2023

Effective approaches to establishing and maintaining a strong therapeutic alliance with men: a qualitative systematic review

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EFFECTIVE APPROACHES TO ESTABLISHING AND MAINTAINING A STRONG THERAPEUTIC ALLIANCE WITH MEN: A QUALITATIVE SYSTEMATIC REVIEW

A clinical dissertation submitted in partial satisfaction

of the requirements for the degree of

Doctor of Psychology

By

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May, 2023

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This clinical dissertation, written by

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under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

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ABSTRACT

Consequences of mental health issues in men that are left untreated can affect a man's partner, friends, family, and co-workers. While much research has described the efficacy of psychotherapy with this population, adult male clients may be hesitant to even start treatment. This is due to several reasons including stigma, toxic masculinity, and accessibility. To combat this, the American Psychological Association published Guidelines for Psychological Practice with Boys and Men in 2018. Research from 2005—the year the guidelines were conceived—to 2021 suggests that three therapeutic approaches are among the most effective in establishing or maintaining a therapeutic alliance. The approaches are: (a) – strengths-based; (b) – goal/action-oriented; and (c) – psychoeducation regarding problematic behavior. This dissertation is a systematic review that studied qualitative research to analyze which approach or combination of approaches was most effective for different demographics within the adult male population in the U.S. The research questions are:

1. Among three therapeutic approaches—strengths-based; goal/action-oriented psychoeducation regarding problematic behavior—which is the most effective in establishing and maintaining a strong therapeutic alliance with voluntary adult (18–65) male clients who have been in therapy for at least three sessions?
2. What combination or combinations of the three approaches, if any, are more effective than any individual approach?
3. Which approach or approaches among the three were reported as most effective by clients of specific racial, ethnic, or cultural minority groups?

Chapter 1: Background and Rationale

Statement of the Problem

While it is necessary to explore the etiology regarding men's reluctance to seek professional mental health services, it is unlikely to be explored by the adult male client in session unless he trusts the therapist and believes that psychotherapy can help. Consequences of mental health issues that are left untreated may also lead to problematic behavior that affects a man's friends, family, co-workers, classmates, and romantic partners. These effects may manifest in the form of substance abuse, spousal abuse, child abuse, sexual molestation, unwanted divorce, and homicide. Neglect may also occur if the man is a caregiver, parent, spouse, employee, or military personnel. Good and Robertson (2010) posit, "It may be helpful to understand the broader context in which men's reluctance to seek help operates, and how their ambivalence, mistrust, and hesitancy to engage with therapists seem rational to them" (p. 306). Eight years later, Dognin and Chen (2018) suggested that adhering to rigid gender norms may cause men to remain silent about internal suffering or even disconnect them from their own affect due to beliefs regarding if/how to express distress. Although several studies indicate that mental health treatment is as efficacious for men as for women, men are far less likely to seek professional services (Seidler et al., 2018). This poses a significant problem as, according to the Centers for Disease Control and Prevention (CDC), in 2018, 48,344 Americans died by suicide (2020). The American Foundation for Suicide Prevention (2020) adds that 1.4 million Americans also attempted suicide in the same year. Among the attempts, men died 3½ times more often than women. This dissertation aims to examine the literature regarding effective therapeutic approaches to establishing and/or maintaining a strong therapeutic alliance with

adult male clients. It the author's hope that implementing these approaches will increase the ability of the reader/clinician to establish and/or maintain a strong therapeutic alliance at the onset of treatment.

APA Guidelines for Psychological Practice with Boys and Men

Prior to 2005, the American Psychological Association (APA) established guidelines for treating populations such as gay/lesbian/bisexual clients, racial and ethnic minorities, and older adults. However, it was not until 2005 that therapeutic considerations for work exclusively with boys and men were considered. After thirteen years of research, the American Psychological Association, Boys and Men Guidelines Group (APABMGG) published Guidelines for Psychological Practice with Boys and Men (2018). The guidelines explain,

> Although boys and men, as a group, tend to hold privilege and power based on gender, they also demonstrate disproportionate rates of receiving harsh discipline (e.g., suspension and expulsion), academic challenges (e.g., dropping out of high school, particularly among African American and Latino boys), mental health issues (e.g., completed suicide), physical health problems (e.g., cardiovascular problems), public health concerns (e.g., violence, substance abuse, incarceration, and early mortality), and a wide variety of other quality-of-life issues (e.g., relational problems, family well-being). (p. 1)

However, APABMGG (2018) adds, "Many men do not seek help when they need it, and many report distinctive barriers to receiving gender-sensitive psychological treatment" (p. 1). Each

guideline includes a discussion of unique difficulties that boys and men face when deciding whether to seek professional mental health treatment.

The 10 guidelines are:

1. Psychologists strive to recognize that masculinities are constructed based on social, cultural, and contextual norms.
2. Psychologists strive to recognize that boys and men integrate multiple aspects to their social identities across the lifespan.
3. Psychologists understand the impact of power, privilege, and sexism on the development of boys and men and on their relationships with others.
4. Psychologists strive to develop a comprehensive understanding of the factors that influence the interpersonal relationships of boys and men.
5. Psychologists strive to encourage positive father involvement and healthy family relationships.
6. Psychologists strive to support educational efforts that are responsive to the needs of boys and men.
7. Psychologists strive to reduce the high rates of problems boys and men face and act out in their lives such as aggression, violence, substance abuse, and suicide.
8. Psychologists strive to help boys and men engage in health-related behaviors.
9. Psychologists strive to build and promote gender-sensitive psychological services.
10. Psychologists understand and strive to change institutional, cultural, and systemic problems that affect boys and men through advocacy, prevention, and education.

The APABMGG (2018) explains that these guidelines are intended to continue the systematic development of the field of psychology; however, they are not applicable to every client. Instead, the guidelines are designed to aid in the clinical judgement and decision-making of the clinician. Although each guideline provides descriptions and examples from research, they do not specify modifications based on participants' socioeconomic status, gender identity, sexuality, or cultural, racial, ethnic, religious, or military background. However, the authors acknowledge this exclusion and encourage the clinician to research additional information pertaining to individual clients. With a topic as broad as masculinity, where does the clinician begin when formulating a plan for establishing a therapeutic alliance? The first step is understanding just how broad the concept is and acknowledging that each client has his own definition of masculinity.

Overview of Current Research

Definition of "Masculinity"

The guidelines (APBMGG, 2018) acknowledge that there is no single definition of masculinity. However, the publication does offer a general definition:

> Although there are differences in masculinity ideologies, there is a particular constellation of standards that have held sway over large segments of the population, including: anti-femininity, achievement, eschewal of the appearance of weakness, and adventure, risk, and violence. These have been collectively referred to as traditional masculinity ideology. (p. 3)

But is important to note that some researchers suggest that this definition of masculinity is greatly affected by influences of intersectionality within racial and ethnic minority (non-

White/Caucasian in the U.S.) male populations. They argue that the APA guidelines minimize the importance of this aspect.

For example, in response to the guidelines, Brassel et al. (2020) put forth an argument:

> The lack of critical attention given by psychological researchers and clinicians to the complex ways in which social dimensions such as race shape masculinity is a gaping and telling oversight, as the arguments and recency of the APA Guidelines for Psychological Practice with Boys and Men demonstrate. (p. 3)

The authors then describe their finding that the guidelines disregard definitions of masculinity endorsed by minorities that include positive character traits. One such definition is relational traditional masculinity (Brassel et al., 2020). This ideology was endorsed by the Black adult male participants in their study and emphasized respect, men's role as protector, and independence. In addition, the authors (Brassel et al., 2020) explain that the concept of masculinity can be further complicated for men of color because, for example, "Black men may need to negotiate the social pressure to conform to an ideology that is not only more consistent with European American values than African American values, but also marginalizes them" (p. 11). In another article, Falicov (2010) describes the differences among Latino cultures regarding the concepts of *machismo*, *machista*, and *hombre*, adding that the latter includes positive aspects of masculinity such as respect, generosity, honor, and loyalty. This example typifies the complexity of the concept of masculinity within cultures.

Indeed, defining masculinity—including its positive traits and problematic aspects (e.g., penchant for violence)—is not universal, nor should it be. Masculinity is extremely diverse; different versions have existed/coexisted throughout human history (Coston & Kimmel, 2012).

Thorough understanding of the influence of intersectionality on the definition of masculinity is important; hence, the vast amount of literature.

But the purpose of this dissertation is not to add to this literature. Rather, in this study, masculinity is a precursor to the research questions, which explore how masculinity can impact the therapeutic alliance and what the clinician can do to establish and/or maintain a strong therapeutic alliance. However, an operational definition is still required for research purposes. The first step is formulating what aspect of masculinity within the APA's guidelines can help answer the research questions. It is not necessary to formulate an entire definition for reasons discussed later. Thus, the next question is, what aspects of masculinity will be used and why? It is important to first identify common concepts of masculinity in the literature and cross-reference them with the APA's definition. As a general example, a caveman's primitive concept of masculinity was to be a procreator, protector, and food provider for his family. Today, the term "bringing home the bacon" is still a common colloquialism in the U.S. It is within this scope of similarities that this dissertation will compare definitions of traditional masculinity, toxic masculinity, and APA's definition and then apply it to the research questions.

