses" "I see my sister, she is pretty good" "I told her about my therapy"

	Interest in Handling/ Addressing Event - The participant indicates that they are interested in identifying, discussing, and/or resolving the event with their therapist	Handling/ Addressing Event with Therapist - There indicate interest in initiating a conversation with their therapist to identify, discuss, and/or resolved in therapy in their future session	P1- "It'd be good to have that discussion with him actually" "I may feel that the trust can come back" "I would go back and bring it up to him" P6- "We have a session scheduled tomorrow" "Maybe I'll be more direct. With what I need"
	Reasons Given for Not Addressing/ Handling Event- Reasons identified by participants as why the event was not identified, discussed, and/or resolved in therapy	Uncomfortable Discussing Event/ Lack of Assertion- Participants felt uneasy about standing up for themselves in session and stating their feelings and concerns at the time of the event and/or discussing their experience after the event had occurred with their therapist.	P1- "I didn't want to start out and say are you paying attention to me?" P2- "I didn't know that I could assert myself" "I never felt comfortable" "I never spoke up about it" P5- "She has to make you feel more comfortable" P6- "I didn't feel comfortable enough to say that again" P6- "I felt uncomfortable saying, no actually I want to talk about this" P7- "I am not that assertive person" P8- "Just too awkward to bring it up" P9- "I have quite a bit of a habit of not saying something"
		Lack of Therapeutic Support/ Relationship- Participant felt that the therapeutic relationship was not developed enough to sustain the disclosure of the experienced hindering event	P5- "She doesn't care" "If I really care about you, I will stay, I will listen to your answer" "She has to give you more in person" P6- "It's kind of like the relationship, it hasn't really been set"
		Forgiving of Unhelpful Events with Supportive Therapeutic Relationship- Participant who experienced supportive relationships and connections with their therapist were more	P1- "He knows me so well. He has known me for 15 years" "He has helped me a lot in my life" P3- "She had been very supportive throughout that year" P9- "We had a really good relationship" "I felt really helped by this person, the work we did previous to that" "So I think I was very inclined to be like,

		accepting and lenient when events occurred in therapy	well that sucked but it's been fantastic" P4- "I really liked him actually" "There was a lot of guy talk, about sexuality"
		Empathy for Therapist- Participant cared about and tried to understand where the therapist was coming from which influenced their decision to not discuss the event	P1- "It's like listening to someone talk for 45 minutes, an hour, throughout the day and listening to their problems. That's exhausting." "Just you know, let it go" P8- "He could be dealing with something" "He's human" "I didn't want him to feel bad about it either" P3- "If I did start seeing another therapist, that she wouldn't be offended" P9- "Taking her perspective, knowing what it is like" "I kind of talked myself out of it"
		Overreacting to Event/ Judgmental of Therapy- Participant thought that their reaction to the event may have been unreasonable and/or that they were being too critical of the therapist so they did not discuss or address the hindering event with the therapist.	P7- "Maybe I am just overreacting" P1- "Maybe I was being judgmental" "What's going on here, are you over reacting?" P9 -"I think I talked myself out of it" "Maybe my expectations are too high" P9- "I wonder if I am just being too high maintenance" "I need you to provide me with excellent therapeutic intervention" "I know that's possible" "If I was just an average person I think I would be happy that someone suggested something to me"

