



Systematická přehledová studie

Postupy a příklady

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Doktorandský seminář, 11. 10. 2024

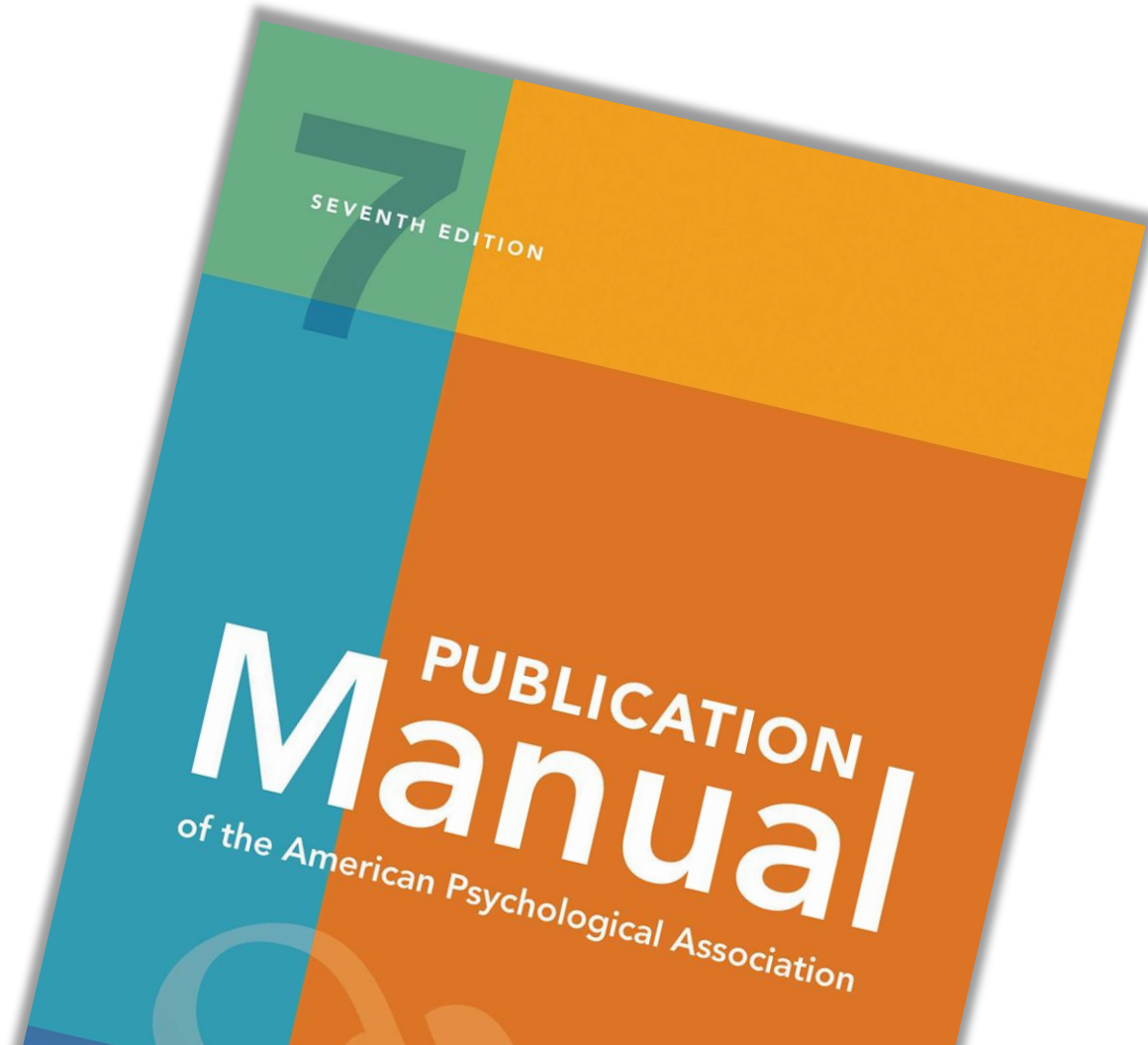
Teoretická
studie



Přehledová
studie



Metaanalýza





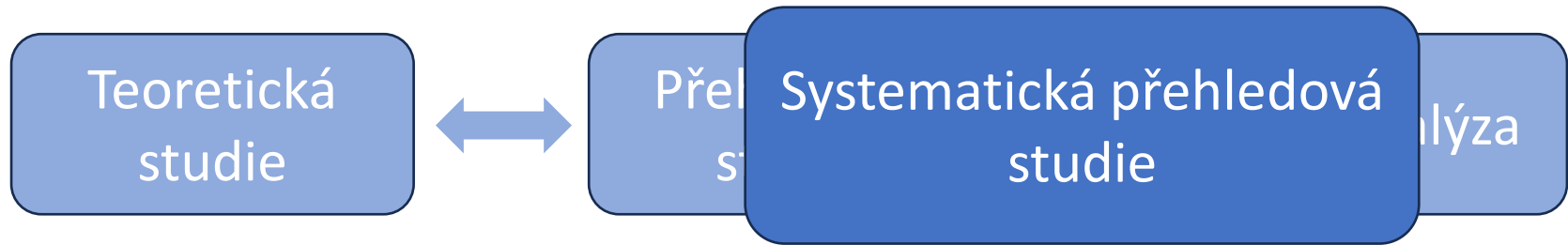
- Vytváří novou či kriticky analyzuje existující teorii, zpřesňuje koncepty
- Empirické poznatky jsou používány výběrově tak, aby sloužily tomuto cíli
- Používání empirických studií reprezentativní, ne nutně vyčerpávající



- Narativně sumarizuje a hodnotí poznatkovou základnu v určité oblasti, zachycuje trendy
- Nemá teoretická ambice
- Cíl se může lišit podle konkrétního typu
- Může zahrnovat kvantitativní, kvalitativní i smíšené studie



- Systematicky analyzuje/syntetizuje empirické poznatky ve vztahu k určité výzkumné otázce
- Využívá všechny relevantní studie
- Obvykle buď kvanti, nebo kvali
- Metoda analýzy analogická k primárním studiím



- Narativní sumarizace (podobně jako review)
- Požadavek úplnosti (jako metaanalýza)
- Může zahrnovat i kvantifikaci
- Metaanalýzu lze chápat jako speciální případ systematic review

Typy systematických review