Regarding traditional masculinity, Neilson et al. (2020) state, "Although there is no singular traditional masculinity ideology, traditional masculinity ideology within many Western cultures emphasizes achievement, toughness and emotional control, and antifemininity, while prohibiting appearances of weakness including expression of vulnerable emotions and seeking help" (p. 579). When compared to the APA's definition, achievement, antifemininity, and weakness are mentioned in both.

Toxic masculinity is another common subject in research. This is a controversial topic

and is generally considered to be a description of harmful or dangerous traits within men. However, it is important to include toxic masculinity because of its prominent presence in psychotherapeutic treatment with many men. Kupers (2005) defines toxic masculinity as, "…the constellation of socially aggressive male traits that serve to foster domination, the devaluation of women, homophobia, and wanton violence. Toxic masculinity also includes a strong measure of the male proclivities that lead to resistance in psychotherapy" (p. 714). Comparatively, we see overlapping concepts of "anti-femininity" to "the devaluation of women" and "violence" to "wanton violence." But one significant similarity with all three definitions is how the concepts can be detrimental to the help-seeking behavior of attending psychotherapy.

There is much literature regarding masculinity. Thus, it is important to reiterate that this dissertation's focus is not on the concept of masculinity or its diverse incarnations over time and regions. Nor does this dissertation analyze positive and negative aspects of masculinity. Rather, it deals with one aspect of APA's definition of masculinity—help-seeking behavior perceived as a weakness—because this aspect causes reluctance to seek psychotherapeutic treatment. For example, many college-aged young men avoid seeking help when distressed because it is seen as a weakness among peers (Dognin & Chen, 2018). Acknowledging that an adult male client may believe that seeing a therapist is a sign of weakness may help the clinician formulate a plan to establish and/or maintain a strong therapeutic alliance. Thus, regarding adult male clients who voluntarily seek psychotherapeutic services, the question then becomes, how can a clinician accomplish this?

Therapeutic Approaches

Goal-Oriented

In 2012, female therapist June Martin wrote a book chapter titled, "Starting and Ending Psychotherapy with Men," which were reflections in her work with adult male clients. Martin explains that compared to her adult female clients, men were significantly more concerned with establishing specific treatment goals at intake (Martin, 2012). In a study that included both female and male participants, Bhati (2014) suggests two components of a strong therapeutic alliance. The first is a client and therapist's ability to reach an agreement regarding therapeutic goals. The second component is a client's motivation to work toward those shared goals. Three years later, another study suggested that while working with adult males who have a desire for emotional control, goal-setting and attainment may be helpful in establishing a strong therapeutic alliance (Genuchi et al., 2017). Lastly, a study by Seidler et al. (2018), suggests that when working with the adult male population, a goal-oriented style of treatment may strengthen the therapeutic alliance.

Notice that the latter two articles were published at approximately the same time as APA's guidelines (2018). Studying and analyzing literature starting from the year of the APA's publication the guidelines regarding therapeutic alliances with this population is one of the purposes of this dissertation. But the main takeaway from the aforementioned articles, is that a goal-oriented approach—as compared to exploration of one's past and/or processing of thoughts and feelings—may be a uniquely effective approach for establishing and/or maintaining a strong therapeutic alliance with men.

Action-Oriented

Robertson and Williams (2010) explain that in their treatment of men with white-collar jobs, much of the interventions are task-oriented, such as writing a victim impact statement to help the client reflect on how his behavior has negatively impacted those around him. In another study, Englar-Carlson and Kiselica (2013) posit that clinicians may utilize men's tendency for establishing relationships through physical activity (a task, such as playing basketball) in therapy. They also suggest that encouraging these clients to take a proactive approach to solving their problems may strengthen the therapeutic alliance. For example, a study by Liddon et al. (2017) suggests that when men grieve, they sometimes express it through action (e.g., writing a song after the death of a loved one), rather than discussing the grief or crying. Thus, it appears that an action-oriented therapeutic approach may strengthen a clinician's alliance with this population.

Strengths-Based

In the same study by Englar-Carlson and Kiselica (2013), the authors theorize that emphasizing the adult male client's strengths at intake and early in treatment may help them feel valued, thus increasing the likelihood of establishing a strong therapeutic alliance. Rhyno (2013) published a review of two books written by female clinicians regarding their work with adult males. The reviewer emphasizes the helpfulness of the books, specifically how the authors posit that open acknowledgement of an adult male client's strengths can help build rapport with resistant clients. More recently, Kim et al. (2019) conducted a meta-analysis of the efficacy of Solution-Focused Brief Therapy (SFBT), a theory that in part emphasizes a client's strengths. The researchers explain that most assessments used to measure positive outcomes

of the client participants rated SFBT as promising, regarding decrease of presenting problems including depression, substance use, and behavioral problems. Another recent study by Leibovich et al. (2020) again encourages mental health clinicians to acknowledge and validate an adult male client's strengths (e.g., his willingness to seek help). However, it also suggests that naming his ability to find solutions may increase the chances of the client becoming an active participant in treatment. Thus, a strengths-based approach also seems to be effective with this population regarding strong therapeutic alliance.

Psychoeducation Regarding Problematic Behavior

Lastly, the study by Good and Robertson (2010) indicates that the clinician may build an alliance by first acknowledging the benefits of a client's maladaptive behavior (e.g., substance use for temporary relief from negative emotions). But afterward, exploring potentially negative long-term consequences (e.g., alienating romantic partners; intimate partner violence; long-term health risks) may also establish a strong therapeutic alliance. In 2018, Lømo et al. conducted a study of 20 adult males for treatment of intimate partner violence (IPV). The authors conclude that the participants who were most open to behavioral change were the ones for whom the clinician provided a judgment-free space, thereby enabling the client to explore his guilt and shame from committing IPV (2018). More recently, Kealy et al. (2020) state that men strongly prefer learning coping skills for symptom management; however, they prefer to learn within the context of exploring behavioral patterns through psychoeducation. Thus, psychoeducation regarding problematic behavior may also be uniquely effective in establishing and/or maintaining a strong therapeutic alliance with this population. Cumulatively, these three studies indicate that openness to discussing the potential consequences of problematic

behavior, concurrent with negative emotions associated with that behavior, are helpful approaches in establishing a strong therapeutic alliance.

Combinations

Although the above four approaches appear to be themes in the literature, several studies indicated that a combination may be more effective than any one approach. For example, another study by Richards and Bedi (2015) indicates that a combination of strengths-based and action-oriented approaches is most effective in building rapport and decreasing symptoms. A more recent study (Geschwind et al., 2020) indicates that its participants were receptive to the novel treatment, Positive CBT, which primarily focuses on a client's strengths and desired future, or goal. However, other literature indicates that a combination of focusing on goals and actions are most effective (Dvorkin, 2015). In these two articles, we see the combinations of strength/action and strength/goals, respectfully.

In the same study conducted by Seidler et al. (2018), the authors state, "The importance of increasing self-management through action-oriented approaches was pervasive across participants" (p. 411). This study is indicative of goal- and action-oriented approaches frequently appearing together in the literature.

Of course, there are other therapeutic approaches discussed in the studies (e.g., motivational interviewing), but these three approaches—strengths-based, goal/action-oriented, and psychoeducation regarding patterns of problematic behavior—appear to be among the most frequently mentioned and endorsed by both client and clinician participants. This indicates that they may be the most effective approaches in establishing and/or

maintaining a strong therapeutic alliance with an adult male client, regardless of whether he views psychotherapeutic services as a weakness.

Rationale, Primary Aims, and Research Questions

Rationale and Primary Aims

As recently as 2020, studies have indicated that knowledge was limited regarding men's preferences for type of therapy (Kealy et al., 2020). Yet, this is a key component for increasing therapy compliance. The APA's Guidelines for Psychological Practice with Boys and Men is relatively new. In addition, the three therapeutic approaches seem to be among the most prominent in peer-reviewed articles. Thus, this systematic review aims to analyze the overall levels of effectiveness of the three therapeutic approaches relative to each other, based on client and/or clinician reporting. Secondly, it aims to uncover which approach or approaches were deemed most effective by client participants' self-identity, including ethnicity and race, as well as clinicians' reporting. To this point, it is worth noting that as recently as 2003–2007, 73% of APA journals were dominated by first authors from American universities (Arnett, 2008). The author explains that this indicates an overwhelming bias toward American psychological beliefs and theories in APA journals. However, in a follow-up study by the same author published in 2021, Arnett compared the same APA journals from 2014–2018 and found that the percentage had slightly decreased to 64% (Thalmayer et al., 2021). This indicates an increase in global representation among studies and participants. However, 64% is still a significant majority. It is for this reason, concordant with the previously mentioned diverse definitions of masculinity, that effective approaches categorized by country of origin, ethnicity, sexual orientation, socioeconomic status, race, and any other self-identifying categories (e.g., religion, first-

generation living in the U.S.) will be analyzed. It is the author's hope that this dissertation will help the reader/clinician increase her/his/their chances of establishing a strong therapeutic alliance with adult male clients who identify as a member of a minority community and/or as an immigrant to the US. An additional aim is to help the clinician increase the chances of establishing a strong therapeutic alliance with men who identify as Caucasian and/or White, due to the concept of masculinity likely playing a role in *all* cultures and races with regards to psychotherapeutic services.

