

Process Action Therapy (PAT): An Introduction and Review of a Pre-Planned Action Approach to Mental Health Care

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Abstract: *Process Action Therapy (PAT) is a pragmatic, behavior-oriented therapeutic approach designed to help clients manage challenges when immediate cognitive processing is difficult. This paper introduces the conceptual foundations and practical processes of PAT and examines client-reported experiences associated with its implementation. The approach incorporates pre-planned behavioral actions, positive self-talk, present-focused strategies, and practical coping techniques. Client feedback was collected through optional third-party satisfaction surveys and written reviews. The reported overall service rating was 4.9 out of 5, with 1,038 responses identified in the service-rating data. This introduction reviews the available feedback of Process Action Therapy used with thousands of clients in over 25 countries from diverse backgrounds. Additional qualitative analysis of client feedback highlighted perceived emotional safety, therapeutic alliance, practical skill development, coping, and empowerment. Reviews submitted at different treatment stages suggested a progression from initial therapeutic engagement toward perceived skill acquisition and personal growth. These findings provide preliminary descriptive support for the acceptability and perceived usefulness of PAT. However, the absence of a comparison group, standardized clinical outcome measures, and independent assessment limits conclusions about treatment effectiveness. Further controlled research is recommended to evaluate its clinical applications and outcomes.*

Keywords: Process Action Therapy, Pre-Planned Action, Psychotherapy, Behavioral Interventions, Therapeutic Alliance, Client Satisfaction

1. Introduction

Many mental health modalities exist, each with its own merits and strengths. Traditional counseling modalities were primarily developed by Europeans and European Americans, but are used as if all cases, ethnicities, and cultures would benefit from them. Many clients seeking therapy who benefited from Process Action Therapy, unprompted, disclosed that they had intentionally sought services with the primary clinician versus another therapist. Even among Europeans, Canadians, and European Americans, alike, some clients may feel that their situation is too challenging or too embarrassing to seek services within their own community. Other clients sought a therapist from an adjacent or cross-cultural background in hopes of feeling seen. Since clients sometimes struggle with the necessary cognitive capacity required of cognitive behavioral therapies, the purpose of this study is to review and examine a new mental health treatment modality that offers a pragmatic approach to improve clinical outcomes and clients' satisfaction with the goals of therapy, moving clients from progressive therapeutic engagement to perceived personal growth with Process Action Therapy.

While Cognitive Behavioral Therapy is a popular modality among therapists, there are cases where Cognitive Behavioral Therapy does not deliver the best outcome. For example, clients who may experience some form of brain fog as a result of cancer treatments, traumatic brain injury from a physical injury, or clients who are not able to calm their nervous system temporarily enough to manage their cognition. Process Action Therapy validates the client's circumstances and meets them where they are in their circumstances. Use this review as a tool to improve your clinical practice by working toward clients achieving greater satisfaction with meeting/achieving their goals, as the purpose of this study is

to introduce and review a new mental health treatment modality that helps move clients toward personal growth and improve clinical outcomes.

2. Assumptions

It is assumed that mental health professionals would use this approach. It is also assumed that this introduction and review is appropriate for social scientists, mental health therapists in training while under supervision, hospitalists, private practice, and university or college settings and services. It is also assumed that these populations have basic knowledge of Cognitive Behavioral Therapy, Solution-Focused Brief Therapy, and related approaches. It is also assumed that survey participants answered honestly. Last, it is also assumed that the aforementioned population already knows how to maintain a good client-therapist relationship.

3. Scope of Study

The scope of this review includes teens, young adults, middle-aged adults, and fewer older adults (60+). Clients were from Europe, America, Canada, the Middle East, Asia, and Africa. American, Canadian, and European clients made up the majority of participants. The socioeconomic statuses varied from low to high. Clients also included other mental health and medical professionals from the United States, Canada, and Europe. Client professions ranged from diplomats, high-ranking military, federal agents, and business owners to everyday people, including both blue and white-collar workers.

4. Limitations

The primary limitation is that a comparative study is not available. Future exploration may implement Process Action Therapy with one group and another therapy with a comparative group to assess whether differences exist over time. However, some clients reported receiving Cognitive Behavioral Therapy in other practices, but felt that they needed something different.

5. Background

This review discusses constructs of positive psychology, optimism, mindfulness, and Process Therapy. For context and informational purposes, the benefits of positive psychology, optimism, mindfulness, and Process Therapy are also discussed. Professional and academic research on positive psychology, optimism, and mindfulness establishes the foundation for Process Action Therapy. The Harvard Mental Health Journal published a special edition article on positive psychology. Proponents of positive psychology essentially focus on strengths versus weaknesses. From a psychologist or counselor's perspective, it is more productive to focus on characteristic strengths versus inundating clients with discussions of flaws. From a non-clinical perspective, focusing on positive experiences versus negative experiences is nothing short of optimism.

6. Definitions

Positive Psychology and Optimism

Positive psychology, in short, is the focus on people's strengths. Some strengths come from practicing optimism. Happiness, health, and success in various areas are often associated with optimism (Peterson, 2006). Experiencing positive emotions is fundamental to building strength (Fredrickson, 2001). Experiences of positive emotions also have intellectual benefits. People are more flexible and creative while experiencing positive emotions (Goleman, 2001; Peterson, 2006). Pioneers in psychology posited positive psychology as past well-being, contentment and satisfaction; future optimism and hope; and present happiness, at the subjective level (Seligman & Csikszentmihalyi, 2000).