Appendix B
Significant Events Research

Source & Event Type	Methodology	Findings	Implications	Limitations
Elliot (1985) Most and least helpful about counsellor response	<ul style="list-style-type: none"> - 20 minute interviews with pseudo clients - 1 brief counselling session - 24 volunteer clients - 12 different graduate student therapists - Interpersonal Process Recall (IPR) used as client self-report measure - 3 or 4 most helpful and least helpful therapist responses (“events”) in session - 25 judges (colleagues and students of the author) sorted the events into categories they developed (8 types of helpful events and 6 types of hindering events) - Therapeutic Impact Content Analysis System (TICS) tested in a pilot study using 45 descriptions of significant events over 8 sessions 	<ul style="list-style-type: none"> - Free-response descriptions for 156 events (86 helpful and 70 hindering) were transcribed <p>Two super clusters for helpful events:</p> <ul style="list-style-type: none"> - Task Super Cluster: progress toward resolving client problems (i.e., new perspective, problem clarification, problem solution, and focusing awareness clusters) - Interpersonal Super Cluster: helpful interpersonal contact between the therapist and the client including strengthening of the therapeutic alliance (i.e., understanding, reassurance, involvement, and personal contact clusters) <p>Six clusters of hindering events:</p> <ul style="list-style-type: none"> - Misrepresentation, negative counsellor reaction, unwanted responsibility, repetition, 	<ul style="list-style-type: none"> - Developed the first framework for rating client experiences of immediate in-session effects of significant therapist intervention (Therapeutic Impacts Content Analysis System) - Examined and rated the immediate therapeutic impact of therapy 	<ul style="list-style-type: none"> - Pseudo clients had one brief counselling session - Single 20 minute ‘helping interviews’ completed by graduate student therapist - Focusing on ‘actual personal problems’ - 25 judges (colleagues and students of the author) sorted events into categories that they created - Measurement issues in rating therapeutic impact: two or more impacts reported for same intervention - therapeutic impact described by clients in varying degrees of clarity (i.e., clearly absent to clearly present and elaborated - Issues of validity and reliability for the IPR

		misdirection, and unwanted thoughts - The Therapeutic Impact Content Analysis System pilot study refined the impact definitions		
Llewelyn (1988) Client vs Therapist perception of Helpful and unhelpful events	- British clinical setting - Compared the impact of helpful and hindering events as perceived by 40 client- therapist pairs - 22 therapists (1-3 clients each) - Number of sessions per client was 9.98 (range 3-18) - Relationship-oriented therapy or cognitive behavioural therapy - Pre-therapy assessment questionnaire - Helpful Aspects of Therapy Questionnaires (HAT) used after each therapy session - After therapy termination clients and therapists described their retrospective views of helpful and unhelpful events and reported on therapy outcome - 1076 events were	Helpful Impacts: personal insight, emotional awareness, problem clarification, problem solution, involvement, understanding, reassurance/relief, personal contact Unhelpful Impacts: misdirection, misperception, disappointment, unhelpful confrontation Outcome of Therapy: 76% of clients and 78% of therapists reported that therapy had been helpful/ client had improved - 5-8% of clients: therapists reported that therapy was unhelpful/ clients became worse - 13-16% of clients: reported that they got worse over the course of therapy/therapy was not helpful Most Common: Helpful Events: - Therapist: insight (28%), problem solution (17%), reassurance/relief	- First study to compare client and therapist views of therapy - Created the Helpful Aspects of Therapy (HAT) questionnaire Further understanding for the perception of help clients were receiving in therapy: - Clients valued reassurance and relief provided by therapy during the therapeutic process - Clients valued problem-solving aspects of therapy after termination - Therapists emphasized cognitive and effective insight during and after therapy - When therapy outcome was poor, there was more disagreements between	- Number of sessions attended was not linked to amount of events reported per client - 14 clients (drop-outs): did not continue therapy after initial assessment, or withdrew from therapy/ participation before adequate data was collected - Clients were asked at termination "how much the client had benefited from therapy?" and "how much better they were compared with the commencement of therapy?" (Client Post-therapy Questionnaire; Cartwright, 1975)

