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Client-therapist congruence in session-helpfulness ratings and its association with therapy outcomes

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Abstract
Objective: The present study aimed to explore client-therapist congruence in helpfulness evaluations session-by-session and its association with therapy outcomes. As suggested by West and Kenny's truth and bias model, we constructed congruence as both temporal congruence (i.e., the correlation between therapists' and clients' helpfulness judgments over time) and directional discrepancy (i.e., the average difference between therapists' and clients' helpfulness judgments).
Method: Seventy-eight clients were treated by 22 experienced therapists within a 12-session course of integrative psychotherapy. At the end of each session, clients and therapists rated their perceptions of session helpfulness and, at the beginning of the next session, clients rated their own psychological functioning.
Results: Therapists' and clients' helpfulness judgments were temporally congruent across treatment, and therapists' judgments were lower than those of their clients. Moreover, we found that therapists' negative directional discrepancy, but not temporal congruence, was associated with improvement in clients' psychological functioning as well as with clients' global treatment evaluations.
Conclusion: Our results highlight the importance of therapists' vigilant assessment of session helpfulness in a course of brief integrative psychotherapy. As such, they strengthen the importance of further research regarding client-therapist congruence (in different aspects of the therapeutic process) and its association with therapy outcomes.
Clinical or methodological significance of this article In this study, we found that therapists' tendency to provide lower session-helpfulness assessments than did their clients was associated with better therapeutic outcomes. These results may highlight the importance of therapists' cautious and humble stance when assessing their perception of session helpfulness across treatment.

Keywords: congruence; helpfulness; truth and bias model; process-outcome research

For several decades, psychotherapy researchers have drawn attention to the importance of congruent perceptions between therapists and their clients regarding different aspects of the therapeutic process (Bordin, 1979; Long, 2001; Pepinsky & Karst, 1964; Reis & Brown, 1999; Tryon et al., 2007). In recent years, the implementation of novel statistical methods (e.g., Atzil-Slonim et al., 2015; Marmarosh & Kivlighan, 2012) has reawakened psychotherapy researchers' interest in examining client-therapist congruence and its association with therapy outcomes (e.g., Atzil-Slonim et al., 2018; Bar-Kalifa et al., 2016; Rubel et al., 2018). Inspired by this

line of research, the current study aimed to further expand this subset of the literature by exploring client-therapist congruence regarding both parties' evaluations of session helpfulness and its association with therapy outcomes.

The experience of helpfulness has been of interest to psychotherapy researchers as a part of their effort to evaluate the relative contribution of various aspects of psychotherapy to therapeutic change (Elliott, 2008; McElvaney & Timulak, 2013). In contrast to traditional research, which assesses session or therapy outcomes in terms of symptom reduction, research regarding helpfulness evaluations

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has focused on clients' and their therapists' subjective experience of what they consider to be helpful (Timulak & Keogh, 2017). Much of the empirical research on perceived helpfulness has utilized the *event paradigm,* in which clients and their therapists distinguish different therapeutic events as helpful or hindering over the course of therapy (see Timulak, 2007 for meta-analysis).

Other researchers have highlighted the importance of helpfulness as an immediate session outcome, which aims to measure the clients' and therapists' subjective perceptions, feelings, beliefs, and attributions about the effectiveness of the session as a whole (Cummings et al., 1995). Such studies have found that both parties' session-helpfulness ratings were positively associated with session depth (e.g., Elliott & Wexler, 1994; Hill et al., 1994), the therapeutic alliance (Hayes et al., 2007), and clients' symptom reduction (e.g., Addis & Jacobson, 1996). Although there are empirical findings supporting the importance of the subjective experience of helpfulness from the perspectives of both clients and therapists (e.g., Hayes et al., 2007), less is known about the *congruence* between these perspectives and its possible association with treatment outcomes.

The role of congruence as a central aspect of the therapeutic process has been the target of theoretical and empirical interest throughout the evolution of psychotherapy (e.g., Pepinsky & Karst, 1964). Pepinsky and Karst defined congruence (or convergence) as a dyadic or group phenomenon which results in parties' lessening of discrepancy judgments, perspectives, beliefs, and behaviors and suggested that such congruence will occur with regard to different aspects of the therapeutic interaction. Indeed, previous studies have shown client-therapist congruence in a wide range of therapy aspects (Fitzpatrick et al., 2005; Kelly, 1990; Kivlighan & Arthur, 2000; Reis & Brown, 1999).

It is reasonable to speculate that the therapeutic process, which is dyadic in nature, will lead to some degree of client-therapist shared perception regarding treatment helpfulness. Theoretically, some have argued that a successful therapeutic process must include explicit agreement of both parties about therapy goals and tasks (e.g., Bordin, 1979). Others have focused on therapists' non-explicit influence on their clients' beliefs, perspectives, and attitudes regarding the therapeutic process (e.g., Frank, 1961).

Previous studies exploring client-therapist congruence in helpfulness perceptions, which have mostly used the event paradigm, reported a 30–40% match between clients' and their therapists' estimations of significant events in therapy (see Timulak, 2010 for review). To date, only a few studies have explored both clients' and therapists' perceptions of

helpfulness as an immediate session outcome. Such studies have shown that clients' and therapists' session-helpfulness ratings were positively correlated and, at the same time, therapists tended to provide lower helpfulness assessments than did their clients (e.g., Cummings et al., 1995; Hill et al., 1994).

There is limited understanding with regard to the reason therapists tend to provide lower session-helpfulness ratings than do their clients. One notion may be that clients and therapists tend to focus on different aspects of therapy. Specifically, clients tend to focus on relational aspects whereas therapists tend to focus on therapeutic work such as insight (Timulak, 2010). Another possibility may be that therapists have the opportunity to compare the experience they have with other clients, while most clients do not have the opportunity to compare the experience they have with other therapists. Thus, clients may compare their therapy experience with the experience they have with other kinds of health service professionals, who often pay less attention to clients' subjective experience, resulting in clients' high evaluations of therapy (Fenton et al., 2001; Tryon et al., 2007).