Seligman, a prominent psychologist (2000), used a personal experience of his daughter's positive traits of moving from an undesirable characteristic of whining to being candid and forthcoming. Similarly, using past personal and general life experiences to help clients move from less desirable traits to more desirable positive characteristics also applies. In addition, since positive psychology addresses happiness (Seligman & Csikszentmihalyi, 2000), it is appropriate to address positive psychology challenges through reflection and strengthening life skills.

Mindfulness

Mindfulness is one's ability to recognize both internal and external functions, and environmental factors, of a person while completing a task. Practicing mindfulness of one's experiences helps shift clients' thoughts and behaviors from negative to positive. Mindfulness is the opposite of autopilot. Instead of acting, behaving, and accomplishing tasks as

normal, the goal is paying close attention to what is being done and the thoughts connected to that task or and feelings associated with the task. For example, Kim (1988) used an example of how washing dishes is a task that many accomplish on autopilot. Being mindful of an activity requires paying close attention to each stroke of the dish while considering co-occurring thoughts, reactions, and feelings.

Who Benefits from Optimism and Positive Psychology

Everyone benefits from optimism and positive psychology. Transformational leaders exhibit more optimism than other types of leaders (Spreitzer & Quinn, 1996). Unhappy individuals focus more on negative experiences, such as unfavorable social comparisons (Lyubomirsky, 2001). Optimistic people engage more with others to cope with difficult situations, rather than avoiding or disengaging (Carver, Scheier, & Segerstrom, 2010).

7. Review of the Literature

Optimistic people are happier and better prepared to withstand adversity (Seligman, 2002; Daisy & Donnelly, 2002). Therefore, Process Action Therapy encourages positivism to promote resiliency. To better appreciate Process Therapy, it is impactful to have knowledge of other modalities for comparative understanding.

Existential Therapy

Existential influence defines life or individual existence. The underlying premise is for the client to become aware in order to make more informed decisions. Informed choices assist in developing meaningful life experiences. When individuals are aware/informed, they can self-regulate in managing their emotions.

Person-centered

A person-centered approach is a humanist approach. Scholars like Carl Rogers maintained a person-centered approach in therapy. Humanists presupposed that humans are trustworthy. Joseph (2021) postulated that the person-centered approach is a form of positive psychology, but not all positive psychology is person-centered. In the person-centered approach, the clinician uses techniques to help deepen clients' understanding and self-awareness, sometimes, through the use of reflecting the client's own words (Hlavek & Feldwisch 2022; Neukrug et al., 2013).

Holism

Holism or Gestalt means whole or completion (Corey, 2009). If a part of the whole is separated then, the essence of the whole entity is lost (2009). In systems theory, the focus is on the parts in relation to the whole. Also in systems theory, the individual parts are watched in relation to the whole. In other words, the parts influence the whole and the whole influences the parts. The Gestalt model focuses on individuals' perception of their experience, while acknowledging the capacity for personal growth and healing through insight and interpersonal contact (2009).

While Gestalt is separate from system theory, there are some parallelisms. These parallelisms help in shifting the discussion to the integrated approach. From the Gestalt perspective, individuals are viewed as having the capacity to

identify how earlier influences contribute to current difficulties (Corey, 2009). Gestalt theory is an experiential approach involving direct experience in learning. Experiential approaches or learning requires educators to purposely expose students to experiences, thus allowing for reflection on the experience. One of the salient concepts of Gestalt is that individuals accept responsibility for themselves.

Systems Theory

The premise behind systems theory consists of a system, the whole, and the parts. The use of systems theory allows for a long-term outlook that provides insight for preventive measures. As learning occurs, systems change as a result of feedback. Boulding (1956) in Hopp (2004) maintained that the modern system theory movement aims as cross-disciplinary communication equipped with analytical tools to interact and intervene in a complex modern systemic world. In addition, change within one part of the system, results in change in other parts of the system (Corey, 2009). For example, in a family of three, if only the mother and child attend family counseling there is still some influence on the father.

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Postmodern

Brief Solution Focused Therapy is a postmodern approach which is a strength based modality (Franklin, Riley, & Kim, 2025). Focusing on resources and past success with problem solving, helps clients navigate challenges. However, clients with little to no resources, which is possible for low-income or clients suffering from poverty, and clients with limited past experiences in solving challenges, results in limited success with some forms of solution focused when used singularly.

Integrated Approach

Integrated approach is not a new theory, per se, (Long & Young, 2007). An integrated approach can take compatible aspects of several theories/modalities. An integrated approach is not an eclectic approach; wherein, theories are aimlessly applied as procedures from various theories. Process Action Therapy uses an integrated approach, to a lesser degree to improve client's' outcomes, while allowing them to become aware and take responsibility for their therapeutic experience. Process Therapy employs compatible aspects of cognitive behavioral, behavioral, and brief therapy. Think of the integrated approach as a puzzle; a circular puzzle. Each puzzle piece must fit in exactly the right place in order to see the bigger picture.

Cognitive Processing Therapy

Cognitive processing therapy (CPT) is primarily used for clients suffering from Post Traumatic Stress Syndrome (PTSD) or traumatic experiences, typically as a 12 week modality (Barlow, D. H., 2014). Processing is a cognitive exercise used to encourage clients to work through and recall learned approaches or and recall learned experiential events. CPT is often encouraged to implement with military personnel who may suffer from PTSD or Traumatic experiences (Resick, P.A., Monson, C.M., & Chard, K.M., 2008; Resick, P.A., Monson, C.M., & Chard, K.M., 2014). Not to confuse Cognitive Processing Therapy with Process Therapy/Process Action Therapy, as these are entirely separate modalities.