- Rapid review
 - Co víme o problému
- Scoping review
 - Zmapování šíře
- State-of-the-art review
 - Nové poznatky, co dál
- Umbrella review
 - Review of reviews
- Meta-analysis
 - Formální analýza



Postup – aneb nic nového \

- Formulace výzkumné otázky
- Zvážení preregistrace
- Vyhledání a selekce primárních studií
- Zhodnocení primárních studií
- Příprava dat
- Analýza/syntéza dat
- Kredibilita
- Prezentace a diskuze zjištění

Formulace výzkumné otázky

- Obvykle zahrnuje předběžný search
- Speciálně věnovat pozornost existujícím přehledovkám a preregistracím!
- Příklady otázek
 - Jak jsou metody vycházející z teorie komplexity využívány ve výzkumu psychoterapie? (Klocek et al., 2024)
 - Jaké psychologické mechanismy změny byly zkoumány v psychologické léčbě pacientů s MUPS? Které z nich souvisely s výsledkem terapie? (Pourová et al., 2020)
 - Jaký je vztah mezi významnými událostmi v psychoterapii na jedné straně a výsledkem a/nebo procesem psychoterapie na straně druhé? (Pivolusková et al., 2021)
 - Sumarizovat konceptualizace společných účinných faktorů vycházejících z výkladového rámce aktivní inference (Hubatka & Řiháček, 2024)