	<p>collected from 399 therapy sessions</p> <ul style="list-style-type: none"> - Content was analyzed using the Therapeutic Impact Content Analysis system (TICS): consists of 13 categories (8 helpful events and 5 unhelpful events) 	<ul style="list-style-type: none"> - Client: reassurance/relief (26%), problem solution (20%), insight (12%) <p>Unhelpful Events:</p> <ul style="list-style-type: none"> - Therapist: unhelpful confrontation (1%), negative therapist reaction (1%), misperception (1%) - Client: Disappointment (3%), unhelpful confrontation (2%), misdirection (1%) <p>After Termination:</p> <p>Therapist:</p> <ul style="list-style-type: none"> - Helpful: Insight (19%), personal contact (14.5%), problem solution (11%) - Unhelpful: misdirection (9%), unhelpful confrontation (5%), disappointment (2%) <p>Client:</p> <ul style="list-style-type: none"> - Helpful: problem solution (22%), personal contact (16%), reassurance/relief (15%) - Unhelpful: disappointment (5%), misdirection (3%), unhelpful confrontation (3%) 	<p>therapist and client perspectives</p> <ul style="list-style-type: none"> - Clients and therapists experiences different degrees of salience for different aspects of the therapeutic process - Suggests that therapy researchers should be more aware of the difference in perception between clients and therapists: this awareness could stimulate a more accurate portrayal of components that lead to the most helpful and/or hindering impacts and ultimately more effective interventions 	
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<p>Llewelyn et al. (1988) Impact of helpful and hindering events</p>	<ul style="list-style-type: none"> - Prescriptive and exploratory treatment - 40 clients with depression and/or anxiety - Professional or managerial workers - Presenting problem: difficulties experience in daily occupation - HAT at the end of each therapy session - Outcome measure: Symptom Checklist-90-Revised , Present State Examination - The type of reported impact was used to predict outcomes 	<p>Helpful Impacts: personal insight, awareness, problem clarification, problem solution, involvement, understanding, reassurance, personal contact</p> <p>Hindering Impacts: unwanted thoughts, unwanted responsibility, misperception, negative therapist reaction, misdirection, and repetition.</p> <ul style="list-style-type: none"> - Reported impact was not significantly correlated to therapy outcome 	<ul style="list-style-type: none"> - Awareness and problem solution were the most common impacts reported - Problem solution was attributed to prescriptive therapy - Reassurance and personal contact were commonly reported on end-of –period forms - Treatment may have been hindered by unwanted thoughts, unwanted responsibility and misdirection 	<ul style="list-style-type: none"> - Clients may not be able to identify and clearly describe crucial events in the production of therapeutic change - Increased presence of types of impact may not be related to outcome in a simple, linear fashion - The quality or intensity of therapeutic impact may be more important than the type of the impact
<p>Lilliengren & Werbart, (2005) Curative (helpful) and hindering aspects</p>	<ul style="list-style-type: none"> - 22 Interview transcripts at termination - Semi-structured Private Theories Interviews - Created condensates - Coding and conceptualization (ATLAS.ti) - Built a theoretical model 	<p>Curative Aspects: Talking about oneself, having a special place, and relationship exploring together</p> <ul style="list-style-type: none"> - Therapeutic Impacts: new relational experiences expanding self-awareness <p>Hindering Aspects: talking is difficult, and something was missing</p> <ul style="list-style-type: none"> - Negative Impacts: self-knowledge is not always enough, and experiencing mismatch 	<ul style="list-style-type: none"> - Closer look at interrelations among curative factors, hindering aspects, and therapeutic impacts as experienced by the clients. 	<ul style="list-style-type: none"> - Static representation of client's experience - Qualitative approaches are open to the influence of the researcher's subjectivity

Timulak (2007) Impact of Helpful events	Qualitative meta-analysis of 7 studies that categorized client-identified impacts of exclusively helpful significant events experiences within psychotherapy (Cummings et al., 1993; Elliot, 1985; Heppner et al., 1992; Moreno et al., 1995; Timulak et al., 2003; Timulak & Lietner, 2001; Wilcox-Mathew et al., 1997)	Meta-analytic category of impact: <ul style="list-style-type: none"> - Awareness/insight/self-understanding (found in every study) - Reassurance/support/safety (found in every study) - Behavioural change/problem solution - Empowerment - Relief - Exploring feelings/emotional experiencing - Feeling understood - Client involvement - Personal contact 	Identified repeatedly found impacts in helpful significant events <ul style="list-style-type: none"> - Provided a more conclusive representation of client-identified helpful events 	<ul style="list-style-type: none"> - Lack of contradiction between studies - Lack of details in the creation of categories - Lack of information about analysis of client accounts - Unclear data collection strategies/ how those strategies shaped the results - Potential for the interpretation and selection bias of researchers
Timulak (2010) Client identified significant events	<ul style="list-style-type: none"> - PsychInfo databases were searched using keywords - References of selected studies were also searched - Identification of 41 primary studies that had client-identified significant events as the main or secondary focus of research - Studies were reviewed on their methodology and findings and the findings were presenting according to the type of study conducted 	<ul style="list-style-type: none"> - Client and therapist perspectives on what was significant in therapy differed significantly: perspectives only matched in approximately 30-40% of events <p>Client Identified:</p> <ul style="list-style-type: none"> - Interpersonal and/or relational aspects of therapy (e.g., reassurance) are significant - Impact of helpful events: contributions to in-session outcomes and to therapeutic relationship - Impact of hindering events: client disappointment 	<ul style="list-style-type: none"> - helpful events are therapeutically productive - the perception of the client differs from the therapist perspective - Client: relational and emotional aspects are more important - Therapist: cognitive aspects of therapy - Major Significant Difficulty: Disappointment and misunderstanding in the therapeutic relationship 	<ul style="list-style-type: none"> - The intensive qualitative studies reviewed confirmed that the processes involved in significant events are vague and complicated - Helpful events may include several hindering elements - Specific events are deeply contextually embedded in previous events of therapy - The generalizations across studies (e.g., different rates, taxonomies, several impacts,