Client-therapist Congruence and its Association with Treatment Outcome

Most previous studies which investigated client-therapist congruence with regard to a wide range of therapeutic aspects, including helpfulness perception and its association with treatment outcomes, have suffered from methodological limitations (see Marmarosh & Kivlighan, 2012 for review). Marmarosh and Kivlighan argued that the use of absolute difference scores and profile similarity correlations as congruence indices overlooks important information, such as the direction of differences. Furthermore, previous studies have mostly used data that were based on a limited number of sessions (typically two or three), which allowed the examination of client-therapist congruence on a between-dyad level. Leading researchers (e.g., Atzil-Slonim et al., 2015; Zilcha-Mano et al., 2017) have stressed the importance of exploring client-therapist congruence on a within-dyad level using intensive repeated measures, session-by-session, across treatment.

When session-by-session data are available, the reliance on a between-dyad analysis may obscure two important indices of client-therapist congruence which are assessed on a *within*-dyad level: namely, temporal congruence (i.e., the correlation over time between therapists' and clients' judgments) and directional discrepancy (i.e., the mean level difference over time between therapists' and clients' judgments). To account for these within-dyad

congruence indices, Atzil-Slonim and her colleagues (2015), who investigated client-therapist congruence in alliance perceptions, adapted the innovative truth and bias model[1] (T&B; West & Kenny, 2011), which allows for the simultaneous examination of temporal congruence and directional discrepancy.

Atzil-Slonim and colleagues (2015) found that, over time, clients' and therapists' alliance ratings were moderately and positively correlated, and that therapists tended to provide significantly lower alliance ratings than did their clients. They also found significant variability in both temporal congruence and directional discrepancy, meaning that on average, some dyads were more congruent than others over time and that some dyads showed a greater average discrepancy over the course of therapy. An additional important finding was that of a negative association between these congruence indices, which was interpreted as an adaptive "better safe than sorry" pattern. That is, therapists' vigilant stance may help them attune to their clients' changing needs and avoid potential alliance ruptures. These findings require further empirical attention in terms of the possible association between these congruence indices and therapy outcomes.

To date, however, only a few studies have adapted the T&B model (West & Kenny, 2011) to investigate the contribution of these congruence indices to therapy outcomes. These few pioneering studies showed the significant contribution of client-therapist congruence to therapy outcomes (Bar-Kalifa et al., 2016; Rubel et al., 2018). Ruble and his colleagues, who investigated such congruence with regard to the bond aspect of the working alliance, found that both congruence indices were significantly associated with treatment outcomes. However, Bar-Kalifa and colleagues, who investigated such congruence with regard to clients' and therapists' estimations of clients' functioning, found that only temporal congruence was associated with treatment outcomes. Thus, researchers have called for future studies to investigate client-therapist congruence with regard to additional therapeutic variables.

We would like to suggest that client-therapist congruence in session-helpfulness evaluations may be associated with therapeutic outcomes. Kivlighan and Arthur (2000) suggested that a client-therapist shared conception regarding the helpful ingredients of treatment may lead the dyad to work more effectively and harmoniously. On the other hand, if the two parties have a divergent conception of the helpful ingredients in therapy, they may work at cross purposes, potentially leading to therapeutic impasses (Safran & Muran, 2000).

Empirically, only a few studies have attempted to address this potential association between client-therapist congruence in helpfulness perception and treatment outcomes. These studies found that client-therapist congruence regarding recall of important and helpful session events was associated with beneficial treatment outcomes (e.g., Kivlighan & Arthur, 2000; Llewelyn, 1988). However, these studies did not consider the (possible) different associations between temporal congruence and directional discrepancy, on the one hand, and therapy outcomes on the other.

When considering temporal congruence, one may assume a positive association with therapy outcomes. If therapists perceive session helpfulness in a congruent manner with their clients, their own sense of helpfulness can guide them in terms of whether and how they need to adjust their selection of interventions, topics discussed in the session, or their relational stance. When considering therapist directional discrepancy, however, it may be reasonable to assume a negative association with therapy outcomes. When therapists perceive a session as less helpful, this perception may serve as an indication to them that a therapeutic impasse has occurred and should be addressed (e.g., Chen et al., 2020; Marmarosh & Kivlighan, 2012). Thus, therapists may be motivated to increase their own (and as a byproduct, their clients') perceived helpfulness (e.g., Marmarosh & Kivlighan, 2012). Such therapist attunement may represent therapist responsiveness to clients' needs (e.g., Kramer & Stiles, 2015; Stiles, 2009) and hopefully lead to clients' greater involvement in therapy and better therapeutic outcomes.

The Current Study

The current study aimed to explore client-therapist congruence in helpfulness perceptions and its association with treatment outcomes, over a 12-session course of integrative short-term psychotherapy, conducted by experienced clinicians. We extended previous work (e.g., Kivlighan & Arthur, 2000; Llewelyn, 1988) by evaluating both clients' and therapists' session-helpfulness perceptions session-by-session across treatment. We further extended previous work by investigating client-therapist congruence on a within-dyad level rather than on a between-dyad level. To do so, we built on previous work (e.g., Atzil-Slonim et al., 2015) and adapted the T&B model (West & Kenny, 2011) which allows for the simultaneous examination of temporal congruence and directional discrepancy. We then investigated the possible association between these congruence indices and treatment outcomes by

extracting their empirical Bayes estimates (Raudenbush & Bryk, 2002). This kind of methodology allows one to overcome some of the limitations that typify previous studies (which were detailed in Marmarosh & Kivlighan, 2012).

Hypotheses Regarding Client-therapist Congruence in Session-helpfulness Ratings

We built on previous theoretical (e.g., Pepinsky & Karst, 1964) and empirical work (e.g., Cummings et al., 1995; Hayes et al., 2007), which highlighted the co-creation of a client-therapist shared conception regarding the helpful ingredients in therapy. Specifically:

Hypothesis 1a. We expected that therapists would show a negative directional discrepancy (i.e., on average, therapists' session-helpfulness ratings would be lower than those of their clients). This hypothesis was based on previous theoretical (e.g., Fenton et al., 2001; Tryon et al., 2007) and empirical findings (e.g., Cummings et al., 1995; Hill et al., 1994) showing that therapists tend to rate their helpfulness perceptions lower than do their clients.