Process Therapy

Used in a professional mental health practice, this pragmatic approach falls under the auspices of cognitive behavioral brief therapy that is more nuanced than solution focused therapy. Using a present focus modality, as well, but not simply aiming for quick change but rather teaching a specific framework or schematic for solving daily challenges is the fundamental tenet of Process Action Therapy (PAT). Process Therapy implements aspects of cognitive behavioral and solution focused therapies with a strong nuanced behavioral component that allows the client to focus on doing the behavioral aspect of solving their challenges, and upon seeing the success, develop the capability and capacity to better understand the cognition behind why the problem developed and how to prevent future occurrences. This approach was used for the past 15 years but began development of the methodology over 20 years ago in Student Support Advising at an American university.

In the Dynamics of Process Therapy: A Pre-Planned Action Modality, Diagram A, there are six steps.

Pre-Planned Action

- 1) Cognitive Processing
- 2) Automatic Habitual Behavior
- 3) Behavioral Success build emotional safety and motivational confidence
- 4) Practicing Process Actions moves behavior towards permanence
- 5) Once skill has moved into permanence, the skill becomes automatic.

When implementing Process Therapy, clients have rated the services with a high rating. The ratings were 4.9 out of five on one platform (see Table 1, Client Ratings of Their Experiential Sessions, below) and five out of five on another platform.

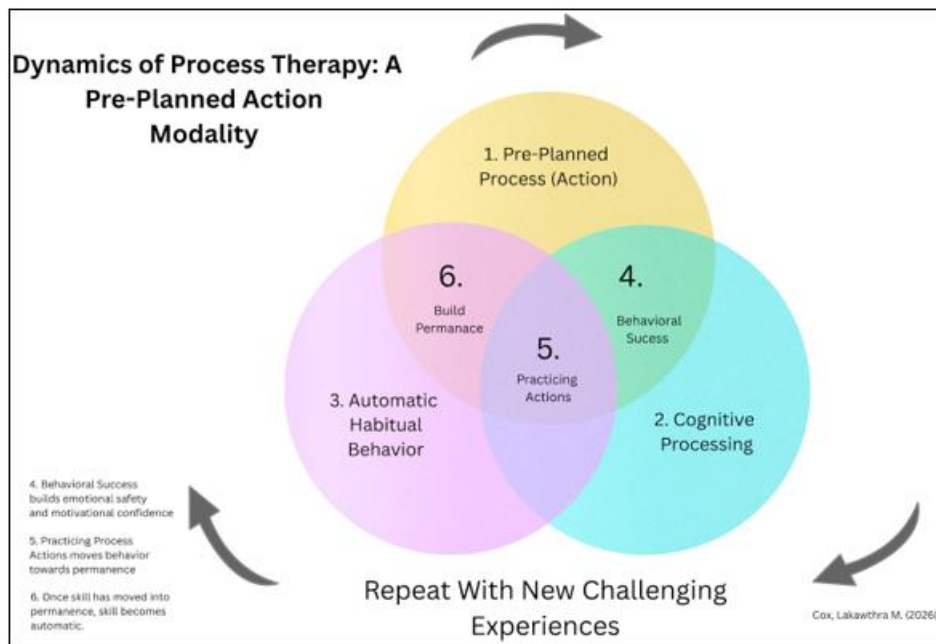
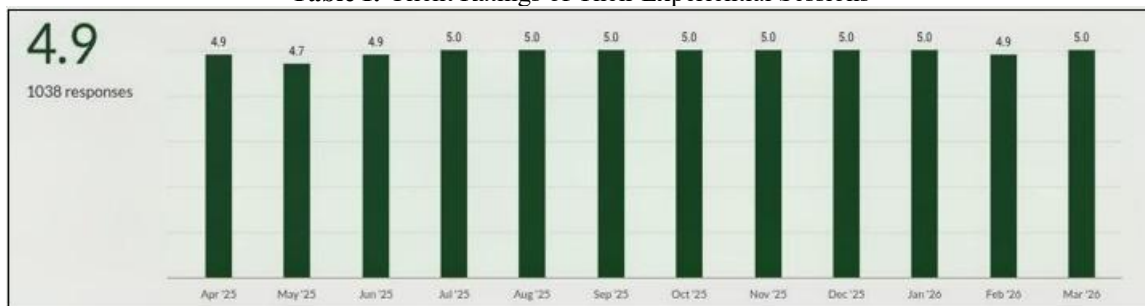


Diagram A:

Dynamics of Process Therapy: A Pre-Planned Action Modality

Table I: Client Ratings of Their Experiential Sessions



KEY: Ratings 1-5, from worst to best

While working as a regional director for a large non-profit organization, clients rated that office higher than other regional offices and higher than the headquarters office. Using a third party entity, clients were offered an optional review and shared their thoughts about their personal experience with Process Therapy. The anonymous statements mentioned throughout this review, are in the clients' written voice.

Lastly, Process Therapy was developed to help clients experiencing a wide range of challenges, but also to help them solve their own challenges by following simple processes in various situations. While cognitive behavioral therapy is helpful, clients suffering with an inability to immediately process their challenges cognitively, may struggle. Process Therapy is the methodology that helps the client to move forward despite their present inability to process their thoughts, initially. The therapy allows the client to practice a behavior, first, that leads to cognitive understanding later, thus allowing the client to achieve his or her goals with resolve and satisfaction. The methodology section is written for how the therapist would deliver and implement PAT processes and actions to the client.