		<p>with therapy or the therapist</p> <p>Therapist Identified:</p> <ul style="list-style-type: none"> - Events of therapeutic work (e.g., insight) are significant - Focused on the progress in understanding problematic issue 	<ul style="list-style-type: none"> - Therapists should monitor signs of disappointment or mis-understanding in their clients so that they can work through them in therapy 	<p>etc.) may have limited the accuracy of the study</p>
<p>Castonguay et al. (2010) Client and therapist identified helpful and hindering events</p>	<ul style="list-style-type: none"> - Replication/extension of Llewelyn (1988) study - Examined 1,500 therapeutic events described by clients and therapists - Increased number of coders and observers - Length of training increased (from 6 weeks to 7 months) - 13 therapists used in independent practice (doctoral level psychologists) with an average of 17.5 years (range: 2-32 years) of experience - Client and therapists completed the modified HAT at the end of every session - Modified version of the TICS was used (Helpful 	<p>Inconsistent with Llewelyn (1988) results</p> <ul style="list-style-type: none"> - Client Identified Helpful Events: self-awareness (found significantly more frequently) , problem clarification, and problem solution <p>Client Identified Hindering Events:</p> <ul style="list-style-type: none"> - low mean rating for client reported HATs for hindering events - Poor fit: only reported hindering event with a mean rating above the lowest helpful categories (other insight, positive other, and self-metaperception), but was not reported significantly more than other hindering categories 	<ul style="list-style-type: none"> - Recommended that results should be considered separately for helpful and hindering events to avoid grouping together themes that were discussed in good and bad moments of therapy 	<ul style="list-style-type: none"> - Consistent with Llewelyn (1988), hindering events were coded infrequently for both client and therapist reported events - The lack of consistency between studies (Llewelyn, 1988; Castonguay et al., 2010) could be due to: different processes or interventions used by therapists, therapist differences, level of experience, professional background, and the time period in which the study was set

	<p>Aspects of Experiential Therapy Content Analysis System (HAETCS)) which was designed to rate participant responses on the HAT</p>	<p>Therapists Identified Helpful Events: self-awareness (found significantly more frequently), alliance is strengthening (second highest reported category), and problem clarification</p> <p>Therapists Identified Hindering Events:</p> <ul style="list-style-type: none"> - Very low mean rating - Therapist omission: only exception; still reported less frequently than most helpful categories <p>Content (focus of discussion in therapy): therapy, client self, and family of origin (closely followed by marital family)</p>		
<p>Richards & Timulak, (2012)</p> <p>Helpful and hindering events and impacts</p>	<ul style="list-style-type: none"> - Descriptive-interpretive analysis used to investigate online treatment - HAT form completed - Therapist-delivered vs. self-administered online cognitive-behavioural therapy for depression 	<p>Helpful events:</p> <ul style="list-style-type: none"> - Provision of information, monitoring, scheduling, restructuring, problem solving, and distraction techniques <p>Helpful Impacts:</p> <ul style="list-style-type: none"> - learning new coping skills and behavioural changes, developing awareness and insight and achieving self-efficacy - eCBT Helpful events: acknowledgement/ listening, advice 	<ul style="list-style-type: none"> - First study to establish helpful and hindering events and their impacts in online treatments - The second author and an independent rater in the analysis of data were not aware of which treatment group the data came from 	<p>Not standard individual therapy</p> <ul style="list-style-type: none"> - 36 out of the 80 participants who began treatment returned HAT forms - The subjective perspective of researchers may have favoured one condition over the other