Hypothesis 1b. We expected that clients and therapists would show significant temporal congruence (i.e., a significant correlation between clients' and therapists' session-helpfulness ratings across therapy). This hypothesis was based on previous theoretical (e.g., Pepinsky & Karst, 1964) and empirical findings showing client-therapist congruence in session-helpfulness ratings within a single session (e.g., Cummings et al., 1995; Hayes et al., 2007).

Hypotheses Regarding the Association Between Client-therapist Congruence and Therapeutic Outcomes

As described above, client-therapist congruence in session-helpfulness perceptions reflects the existence of a shared mental space. Such shared mental space may augment the dyad's ability to work in concert and promote better therapeutic outcomes (e.g., Kivlighan & Arthur, 2000). In light of recent developments in congruence research, we formulated different hypotheses with regard to the association between directional discrepancy and temporal congruence on the one hand and therapy outcomes on the other:

Hypothesis 2a. We expected that therapists' directional discrepancy would be negatively associated with clients' increase in psychological functioning ratings across therapy. This hypothesis was based on previous studies suggesting (1) that therapists'

negative directional discrepancy might reflect therapists' vigilant stance, potentially helping them detect negative shifts in clients' experience (e.g., Atzil-Slonim et al., 2015) and (2) that when therapists perceive session helpfulness as low, they will be motivated to become more helpful (e.g., Marmarosh & Kivlighan, 2012) by responsively adjusting their therapeutic actions and relational stance (e.g., Kramer & Stiles, 2015; Stiles, 2009).

Hypothesis 2b. We expected that temporal congruence would be positively associated with clients' increase in psychological functioning ratings across therapy. This hypothesis was based on the notion that therapists' sense of session helpfulness, which co-fluctuates with their clients' helpfulness perceptions, might help therapists to responsively adjust their use of interventions and their relational stance (e.g., Kramer & Stiles, 2015; Stiles, 2009), and thus promote positive therapeutic outcomes.

Hypothesis 3a. In a similar manner to Hypothesis 2a, we expected that therapists' directional discrepancy would be negatively associated with clients' treatment-evaluation at the end of therapy.

Hypothesis 3b. In a similar manner to Hypothesis 2b, we hypothesized that temporal congruence would be positively associated with clients' treatment-evaluation at the end of therapy.

Method

Participants

Clients. The sample consisted of 78 clients (59 women) who participated in a randomized controlled trial originally aimed at investigating the effect of therapist immediate and non-immediate self-disclosure on therapeutic outcomes (see Ziv-Beiman et al., 2017). Participants were recruited through advertisements published in local universities, workers' organizations, and internet message boards offering a free 12-session course of psychotherapy conducted by certified therapists. After receiving initial information concerning the study over the phone, 189 people consented to undergo a semi-structured assessment interview.

This interview was conducted by clinicians from the research team and included questions regarding the presenting problems and their antecedents, life history, mental health care history, as well as an assessment of mental health status and occupational, familial, and social functioning. The inclusion criteria were having a full command of the Hebrew language and being over 20 years of age. The exclusion criteria included suicidality and psychosis or an acute need for crisis intervention prohibitive of exploratory psychotherapy.

Following the screening interview, 94 of the applicants agreed to participate and were found eligible by the research team. All participants signed an informed consent form indicating their agreement to participate in the study and to allow an audio recording of the therapy sessions. Eight dropped out during the course of the study. Of the 86 clients who eventually completed the study, eight had missing data and therefore were excluded from analyses.

In the current study, the client age range was 20–64 ($M = 34.05$, $SD = 9.92$). Thirty (38%) were either married or cohabiting, and the remainder were single or divorced. Forty-seven (60%) had received some form of psychotherapy in the past. The screening interviewers described all patients as functioning at an adequate level or higher. Presenting problems included issues such as minor depression, relationship and interpersonal conflicts, poor social skills, and unemployment.

Therapists and therapy. Twenty-two therapists participated (14 women, 8 men), each seeing between one and six patients for a full 12-session treatment. All were licensed clinical psychologists or clinical social workers with at least five years of clinical experience and a specific background in brief psychotherapy. The therapist age range was 30–72 ($M = 42.62$, $SD = 10.16$).

The therapists were informed that the goal of the study was to examine the effect of various therapeutic skills on outcome. They were then randomly assigned to one of the four treatment conditions. Those in Condition 1 ($n = 5$) participated in a brief training workshop and were instructed to make extensive use of self-disclosure, primarily of the immediate type (i.e., expressing feelings toward the client/treatment/therapeutic relationship). Those in Condition 2 ($n = 6$) participated in the workshop and were instructed to make extensive use of self-disclosure, primarily of the non-immediate type (i.e., expressing personal or factual information regarding the therapist's life outside the treatment). Those in Condition 3 ($n = 6$) participated in a brief training workshop and were instructed to refrain from self-disclosure. Those in Condition 4 ($n = 5$) did not attend the workshop and were instructed to refrain from self-disclosure. The therapists were not aware that the study included other treatment conditions.

The workshop provided to therapists in Conditions 1–3 consisted of a concentrated 8-hour training day presenting the common principles of brief psychotherapy (Marmar, 1990; Reich & Neenan, 1986) and Hill's (2009) three-stage therapeutic model. Depicting the therapeutic process as progressing through three stages—exploration (based on humanistic principles), insight (based on psychodynamic principles), and action (based on behavioral–cognitive principles)—this model details the most recommended therapeutic interventions for each stage. During the workshop, the therapists were asked to implement the principles of brief psychotherapy, to work on exploration, insight, and action (not necessarily in the order recommended by the model), and to use the list of interventions suggested by Hill. They were all asked to use approval and reassurance, closed and open questions, restatements, reflection of feelings, challenges, interpretations, information, and direct guidance (Hill, 2009). It is important to note that treatment was structured but not manualized. The random assignment of therapists and patients to the experimental groups was carried out after the therapists had completed the workshop. Neither patients nor therapists differed across groups with respect to the demographic data (sex, age, marital status, and for clients, prior therapy).