8. Methodology

This section identifies each primary process action, and provides explanations of how to implement and apply the Process Action Therapy modality. Examples of Pre-Planned Action Processes of the Dynamics of Process Therapy: A Pre-Planned Action Modality Model is demonstrated throughout the methodology section. This section also shifts from third person to second person for *Action Process* demonstration.

Process Therapy Present Focus: A Pre-Planned Action Process

Think about thoughts on a continuum---on a straight horizontal line, for perspective. In the middle of this continuum, present thoughts. Present thoughts are the safest place to orient oneself, both emotionally and physiologically, generally speaking. On the right side of the continuum are future thoughts. When people begin to participate in future thoughts, while under stress or amidst challenges, they begin doing either two things: 1) overthinking or 2) predicting outcomes. Participating in this type of thinking often results in feeling overwhelmed which results in an emotional consequence of anxiety. On the left side of the continuum, are

past thoughts. When we engage in past thinking while under stress or challenges, our thoughts may consist of what "could have" or "should have" transpired. For example, one might think, "I wonder what could have happened there," or "this or that should have occurred." Then we generally will experience some level of hurt, pain, or some clients report regret. As a result of experiencing the associated hurt/pain/regret, people suffer from the emotional consequence of depression. Depression is symptomatic of lack of energy, motivation, or energy. As previously mentioned, the safest place, emotionally, to maintain our thoughts is in the present. For a disclaimer, of course, impress upon the client, that if a client was amidst physical abuse, present focus is not the goal, but rather safety.

Process Therapy Positive Self-Talk Aloud: *Present Focus: Self-Conversation*

Presuming that the present is the safest place to remain both psychologically and emotionally, under normal circumstances, it is beneficial to discuss how to become more present. This particular construct is known as, "Positive Self-Talk, Aloud". This is the first dynamic listed in the Process Action Therapy Model, Pre-Planned Action Process. Think for a moment, why do you think this process must be done aloud? Clients are often encouraged to use positive self-talk, aloud, to help bring their thoughts back into the present. When we begin to speak out loud, something interesting happens. A person, as a listener, can listen to me speak while entertaining many other thoughts. However, while I am explaining this process out loud, it is difficult for me to go down a long rabbit hole, so to speak, of other thoughts while I am speaking. In fact, to some degree, your thoughts begin to dissipate while you are talking aloud. Essentially, negative thought patterns are being interrupted by the speech done aloud.

Here is what one could say to oneself if she/he/they begins suffering from participating in futuristic thoughts, "I do not feel like suffering from these thoughts anymore, so I am going to choose to focus on the here and now. I am going to focus on what is in front of me. I am not going to worry about what is going to happen an hour from now, or three hours from now, and I am not going to worry about dinner later on. I am going to choose to focus on what is in front of me here and now." Clients suffering from *Paradigm Fixation (Fixated Paradigm)*, the fixation and stagnation with an inability to adopt a new paradigm, may also benefit from self-talk aloud. This is an example of the first step in the positive self-talk aloud process.

The Process of Giving Self-Permission: *Step Two of Present Focus: Self-Conversation*

For context, working with thousands of clients and cases over the years, have provided some valuable observations, as a result. One observation is that clients will continually participate in a specific behavior even though they are aware that they no longer need to use a particular behavior to cope.

While positive self-talk aloud works well, it is important to continue to strengthen the present-focus component of the process by giving oneself permission to be in the present. So then, a person must start from the beginning, speaking aloud as listed above, and then transition into adding the following into their positive self-talk.

For example, "I give myself permission to be in the present here and now. I do not have to worry about tomorrow, and I do not have to think about what happened yesterday. I give myself permission to remain present and focus on the here and now."

Practice this process anytime strong negative emotions, stress, or intrusive thoughts are apparent. This process works well when spoken aloud, out loud, as described. Clients are not likely to have a successful impact trying to say this process in their head, as their thoughts may get consumed by other thoughts. The aloud element, which is postulated to improve the efficiency of this process, is an important action. Discussing additional processes to this method is an avenue for future writings, but these first two steps are still immensely impactful.

The Process of Offering Self-Forgiveness: *Step Three of Present Focus: Self-Conversation*

This third step only applies to some clients. This step is not for all clients. If the client reports suffering from guilt, shame, or other strong negative emotions, such as disappointment, then this third step is for them. The client should begin adding forgiveness speech after giving themselves permission. Some examples of reasoning for offering one's self forgiveness follows:

- 1) Perhaps a person did not have all of the information at the time a decision was made.
- 2) Perhaps the person was young or naive at the time, but has more experience or is more mature.

The Process of Acknowledging Moments of Joy

Oftentimes, as clients experience stressors, challenges, and presentation of past trauma in the form of triggers, a lot of time is spent looking at life through the lenses of stress, challenges, and triggers. Imagine putting on a pair of glasses. Those glasses, particularly the lenses, represent the stressors, challenges, and past trauma. When stressors, challenges, and presentation of past trauma, such as a trigger, are used as lenses to view life, an inaccurate picture of life prevails. However, when clients choose to remove those lenses—imagine taking the glasses off—they generally see a more accurate depiction of what is actually transpiring in their lives. Now that it is apparent for the need of a more accurate depiction of what is transpiring in life, it is also beneficial to discuss how to achieve this accuracy.