These goal may be accomplished by the reader/clinician using this dissertation as the middle step in a three-step process for treatment planning: Step 1-read the APA's Guidelines for Psychological Practice with Boys and Men; Step 2-read the dissertation as a supplemental which offers three therapeutic approaches to consider, depending on the client's unique self-identity; and Step 3-formulate an individualized therapeutic approach that incorporates intersectionality factors (e.g., racial discrimination; socioeconomic disadvantages) relevant to the individual client.

It is worth noting that this dissertation intentionally does not relate the approaches to a particular theoretical orientation because it can be argued that all orientations have the capability of incorporating each approach. In addition, this dissertation does not focus on reduction of symptomology; rather, it focuses exclusively on levels of effectiveness of the approaches on the therapeutic alliance. The reason being, if the therapeutic relationship is strong, the chances of the efficacy of treatment increases, and thus, symptoms will likely decrease (Genova et al., 2021).

Research Questions

The specific research questions for this study are:

1. Among three therapeutic approaches—strengths-based; goal/action-oriented; psychoeducation regarding problematic behavior—which is the most effective in establishing and maintaining a strong therapeutic alliance with voluntary adult (18–65) male clients who have been in therapy for at least three sessions?
2. What combination or combinations of the three approaches, if any, are more effective than any individual approach?
3. Which approach or approaches among the three were reported as most effective by clients of specific racial, ethnic, or cultural minority groups?

Chapter 2: Methods

Systematic Review

A systematic literature review is a comprehensive method of researching and analyzing literature that is applicable to a particular area of research. It allows the mental health clinician a resource to review the most current and useful literature regarding a specific topic. Qualitative studies were used to provide a replicable analysis regarding the order of effectiveness of the three therapeutic approaches. As previously mentioned, the majority of APA journals tend to include studies conducted in U.S. universities. Thus, qualitative studies—including studies in non-APA journals—were exclusively used in order to gather as ethnically, racially, and socioeconomically diverse a population as possible. This theory stems from research that indicated some clients are more comfortable explaining their experience in narrative form as compared to completing an assessment (Tewary et al., 2012).

Inclusion Criteria

Populations

Client participants in the research data were 18–65 years old, currently in therapy, or experienced at least three sessions of therapy as an adult. These parameters were due to a randomized control study (RCT) that indicated Brief Systematic Therapy (BST), with an average of three sessions, was as efficacious as the Cognitive Behavioral Therapy (CBT) (Barcons et al., 2016). All races, ethnicities, religions, spiritualities, socioeconomic classes, and sexual orientations were included. Research articles were required to include client participants, clinician participants, or both. All client participants must have reported a strong therapeutic alliance in the studies. This was because the participants were not reporting whether the

alliance was strong, but why it was strong. In addition, some studies included client participants who were asked at intake to discuss what approach they preferred from their future therapist. However, they too had at least three sessions of prior treatment with a previous therapist. Thus, they still reported on effective therapeutic approaches based on their past therapeutic experience. These parameters allowed this dissertation to analyze proven effective therapeutic approaches, rather than experimental treatment outcomes that compared randomized control groups with groups who were treated with the approaches.

Regarding participants, the common factor in included articles was that the studies identified at least one of the three therapeutic approaches as the reason why a strong therapeutic alliance was established and/or maintained. However, a resolution of presenting problems and attainment of therapeutic goals was not included in defining a strong therapeutic alliance. This was due to the dissertation's sole focus being how to establish and/or maintain therapeutic alliance, not outcome of treatment. However, it can be inferred that a strong therapeutic alliance significantly increased likelihood of a positive treatment outcome because of the theory mentioned in chapter 1.

One exception for inclusion was lack of choice for attending therapy, such as mandatory court-ordered treatment. Although this dissertation focuses on establishing a therapeutic alliance with volunteer clients, such mandatory therapy cases were still coded and recorded in order to explore themes regarding effective therapeutic approaches with this population. However, this author requests the reader to bear in mind that client participants receiving mandatory treatment may have had a hidden agenda. For example, they may have tried to answer in a manner they believe their therapist wants them to, in order to lessen their jail

sentence, substance use rehabilitation treatment, etc. But on the other hand, it was just as plausible that these participants were truthful. Thus, their input was still included. While these results may not answer this dissertation's research questions, they may be beneficial for clinicians working with this population, as well as future researchers who wish to further study this population.

Lastly, this author anticipated possible limited research involving exclusively adult male client participants. To prepare for this contingency, studies that included both male and other gender-identified client participants (e.g., female, non-binary) were included. In these instances, ideally, the articles identified what the male client participant(s)' feedback was. However, this was not a requirement because of the strong possibility of relatively limited research that involved exclusively male client participants, per this author's preliminary research findings. If an article provided themes regarding feedback but did not specify how many male clients endorsed each theme, the article was still included but this author made a note of it.

The second category of participants, clinician participants, were treating or have treated this population. Their professional credentials included Marriage and Family therapist (MFT) trainee, associate, licensed, or psychologist trainee, intern, or licensed. This dissertation aimed to explore effective therapeutic approaches within this specialty of psychotherapy because, for example, a social worker had additional job demands (e.g., gathering community resources for housing) that may impact/change effective therapeutic approaches to a strong alliance. However, the studies did not require exclusively MFTs or psychologists. If studies did include

different capacities of mental health clinicians, this was coded and recorded. There was no age limit for clinician participants.

Studies that reported findings of clinician participants were included because it was useful to understand from the clinician's perspective which of these therapeutic approaches was or were most effective. Demographics of the clinicians such as age, gender, race, cultural identity, religious beliefs, and sexual orientation were coded and recorded. However, specific reporting of these characteristics was not required. The goal of this dissertation was to identify effective approaches for a specific client population and correlating sub-categories (e.g., client participants who identify as Latinx, Black, or African American), not clinician populations. The only requirement was that the clinicians must have worked with a client for at least three sessions, such as cases of planned brief psychotherapy. Studies with clinician participants who treated clients at inpatient and outpatient facilities were used for reasons mentioned later. The term "client participant" referred to clients who participated in the studies. "Clinician participant" was used for any professional mental health provider, as defined above, who also participated.

Source/Study Eligibility Criteria

To be considered eligible, the sources were scholarly (peer-reviewed) articles to ensure academic scientific quality. Included studies were published between September 2018 and December 2021. Thus, this parameter started one month after the publication of the APA's guidelines. December 2021 was chosen due to time constraints for this dissertation. It is the author's hope that future studies analyze articles prior to 2018 (e.g., from 2005–2018, the timeframe from the APA's inception of the guidelines to its publication) and use this

dissertation to identify any significant findings in minority populations studied. In addition, future researchers may use this dissertation to analyze data after 2021 and compare it to this study's 2018–2021 data. Publication sources were found within Pepperdine University's search engine databases. Sources used may have originated in a language other than English so long as the English translation was available. Studies included clients who specifically named help-seeking behavior—such as mental health services—as a sign of weakness. However, this aspect was not a requirement in order to include studies that focused exclusively on effective therapeutic approaches. In addition, the mention of APA's guidelines in the articles was not required for the same reason. As previously mentioned, because the dissertation only focused on literature with participants who reported a strong therapeutic alliance, no control groups were needed.

Types of Settings

Any setting that conducted individual professional psychotherapy services were included. Such settings included, but were not limited to, outpatient facilities, private practice offices, university counseling centers and laboratories, prisons, hospitals, VA settings, community counseling centers, and outpatient substance use facilities. Inpatient facilities, including prison settings, were included and recorded.

Study Quality Considerations

Included studies had a minimum of one client participant and/or one clinician participant and no maximum. Systematic review articles were also used so long as the authors described their methods for articles used, thus ensuring the replicability. There was no minimum or maximum number of articles required. The reason being that a systematic review

may technically be conducted with as little as two articles. However, if the sample size was relatively low (e.g., 10 articles compared to 100), this was recorded and noted so the reader may be aware of the sample size discrepancy. Studies that included both male and female/non-binary/gender fluid client participants were included as well. However, the article must have stated the number of male participants. Ideally, the literature differentiated the male participants' input. But this was not a requirement due to the common format of researchers reporting themes from all participants.

The second requirement was that the systematic review used at least two databases, as this is the recommended minimum requirement for systematic reviews according to Harari et al. (2020).

Exclusion Criteria

This systematic review excluded participants younger than 18 years of age and participants 66 and older, as the focus was on adult males who did not present with dementia or other cognitive disorders commonly found in older adults (66+ years old). Client participants at inpatient facilities who suffer from psychosis, severe depression, dementia, or any other mental disorder that severely impacted their cognitive functioning, were excluded due to their condition likely impeding their ability to participate in a study. Client participants who have not received psychotherapy treatment for at least three sessions were also excluded. In addition, group counseling studies were excluded. However, if a participant attended another health service in addition to individual therapy, such as a 12-step program for substance abuse, the study was included**.**

Gray literature, also known as "white papers," was excluded. Even though some gray

literature may have had a degree of reliability due to their publication from a well-known organization (e.g., APA), they were not peer-reviewed. In addition, Pepperdine University did not subscribe to APA's database of gray literature. Books were excluded due to this systematic review exclusively analyzing peer-reviewed scholarly articles. However, any peer-reviewed book review or book chapter review (such as the previously cited book review by Rhyno (2013)) was included if the review helped answer the research questions.