All the sessions in the study were audio-recorded. To confirm adherence to treatment conditions and to Hill's (2009) three-stage therapeutic model, four experts (one of the authors and three trained research assistants) sampled three sessions for each of the patients enrolled. Two of the experts examined each sampled session. The examiners' mandate was to reach a joint agreement about adequate adherence. The examiners deemed all but three sessions as reflecting adequate adherence. In the case of these three sessions, feedback was provided to the therapists, and the latter were monitored for improvement.

Measures

Helpfulness rating scale (Elliott, 1985). The helpfulness rating scale is a 9-point Likert scale that ranges from extremely hindering (1) through neutral (5) to extremely helpful (9). Previous studies have mostly used this scale to assess the helpfulness of specific therapeutic events (see Timulak, 2010). However, previous studies have also used the helpfulness rating scale as an immediate session outcome (Cummings et al., 1995; Hayes et al., 2007; Hill et al., 1994). As mentioned earlier, when used as an immediate session outcome, helpfulness ratings aim to measure the participants' subjective perceptions about the effectiveness of the therapeutic process. Previous studies have found the session-helpfulness rating scale to demonstrate high validity in relation to other process variables such as the session evaluation questionnaire (SEQ; Stiles &

Snow, 1984) and working alliance (e.g., Hayes et al., 2007), and to show adequate test-retest reliability (see Hill et al., 1994). In the current study, the session-helpfulness rating scale was administered to both clients and therapists at the end of each session. ICC estimates were conducted for both clients' and therapists' helpfulness ratings. ICC estimates for clients' helpfulness ratings indicated that 37% of the variance of this item was accounted for by differences between individuals, whereas 63% of the variance was accounted for by differences between sessions. ICC estimates for therapists' helpfulness ratings indicated that 33% of the variance of this item was accounted for by differences between individuals, whereas 67% of the variance was accounted for by differences between sessions. These estimates suggest that both clients' and therapists' helpfulness ratings were stable in measuring the same person, and sensitive in detecting within-person changes over time (see Hoffman, 2015).

Outcome Questionnaire (OQ-45; Lambert et al., 1996). The OQ-45 is a 5-point Likert scale that was specifically developed to assess and track the development of clients' psychological functioning in therapeutic settings. The OQ-45 is a well-established, reliable, and valid instrument that assesses change in three areas of psychological functioning that are widely considered valid indicators of progress in treatment: individual (or symptomatic) functioning, interpersonal relationships, and social role performance. For the purpose of this study, an overall score was calculated and served as a global functioning score, where a higher score indicated greater deficiencies in psychological functioning (Lambert et al., 1996). Cronbach's α analysis showed good reliability for the total score of the OQ-45 ($\alpha = 0.84$). In the current study, the OQ-45 (Lambert et al., 1996) was administered to clients at the beginning of each session.

Client treatment evaluation. Following the final session, clients were asked to rate their perception of treatment helpfulness, treatment efficacy, and therapist's professionalism and pleasantness, on a 9-point Likert scale ranging from 1 (*not at all*) to 9 (*extremely*). In order to reduce data, we followed Ziv-Beiman and colleagues (2017) and averaged these items to create a composite score of the clients' evaluation of the treatment ($\alpha = .93$).

Statistical Analysis

To test whether therapists showed directional discrepancy (i.e., Hypothesis 1a) as well as temporal congruence (i.e., Hypothesis 1b) with their clients' helpfulness judgments throughout the course of therapy, we adapted a three-level multilevel model (MLM) version of West and Kenny's (2011) T&B model (see Atzil-Slonim et al., 2015), as our data had a hierarchical structure in which sessions were nested within clients and clients were nested within therapists. In T&B terminology, the *judgment* should be entered as the outcome variable, which is then predicted by the *truth force*. The T&B model was originally developed to examine the accuracy of judgments (i.e., how accurate one person's judgment is about another's state). However, in congruence research (as opposed to accuracy research) the adaptation of the T&B model requires that some decisions be made, as there is not enough clarity regarding the identity of the target and the identity of the judge.

We followed the lead of Atzil-Slonim and her colleagues (2015), who suggested that the therapist should be defined as the "judge," as it is the therapist's job to understand and relate to the client's experience throughout therapy.[2] Accordingly, in our model, therapists' helpfulness reports constituted the outcome (or the *judgment* in T&B terms). This outcome was predicted by the clients' helpfulness reports (or the *truth force* in T&B terms). As West and Kenny (2011) suggested, we mean-centered both the therapists' and the clients' helpfulness ratings around each client's mean rating scores across all sessions. In that way, the slope coefficient represented the therapist-client temporal congruence, and the intercept represented the therapist's directional discrepancy. Specifically, the next three-level model was estimated[3]:

$$\text{Therapist helpfulness}_{sct} = (\gamma_{000} + u_{00t} + r_{0ct})$$
$$+ (\gamma_{100} + u_{10t} + r_{1ct}) * \text{Client helpfulness}_{sct} + e_{sct}$$

Where therapists' helpfulness judgments for session s of client c, who was treated by therapist t, were predicted by the fixed effects: that is, the sample average directional discrepancy (i.e., γ_{000}) and the sample average temporal congruence (i.e., γ_{100}). Directional discrepancy and temporal congruence were allowed to vary between clients (i.e., Level 2 random effects; r_{0ct} and r_{1ct} respectively) as well as between therapists (i.e., Level 3 random effects; u_{00t} and u_{10t}). However, the Level 3 random effect of temporal congruence (i.e., u_{10t}) was not significant and did not improve the model fit, $\chi^2[2] = 1$, n.s, and thus it was excluded from the final model. Finally, a Level 1 residual term (i.e., e_{sct}) was included and a first-order autoregressive structure was imposed on the covariance matrix for the within-person residuals.