This process is referred to as acknowledging moments of joy. A moment of joy could be waking up, in the morning, and feeling rested. A moment of joy could be waking up in the morning and receiving a nice greeting from a loved one, such as a spouse, a child, or a pet. These are moments of joy. Notice that the discussion is about a *moment* of joy and not larger joy. A moment of joy could be having something that you enjoy for breakfast. A moment of joy could be having a shower that you enjoy, or having a good hair day. Joy is many things to different people, as an obvious example of joy is eating your favorite food, such as ice cream. Perhaps joy is watching a favorite movie or hiking in the mountains? Joy could be being on the beach, or feeling the sun brace your skin. Joy is also having a great, or meaningful conversation, or any conversation at all with co-workers, friends or family. Spending time with your pet or your children are moments of

joy. Many times when we think about joy, we think about big things such as taking a cruise or a month's vacation in a foreign country, but joy also comes in small packages, and it is these small packages of joy that make a big difference. There are many moments of joy that we do not often consider. Joy is an experience, and not particularly about possessions.

There are two definitions of joy. Not only is joy something that brings you pleasure, joy is also the absence or reduction of something negative. For example, if a client who experienced pain regularly throughout their day, has a moment when she/he/they are not experiencing that pain, that is joy. If a client who normally experiences emotional distress, such as anxiety, throughout their day, has a moment when she/he/they are not suffering from anxiety at that moment, that is also a moment of joy. Similarly, if a client who suffers from depression, which could present as lack of energy, lack of motivation, or lack of interest, have a moment where they have energy to get out of bed and are motivated to do something, that too is joy. Since joy has been operationally defined, it is necessary to share context and then the task related to the Action Process of Acknowledging Moments of Joy.

Please note that this next part of the action process instructions is a personal account and, therefore, is written in first person.

Before the task is shared, some perspective on why clients benefit from this process provides additional insight. I grew up in Europe during the Cold War. Either in kindergarten or first grade we were taken on a field trip to a Nazi concentration camp in Germany. That is a little early to expose children to a camp site with such a horrible history, but the impact from WWII and ongoing dynamics of the Cold War influenced western education decisions. Nonetheless, I would later learn of a particular holocaust survivor's story. While I do not recall his name, his story resonated with me. Reporters asked him how he made it out of the camps. They were not asking how he physically made it out, they were asking how he made it through, psychologically, but functioning well. His reply went something similar to the following. He said that every day while he was in the camp, he had decided to find at least one piece of beauty, daily. Now, I cannot imagine anything beautiful about being in a concentration camp. But what I do recall of his story is that he said that one day he received a plate with a fish head on it with the eyes still intact. Now, as you may have known through pictures that you may have seen. People in the concentration camps were not always provided sustenance. Generally speaking, people in American prisons are provided three meals a day and some recreation time, but this courtesy did not occur in the WWII concentration camps. Moreover, there could have been people in the cell next to you who were taken, and the remaining person is left with their thoughts about, if they would ever see a particular person again, or if and when they would be next for torture. But despite living under this immense stress, he still found something beautiful everyday. When he received the plate with the fish head with the eye in it, that was his beauty for that day. Now let us fast-forward to our own lives, as that is

not currently our circumstances, and how much easier is it for us to acknowledge our joy, under normal circumstances?

The Task

Through life's journey, identify and acknowledge moments of joy. Literally, acknowledge these moments to yourselves and say to yourselves, "This is joy," while in the present, in real time. Acknowledging joy assists in seeing life more accurately. Many clients have reported positive experiences after using this technique. Over the years, clients who suffered from low mood, lack of motivation, or some form of depression also benefitted from identifying and then acknowledging moments of joy in their lives. When wearing those lenses of stressors, challenges, or presentation of past trauma in the form of a trigger, clients may find it difficult to experience life as it actually occurs, as it is often a skewed view of what life is and can be.

It Is not Gratitude

This exercise is not a gratitude exercise. Gratitude is to show thankfulness for something in your life or for something you may possess. A person does not have to have anything. It is not that gratitude is not relevant, but observations have rendered that clients who were coming from a place of "lack" struggled with gratitude because gratitude works under the assumption that everyone's basic needs are met. When you literally have little to nothing and life is painful, how does one become grateful? Additionally, clients who were coming from a place of "wealth" who have always experienced privilege still suffered because they were numb or oblivious to the things in their life that some others could express gratitude for having. Possibly, clients can focus on gratitude after they have learned to acknowledge and then appreciate the germinal moments of joy in their lives.

Experiences of joy are already naturally embedded into your day, and it is only each person's job to first identify and then acknowledge their particular joy. Even in the Nazi concentration camp, the holocaust survivor found something beautiful each day. Incorporating being honest with oneself. If a person were to count the moments of joy that they experienced throughout their day, whether it is the traditional moment of joy where something brings you pleasure, or if it is the joy in the absence of something negative, a person might have more moments of joy in their life than their stressor or challenges.

Process Therapy Pre-Planned Action Process of Personal Plan of Action (PPOA)

Lenders require small business owners to provide a business plan of their entrepreneurial projects. The lender wants to know that the borrower has a plan for success, because many businesses fail within three to five years. In addition, many businesses take three to five years before the business earns a profit.

Plans help with driving progress forward. Consider a Personal Plan of Action (PPOA). The Process Therapy Personal Plan of Action (PPOA) guides action when circumstances become difficult. A PPOA provides focus for behavior when there is

suffering from strong negative emotions, confusion, or having difficulty thinking.