Search, Screening, and Selection Processes

Publication Sources

Studies were obtained through the following Pepperdine University databases: Academic Search Complete, Alt Health Watch, PsycARTICLES, PsycINFO, PubMed, SCOPUS, and Science Direct. Although unpublished work may have helped inform the answers to the dissertation questions and prevent unpublished bias, using only published articles will allow future studies to compare unpublished data to this paper's published data. All eight databases were coded in the Information and Database Search Codes (Appendix A).

Search Terms

There were two major themes that the search terms identified: adult male clients and effective therapeutic approaches. However, alterations were made when appropriate for each database. The terms were intentionally general to "let the literature do the talking," as this is how the author obtained the original articles that emphasized the therapeutic approaches. However, it the author's hope that future researchers conduct additional research on each of the three therapeutic approaches (e.g., using "strengths-based approach" as a search term) analyzed in this dissertation. In particular, studies that help identify which approach or

approaches were deemed most effective for clients from minority populations. The following search terms were used to identify articles that helped answer the research questions. The search terms were: "man" OR "men" OR "adult male*" OR "masculinity OR masculine or manhood or gender roles or toxic masculinity" AND "therapeutic alliance or therapeutic relationship or working alliance or bond or helping alliance" OR "clinical alliance" OR “therapeutic bond” OR "therapeutic approach*," "therapeutic technique*," "intervention*,” "style," "effective therapy," "practice," and "working relationship.”

Screening and Selection

The dissertation team consisted of an author, dissertation chair, and a committee member. The steps to identify inclusion of articles included an initial screening of title and abstract, full text screen to determine inclusion or exclusion, and quality appraisal overall rating of Exemplary or Good-Adequate.

Data Collection, Coding, and Extraction

Effectiveness was measured by the number of articles that reported an approach(es) as effective by the participants, as well as number of cumulative participants who endorsed them. To explain the purpose, consider two scenarios. In the first scenario, an article included only one participant who identified an effective approach (e.g., goal/action-oriented). This article was then coded and recorded as one article that identified the effective approach. However, the presence of only one participant was also recorded. In a second scenario, the article identified the same approach as effective, but 20 participants endorsed it. In this case, the study was still recorded as one article that reported the effective approach. However, the fact that 20 participants endorsed it was recorded as well. This is a significant difference regarding

participants who endorsed a particular effective therapeutic approach. Thus, the final number of endorsers helped answer the research questions.

In the first step, initial screening of title and abstract, the author developed a list of the electronic databases, followed by coding and inputting each database into the aforementioned spreadsheet titled, “Info. Sources and Search Codes” (Appendix A). Next, the author formulated search terms that generated articles that informed answers to the dissertation questions. He then inputted the aforementioned search terms into an Excel spreadsheet titled, “Search Terms” (Appendix B). This spreadsheet included a unique coding ID# for each primary search term, synonyms/alternative forms for each primary search term, and notes regarding possible additions/alterations to the search terms.

For step three, the author used an Excel spreadsheet titled, “Search Plan” (Appendix C) to describe the plan for searching titles, abstracts, and keywords based on the eight databases and search terms. This spreadsheet included the following categories: Search Syntax or Instructions; Fields of Search (title and abstract); Months/Years (September 2018-December 2021); and Plan Notes. The author then recorded his findings from titles/abstracts/keyword searches in a spreadsheet titled, “Search Documentation” (Appendix D). This spreadsheet contained the following categories: Search Date, Full Search ID#, Type of Search, Database/Source, Search Term ID#s, Search Syntax or Other Guidelines for the Search, and Fields Searched; Search Specifier: Months/Years (September 2018-December 2021); Search Specifier: Publication Type (Peer-Reviewed Published Journals Only); Columns for Other Specifiers as Needed; # of Records; and Notes.

Upon completion of initial screening of title/abstract, full text screening was

implemented ("Screening and Selection," Appendix E). The results were recorded and encoded in Screening and Selection to identify articles approved for full-text screening. The Screening and Selection categories contained research variables including document ID, author(s), year of publication, and Digital Object Identifier. In addition, the spreadsheet was used to record demographic information regarding participants (e.g., race, ethnicity, socioeconomic status, # of sessions, etc.). Lastly, the author recorded whether an article was included or excluded—based on meeting inclusionary parameters—and inputted his findings via a color code system. Text in red were excluded articles and the spreadsheet provided the reason (e.g., study not conducted in the U.S., mixed-methods). Text in green indicated that the article passed that inclusionary step and progressed to the next screening. The exclusionary screening steps in order were: duplicate articles; studies not conducted in the U.S. or within the date parameters; mixed methods; no male client participants; and no mention of capacity of clinician participants or of at least one of the therapeutic approaches.

To summarize each step in the selection process, a Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA) Flow Diagram (Step 10; Appendix F) was used for searches on each of the nine databases. Then, a separate PRISMA form was used to encompass the entire selection process. PRISMA was informed by the review standards, guidelines, and recommendations from the Campbell Collaborative, the Cochrane Collaborative, the National Academy of Sciences, and the U.S. Department of Health and Human Services (Shamseer et al., 2015).

Next, for all articles approved for inclusion, the author filled out a modified Data Collection and Extraction form (Appendix G) from the Cochrane Effective Practice and

Organisation of Care (EPOC) (EPOC, 2017). This form helped to decide inclusion/exclusion of articles, based on whether they included relevant information regarding answering the dissertation questions. Some common recorded variables were: Source Name; Author(s); Year of Publication; Full Document Title; Date the Form was Completed; Source Name (title of journal); Type of Study (all must be qualitative); Sample Size; Original Document Language(s); Location of Study; Number of Participants; Type of Participants; Research Variables (e.g., strengths-based approach; goal/action-oriented approach); and Findings.

Variables in the article were described if applicable or left blank if not applicable. As previously mentioned, gender of the clinician participant was recorded when available, for possible themes regarding whether a clinician's gender impacted the efficacy of the therapeutic approach. In categories for which information was not available, that section was left blank. Upon completion of Data Collection and Extraction forms, the author inputted the data into a spreadsheet titled, "Full Database (from Extraction)" (Appendix H). This form included all sections of the Data Collection and Extraction form.

Quality Appraisal

The next step was for the author to complete quality appraisal forms for each article. Quality appraisal was used to assess the usability of each article regarding answering the research questions. Harrell's (2021) Individual Study Quality Appraisal Form for Systematic Reviews (Appendix H) was used to measure the quality of each study. This form appraised each article with a Likert scale: *Strong*=3; *Good/Adequate*=2; *Weak*=1; *Missing*=0. The categories to be rated were: Strength of Literature Foundation and Rationale for Study; Clarity and Specificity of Research Aims/Objectives/Questions/Hypotheses; Quality of Research Design or

Methodological Approach; Sample Selection and Characteristics; Data Collection Tools (Scales, Observation, Interviews, etc.); Data Collection Processes; Analysis and Presentation of Data; Discussion of Study Limitations; and Consideration of Culture and Diversity. Each appraisal form was then given an Overall Rating score (*Exemplary; Strong; Good-Adequate; Weak*). Articles with the first three ratings were included in the final research articles; articles ranked Weak were omitted. Lastly, the selected inclusionary articles were recorded in "Full Database (from Extraction)" (Appendix I).

Regarding the studies themselves, since there were no RCTs, biases such as selection bias, performance bias, detection bias, and attrition bias were non-factors. Once overall ratings were finalized, the author inputted inclusionary articles into a spreadsheet titled, "Final Articles" (Appendix J). Next, he inputted the articles into two spreadsheets titled, "Most Eff. (Effective) by Race or Ethnicity" (Appendix K) and "Most Eff. (Effective) by Culture" (Appendix L). The author then reported significant data/themes/findings to the reader.

Final Article Selection

After conducting several preliminary searches, PsychINFO was determined to provide the most results. Other databases only yielded identical results except for one article from psycARTICLES. The initial search yielded 1100 articles. Repeats were then excluded, leaving 877. After this screening, 830 articles were eliminated, leaving 47 articles. Then, articles that did not meet the publication date or country of study criteria were eliminated, resulting in 66 articles. Next, mixed-method studies were excluded, leaving 18 articles for full-text screening. In this step, 13 articles were excluded because there were no male client participants, no mention of capacity of MFT or psychologist clinician participants, and/or no mention of any of the

therapeutic approaches in this dissertation's research questions. This left five articles for the data coding and extraction phase.

Chapter 3: Results

The results of the research will be described in this chapter, starting with the chart below, and followed by answers to the three research questions. Following the research answers, this author described unanticipated findings that are relevant to establishing or maintaining a strong therapeutic alliance with the adult male population.