Following this analysis, we investigated whether client-therapist congruence indices (i.e., directional discrepancy and temporal congruence) would be associated with better therapy outcomes. To do so, we first extracted the empirical Bayes estimates (Raudenbush & Bryk, 2002) of Level 2 random effects from the multilevel model described above. Then we used both of these estimates (i.e., the Level 2 random effect of intercept as therapist directional bias and the Level 2 random effect of slope as temporal congruence) to predict the decrease in clients' global functioning throughout the course of treatment, as well as to predict the clients' global treatment evaluation following the last session.

To test our hypotheses that directional discrepancy (Hypothesis 2a) and temporal congruence (Hypothesis 2b) would be associated with a greater rate of change in clients' psychological functioning throughout the course of therapy, we used a two-level MLM growth model in which sessions were nested within dyads.[4] Specifically, we estimated the following cross-level interaction model[5]:

Level 1: Client functioning ratings$_{sd}$ = β_0 + β_1 * Time + e$_{sd}$

Level 2: β_0 = γ_{00} + γ_{01}*Directional bias + γ_{02} * Temporal congruence + u$_{0d}$;
β_1 = γ_{10} + γ_{11} * Directional discrepancy + γ_{12} * Temporal congruence + u$_{1d}$;

The Level 1 equation modeled the client's functioning ratings for session s of dyad d as a function of the sample average effect of time in treatment (i.e., fixed effect; β_1) and a residual term (e$_{sd}$). As suggested by Lutz and colleagues (2007), the *time* term was logged representing a steeper change at the beginning of treatment. It should be noted that a first-order autoregressive structure was imposed on the covariance matrix for the within-person residuals.

At Level 2, the intercept as well as the effect of time were allowed to vary between dyads (i.e., random effects; u$_{0d}$ and u$_{1d}$, respectively). Moreover, we modeled the effects of directional discrepancy and temporal congruence on the intercept (i.e., Level 2 fixed effects; γ_{01} and γ_{02} respectively). We added the cross-level interaction terms of directional discrepancy and temporal congruence with time (i.e., γ_{11} and γ_{12} respectively), which represented the rate of change across the sample.

Finally, to test our hypothesis that directional discrepancy (Hypothesis 3a) and temporal congruence (Hypothesis 3b) would be associated with clients' treatment evaluation at the end of treatment, we used ordinary least squares regression with clients as the (single) level of analysis. We opted for this approach over MLM analysis as ICC analysis showed that Level 2 variance was approximately zero and not significant.

Results

Table I depicts descriptive statistics for the main variables of the current study. As can be seen, global treatment evaluation ratings were correlated with clients' average session-helpfulness ratings, clients' average session functioning ratings, and therapists' average session-helpfulness ratings. Therapists' and clients' session-helpfulness ratings were correlated. Finally, clients' session-level functioning ratings did not correlate with clients' nor therapists' session-level helpfulness ratings.

To test Hypotheses 1a and 1b (regarding therapists' directional discrepancy as well as client-therapist temporal congruence, respectively), we conducted a T&B analysis (see Table II). As expected (Hypothesis 1a), the analysis revealed a negative intercept (i.e., γ_{000}), which reflects therapists' negative directional bias. In line with Hypothesis 1b, we found a positive slope (i.e., γ_{100}), which reflects client-therapist temporal congruence throughout therapy. Moreover, this analysis showed a significant variance in directional discrepancy between clients (i.e., r_{0ct}) and between therapists (i.e., u_{00t}). With regard to temporal congruence, we found significant variability between clients (i.e., r_{1ct}) but not between therapists (i.e., u_{10t}), and thus this parameter was excluded from the final model. This model explained approximately 15% of the Level 1 variance (reducing it from .68 to .57), but none of the Level 2 or Level 3 variance.

Following a T&B analysis we conducted a 2-level MLM growth analysis to test whether therapist directional discrepancy and temporal congruence were associated with clients' global functioning rate of change (i.e., Hypotheses 2a and 2b). As appropriate with growth models, we first ran a simple model which predicted clients' psychological functioning ratings as a function of time (i.e., session number). This analysis showed a significant negative slope for time. That is, on average, clients showed a significant improvement in their global functioning ratings across treatment (β_1 = −2.36, SE = 1.12, $p < 0.05$) with significant variability between dyads (u_{1d} = 68.67).

We then entered the congruence components (therapist directional discrepancy and temporal congruence) as cross-level moderators of the clients' global functioning slope, as presented in Table III. As expected (Hypothesis 2a), we found a significant cross-level interaction between directional

Table I. Means, standard deviations, and zero-order correlations of study variables.

Variable	1	2	3	4
1. Clients' session-helpfulness ratings	7.13 (1.11)	0.34***	−0.01	0.65***
2. Therapists' session-helpfulness ratings		6.88 (1.04)	−0.01	0.26*
3. Clients' functioning ratings			58.50 (22.80)	−0.34**
4. Clients' treatment evaluation ratings				7.40 (1.11)

Note. Means and standard deviations are presented at the diagonal. ***$p < .001$, **$p < .01$, *$p < 0.05$. Zero-order correlations were calculated using mean-centered scores for session level measurements and using the average score of each client for treatment level measurements.

discrepancy and time (i.e., γ_{11}). As can be seen in Figure 1, greater negative directional discrepancy was associated with greater rate of change in clients' psychological functioning ratings across treatment (i.e., lower OQ ratings), explaining approximately 6% of the variance (reducing u_{1d} from 68.7 to 64). However, in contrast to our prediction (Hypothesis 2b), temporal congruence did not interact with time and thus was not associated with rate of change in clients' psychological functioning (i.e., γ_{12}).