The Personal Plan of Action Applied

The Personal Plan of Action (PPOA) has three steps. The first step is Positive Self-Talk Aloud. See Positive Self-Talk Aloud described above. This first step has three parts: A. Positive Self-Talk Aloud; B. Give Yourself Permission; and C. Begin Offering Yourself Forgiveness, when and if applicable. If a person continues to suffer from strong negative emotions, despite using Positive Self-Talk Aloud, giving themselves permission, and offering themselves forgiveness, continue to the next step.

Step two of PPOA is deep breathing and meditation. The breathing process suggests to pull the air in deeply through their nose, hold the air in for a few seconds, and then release the air very, very slowly, but through the mouth, like a slow leaky tire. Couple the deep breathing with a meditation of choice, preferably a sound meditation. If Intrusive thoughts or strong negative emotions continue, proceed to step three.

Step three of the PPOA is distraction. Encourage clients to identify their top three bodily kinesthetic distractions while at home and their top three bodily kinesthetic distractions for out of the home. If the client spends a large amount of time at work, consider also encouraging appropriate distractions for the work environment. Bodily kinesthetic distractions are necessary to allow for use of the mind and an active use of the body. Examples of bodily kinesthetic activities that clients report using most include cleaning, cooking and baking, walking a pet outside, playing instruments, and more. As clients practice this process, clients report that the PPOA becomes easier to implement over time.

The process of Positive Self-Talk Aloud, Acknowledging Moments of Joy, and Pre-Planned Action Process of Personal Plan of Action (PPOA) are only the foundational practices of Process Therapy, a Pre-Planned Action Therapy (PAT). These steps and many other Pre-Planned Action Processes are step one of the Dynamics of Process Therapy: A Pre-Planned Action Modality. PAT is not only a modality, but also a pragmatic system that builds a foundation that is present-focus to help move clients toward change. PAT is not simply random psycho educational skills. Each PAT process builds upon the next to support an operating/functioning system. PAT processes are usable for a lifetime for both large and small challenges, alike.

Due to the limitations of this particular introduction and review, additional PAT methodology and practices are better addressed in future training and or publications. As the entire Process Therapy, a Pre-Planned Action Therapy modality addresses a myriad of life's stages, phases, concerns, and experiences.

Data Collection Methods

As previously stated, optional client satisfaction surveys yielded 1,038 responses, which were collected by a third party entity. The surveys were administered randomly following sessions and upon termination of services. The number of clients who declined to participate in the surveys is unavailable in the archival data. All clients received the PAT

treatment from the same clinician; therefore, PAT was the only treatment modality provided. However, to further distinguish between PAT-specific outcomes from general service ratings, the written responses were examined more closely. Several unexpected themes emerged from the written responses. Among clients who choose to provide written feedback, many used similar word choices and language, unscripted and unprompted. Additionally, the archival data revealed that clients expressed similar sentiments at various stages of their therapeutic processes. The recurring word choices and themes were grouped into specific categories based on the sentiments expressed by the clients. The themes and selected client responses are discussed in the Analysis of Results listed below.

Moreover, when enrolling in services, clients signed an informed consent form before completing any formal documentation. The informed consent addressed the use of technology, client satisfaction surveys, and use of anonymous survey responses for both improving clinical services and for public dissemination. Such practices align with the increasingly common practice of publicly rating health care practitioners and facilities, alike, particularly displaying online ratings. If a client added identifiable information within their written responses, those identifiers were removed to maintain their confidentiality. This introduction and archival data review primarily offers descriptive findings. Further controlled research is recommended to evaluate the clinical applications and outcomes of PAT. Having introduced a sample of the Pre-Planned Action Processes, it is beneficial to further examine the descriptive findings associated with the implementation and application of PAT.