Table 1

Summary of Therapeutic Approaches in the Literature

SINGULAR APPROACH	COMBINATIONS	# OF ARTICLES THAT MENTION THE APPROACH OR APPROACHES	ARTICLES
strengths-based		0	
goal/action-oriented		0	
psychoeducation regarding problematic behavior		0	
goal-oriented		3	Chang et al., 2021; Holyoak et al., 2020; Nguyen et al., 2021;
action-oriented		1	Lister et al., 2020
	strengths-based and psychoeducation regarding problematic behavior	1	Unthank, 2019
	all other combinations	0	

Note. Articles that endorsed exclusively goal-oriented approaches, as compared to goal/action-oriented approaches, were not part of the research questions. However, they are included in the results because of the relatively high number of mentions. This will be discussed further in the chapter.

The first observation is that none of the final five articles included exclusively male client participants. On the contrary, in each study most participants identified as female. The second

observation is that none of the articles adhere to this dissertation's inclusionary/exclusionary criteria. Yet, they are included for reasons that will be discussed in chapter four.

Research Question 1: Among three therapeutic approaches—strengths-based; goal/action-oriented; psychoeducation regarding problematic behavior—which is the most effective in establishing and maintaining a strong therapeutic alliance with voluntary adult (18–65) male clients who have been in therapy for at least three sessions?

Although goal-oriented approaches were mentioned most frequently (three times), research question 1 (RQ1) combines "goal/action-oriented," not just goal-oriented. As noted on Table 1, none of the three approaches are mentioned in the final articles. Thus, the answer is, none of the three approaches were deemed most effective based on this study.

Research Question 2: What combination or combinations of the three approaches, if any, are more effective than any individual approach?

The combination of a strengths-based and psychoeducation regarding problematic behavior approach was more effective than any individual approach. Unthank (2019) discusses how therapists can help survivors of interpersonal trauma decrease self-blame in part by implementing a strengths-based and psychoeducation approach. It is worth noting that all client participants were open to sharing personal strengths. In addition, some participants in Unthank's (2019) study were motivated to seek psychotherapeutic services due to "outbursts of hostility" (p. 372). These findings indicate the strong efficacy of this combination of therapeutic approaches in working with clients who present with symptoms related to interpersonal trauma.

The study included six women and six men, ages 48 to 62, whom the author

individually interviewed. All participants (Unthank, 2019) identified as survivors of interpersonal trauma, including rape, childhood verbal, physical, emotional, and sexual abuse, torture, spousal abuse, police violence, and "counseling professionals who engaged with them sexually" (p. 368). This is not an exhaustive list.

It is worth noting that the author does not identify the professional title (e.g., MFT, social worker, etc.) of the mental health clinicians whom the client participants were seeing. Nor does the article state how many sessions each client participant engaged in. However, this dissertation author decided to keep the article due to the very limited returns.

Research Question 3: Which approach or approaches among the three were reported as most effective by clients and clinicians of specific racial, ethnic, or cultural minority groups?

As previously mentioned, none of the three therapeutic approaches in the research questions were exclusively endorsed in the final five articles.

Unanticipated Themes

Since there were only five article returns, available answers to the research questions were severely limited. However, there were several significant unanticipated findings in the article themes. They will be noted in this section because these findings may still prove helpful in establishing a strong therapeutic alliance.

Goal-Oriented

A goal-oriented approach—rather than a goal/action-oriented approach in the research questions—was most endorsed, with three of the five articles emphasizing this approach. Cumulatively, eight client and two clinician participants who identified as White or Caucasian were the most represented population in the studies that endorsed this approach. One

Black/African American client participant, one Black clinician participant, and one Asian client participant also endorsed this approach. Lastly, two European-American clinician participants also endorsed it. Thus, it appears that among White or Caucasian client participants, White or Caucasian clinician participants, Black/African American client participants, Black clinician participants, and Asian client participants, a goal-oriented approach is the most effective approach in establishing and/or maintaining a strong therapeutic alliance.

Action-Oriented

Similar to the goal-oriented approach, an action-oriented approach was also included in this dissertation although it is not a separate category in the research questions. However, this was included because of the relatively small sample size of usable articles. In one article, Lister et al. (2020) interviewed two male and three female counselors who identified as allies to the LGBTQ+ community. The clinician participants stated that preference for an action-oriented approach in therapy was the most frequent feedback they received from clients who identified as members of the LGBTQ+ community. In fact, a common theme was that the participants viewed being an ally as more of a process than an identifier. This was because of the importance of not only an ally's actions, but clients' desire for an action-oriented approach to therapy.

Another finding of note from this article, was how one male clinician participant who identified as White noticed his "racial privilege." This occurred when he attended a meeting with people who identified as transgender men of color. He explained that attendees were taken aback, as some saw him and asked, "What's going on?" The clinician interpreted this as the attendees asking, "What's that old White guy doing here?" The clinician explained that

these questions caused him to be aware of his White privilege: “And I was—I was well aware of—of the perception of my white privilege. And no, I’m not a preacher here to talk to you or anything like that. I’m just here to listen” (p. 329). This event magnifies an unanticipated but significant finding: when working with clients who identify as transgender men of color, acknowledging racial differences between a male clinician and a male transgender client is an important factor in the work. This acknowledgement may also increase the likeliness of establishing a strong therapeutic alliance.

Therapist’s ‘Way-of-Being’

The article by Holyoak et al. (2020) sought to examine clients’ perspectives regarding a therapist’s “way-of-being…a therapist’s in-the-moment attitude or stance toward clients” (p. 88). This was conducted via semi-structured interviews with client participants. One of the key results was that many participants reported the importance of the therapist aligning with their therapeutic goals. In addition, they stated the significance of the therapist placing clients’ goals over the clinician’s regarding therapeutic alignment.

One female participant described how her male clinician’s engaged behavior displayed his genuine interest:

> I think he’s genuinely interested in what I am saying. A lot of times people will kind of look off and be like “I have to be here,” but…he actually pays attention. He’s engaged. He is animated. He’s a human instead of a robot listening to what I have to say (p. 93).

The article also described other client participants’ feedback regarding therapists being disengaged and looking around the room. This led to participants “shutting down,” or equaling the clinician’s disengagement. From this study it appears that clinicians’—including male

clinicians'—behavior plays a significant role in establishing a strong therapeutic alliance. Future research may also include studies with exclusively adult male clients discussing clinicians' behaviors that helped or hindered the alliance.

Men Living in an Alcohol and Substance Abuse Recovery Facility

The third article by Nguyen et al. (2021) interviewed four adult male college students living in an alcohol and substance abuse recovery facility and one adult male who was a former resident. In these recorded interviews, they reported that goal-setting was one of the primary motivations for seeking help. Particularly, the goal of returning to school and eventually moving out of the facility. It is worth noting that the article described a recent increase in clinician staffing at these facilities, which the authors hope the residents will voluntarily utilize.

Chapter 4: Discussion

The Discussion section includes limitations, contributions, therapeutic implications, recommendations for future studies, and a conclusion. The purpose of his dissertation was to increase clinical understanding of how to implement APA's Guidelines for Psychological Practice with Boys and Men with adult (18–65) males. Specifically, implementation for establishing and/or maintaining a strong therapeutic alliance. Although there is no one-size-fits-all approach, in the preliminary research there appeared to be three approaches that were mentioned most often. Thus, the focus became which of the three therapeutic approaches—strengths-based; goal/action-oriented; and psychoeducation regarding problematic behavior—was most effective in establishing and/or maintaining a strong therapeutic alliance. This dissertation aimed to be a middle-step between the guidelines and individualizing treatment. It can be argued that the APA's definition of masculinity seems to derive from traditional masculine concepts based on Western or European White/Caucasian beliefs. However, the intent of this dissertation was for its contents to increase the clinician's awareness of the multitude of factors—including the client's concept of masculinity—that need to be considered when treating clients from this population. In addition, the author wished to identify any themes in the literature that would indicate a specific approach or a combination of approaches was most effective for men who identified as members of the Black, Indigenous, and People of Color (BIPOC) community. It was the author's hope that this dissertation ultimately increased a clinician's likelihood of establishing and maintaining a strong therapeutic alliance with their adult male clients.

Potential Limitations and Contributions

There were several limitations to this study. As previously mentioned, there was publication bias due to exclusion of unpublished works and books, as well as the limitation of using only peer-reviewed journal articles and qualitative studies. Of the 66 articles that received a full-text eligibility screening, 48 were mixed methods, and thus, excluded. Regarding studies used, there was risk of the articles' researcher bias, as the authors may have emphasized predetermined approaches that they believed to be most effective. This can create skepticism regarding the findings. However, this dissertation is replicable for other researchers, and thus, it is capable of becoming a peer-reviewed manuscript in the future. If this occurs, the peer reviewers can then disseminate the accuracy of the findings and/or conduct the same study to test the inter-rater reliability. There may also have been researcher bias in this study, as this author did not use research assistants to determine inter-rater reliability. This was decided due to the small number of returns as research progressed. Instead, the author often consulted with the research supervisor to reduce bias.

A final limitation was the exclusion of gray literature and books. This is a significant exclusion because of the vast amount of books that discuss therapeutic alliance. However, the purpose of this dissertation was to analyze empirical evidence, not theory.