Preregistrace

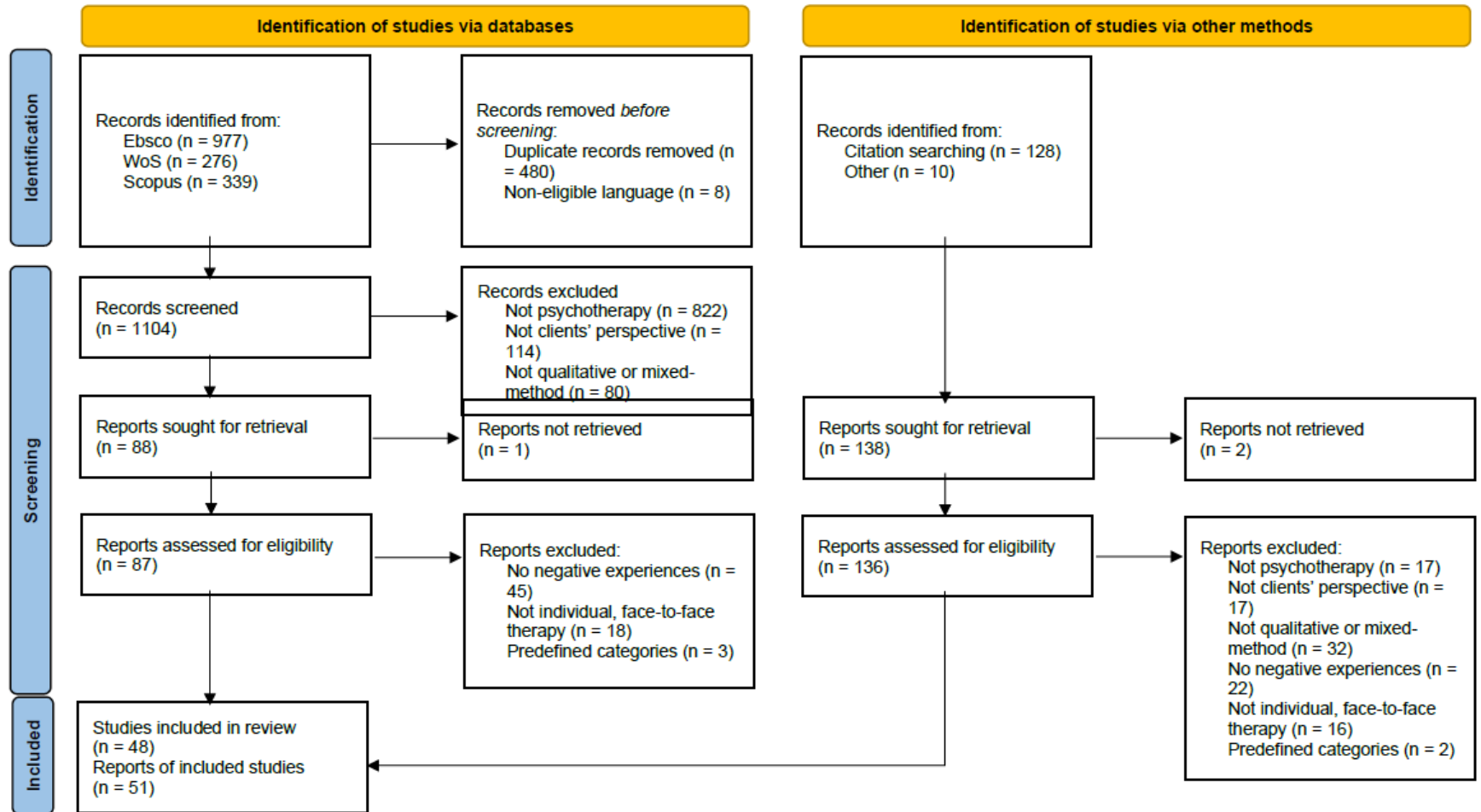
- PROSPERO
 - <https://www.crd.york.ac.uk/prospero/>
- Plus
 - Může usnadnit proces publikace
 - Některé časopisy už preregistraci vyžadují
- Mínus
 - Může výzkumníka zablokovat (úzkost, nekonečné zvažování variant a možných scénářů)
 - Může práci zdržet o řadu měsíců
- Udělejte to tak, aby vám to dávalo smysl
- Nenechte se tím příliš zdržet!