Finally, a multiple regression analysis was conducted to predict clients' global treatment evaluations at the end of treatment based on therapist directional discrepancy and temporal congruence (Hypotheses 3a and 3b, respectively). This analysis revealed a significant regression model ($F_{(2,69)} = 19.02$, $p < .001$) with an adj $R^2 = .33$. As expected (Hypothesis 3a), we found a significant association between directional discrepancy and clients' global treatment evaluations ($b = -1.42$, $SE = 0.25$, $\beta = -0.60$, $p < .001$). That is, greater therapist negative directional discrepancy was associated with higher global treatment evaluations at the end of treatment. However, in contrast to our expectations (Hypothesis 3b), we did not find a similar effect for temporal congruence ($b = -0.21$, $SE = 1.06$, $\beta = -0.02$, $p = .84$).

Discussion

Psychotherapy in recent decades has been characterized by a growing emphasis on mutual and intersubjective aspects of the psychotherapeutic process

Table II. Truth and bias analysis for therapist-client session helpfulness judgments.

Effect	Estimates (SE)	Effect size[a]
Fixed effects		
Intercept (directional discrepancy) (γ_{000})	−0.27(0.11)*	0.23
Slope (temporal congruence) (γ_{100})	0.31(0.03)***	0.49
Random effects		
Level 1 (sessions)		
Residual	0.57(0.03)***	
Level 2 (clients)		
Intercept (directional discrepancy)	0.29(0.06)***	
Slope (temporal congruence)	0.03(0.01)*	
Directional discrepancy-temporal congruence co-variance	−0. 2[b]	
Level 3	0.18(0.09)*	
Intercept (directional discrepancy)		
AR	0.09(0.04)*	
Model Summary		
−2 Log	2169	
Number of estimated parameters	8	

Notes: [a]***$p < 0.001$, **$p < 0.01$, *$p < 0.05$. [a]Effect sizes were estimated with semipartial R^2 for linear mixed models (Edwards et al., 2008). [b]Zero-order correlation showed a significant negative association between Bayes estimates of therapist directional discrepancy and temporal congruence $r_{(79)} = -0.35$, $p < 0.001$.

Table III. Multilevel model predicting clients' rate of change in OQ ratings.

Effect	Estimate(SE)	Effect size[a]
Fixed effects		
Intercept	58.46 (2.27)***	
X Directional discrepancy	11.90 (5.73)*	0.05
X Temporal congruence	15.65 (23.91)	0
Time	−2.62 (1.10)*	0.06
X Directional discrepancy	5.80 (2.76)*	0.05
X Temporal congruence	−1.41 (11.42)	0
Random effects		
Level 1		
Residual	76.49 (5.13)***	
Level 2		
Intercept	399.86 (66.37)***	
Slope	62.88 (15.59)***	
Intercept-slope covariance	66.93 (23.92)**	
AR	0.19 (0.04)***	
Model summary		
−2 Log	6157	
Number of estimated parameters	11	

[a]***$p < 0.001$, **$p < 0.01$, *$p < 0.05$. [a]Effect sizes were estimated with semipartial R^2 for linear mixed models (Edwards et al., 2008).
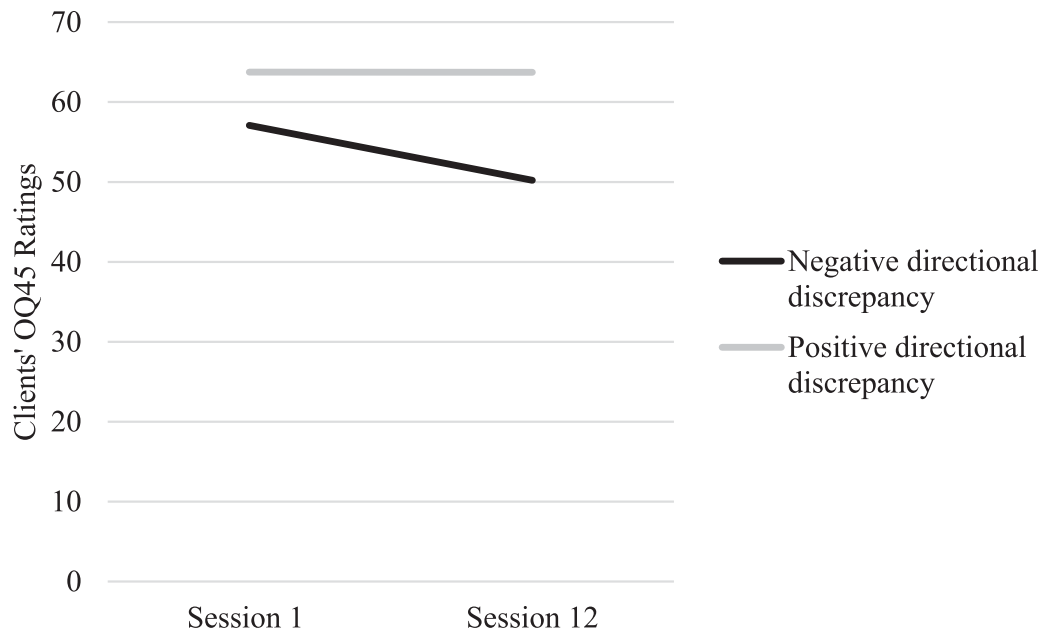
Figure 1. Clients' global functioning slope throughout treatment as a function of therapist directional discrepancy.

(Aron, 1996; Mitchell, 1993). This emphasis is reflected in empirical attempts to explore a variety of therapeutic processes from a dyadic perspective (e.g., Marmarosh & Kivlighan, 2012; Safran & Muran, 2000). The current study takes its place among recent studies that have adapted innovative dyadic statistical methodologies to investigate client-therapist congruence on a within-dyad level and its association with therapy outcomes, while using intensive repeated measures.

Consistent with our prediction (Hypothesis 1a), we found that therapists provided lower session-helpfulness ratings than did their clients (i.e., therapist negative directional discrepancy). This finding is in line with previous studies showing therapists' tendency to estimate positive therapeutic processes, such as helpfulness (e.g., Cummings et al., 1995; Hill et al., 1994) or the working alliance (see Tryon et al., 2007 for meta-analysis), lower than do their clients. The current study expands on these previous findings by showing this effect on a within-dyad level session-by-session across treatment. This finding is, however, inconsistent with Bar-Kalifa and colleagues (2016) who did not find such a directional discrepancy between clients' and therapists' assessments of clients' functioning. Much like Bar-Kalifa and colleagues' suggestion, we suggest that such a directional discrepancy may be more evident when examining client-therapist congruence in their perception of therapy processes (e.g., therapeutic alliance or session-helpfulness) rather than their perceptions of client state variables (e.g., psychological functioning).