Therapeutic Implications

The "Unanticipated Themes" section provided some insight to therapeutic approaches that may be beneficial in establishing or maintaining a strong therapeutic alliance. According to the studies, a stand-alone goal-oriented approach—rather than a goal/action-oriented approach—seems to be the most effective approach with White or Caucasian clients,

Black/African American clients, and Asian clients. Among clients who identify as part of the LGBTQ+ community, an action-oriented approach appears to be most effective.

Another interesting finding is the importance of White clinicians acknowledging their "racial privileges" when working with non-White clients. However, it is worth noting that the article does not address whether this is to be mentioned in session, or simply acknowledging and processing with professional peers, for example.

Lastly, a therapist's "way-of-being," or their behavior at intake and subsequent sessions, can have a significant positive or negative impact on the therapeutic alliance. According to the research, staying engaged by actively listening or even being animated, rather than looking around the room or looking disinterested, can help establish or strengthen a therapeutic alliance.

One reflection is that several of these unanticipated themes can be argued as fundamental skills all clinicians learn in training. However, these findings indicate that not all MFTs and psychologists receive the same type or level of training. Also, even good-intentioned, well-trained therapists may occasionally fall back into learned stereotypes or assumptions. Thus, these unanticipated themes were included in "Therapeutic Implications" with the intention of reminding readers to constantly self-monitor these thoughts and feelings throughout treatment.

Future Studies

For such an important subject, there appears to be severely limited qualitative studies conducted. This author's hope is that there are more qualitative studies that include exclusively adult male client participants. To the latter, this is because most of the articles that received a

full-text screening included male and non-male participants but the results did not specify who stated/endorsed what. Instead, they were reported in the form of overall themes. In addition, more studies that include non-White/Caucasian adult male participants would greatly advance the field of psychology, as men from the global majority were disproportionally under-represented in the final articles.

From a macro perspective, it is this author's hope that increased evidence-based outreach and direct intervention with adult males who identify as members of the BIPOC community may significantly improve clients' presenting problems. A second hope—that would ideally occur concurrently with increased outreach and intervention—is the increase of overall qualitative research regarding establishing or maintaining a therapeutic alliance with the adult male population. This research would include clinicians' behaviors (e.g., eye contact, facial expressions) that may strengthen the alliance. The overall goal of the studies would be to expand supplemental evidence-based practices that inform how to implement the APA's Guidelines for Psychological Practice with Boys and Men.

For future studies, this dissertation can be used to compare both published articles prior to the guidelines (i.e., pre-2018) and/or articles from 2022 and on. This may inform the field of psychology which populations of adult male clients (e.g., adult male Latinx population in Los Angeles County) are lacking in research. In addition, researchers may conduct an in-depth analysis on any of the effective approaches with a particular minority population. Lastly, future researchers may use this dissertation as a starting point to compare gray literature and books about effective approaches with this population.

An additional study may include adult male clients comparing their experiences with

male clinicians and non-male clinicians. This may be helpful, for example, for female clinicians working with an adult male client at intake. It may be beneficial to know from the clients' perspective what approach or approaches the female clinician implemented to establish the strong alliance. This study may be particularly useful in understanding if this population prefers similar or different approaches when receiving treatment from non-male clinicians.

Lastly, it would be interesting to explore whether any studies have been conducted regarding the use of Prochaska and DiClemente's Stages of Change (McClellan et al., 1998) as a complementary treatment component to a goal/action-oriented approach in therapy. The current stages are: 1-Preocontemplation; 2-Contemplation; 3-Preparation; 4-Action; and 5-Maintenance. Concurrent implementation of these two strategies may prove uniquely beneficial for this population because both often involve specific goals and behavioral changes.

In summary, the generalized nature of the dissertation's research allows for several directions regarding future studies.

Conclusion

There were several times during the research process that the author contemplated expanding the inclusionary criteria. However, it was decided that the original criteria, although ultimately yielding only five articles, was still valid and relevant for several reasons. First, the goal for future researchers to utilize this dissertation to compare to studies before and after 2018–2021 is still applicable. Secondly, this study provides evidence for, and magnifies, the dire need for follow-up research to the APA guidelines, especially for working with clients in the BIPOC community. Although numerous books discuss this topic and there are many quantitative and mixed-methods , it appears there is a need for qualitative empirical evidence

post-guidelines. It is this author's belief that knowing what populations are under-represented in current literature is as significant as analyzing studies that are available. This is because understanding where psychology is lacking is the first step to representing the underrepresented. Qualitative research—including studies wherein client participants discuss their therapeutic experiences through narration—is important because of the reasons mentioned in Chapter 2. Namely, how some cultures prefer to describe their thoughts and feelings through narration or storytelling rather than filling out an assessment. According to Unthank (2019),

> Storytelling is at the heart of intuitive inquiry because stories are close to lived experience as we relay that experience to ourselves and to others. The act of storytelling shifts the ability to self-reflect upon our lived experience toward a discipline of introspection as practice. (p. 365)

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APPENDIX A

Information Sources and Database Search Codes

	A	B
1	**INFORMATION SOURCES AND SEARCH CODES**	
2		
3	**Database**	**Search Code (SC)**
4		
5	Academic Search Complete	SC1
6		
7	Alt Health Watch	SC2
8		
9	PsycARTICLES	SC3
10		
11	PsychCINFO	SC4
12		
13	PubMed	SC5
14		
15	Science Direct	SC6
16		
17	SCOPUS	SC7

APPENDIX B

Search Terms

	A	B	C
1	**LIST OF SEARCH TERMS**		
2			
3	*Each Primary Search Term can have synonyms or alternate forms to use with the "OR" operator in your searches		
4			
5			
6	**Search Term ID#**	**Primary Term**	**Synonyms/ Alternate Forms**
7			
8	a	therapeutic alliance or therapeutic relationship or working alliance or bond or helping alliance	
9			
10	b	Men	"Adult Male", "Adult Males", "Man", "Adult Male Clients", "Young Adult Male", "Young Adult Males," "Young Adult Man", Young Adult Men", "Masculinity"
11			
12	c	Therapeutic Alliance	"Therapeutic alliance or therapeutic relationship or working alliance or bond or helping alliance" or "Therapeutic Bond", "Clinical Alliance"
13			
14	d	Therapeutic Bond	
15			
16	e	Effective Approach	"Effective Therapeutic Approach," "Effective Technique," "Effective Therapeutic Technique," "Effective Intervention," "Effective Therapeutic Intervention", "Effective Technique", "Effective Therapeutic Technique", "Effective Style", "Effective Therapeutic Style", "Effective Therapy", "Effective Practice", Effective Therapeutic Practice", "Effective Working Relationship", "Effective Therapeutic Relationship"

APPENDIX C

Search Plan

	A	B	C	D	E
1	**COMPREHENSIVE SEARCH PLAN**				
2					
3	**Search Type**	**Databases or Sources**	**Search Term ID(s)**	**Search Syntax or Instructions**	**Fields to Search (All Searches for title/abstract/heywords only)**
4					
5	Electronic Database	SC1	01, 02	("Men" OR "Adult" AND "Male" OR "Males" OR "Adult Male Clients" OR "Young Adult Male" OR "Young Adult Males" OR "Young Adult Man" OR "Young Adult Men" OR "Masculinity") AND ("Therapeutic" AND "Alliance" OR "Relationship" OR "Working Alliance" OR "Bond" OR "Therapeutic Bond" OR "Helping Alliance" OR "Clincal Alliance")	Title, Abstract
6					
7	Electronic Database	SC1	01, 02, 03	("Men" OR "Adult" AND "Male" OR "Males" OR "Adult Male Clients" OR "Young Adult Male" OR "Young Adult Males" OR "Young Adult Man" OR "Young Adult Men" OR "Masculinity") AND ("Therapeutic" AND "Alliance" OR "Relationship" OR "Working Alliance" OR "Bond" OR "Therapeutic Bond" OR "Helping Alliance" OR "Clincal Alliance") AND ("Effective" AND "Approach" OR "Therapeutic Approach" OR "Techinique" OR "Therapetuic Technique" OR "Style" OR "Therapeutic Style" OR "Therapy" OR "Practice" OR "Therapeutic Practice" OR "Relationship" OR "Therapeutic Relationship")	Title, Abstract
8					
9	Electronic Database	SC1	02, 03	("Therapeutic" AND "Alliance" OR "Relationship" OR "Working Alliance" OR "Bond" OR "Therapeutic Bond" OR "Helping Alliance" OR "Clincal Alliance") AND ("Effective" AND "Approach" OR "Therapeutic Approach" OR "Techinique" OR "Therapetuic Technique" OR "Style" OR "Therapeutic Style" OR "Therapy" OR "Practice" OR "Therapeutic Practice" OR "Relationship" OR "Therapeutic Relationship")	Title, Abstract
10					