Vyhledávání a selekce

- Databáze + reference + „šuplík“
 - Zafixovat vyhledávací řetězec (replikovatelnost)
 - Snažíme se získat i studie s nedostupným fulltextem (RG, mail autorům)
- Kritéria inkluze a exkluze
 - Vymezit předem (preregistrace)
 - Lze upravovat/upřesňovat
 - Nutno specifikovat důvod vyřazení
- Dvoustupňový proces
 1. Název + abstrakt
 2. Plný text
- Pomocníci
 - Citační manažery (dokumentace postupu)
 - AS Review – <https://asreview.nl/>
 - Scopus AI – <https://blog.scopus.com/posts/introducing-copilot-a-new-feature-for-scopus-ai-to-handle-specific-and-complex-queries>
- Před finalizací manuskriptu doporučeno updatovat
- PRISMA flow diagram
 - <http://www.prisma-statement.org/PRISMAStatement/FlowDiagram>

NEGATIVE EXPERIENCES IN PSYCHOTHERAPY

Supplement 2. Flow diagram of the data retrieval



Vyhledávání a selekce

- *Primární studie, které mají VO odlišnou od naší?*
- *Studie, kde se naší otázce věnuje jen část výsledků?*
- *Různost metodologií?*
- *Všechny studie vs. princip teoretické nasycenosti?*
- *Jaký je dostatečný počet?*
 - [Jennings et al. \(2008\)](#) – dvě studie
 - [Levitt et al. \(2016\)](#) – 109 studií

Zhodnocení primárních studií

- Volba hodnoticího schématu (např. Harden et al., 2004; Long & Godfrey, 2004)
- Epistemologie/teoretický rámec, tvorba vzorku, sběr dat, analýza dat, validizační postupy
- *Vyřazování studií na základě kvality?* Nutno zvážit důsledky
- *Typické dilema: zahrnovat šedou literaturu (nepublikované práce, diplomky, dizertace)?*
- QMA je obvykle robustní vůči zařazení méně kvalitních studií (Levitt, 2018)
- Zahrnutí studií různé kvality umožňuje posoudit vliv metodologie na výsledky primárních studií (př. Levitt et al., 2017)

Criteria	Study																	n	%
	Cooper et al. (2015)	Cummings & Hallberg (1995)	Cummings et al. (1993)	Cummings et al. (1994)	Elliott (1985)	Grafanaki & McLeod (1995)	Grafanaki & McLeod (1999, 2002)	Heppner et al. (1992)	König et al. (2020)	Levitt & Piazza-Bonin (2011)	Morgan & Cooper (2015)	Sousa et al. (2018)	Tinnulak & Jitgag (2001)	Tinnulak et al. (2010)	Watson et al. (2012)	Wilcox-Matthew et al. (1997)	Wills et al. (2018)		
1. An explicit theoretical framework and/or literature review.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	17	100%
2. Aims and objectives clearly stated.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	17	100%
3. A clear description of context.	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	16	94%
4. A clear description of the sample and how it was recruited.	X	X	X	X	X		X	X	X	X	X	X	X	X				13	76%
5. A clear description of methods used to collect and analyze data.		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	16	94%
6. Attempts made to establish the reliability or validity of data analysis.		X	X	X	X		X	X	X	X	X		X	X		X		12	71%
7. Inclusion of sufficient original data to mediate between evidence and interpretation.		X		X	X	X	X		X	X	X		X		X		X	11	65%



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0003-0663/18/\$12.00

American Psychologist
2018, Vol. 73, No. 1, 26–46
<http://dx.doi.org/10.1037/amp0001151>

Journal Article Reporting Standards for Qualitative Primary, Qualitative Meta-Analytic, and Mixed Methods Research in Psychology: The APA Publications and Communications Board Task Force Report

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The American Psychological Association Publications and Communications Board Working Group on Journal Article Reporting Standards for Qualitative Research (JARS-Qual Working Group) was charged with examining the state of journal article reporting standards as they applied to qualitative research and with generating recommendations for standards that would be appropriate for a wide range of methods within the discipline of psychology. These standards describe what should be included in a research report to enable and facilitate the review process. This publication marks a historical moment—the first inclusion of qualitative research in APA Style, which is the basis of both the *Publication Manual of the American Psychological Association* (APA, 2010) and APA Style CENTRAL, an online program to support APA Style. In addition to the general JARS-Qual guidelines, the Working Group has developed standards for both qualitative meta-analysis and mixed methods research. The reporting standards were developed for a range of qualitative traditions, methods, and reporting styles. The Working Group approaches to inquiry. In this article, they present these standards and their rationale, and they describe how the standards differ from the quantitative research reporting standards. They detail the ways that the standards can be used by authors in the process of writing qualitative research for submission as well as by reviewers and editors in the process of reviewing research.