As mentioned earlier, there is a dearth of studies exploring the reasons underlying directional discrepancies between therapists' and clients' ratings. One possible tentative explanation is that therapists have at their disposal the ability to compare their current experience with a given client to their experience with other clients, whereas most clients have limited prior therapeutic experience with other therapists. Thus, clients tend to compare their experience of their therapist with their experience of other health service professionals who may, comparatively, pay less attention to clients' subjective experience, resulting in clients' high evaluations of their therapy/therapist (Fenton et al., 2001; Tryon et al., 2007).

Another possible explanation may be that therapists tend towards self-doubt when reflecting on their therapeutic work. To date, most studies investigating client-therapist congruence have relied on samples of trainee therapists, suggesting that it may be novice therapists' tendency to be more self-critical of their therapeutic abilities and thus accounting for negative directional discrepancy (e.g., Fitzpatrick et al., 2005). The current study highlights that such self-doubt is in play even among therapists with considerable therapeutic experience. This line of reasoning may also explain the association found in the current study between therapist negative directional discrepancy and treatment outcomes (i.e., Hypotheses 2a and 3a). Specifically, previous studies (e.g., Nissen-Lie et al., 2010; Nissen-Lie et al., 2017) found that when therapists showed professional self-doubt, they were also more effective in terms of therapy outcomes. Nissen-Lie and colleagues

suggested that such self-doubt may reflect therapists' humbleness, which is experienced by clients as respectfulness, thus leading to better outcomes.

In a similar manner, as has been suggested in studies exploring client-therapist congruence in alliance perceptions, therapists' negative directional discrepancy may represent therapists' vigilant and cautious approach. Such an approach may help therapists avoid potential impasses or address them in a timely manner (Atzil-Slonim et al., 2015; Rubel et al., 2018). When therapists experience sessions as less helpful, they may be motivated to *become* more helpful by addressing potential therapeutic impasses, and responsively adjust their therapeutic actions and relational stance to their clients' needs (Chen et al., 2020; Marmarosh & Kivlighan, 2012).

Future studies may wish to deepen the understanding of why therapists provide lower session-helpfulness ratings than do their clients. Such an understanding may also help reveal the mechanism underlying the association between directional discrepancy and treatment outcomes. For example, future studies may want to investigate the association between therapists' negative directional discrepancy in their session-helpfulness evaluations and therapists' professional self-doubt. Future studies could also shed further light on these matters by qualitatively examining the underlying explicit rationale of therapists' and clients' session-helpfulness ratings.

In addition to therapists' directional discrepancy, we found significant and positive client-therapist temporal congruence in the session-helpfulness evaluations (Hypothesis 1b). This finding echoes previous findings showing a positive association between clients' and therapists' session-helpfulness ratings on a between-dyad level (Cummings et al., 1995; Hayes et al., 2007; Hill et al., 1994). This finding is also in line with previous findings showing temporal congruence in clients' and therapists' evaluations of different therapeutic process and outcome variables, such as the working alliance (Atzil-Slonim et al., 2015; Chen et al., 2018), clients' functioning (Bar-Kalifa et al., 2016), and clients' emotional experience (Atzil-Slonim et al., 2018).

The cumulative findings regarding client-therapist temporal congruence in evaluations of different therapy processes highlight the dyadic nature of the therapeutic endeavor. As such, they may imply a co-creation, or at the very least, a shared experience of different aspects of the therapeutic process. This temporal congruence may also reflect the shared arena in which client and therapist communicate both overtly and non-verbally with each other, providing further evidence of the nuanced and intimate communication that is transmitted through the dyad.

However, contrary to our expectations (i.e., Hypotheses 2b and 3b), temporal congruence was not found to be associated with therapy outcomes. We expected that co-variance in clients' and therapists' session-by-session fluctuations in their perceptions of session helpfulness would help therapists responsively (e.g., Kramer & Stiles, 2015; Stiles, 2009) adjust their actions and would promote better therapeutic outcomes. Previous investigations showed such an association between therapy outcomes on the one hand and (1) client-therapist temporal congruence with regard to estimations of clients' functioning (Bar-Kalifa et al., 2016) and (2) client-therapist temporal congruence with regard to estimations of the bond aspect of the therapeutic alliance (Rubel et al., 2018).

Our findings suggest that when examining congruence in session helpfulness, therapist directional discrepancy may be more informative for therapists' adjustment to clients' needs than is temporal congruence. Whereas we may treat therapists' negative directional discrepancy in helpfulness evaluations as an indicator of therapists' self-doubt, which might then motivate them to adjust their therapeutic work, fluctuations across sessions may be less of an indication for therapists to take action.

Several limitations of this study should be noted. First, this study was designed to explore a 12-session course of brief integrative psychotherapy. Thus, generalizing from the findings to other more specific orientations should be done cautiously. It could be that different therapeutic approaches yield a different pattern of client-therapist congruence in session-helpfulness evaluations due to differences in the management of the therapeutic relationship, overt discussion of therapy goals, different attitudes toward collecting clients' direct feedback, and more. In a similar manner, the training workshop that was provided to therapists in three of the experimental conditions marks another difference from what ordinarily occurs in natural therapy settings. The encouragement given to therapists to use specific interventions, and specifically therapist self-disclosure, may have promoted an open discussion during sessions regarding treatment progress or may have led therapists to extensively use self-disclosure. There is a need for future research to shed light on patterns of client-therapist congruence in session-helpfulness evaluations and other subjective outcome measures, as well as on the interrelations with therapy outcomes in a variety of therapeutic approaches.