APPENDIX D

Search Documentation

	A	B	C	D	E
1	**SEARCH DOCUMENTATION RECORD**			Formula Bar	
2	red = zero returns				
3					
4					
5	**DATABASE/SOURCE**	**SEARCH TERM ID#s**	**SEARCH TERMS**	**SEARCH SYNTAX OR OTHER GUIDELINES FOR THE SEARCH**	**# of Results with Seach Specifiers:** **1-Schalarly** **2-Published Date: Sept. 2018-Dec. 2021** **3-Age Group: Adulthood (18 yrs-older)** **5-Population Group: male** **6-Qualitative Study**
6					
7		**1**	**a**	**"therapeutic alliance or therapeutic relationship or working alliance or bond or helping alliance"**	**567**
8					
9		2	a,b,c	**("Man" OR "Men" OR "Adult Male*" OR "Masculinity OR or Masculine or Manhood or Gender Roles or Toxic Masculinity") AND ("therapeutic alliance or therapeutic relationship or working alliance or bond or helping alliance" OR "Clincal Alliance")**	search combinations below in orange:
10					
11		3	abc-I	"Man" AND "therapeutic alliance or therapeutic relationshp or working alliance or bond or helping alliance"	40
12		4	abc-II	"Men" AND "therapeutic alliance or therapeutic relationship or working alliance or bond or helping alliance"	39

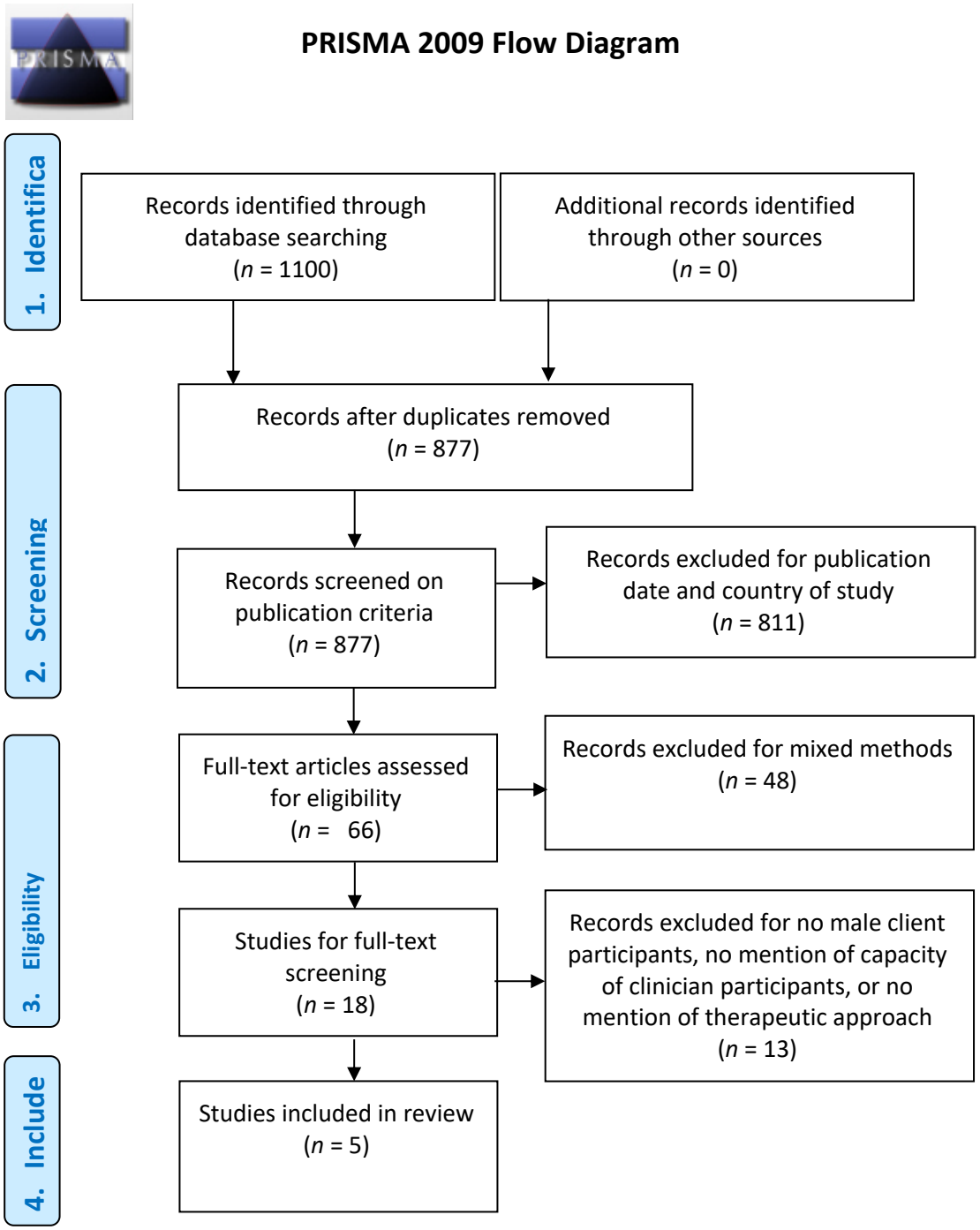
APPENDIX E

Screening and Selection

	A	B	C	D	E
1	**SEARCH DOCUMENTATION RECORD**				
2	red = zero returns				
3					
4	**DATABASE/SOURCE**	**SEARCH TERM ID#s**	**SEARCH TERMS**	**SEARCH SYNTAX OR OTHER GUIDELINES FOR THE SEARCH**	**# of Results with Seach Specifiers: 1-Schalarly 2-Published Date: Sept. 2018- Dec. 2021 3-Age Group: Adulthood (18 yrs-older) 5-Population Group: male 6-Qualitative Study**
5					
6		**1**	**a**	**"therapeutic alliance or therapeutic relationship or working alliance or bond or helping alliance"**	**567**
7					
8		2	a,b,c	("Man" OR "Men" OR "Adult Male*" OR "Masculinity OR or Masculine or Manhood or Gender Roles or Toxic Masculinity") AND ("therapeutic alliance or therapeutic relationship or working alliance or bond or helping alliance" OR "Clincal Alliance")	search combinations below in orange:
9					
10		3	abc-l	"Man" AND "therapeutic alliance or therapeutic relationshp or working alliance or bond or helping alliance"	40

APPENDIX F

Prisma Flow Diagram



From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *P*referred *R*eporting *I*tems for *S*ystematic Reviews and *M*eta-*A*nalyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit www.prisma-statement.org.

APPENDIX G

Data Collection and Extraction Form

Modified from: *Effective Practice and Organisation of Care (EPOC). Data collection form. EPOC Resources for review authors. Oslo: Norwegian Knowledge Centre for the Health Services; 2013. Available at: http://epoc.cochrane.org/epoc-specific-resources-review-authors*

Data Collection and Extraction Form

This form can be used as a guide for developing your own data extraction form. Sections can be expanded and added, and irrelevant sections can be removed. It is difficult to design a single form that meets the needs of all reviews, so it is important to consider carefully the information that YOU need to collect, and design your form accordingly. Information included on this form should be comprehensive as it serves as the data for your study and informs the database for your synthesis and analysis. Content from this form may be used in the text of your review, your 'Evidence Table of Included Studies', quality appraisal, statistical analysis, etc...

Notes on using a data extraction form:

- Be consistent in the order and style you use to describe the information for each included study.
- Record any missing information as unclear or not described, to make it clear that the information was not found in the study report(s), not that you forgot to extract it.
- Include any instructions, coding systems, and decision rules on this data collection form, or in an accompanying document. It is important to practice using the form and give training to anyone else using it.
- You will need to protect the document in order to use the form fields (Tools / Protect document)

Document ID#
a122

Authors and Year *(last names of authors and year of publication, e.g., Johnson, Jones, and Jackson 2011)*
Holyoak et al., 2020

Full Document Title
Clients' perceptions of marriage and family therapists' way-of-being: a phenomenological analysis

1... General Information

1. **Date form completed** *(dd/mm/yyyy)*	12/4/22
2. **Initials/ID of person extracting data**	FA
3. **Source/Publication Type** *(only peer-reviewed articles from journals)*	Peer-Reviewed Journal
4. **Source Name** *(Title of Journal)*	Culture & Mental Health Services
5. **Publication Status** *(Only Published Journals)*	Published
6. **Primary Publisher**	Blackwell Publishing
7. **Secondary Publisher**	Journal of Marriage and Family Counselling
8. **Original Document Language**	English
9. **Digital Object Identifier**	http://dx.doi.org.lib.pepperdine.edu/10.1111/jmft.12469

2... Assessment of Research Variables

RESEARCH VARIABLES	How Assessed *(Measure, Observation, Interview Question, Archival, etc.)*	Reliability/Validity/Utility	Location in text *(pg & ¶/fig/table)*
19. **Strength(s)-Based Approach**			
20. **Goal(s)Oriented Approach**	Yes. Interview		p. 89
21. **Action-Oriented Approach**			

2

3... Study Participant (Sample) Characteristics and Recruitment

	Description as stated in report/paper	Location in text *(pg & ¶/fig/table)*
30. **Client Participant(s) or Clinician Participant(s)**	client participants: 9 females; 1 male	p. 90
31. **Sample Size (n)**	10	
32. **Population of Interest**	"This study used a purposive sample of clients seen by masters-level MFT graduate students at a university-based community mental health facility. Purposive sampling, which is a deliberate choice of participants based on specific qualities possessed by the individuals (Etikan et al., 2016), was used due to our desire to understand how current clients being seen by MFTs perceive their therapists' way- of-being"	p. 90

4... Setting Characteristics

	Descriptions as stated in report/paper	Location in text *(pg & ¶/fig/table)*

4

49. **Study Setting (e.g., private practice; research lab)**	University clinic	p. 90
50. Study Location (City; State; Country)		
51. **Other**		

5... Results

	Description as stated in report/paper	Location in text *(pg & ¶/fig/table)*
52. **Key Result #1**	goal-oriented	pp. 94-95
53. **Key Result #2**		
54. **Key Result #3**		
55. **Key Result #4**		

6... Conclusions and Follow-up

	Description as stated in report/paper	Location in text *(pg & ¶/fig/table)*
56. **Key conclusions of study authors**	"Participants in the study spoke of the therapist's character and personality as the key factor in developing a strong alliance"	p. 98
57. **Study Authors' Recommendations for Future Research**		
58. **Does the study directly address a dissertation question? Explain.** *(any issues of partial or indirect applicability)*	Yes. It states that a goal-oriented approach strengthens the therapeutic alliance	pp. 94-95
59. **Your Takeaways: Implications for Practice**		
60. **Salient Study Limitations (to inform Quality Appraisal)**		
61. **Correspondence received** *(from whom, what and when)*		
62. **Does the Article Meet All Inclusion Criteria?**	no. client participants were 18+, but does not state the age of the oldest participant.	