Keywords: qualitative research methods, qualitative meta-analysis, reporting standards, mixed methods, APA Style

Historically, APA Style, which is the basis for both the *Publication Manual of the American Psychological Association* (hereinafter referred to as the *Publication Manual*; APA, 2010) and APA Style CENTRAL, has defined the

standards and style of research reporting for psychology as well as many other social science journals. APA Style, however, has not included reporting standards for qualitative research. As a result, authors preparing reports of

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Reporting Standards (Working Group). The Working Group thanks the APA Publications and Communications Board, the Society for Qualitative Inquiry in Psychology's International Committee, and the Council of Editors in Psychology's International Committee, and the article. This report was prepared with assistance from a draft of this Ayubi and Anne Woodworth.

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Příprava dat

- Extrakce výsledkových částí primárních studií, kontextuální informace
- Do textového souboru, tabulky - podle povahy dat
- Pracovat systematicky (lze přiložit jako supplementum)
- Pozornost věnovat deskripci primárních studií (tabulka)

- *Interpretace bez explicitní evidence?*
- *Pozor na výskyt výsledků na neobvyklých místech (metoda, diskuze)*
- *Více studií vycházejících ze stejného projektu?*

Table 1. Studies connecting significant events to outcome.

Study	Therapeutic approach (no. of sessions)	Therapists	N of clients (SEs)	Data collection SE/ outcome	Connecting events to outcome	Results
Booth et al. (1997)	Humanistic/Eclectic, Psychodynamic (2–18, M= 7)	6 female counsellors experience 2–19 years	51 (409)	HAT/GAS, QLS, PR	Does frequency of SE types predict outcome and clients' goal attainment?	Out of 13 SE types, only one (<i>Disappointment</i>) was significantly correlated to post-therapy QLS and PR scores (it was, however, not correlated to pre-/ post-therapy change). There was only one goal type (out of five) the attainment of which was related the frequency of SEs (Expression was negatively correlated to the prevalence of <i>Disappointment</i> and <i>Problem Solution</i> and positively correlated to the prevalence of <i>Reassurance</i>).
Cummings et al. (1992a)	Eclectic (7–14, M = 8)	7 graduate students, 2 professors	10 (86 ^a)	IEQ/SEQ, WAI	Does the specificity of SE recollection and match in SE identification predict session quality and working alliance?	Counselors' specificity of event recollections predicted session effectiveness and the level of therapists' arousal (after the session). Higher client-therapist match in SE identification was correlated with client-rated session effectiveness and counselor-rated working alliance but not with client-rated working alliance.
Cummings et al. (1992b)	Eclectic (7–16, M = 8)	8 graduate students, 2 professors	11 (142 ^a)	IEQ/SEQ, TCT	Does the specificity of SE recollection predict session effectiveness? Does session effectiveness predict match between clients and therapists in SE identification? Are specificity of SE recollection and match correlated to post-therapy change?	Clients' specificity of recollection predicted session effectiveness but not post-therapy change. Higher session effectiveness predicted client-therapist match in SE identification. Match in the identification, however, was not correlated to post-therapy change.
Cummings et al. (1993)	Eclectic (7–16, M = 9)	23 graduate students	34 (310)	IEQ/SEQ	Do sessions containing different SE types differ in session quality?	Of the four SEQ factors, only clients' arousal differentiated between SE types (higher arousal was connected with <i>Counseling Relationship</i> and <i>Attaining Insight</i> events, whereas lower arousal was connected with <i>Self-Growth</i> type of events). No statistically significant relationships between therapists' evaluation of the session and therapist-identified SEs were found.