		<p>and guidance, and provision of compassion</p> <ul style="list-style-type: none"> - therapist responsiveness had an impact on feeling supported and validated <p>Unhelpful events: more were reported in the self-administered treatment group</p> <ul style="list-style-type: none"> - burden of work, time and pace, issues with the content and its form of delivery, and technical problems <p>Associated impacts: being frustrated, confused, irritated, disappointed, anxious and self-critical</p>		
<p>Swift, Tompkins, & Parkin, 2017</p> <p>Client perspective on significant events</p>	<ul style="list-style-type: none"> - Participants watched a video recording of their most recent session and recorded their beliefs about each second of the session - Researcher reviewed data and identified the three highest and lowest rated segments - Segments were replayed to the client and they were asked: what was happening/ why it was rated as more helpful/ hindering 	<ul style="list-style-type: none"> - Helpful events: obtaining new information or insight that was perceived as valuable and feeling heard and understood by their therapists - Hindering events: being off track, feeling judged by their therapists 	<ul style="list-style-type: none"> - Combine research methodologies from significant events and micro-process research to gain a more detailed understanding for client perspective in psychotherapy - Significant amount of variability was found within a single session - clients perceived multiple ups and downs 	<ul style="list-style-type: none"> - Therapy was conducted in a training clinic setting - Clients who received therapy in this setting may have had different expectations - Data obtained from only one treatment session and setting - Does not provide an understanding for how the client's perception of psychotherapy changes over time

Hindering Events Research Studies

Source & Event Type	Methodology	Findings	Implications	Limitations
Rhodes, Hill, Thompson, & Elliott (1994) Client retrospective recall of resolved and unresolved misunderstanding events	<ul style="list-style-type: none"> - Qualitative approach that combined methods from grounded theory (Strauss & Corbin, 1990) and comprehensive process analysis (Elliott, 1989) - Examined retrospective client accounts of major misunderstanding events - 19 clients (therapists in training or therapists) - experiences when they were clients - Retrospective Mis-understanding Event Questionnaire was developed and used 	<ul style="list-style-type: none"> - 11 clients that reported resolved events were more satisfied with therapy than the 8 clients with unresolved events - The mean for reported resolved events was higher than the means for four samples of mental health care clients - The mean for reported unresolved events was lower than that of other samples <p>Resolved events were similar in terms of the pathways of resolution:</p> <ul style="list-style-type: none"> - Good relationship, client was engaged in the therapeutic task, therapist did/ did not do something that was not what the client wanted/ needed - Client had negative feelings toward themselves or the therapist after the event - Client asserted or told the therapist about their dissatisfaction immediately or 	<ul style="list-style-type: none"> - Examined retrospective client accounts of major misunderstanding events because they expected the resolution process might occur across a longer period of time than a single session - Inductive methodology that was used allowed the researchers to become immersed in the data - Pathways for retrospective client-recalled and resolved and unresolved misunderstanding was created 	<ul style="list-style-type: none"> - “thinness” of data protocols consisting of the use of open-ended questionnaire responses - In-depth interviews were not used to elicit more information about the client’s experience - Potential reporting biases due to the fact that clients were either therapists in training or therapists - The retrospective reports of events from the vantage point of distance may have allowed for the loss of details for the events that occurred as the clients make sense of the events over time

		<p>after a period of silence</p> <ul style="list-style-type: none"> - Client and therapist engaged in a mutual repair process, working to understand and resolve the event, which resulted in client growth and enhanced the relationship <p>Unresolved events pathways:</p> <ul style="list-style-type: none"> - Poor therapeutic relationship - Misunderstanding occurred when the client engaged in a therapeutic task and the therapist did/did not do what client wanted/needed - Client had negative feelings towards themselves or therapist - Therapist was not perceived as being open to discussing negative client experiences 		
Paulson, Overall, & Stuart (2001) Hindering experiences	<ul style="list-style-type: none"> - Concept Mapping - Combined In-depth Interviews and Concept Mapping - 8 adult client participants (18+) who attended 14 therapeutic sessions 	<ul style="list-style-type: none"> - 80 statements of what participants found unhelpful or hindering in the counselling process <p>Thematic structure identified 3 aspects clients found hindering:</p> <ul style="list-style-type: none"> - Client variables: concerns about vulnerability, 	<ul style="list-style-type: none"> - Only study that exclusively examines client-identified hindering experiences - Study was done in British Columbia, Canada <p>Difference between therapist and client perspectives:</p>	<p>Limitations to the generalizability of the study:</p> <ul style="list-style-type: none"> - 8 participants were used who attended a mean number of 14.6 sessions (range of 16-24 sessions) which was significantly