APPENDIX H

Quality Appraisal

INDIVIDUAL STUDY QUALITY APPRAISAL FORM FOR SYSTEMATIC REVIEWS

Developed by Shelly P. Harrell, Ph.D., Pepperdine University

Author(s) and Year: Holyoak et al., 2020 **Study ID#** a122

1. **Methodology:** Quantitative **Qualitative** Mixed Methods

2. **Specific Design/Inquiry Approach**: Recorded sessions

RATING SCALE: Strong=3 Good/Adequate=2 Weak=1 Missing=0 N/A

3. **Strength of Literature Foundation and Rationale for Study:** 3
   (POSSIBLE CONSIDERATIONS: current and relevant references, background literature sufficiently comprehensive, Need/Rationale for study clearly stated, etc.)

4. **Clarity and specificity of Research Aims/Objectives/Questions/Hypotheses:** 3

5. **Quality of Research Design or Methodological Approach:** 3
   GENERAL CONSIDERATIONS: provides rationale for design chosen, appropriateness for research questions, clear description of design and methodological approach, strength of design characteristics utilized
   QUALITATIVE CONSIDERATIONS: consistent with specific practices relevant to the inquiry strategy (e.g., phenomenological study, case study, grounded theory, etc.), triangulation, audit trail

6. **Sample Selection and Characteristics:** 3
   GENERAL CONSIDERATIONS: detailed description of sample characteristics, adequacy of sample characteristics in the context of research aims, detailed description of recruitment and selection of participants; rationale provided for sample size; inclusion and exclusion criteria indicated as relevant
   QUALITATIVE CONSIDERATIONS: sample size appropriate for inquiry strategy; rationale for purposeful sample characteristics

7. **Data Collection Tools (Scales, Observation, Interviews, etc.):** 3
   GENERAL CONSIDERATIONS: rationale for selection, appropriateness for assessing variables, development of study-specific tool or process clearly described, piloting, pretesting;
   QUANTITATIVE CONSIDERATIONS: psychometric properties (reliability, validity, utility) reported, adequacy of psychometric properties, normative or standardization data described
   QUALITATIVE CONSIDERATIONS: appropriateness for inquiry strategy and purpose; interview or other data collection process described clearly and comprehensively

8. **Data Collection Processes:** 3
   (POSSIBLE CONSIDERATIONS: data collection procedures clearly described in sufficient detail, intervention strategies and implementation described in detail, quality of data collected, design-specific considerations such as attrition in RCTs, saturation in grounded theory, etc.

9. **Analysis and Presentation of Data:** 3
   GENERAL CONSIDERATIONS: appropriateness of analysis for research questions and type of data; results presented clearly and comprehensively; usefulness and clarity of any tables, graphs, and charts
   QUALITATIVE CONSIDERATIONS: textual data and/or direct quotes reported and used effectively; transparent description of the development of themes from raw data

APPENDIX I

Full Database (from Extraction)

	F	G	H	I	J	K	L	M
1	**1. Date Form Completed**	**3. Source/Publication Type (only peer-reviewed articles from journals)**	**4. Source Name**	**5. Publication Status (published articles only)**	**6. Primary Publisher**	**7. Secondary Publisher**	**8. Original Document Language**	**11. General Method**
2	12/3/22	Journal	American Psychologial Association (APA)	Published	American Psych	Hospital & Commun	English	Qualitative
3	12/3/22	Journal	LGBT Issues in Counseli	Published	Taylor & Francis	Journal of LGBT Is	English	Qualitative
4	12/3/22	Journal	Alcoholism Treatment Qu	Published	Taylor & Francis	Haworth Press	English	Qualitative
5	12/4/22	Journal	Culture & Mental Health S	Pubished	Blackwell Publisl	Journal of Marriage	English	Qualitative
6	12/4/22	Journal	Qualitative Psychology	Published	Educational Publishing Foundatoin		English	Qualitative
7								
8								

APPENDIX J

Final Articles

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	DATE OF DA	ARTICLE ID		AUTHOR(S)	LINK	TITLE		PARTICIPANT DEMOGRAPHICS	APPROACH(ES) ENDORSED				
2	12/3/22	a37		Chang et al.	http://dx.doi.org.lib.pepperdine.edu/10.1176/appi.ps.202000085	Rethinking interpreter functions…			.353: goals women, 4 men. Not exclusively male feedback. Also, two psychiatrists, four psychologists, two social workers, and	goals:			
3	12/3/22	a42		Lister et al.	http://dx.doi.org.lib.pepperdine.edu/10.1080/15538605.2020.1827474	Counselors making sense of their experiences…			3 female and two male participants	action-oriented			
4	12/3/22	a66		Nguyen et al.	http://dx.doi.org.lib.pepperdine.edu/10.1080/07347324.2021.1898295	This program helped save our lives…	11/6/22			goals			
5	12/4/22	a122		Holyoak et al.	http://dx.doi.org.lib.pepperdine.edu/10.1111/jmft.12469	clients' perceptions of mt "way-of-being"		trainees. Clients were 9 female 1 male: p.94: "Many participants indicated the importance of their therapist aligning with them when it came to therapeutic goals. Aligning with the client's goals is demonstrated when	goals: p.95	goals			
6	12/4/22	b22		Unthank		how Self-Blame Empowers and Disempowers Survivors of Interpersonal Trauma…				strengths & behaviors			
7													
8										FINAL RESULTS:			
9													
10										3 goal			
11										0 strength			
12										1 action			
13										0 goal/action (one that was exclusively action)			
14										0 problematic behavior			

APPENDIX K

Most Effective by Race/Ethnicity

	A	B	C	D	E	F	G	H
1	**Rank (Exemplary; S**	**Article Ti**	**Article ID**	**Client Participant(s), Clinician Participant(s), or Both?**	**Poulation**	**Gender or Participant(s)**	**Race/Ethnicity**	**Other Identifying Info.**
2	Good/Adequate		a37	both	33 total. client participants: 24 clinican participants: 9	client particiapnts: none. clinician participants: 5 female; 4 male	clinician participants: 8 non-Latinx white; 1 Latinx	client participants: 14 Mandarin-speaking; 11 Spanish-speaking.
3	Good/Adequate		a42	clinician	5 total	3 female; 2 male	1 Black; 2 White; 2 European-American	one in ther 20s; 1 in their 30s; one in their 40s; one in their 50s; one in their 70s
4	Good/Adequate		a66	client	5 total	5 all male	No race/ethinicty recorded. No explanation	all college students, 20-28 years old; 4 current residents of alcohol and substance use recvory home; 1 former resident.
5	Good/Adequate		a122	client	10 total	9 female; 1 male	8 white/Caucasian; 1 Asian; 1 Black/African American	26-48 years old; 7 heterosexual; 2 bisexual/pansexual;
6	Strong		b22	client	12 total	6 female; 6 male	none	48-63 years old. All are survivors of interpersonal trauma
7								
8								

APPENDIX L

Most Effective by Culture

	A	B	C	D	E	F
1	**# of male clients who endorsed each approach is not recorded due to the studies only reporting themes, now which themes or input the male and non-male clients endorsed**					
2	**Culture**	**% of Articles that Reported Goal(s)-Oriented Approach**	**% of Articles that Reported Strength(s)-Based Approach**	**% of Articles that Reported Action-Oriented Approach**	**% of Articles that Reported Psychoeducation Regarding Problematic Behavior**	**% of Articles that Reported Strengths-Based AND Psychoeducation Regarding Problematic Behavior**
3						
4	Client participants who reported English as second languge or non-English speaking client partcipants	20%				
5	Client partipiants who are surivors of interpersonal trauma					20%
6	Clinician Particiapnts who identify as allies to the LGBT community			20%		
7	Client participants who live in an alcohol/substance abuse recovery facility	20%				
8	Client participants reporting their clinician's "way-of-being"	20%				