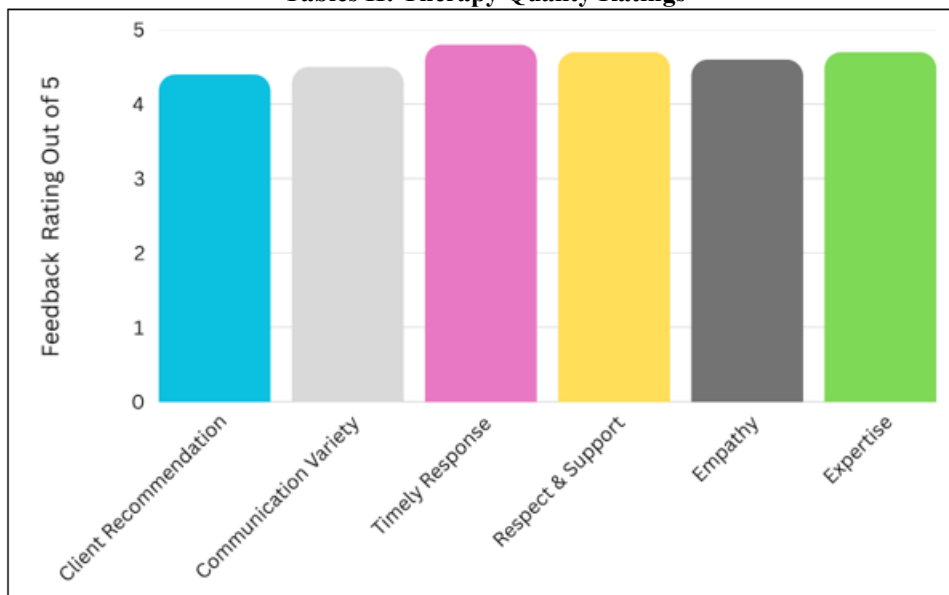
9. Analysis of Results

Qualitative

A third party organization asked clients questions from six categories: Client Recommendations, Communication Variety, Timely Responses, Respect and Support, Empathy, and Expertise. The responses were recorded from April 2025 through March 2026. The rating scale was 1-5 with one being the worst outcome and five being the best outcome. The number of responses for each question was also recorded. The categories and questions are as follows: A) **Client Recommendation:** How likely is it that you would recommend this therapist? There were 256 responses to this question. B) **Communication Variety:** Clients were asked if they agree with: "My therapist offers me a variety of ways to participate in therapy (ie. messaging, video, phone calls)," as an optional question. There were 218 responses to this question. C) **Timely Responses:** Clients were asked if they agree with: "My therapist responds to me in a timely manner," as an optional question. There were 235 responses to this question. D) **Respect and Support:** Clients were asked if they agree with: "My therapist listens to me, respects me, and supports me," as an optional question. There were 221 responses to this question. E) **Empathy:** Clients were asked if they agree with: "My therapist understands what my primary concerns are," as an optional question. There were 220 responses to this question. F) **Expertise:** Clients were asked if they agree with: "I have confidence in my therapist's expertise," as an optional question. There were 218 responses

to this question. Table 2, below provides an overview of responses A-F.

Tables II: Therapy Quality Ratings



From the self-reported client surveys there were over 30 of the clients who chose to write a review, and that were safe to publish without providing identifying information. The reviews were written anytime from after one week of a session up until 19 months in therapy. The mean time that a response was written was 4.22 months. The median was 2 months, and the mode was that clients chose to provide a review after only two weeks of session. From those comments, there were 19 comments that provided additional reporting measures, such as time spent in therapy at the time the comment was given. Here is an overview of the client-reported Process Action Therapy outcomes which provides a qualitative analysis of their therapeutic experience, and reported change compared to time spent in therapy.

Clients consistently reported *being heard, understood, feeling emotionally safe, being equipped with pragmatic approaches, and improving capability of translating insight into action*. Of the reviews, 19 client reviews provided treatment time frame information. Written at treatment points ranging from as early as 2 weeks of therapy to 1 year and 7 months, clients consistently described therapeutic satisfaction and a developing sense of self-efficacy: where they reported learning new skills, changing perspectives, developing coping strategies, improving communication, processing grief and trauma, and becoming more confident in their ability to better manage difficult challenges.

The reviews demonstrate that clients recognize therapy as a viable vehicle/mechanism where change is possible. This is a notable development, from a person-centered frame of reference. Statements such as feeling "heard and safe," experiencing the therapist as "kind" and "patient," feeling "comfortable," and describing the therapist as a "very good listener" suggests an emotionally safe relational environment characterized, not only by psychological safety, but acceptance, as well. Generally speaking, therapeutic alliance and treatment outcomes have a strong positive correlation (Flückiger et al., 2018).

Furthermore, clients repeatedly described the therapy as *active, collaborative, and skills-oriented*. They refer to "tools," "techniques," "action plans," "tangible, positive and proactive steps," new perspectives, communication skills, coping skills, and practical application of therapeutic concepts. Thus, the reported therapeutic experience is perceived to combine the relational conditions of Process Action Therapy with an emphasis on implementing the pre-planned action modality into behavioral change, essentially step five of the Dynamics of Process Therapy Pre-Planned Action Model/Diagram.

Clients reported not only being heard, but becoming more functional. One of the clearest themes across the reviews is the experience of *psychological safety and recognition*. The pattern also suggests that *the therapist's manner of relating may be functioning as a foundation for intervention*. Clients describe feeling emotionally safe enough to share their thoughts and feelings, while concurrently being challenged to consider recommendations, develop action plans, and apply newly learned skills. This combination is important, as Kadur et al., 2020, postulated that there are positive benefits for a supportive and guiding introspective therapeutic process communicated by the therapist, to improve outcomes. Moreover, clients' feedback suggests that they experience Process Action Therapy as a *safe process from which they can examine themselves, tolerate difficult emotions, acquire skills, and attempt new behaviors*.

Additional notable insights include the Clients' original concerns versus what clients reported experiencing at the time of their self-reported feedback. Despite the complexity of the Client review responses, across the 19 reviews, clients identified specific original concerns versus what clients later report experiencing. The themes include the following.

- 1) *Stress, anxiety, and emotional distress: movement toward coping and regulation*
Stress and anxiety appear repeatedly among the presenting concerns. The feedback subsequently

emphasizes *coping, perspective, understanding, and practical skills*.

2) *Depression and grief: from suffering toward meaning and survivability*

Several clients initially presented with depression and/or grief and subsequently described *hope, coping, healing, and progress*.

3) *Relationships and family conflict: increased communication and perspective*

Relationship problems and family conflict are recurring presenting concerns. The feedback suggests that clients experience therapy as helping them develop *communication skills, new perspectives, emotional understanding, and more effective responses to interpersonal challenges*, thus suggesting that the client and therapist relationship as a place where communication and trust could be honored.

4) *Self-esteem, confidence, and empowerment: developing agency*

Conceivably the most inspiring developmental theme in the feedback is *movement from dependence on the therapist toward increased confidence in the self*.

5) *From insight to action: clients report practical rather than exclusively "talk" therapy*

A particularly consistent feature of the testimonials is the frequency with which clients refer to *skills and implementation*. One client described therapy as opening with a check-in and then "seamlessly" moving into "tangible, positive and proactive steps." Another described learning both the theory of a skill and how to apply it personally. Another reported noticing results from the tasks assigned between sessions.