	<ul style="list-style-type: none"> - Intended to gather, organize, and understand the client perception on hindering aspects in therapy - Clients were asked to answer: what was unhelpful or hindering about counselling? What would make counselling more helpful? - Clients were interviewed within 4 weeks of counselling - used Giorgi's (1985) four level scheme as a procedural guideline - Analysis: set of statements that captured the essential qualities of participant experiences - 20 participants (7 male and 13 female) sorted and rated the statements - Items were rated (0-not at all hindering, 5-extremely hindering) 	<ul style="list-style-type: none"> lack of commitment, and uncertain expectations) - External and structural barriers: structure of counselling and barriers to feeling understood - Counsellor variables/ behaviours that negatively impacted the therapeutic process/ hindered the participants' progress: lack of connection, negative counsellor behaviours, insufficient counsellor directiveness, and lack of responsiveness - Clients were open in identifying personal barriers and inner processes (e.g., lack of readiness and low motivation) as variables that impacted therapy - Clients took responsibility for not knowing what they wanted in counselling but indicated that they wanted it to be addressed in therapy 	<ul style="list-style-type: none"> - Lack of progress or slow progress: perceived by therapists as resistance and perceived by clients as a need for motivation - Therapists assume clients know why they are in counselling/ what they want to get from the therapeutic process - Clients identified a need for further information on what counselling is/how it works <p>Clients made a distinction between hindering and unhelpful events:</p> <ul style="list-style-type: none"> - Hindering events: interfere with therapy but do not prevent positive outcomes - Unhelpful events: are related to negative outcomes or premature termination in therapy - Therapists should encourage communication with clients 	<p>more than the 157 clients who met the criteria for participation</p> <ul style="list-style-type: none"> - Termination was not conceptualized - It is unclear why therapy was terminated or if clients initiated premature termination and if those clients that did were included in the study - Although clients identified failures of connection with their therapist as hindering, this study did not identify how these failures were resolved
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Appendix C
Request for Posting

To whom it may concern,

My name is Lynsey Burton and I am approaching you seeking approval for the placement of a recruitment poster for a research study at your facility. This research study is a Master's thesis study that will be conducted by myself and supervised by supervisor Dr. Anne Thériault.

The purpose of this study is to examine the hindering experiences of clients in the therapeutic process. The goal of this research is to expand the knowledge and understanding of what clients experience when attending psychotherapy treatment, to identify potential sources of unhelpful events and examine how these events are described by clients to gain further understanding of the impact of these hindering events on client. The information gathered from this study will provide information about how to better resolve issues experienced by clients in therapy.

Criteria for participation:

- You have been engaged in therapy in the past and/or present;
- You have had experience(s) with a therapist while in therapy that stand out as unhelpful or hindering to your experience of therapy;
- You are willing to discuss your experiences of therapy within the context of a research interview; and
- You are fluent in the English language.

Participants in this study would be asked to take approximately 45 minutes in a sit-down interview where they will be asked some questions on their experiences as a client in therapy. The interview will be conducted in English and will be audio recorded to provide an accurate record of our discussion. The audio recording of the interview will be used for later transcription and all identifying information will be removed from the collected information. A first-come, first-served basis for selecting participants will be used.

Participants will be asked to contact the main researcher if they are interested in participating in the study after reading the recruitment poster. Participants will be given a 25\$ Starbucks gift card as compensation for their time. I have also provided the recruitment poster that would be posted if you are willing to approve the advertisement of the study at your facility.

If you have any questions or concerns about the research, please do not hesitate to discuss them with me or contact my supervisor.