Second, the 12-session time limit must also be taken into account when considering the current study's results. That is, treatments of longer duration may allow the temporal index of client-therapist

congruence to have a greater impact on therapy outcomes. As longer treatment duration seems to enable the enhancement of temporal congruence (e.g., Chen et al., 2018), therapists' more nuanced awareness of fluctuations in their clients' helpfulness perceptions might be promoted. In natural clinical practice settings (as well as in previous studies), the length of the therapy is generally determined by therapists and clients; as such, the external validity of the current results is limited. Future studies may wish to investigate the association between congruence indices and treatment outcomes as a function of treatment length.

In addition, clients in this study were not assessed using gold-standard practices for psychiatric diagnosis. They suffered from a variety of life problems, mental distress, and other symptoms, but represented a high-functioning population with relatively mild mental health issues. That said, this sample's characteristics may actually strengthen the ecological validity of the study as these individuals may represent the broader population of people who seek treatment at private clinics. However, the association between clients' diagnoses and client-therapist congruence in session-helpfulness evaluations might also be an important factor for future studies to address. For example, clients diagnosed with personality disorders may experience rapid shifts in their perceptions of the therapeutic process (e.g., Levy et al., 2010), potentially resulting in therapists' difficulty in recognizing such shifts.

In a similar manner, it is important to note that in the current study we did not measure any therapist characteristics and thus may have missed the opportunity to control intervening factors. Previous investigations have shown that therapists' personality characteristics (and specifically their interpersonal characteristics), such as anxious attachment (e.g., Kivlighan & Marmarosh, 2016) or affiliation tendencies (Chen et al., 2018), are associated with client-therapist temporal congruence as well as with therapist directional discrepancy. Thus, it is possible that the associations found between therapist directional discrepancy and therapy outcomes in the current study were in part determined by therapists' interpersonal tendencies. Future research should, at the very least, control for such factors, or explore their possible moderating/mediating role.

Moreover, as in previous investigations (e.g., Atzil-Slonim et al., 2015; Chen et al., 2018; Kivlighan & Marmarosh, 2016), we adapted the T&B model (West & Kenny, 2011), which was originally developed to assess judgment accuracy, for the study of client-therapist congruence. In our study, much like previous studies, therapists were not asked to

accurately rate what they thought their clients' helpfulness ratings were. Instead, each party rated their own perception of session helpfulness. Future studies might benefit from assessing therapists' accuracy in predicting clients' ratings, which would require the use of parallel scales such as the helping alliance questionnaire (i.e., "How do you think your client experienced the current session?").

Finally, the helpfulness rating scale (Elliott, 1985), aimed to assess clients' and therapists' subjective experience of a session's effectiveness, is a (global) single-item measure. The use of single-item measures is widespread in psychotherapy research and especially in intensive repeated designs (e.g., Bar-Kalifa et al., 2016; Fisher et al., 2020). Substantial evidence suggests that measuring session helpfulness (e.g., Hill et al., 1994) as well as other constructs (e.g., Bergkvist & Rossiter, 2007; Wanous et al., 1997) by using a single-item measure can be valid and reliable. However, there are evident shortcomings in the use of single-item measures. For example, the current session-helpfulness measure gives much latitude to each participant's idea of what helpfulness consists of, and clients and therapists often focus on different aspects of the therapeutic process when evaluating its helpfulness (e.g., Timulak, 2010). Future studies may therefore benefit from using longer measures of specific and differential aspects of session helpfulness as they may hold greater information and are superior in terms of validity and reliability.

These limitations notwithstanding, the present study expands on previous investigations of client-therapist congruence regarding core elements of the therapeutic process and its association with treatment outcomes. Whereas most previous investigations focused on client-therapist congruence in their alliance perceptions, the current study highlights the importance of exploring congruence regarding additional process-outcomes variables and specifically the subjective experience of treatment effectiveness. In addition, the finding that therapists' negative directional discrepancy is associated with treatment outcome, a finding that has previously been reported for CBT-oriented treatments (e.g., Rubel et al., 2018), allows us to generalize this finding to the context of brief integrative psychotherapy and to experienced clinicians' practice (i.e., not only to novice clinicians' practice).

Our results augment previous empirical findings on the dyadic nature of the therapeutic endeavor and the importance of further investigating therapy processes from a dyadic point of view. The current study findings regarding therapists' negative directional discrepancy further support the notion that therapists should hold a vigilant (e.g., Atzil-Slonim

et al., 2015) or doubtful and humble (e.g., Nissen-Lie et al., 2010; Nissen-Lie et al., 2017) stance when reflecting on their therapeutic work. It may well be that such tendencies would motivate therapists to responsively and appropriately adjust their therapeutic work.

Disclosure Statement

No potential conflict of interest was reported by the authors.

Notes

[1] The T&B model (West & Kenny, 2011) was first introduced to examine dyadic congruence within romantic dyads, but was found to be well suited for examining congruence in psychotherapy research as well (e.g., Atzil-Slonim et al., 2015; Chen et al., 2018; Kivlighan & Marmarosh, 2016).

[2] We do realize that although this notion has been adopted in previous investigations (e.g., Bar-Kalifa et al., 2016; Chen et al., 2018; Rubel et al., 2018), an inverse linking of roles may be suitable as well.

[3] It is important to note that our data consist of four distinct groups. Thus, we investigated the possible interaction between group and therapists' helpfulness ratings when predicting clients' helpfulness ratings (i.e., whether group interacted with directional discrepancy and temporal congruence). We did not find any significant effect for group, nor did it change the effects of therapist directional discrepancy or temporal congruence. Thus, we did not further investigate this variable in our study.

[4] We opted for a two-level MLM rather than a three-level MLM as the Level 3 variance of the clients' functioning ratings accounted for 0% of the model variance, was not significant, and did not improve the model fit.

[5] It's important to note that this study's focus was the dyad level (i.e., Level 2). However, to rule out a possible therapist effect we extracted the empirical Bayes estimates of therapist level (i.e., Level 3) intercept-random effect (as therapist level directional discrepancy). We then added this estimate, as well as its interaction with time, to the model. We found no significant effects for therapist level directional discrepancy and, importantly, this addition did not change our results.

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