(Continued)

Agregace dat

- Různá míra „analytičnosti“ podle typu review
 - od deskripce, přes agregaci a sumarizaci až po metaanalýzu
 - V případě metaanalýzy: kvalitativní či kvantitativní analýza podle povahy dat
- Nutno hledat nejvhodnější postup s ohledem na výzkumnou otázku a povahu dat
- Někdy je nutné být kreativní

- *Bottom-up vs top-down? (Levitt et al., 2016)*
- *Respektovat kategorie primárních studií vs „rozbít“ původní strukturu a resyntetizovat výsledky (Levitt, 2018)*
- *Frekvenční analýza?*
- *Posouzení vlivu metodologie primárních studií na výsledky?*

Příklad: definice konstruktů

Table 1
Change mechanisms investigated in the primary studies.

Mechanism	Description	Psychotherapeutic approach	N studies (conditions)
Avoidance and safety behavior reduction	Patients' tendency to engage in certain behaviors to avoid symptoms and related distress, including avoidance of physical activity, fear of daily activities, and fear of movement, is considered a part of the vicious circle that maintains their symptoms. Therefore, the reduction of avoidance and safety behavior should lead to a positive outcome.	ACT, CBT, ID	13 (13)
Catastrophizing reduction	Reduction of negative thoughts about the catastrophic consequences of a symptom (including symptom magnification, symptom rumination, symptom anxiety, and hypervigilance responses to common symptom-specific sensations) should lead to a positive outcome.	ACT, CBT, EDU, ID, M	
Cognitive defusion	Cognitive fusion (i.e., an inability to distinguish between thoughts and reality and letting one's thoughts dominate over the experience and action) and rumination (i.e., repetitive cycling of thought about reasons for one's emotional state) are related to the vicious circle of somatic symptom development and maintenance. Therefore, defusion or decentering (i.e., an ability to observe one's thoughts and feelings as temporary or decentering) should lead to a positive outcome.	ACT, CBT, ID, MB	
Cognitive restructuring	Patients tend to have misconceptions and irrational beliefs about the symptoms and events in the mind) should lead to a positive outcome.	CBT, IRT	
Defocusing from symptoms	Patients tend to have misconceptions and irrational beliefs about the symptoms, illness their causes, unrealistic expectations about the symptoms, symptom myths, illness perceptions, and other irrational beliefs and cognitions. Therefore, cognitive restructuring should lead to a positive outcome.	CBT	
Development of coping strategies	Patients tend to be preoccupied with their symptoms, which leads to a sense of helplessness and the predominance of symptoms in patients' lives. Therefore, defocusing or distraction from symptoms should predict a positive outcome.	BF, CBT	
Development of mindfulness skills	This category included relaxation training and general measures of coping strategies that could not be subsumed under any specific mechanism. The development of coping strategies should lead to a positive outcome.	ACT, C	
Engagement in value-based activity	Developing mindfulness skills (i.e., observing, describing, and accepting mental content without judgment) should lead to a positive outcome.	ACT, C	
Increasing physical activity	Patients who show flexible persistence in a goal-directed behavior or engage in activities based on important personal values are expected to have better outcomes.	CBT, C	
Increasing self-efficacy	Increasing the level of physical activity (either objective or perceived) should positively predict outcome.	C	
	Increasing patients' perceived ability to perform various activities despite the presence of symptoms and feelings of personal competence should lead to a positive outcome.		

Pourová et al. (2020)