Thank you for your time and consideration,
Lynsey Burton

Appendix D
Recruitment Poster
Examining Unhelpful Client Experiences in Therapy

The purpose of this study is to examine the client's experience in therapy, while obtaining feedback from individuals who have:

- Attended therapy; and
- Experienced a moment in therapy that stands out as unhelpful or hindering to therapeutic progress.

If you volunteer to participate in this study, you can expect:

- A 45 minute audio-taped interview conducted in English where you will be asked questions on your experiences as a client in therapy; and
- A 25\$ Starbucks gift card as a thank you for your time!

In order to maintain confidentiality, all identifying information will be removed from collected data. Only the researcher and her thesis supervisor will have access to collected information.

Please contact the main researcher Lynsey Burton by e-mail or by phone if you are interested in participating in the study or would like more information. A first-come, first-served basis for selecting participants will be used.

Thank you for your time and consideration!

Appendix E
Recruitment Letter

To whom it may concern,

You are invited to participate in a research study that I am conducting as part of the requirements for completion of an M.A. degree in Counselling Psychology at the University of Ottawa.

The purpose of this study is to examine the hindering experiences of clients in the therapeutic process. The goal of this research is to expand the knowledge and understanding of what clients experience when attending psychotherapy treatment, to identify potential sources of unhelpful events and examine how these events are described by clients to gain further understanding of the impact of these hindering events on client. The information gathered from this study will provide information about how to better resolve issues experienced by clients in therapy.

Criteria for participation:

- You have been engaged in therapy in the past and/or present;
- You have had experience(s) with a therapist while in therapy that stand out as unhelpful or hindering to your experience of therapy;
- You are willing to discuss your experiences of therapy within the context of a research interview; and
- You are fluent in the English language.

If you volunteer to participate in this study, I would ask you to take approximately 45 minutes in English at a sit-down interview with me at a time that best suites you, where I would ask you some questions on your experiences as a client in therapy. This process will include sharing your previous or current unhelpful experiences while in therapy. The interview will be audio recorded to provide an accurate record of our discussion. The audio recording of the interview will be used for later transcription and all identifying information will be removed from the collected information. A first-come, first-served basis for selecting participants will be used.

If you have any questions or concerns about the research, please do not hesitate to discuss them with me or contact my supervisor.

Thank you for your time and consideration,

Lynsey Burton

Appendix F

Informed Consent Form

Researchers:

Lynsey Burton
M.A. Candidate
Counselling Psychology
University of Ottawa

Dr. Anne Thériault
Professor, Thesis Supervisor
Counselling Psychology
University of Ottawa

You have been invited to participate in a study to be conducted by Lynsey Burton, called *Hindering Events in Psychotherapy: A Retrospective Account from the Client's Perspectives*. This research is being conducted as part of the requirements for completion of Lynsey Burton's M.A. degree within the Department of Counselling Psychology at the University of Ottawa.

Purpose of Study

The purpose of this study is to examine the therapeutic process and outcome, while seeking to further understand client experiences of hindering events in-session through retrospective accounts. The goal of this research is to further explore the client's experience in therapy through the examination of how clients define, experience, and resolve hindering events in-session. The information gathered from this study will provide information on how to better resolve issues experienced by clients in therapy.

Procedures

If you agree to participate in this study, you will be interviewed about your past experiences in therapy. The interview will be conducted in English and take approximately 45 minutes to complete. The interview will be audiotaped to provide a record of our conversation for later transcription with all identifying information removed.

Potential Risks and Discomforts

There is a potential risk of discomfort in discussing hindering aspects of your experience in therapy and some emotional discomfort may be experienced during or after the interview. While the potential risk is minimal, you can inform the researcher during the interview of any experiences of discomfort. After the interview, you will be provided with the contact information of available helpline services that you can use if discomfort emerges after the interview.

Potential Benefits of Participation

Participation in this study will help contribute knowledge about client experiences within therapy. This information may help in further developing the importance of client perspective in the effectiveness in therapy and be used to identify the necessity for open communication and resolution in hindering events experienced by clients in therapy.

Confidentiality and Anonymity

In order to maintain complete confidentiality, all identifying information will be removed from the transcripts of audiotaped responses. Any information obtained in the present study that could

lead to the identification of participants will remain confidential and will not be revealed to anyone outside of the research team (i.e., main researcher and thesis supervisor). In order to maintain anonymity, all identifying information will be removed from the transcripts of audiotaped responses. An interviewee number (e.g., 101-01) that do not contain identifiable information will be assigned to each participant.