These insights suggest that clients perceived the treatment as *collaborative learning rather than passive emotional venting*. There are additional insights that provide helpful information, as well.

Amount of Time Spent in Therapy Using Process Action Therapy

There were changes according to the amount of time spent in therapy using Process Action Therapy. Assessing these reviews is perhaps the most notable clinical finding. The 19 reviews stretch across approximately *2 weeks to 19 months of treatment*. The feedback provided recognizable phases of client experience versus a linear path.

Early treatment: approximately 2–3 weeks.

Five reviews were written at approximately two weeks and one at approximately three weeks. These clients are primarily reporting *engagement, alliance, hope, and perceived usefulness*, rather than demonstrating established long-term cognitive or behavioral change.

This is consistent with the literature which suggests that early therapeutic alliance is an important predictor of longer-duration outcomes (Flückiger et al., 2020). Therefore, the early responses from this dataset suggest an important *engagement and early-response indicator*.

One to three months: emergence of perceived efficacy.

After approximately one to three months into treatment, this third set of responses describes *specific therapeutic utility*.

The language shifts gently from *"I like my therapist"* toward *"this is helping me do something differently."* That transition is clinically notable. As the language suggests that clients' perceptions are moving from *relational engagement toward active therapeutic participation*. The client has essentially moved away from simply evaluating whether the therapist feels safe or competent; rather the client is beginning to describe what the therapy is doing in their life.

Five to ten months: consolidation, skill acquisition, and deeper change.

The reviews written after approximately five to ten months contain the most convincing language concerning *progress and transformation*. The language surveys their experience. Instead of describing individual sessions, they are describing *what the therapeutic process has accomplished over time*.

One of the clearest examples comes from the client who reported that the therapist had helped overcome obstacles that had held them back "for most of my life." Another described making substantial progress toward stress-management and coping goals after close to a year of treatment. The longitudinal feedback; therefore, provides the strongest feedback within this dataset for *perceived cumulative benefit*.

One year and beyond: integration and sustained therapeutic value.

The review written after approximately *one year and seven months* is particularly insightful. At this point, the client is not principally describing isolated conditions. Instead, the feedback reflects the *quality and enduring value of the therapeutic process while using PAT*.

In reflection of the qualitative analysis of the overall patterns across the 19 reviews, taken together, the reviews suggest the following recurring sequence:

Safety and connection → understanding and insight → practical skills → action → increased coping and agency → perceived progress and empowerment.

Which is consistent with the literature on positive psychotherapeutic outcomes of which a strong therapeutic alliance is built (Flückiger et al., 2018; Del Re et al., 2021).

10. Discussion

This review resulted in better understanding the nuance of PAT through Clients' self-reported feedback. More specifically, when considering perceived efficacy, research on routine outcome monitoring similarly emphasizes the value of identifying whether a client is progressing during treatment rather than waiting until treatment ends. Meta-analytic evidence indicates that systematic progress feedback can improve outcomes, particularly among clients who appear to be at risk for poor response (Lambert et al., 2018).

Considering the overall pattern across the 19 reviews, the therapist's contribution is also relevant. Meta-analytic research indicates that therapists themselves account for meaningful variability in the alliance-outcome relationship, suggesting that the ability to establish and maintain a productive Client and Therapist relationship is not only contributable to the client or the treatment model itself (Del

Re et al., 2021). Therefore, it is possible that a seasoned therapist or a motivated new therapist may find better success with the PAT model, than a therapist who struggles with basic relationship skills. This modality also appears to address clients suffering from paradigm fixation which is an avenue for future studies. In reference to the client therapist relationship- While this particular feedback may be attributable to the Clinician's personal attributes- there is notable additional feedback that is specific to the Process Therapy Pre-Planned Action Therapy (PAT).

Clients Describe Adaptation, Not a "One-Size-Fits-All" Approach is a Notable Finding

An important distinction of PAT comes from the clients' self-reports of experiencing treatment as *individualized*, despite the use of Pre-Planned Action Processes designed to lower anxiety but improve overall functioning. One client specifically stated that the therapist "works with you and alters accordingly to the challenges you have." Another described the practical application of skills to their "personal situation." This suggests that clients experience the treatment as responsive versus a standardized modality. This distinction is of grave importance because clients present with a myriad of unique challenges and concerns. Flückiger et al., 2018 postulated that responsiveness to the client, among other factors, is an integral component of the therapeutic process. Future comparative studies of PAT and of other modalities, may provide valuable feedback.

11. Conclusion

Process Action Therapy (PAT) presents a pragmatic, behavior-oriented approach intended to support clients who experience difficulties with immediate cognitive processing. Through structured pre-planned actions, present-focused strategies, and practical coping techniques, PAT aims to encourage therapeutic participation and strengthen everyday functioning. The client feedback examined in this review indicates generally positive experiences, including high service satisfaction ratings and favorable perceptions of therapeutic support, emotional safety, and practical skill development. Qualitative responses also suggest that some clients perceived a progression from initial engagement toward improved coping, confidence, and personal growth. These observations provide useful preliminary insight into the acceptability and perceived benefits of PAT. Nevertheless, voluntary client feedback and the absence of controlled comparisons limit conclusions about clinical effectiveness. Future studies using standardized outcome measures, clearly defined participant samples, and comparative research designs would help establish the therapeutic contribution of PAT. Overall, the approach offers a potentially useful framework for further clinical investigation and professional discussion.

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