Table 1
Glossary

	Terms
Active inference	more broadly refers to a mathematically formalized theoretical framework used for modeling Bayes-optimal behavior and cognition. It combines ideas from other Bayesian brain theories concerning primarily perception (such as predictive coding) with an active component that enables organisms to control their environment. These two processes are complementary, as they create an action-perception loop. The organism's inferential processes are driven by surprise minimization of their sensory observations (see free energy principle).
Expected free energy	is a term connected to action or policy selection. Similar to variational free energy, it is an information-theoretic quantity that is minimized in the active inference framework. Mathematically, the expected free energy of a policy comprises the quantification of "the extent to which the policy is expected to resolve uncertainty (exploration) and [...] how consistent the predicted outcomes are with an agent's goals (exploitation)" (Parr et al., 2022, p. 10).
Free energy principle	says that "any self-organizing system that is at equilibrium with its environment must minimize its free energy" (Friston, 2010, p. 127). According to this principle, an organism must minimize the overall surprise (approximated by free energy) to resist a tendency to disorder (i.e., entropy).
Generative model	is a "probabilistic model [...] of the dependencies between causes and consequences (data), from which samples can be generated. It is usually specified in terms of the likelihood of the data, given their causes [...] and prior on the causes" (Friston, 2010, p. 129).
Hidden state	is "an internal variable within a generative model, referred to as 'latent' or 'hidden' due to the fact that it cannot be directly observed, but must be inferred" (Pezzulo et al., 2024, p. 7).
Likelihood	is the distribution that represents the probability of the observed data given a prior belief.
Policy	refers to a sequence of actions and is connected to the process of planning (not exclusively conscious planning). Unlike an action, which is "something that directly influence[s] the outside world" (Parr et al., 2022, p. 31), policy is rather a "hypothesis about a way of behaving" (Parr et al., 2022, p. 31) through which a goal is reached.
Precision	corresponds to the reliability or confidence that one has in a given prior and sensory evidence. It is formalized as an inverse of variance (the broader the variance, the smaller the precision).
Precision weighting	"refers to the fact that, in active inference, prediction errors are weighted by their respective precisions, therefore determining the extent to which sensory observations influence the process of updating beliefs" (Pezzulo et al., 2024, p. 7).

Hubatka & Řiháček (2024)

Příklad: odvození principů pro praxi

Motivation and Preparation for Therapy

Patients with MUSS often have to go through an initial preparation phase before being able to profit from psychotherapy.

Setting realistic goals. Patients with MUSS often enter psychotherapy with biased expectations that can range from the rejection of therapy to unrealistic hope. One of the therapists' tasks in the initial phase of the therapy is to moderate these expectations and help the patients set realistic goals. While doing so, many authors emphasize that the primary aim of the therapy is not to reduce the severity of the somatic symptom but to improve patients' quality of life and symptom coping and to mitigate their fears and concerns. As a result, the goals of psychotherapy may focus on diverse areas of patients' lives rather than somatic symptoms alone.

Educating the patient about the body–mind connection and explaining treatment rationale.

Therapists are often confronted with patients' skepticism or ambivalence regarding psychotherapy, which stems from patients' adherence to a somatic etiological understanding of their complaints. To overcome this skepticism, therapists invite patients to consider the possibility that there are links between emotional states and bodily complaints. This may be achieved, for instance, through structured psychoeducation about the biopsychosocial model of health and illness, exploration of patients' beliefs and worries related to somatic symptoms, and through encouraging patients to explore the body–mind connections in their daily lives (e.g., recording symptoms and their context). Through this process, patients may begin to recognize the complexity of body–mind connections and may become more curious about “what their body has to tell them.” Furthermore, patients' motivation for psychotherapy may be strengthened by explaining how psychotherapy is expected to help them address their somatic complaints and health-related concerns.

Principle 2: Setting realistic goals, educating the patients about body–mind connections, and explaining the treatment rationale increases patients' engagement and motivation and strengthen the working alliance.

Příklad: průběžné shrnování

Does match between client- and therapist-identified events predict outcome?

Llewelyn (1988) investigated whether the match between client- and therapist-identified SEs differs for good- and poor-outcome cases. While in good-outcome dyads, clients and therapists did not differ in the reported frequency of any of 13 event types; therapists and clients in poor-outcome dyads differed in the reported frequency of three event types: *Insight* ($t(20) = 3, p < .02$), *Problem Clarification* ($t = 5, n = 9, p < .05$) and *Reassurance/Relief* ($t(20) = 6, p < .05$).

Cummings, Hallberg, and Slemon (1992b) examined whether there was a relationship

Summary

The consistent finding across these studies is that a lack of agreement between client- and therapist-identified SEs predicts poor outcome. Furthermore, the results suggest that what is critical is not the initial similarity of identified events but the growth in similarity (i.e. convergence of the client's and the therapist's views) over the course of therapy.