Data Collection and Storage

The data collected will consist of an audio recording of your interview, and transcription of the interview. All original data will be securely stored in a locked filing cabinet at the University of Ottawa, in the researcher's office. The data will be accessible to only Lynsey Burton and Anne Thériault. The data will be preserved for five years after the completion of the research study, at which point all data will be destroyed and disposed of.

Compensation

You will be given a 25\$ gift card to Starbucks as compensation for your participation in the study. If you choose to withdraw from the study you will still receive this compensation.

Participation and Withdrawal

Your participation in the research is entirely voluntary and you are free to withdraw at any time. This means that even though you agree initially to the interview, you can withdraw from the interview at any point. If you choose to withdraw from the study your data will be destroyed and not used in the study. You may ask questions of the researcher at any time and you may refuse to answer any of the questions without any negative consequences.

There are two copies of the consent form, one of which is yours to keep. If you have any questions, you may contact the research or her supervisor. Any questions or complaints about the ethical conduct of the project can be addressed to the Office of Research Ethics and Integrity.

I, _____, understand the procedures described above and agree to participate in this study.

Participant's signature: _____ Date: _____

Researcher's signature: _____ Date: _____

Appendix G**Semi-structured Interview Protocol**

Examining Client-Identified Hindering Events in Psychotherapy

Date: _____ (M/D/Y) **Time of interview:** _____ **Interviewee #:** _____

A. Information for participants:

The purpose of this study is to examine the therapeutic process and outcome, while seeking to further understand client experiences of hindering events in-session through retrospective accounts. The goal of this research is to further explore the client's experience in psychotherapy through the examination of how clients define, experience, and resolve hindering events in-session. The information gathered from this study will provide information on how to better resolve issues experienced by clients in psychotherapy.

B. Review consent procedures

Before we get started with the interview, I would like to review the informed consent document with you quickly. I have placed a copy of the informed consent document in front of you now which you can take with you after the completion of our interview today. If you have any questions or concerns please let me know.

C. Collect demographic information

I am going to start the interview by asking you some brief demographic questions that may be relevant to your experience in therapy.

1. What is your age? _____
2. What gender do you identify as? _____
3. What race and/or ethnicity do you identify with? _____
4. What level of education have you reached?
 - a) If applicable, what is your field of study?

D. Contextual interview questions

I am now going to ask you some questions about your experiences as a client in psychotherapy. The content regarding your previous experiences in therapy may elicit emotional discomfort. Please let me know if you are uncomfortable or if you would like to take a break at any time within the interview. In order to provide an accurate record of our discussion, this interview will be audio recorded and later transcribed with all identifying information removed.

1. How long ago did you attend therapy when you experienced an unhelpful or hindering event?
2. Where did you receive therapeutic services when this event occurred? (e.g., private practice, hospital, etc.)
3. Please describe the therapist you were seeing when you experienced a hindering or unhelpful event.

D. Interview questions (modified Important Events Questionnaire (Cummings et al., 1992))

1. What stands out for you as a hindering or unhelpful experience that has happened to you in a therapy session with that therapist? Can you give me an example?
 - a. Why was this experience hindering or unhelpful?
 - b. What thoughts and feelings do you recall experiencing during this time in the session?
 - c. How far along were you in your therapy (i.e., how many sessions prior) when the experience occurred?
 - d. About where in the session did this experience happen? About how long did this experience last for?
2. How was the experience handled in therapy?
 - a. What was your therapist's reaction to the experience?
 - b. Was there a resolution to the experience?
 - i. If not, why do you think there was no resolution to the experience?
3. How did you process the event (i.e., in therapy, or by yourself)?
4. What did you find yourself thinking about or doing during the time after this session?
5. What thoughts and feelings do you have about the experience now?
6. Have you experienced any changes in yourself since this experience? If so, what?
7. In your opinion, how did this event influence your therapy? How does it influence how you view therapy now?
8. Did anything else particularly hindering or unhelpful happen during this or other sessions? (If yes repeat the previous questions)