Příklad: výsledky QMA v tabulce

Table 1 Summary of meta-categories

Meta-category	Description	Illustrative quote	n	%
<i>Cluster 1: Obtaining clinically relevant information</i>				
Assessing clients' momentary status	ROM has become a part of the assessment process, allowing clinicians to assess the severity of clients' problems, evaluate the risk of harm and/or self-harm, obtain hints about areas that require further exploration, estimate the likelihood of relapse, generate clinical hypotheses, and make diagnoses	"Many therapists thought of it as a type of radar that detected several issues that otherwise would stay hidden; for example, issues that patients found difficult to address in a session, and issues that therapists would never think of exploring." (Hovland et al., 2023, p. 13)	30	64
Assessing clients' progress	ROM was used to detect patterns of change, including improvement, stagnation, and deterioration	"[T]he advantage I see is the issue of, from there, also quantifying evolution, of perceiving how things are going in a more visible way and in a way and more, hum, concrete, isn't it?" (Dias et al., 2016, p. 6)	23	49
<i>Cluster 2: Adapting treatment</i>				
Treatment planning	ROM was used as a tool for treatment planning (e.g., to select a suitable treatment approach)	"I tend to use that (BASIS-32) when talking about the individual service plan and ... you get them to run through that and then you will look at that and say—well OK you feel that this one really is a big thing that we need to work on collaboratively." (Callaly et al., 2006, p. 168)	18	38
Adjusting the treatment process	Ongoing feedback about treatment impact allowed clinicians to adjust the treatment course whenever needed (e.g., intensify or terminate the treatment)	"I have had many sessions change because of a discussion based on an answer they had to on [the MFS], and I don't think I would have found that information if we had just done a normal session." (Sichel & Connors, 2022, p. 11)	16	34
Structure reminder	The regularity of ROM helped clinicians maintain a treatment structure. Apart from the routine nature of the measurement itself, ROM contributed to keeping the treatment goal-oriented and served as a reminder of important topics	"ROM focuses the mind of the practitioner...look at goals and if they've been met." (Norman et al., 2014, p. 584)	7	15
Case management	ROM facilitated case management, for instance, by prompting clinicians to supervise a client or providing information staff meetings	"We pull up the graph, go into the client's record and see what their progress has been like. And from then my supervisor will ask me if there have been any potential barriers, anything that got in the way of the client progressing on track as we would hope to expect, and it helps me to be able to reflect." (Delgadillo et al., 2017, p. 15)	9	19

Příklad: reportování frekvencí v QMA

Table 2. Representation of themes in the primary studies.

Study	Theme								Intensity
	Need to feel understood	Struggling with isolation	"Sense of self" in strain	Facing uncertainty	Searching for explanations	Ambivalence about diagnosis	Disappointed by healthcare	Active coping	
Aamland et al. (2013)	x	x	x	x		x	x	x	88 %
Burton et al. (2011)			x	x	x	x	x		63 %
Claassen-van Dessel et al. (2015)	x		x	x	x		x	x	75%
Dwamena et al. (2009)	x	x		x	x	x	x	x	88 %
Hills et al. (2018)			x	x	x			x	50 %
Houwen et al. (2017)	x						x		25 %
Junod Perron and Hudelson (2006)	x	x		x	x	x	x		75 %
Kornelsen et al. (2016)	x	x	x	x	x	x	x	x	100 %
Lidén et al. (2015)	x	x	x	x	x			x	75 %
Lind et al. (2014)	x	x	x						38 %
Morse et al. (1997)	x	x			x	x	x		63 %
Moulin et al. (2015a, 2015b)*	x	x	x		x	x	x		75 %
Nettleton et al. (2004, 2005) and Nettleton (2006)*	x	x	x	x	x	x	x		88 %
Nunes et al. (2013)	x	x	x	x	x	x	x		88 %
Østbye et al. (2020)	x	x	x	x	x	x	x	x	100 %
Peters et al. (1998)	x	x			x	x	x		63 %
Peters et al. (2009)	x	x			x	x	x	x	75 %
Risør Risør, Risør, (2009)	x				x	x	x	x	63 %
Salmon et al. (1999)						x	x		25 %
Sowińska and Czachowski (2018)	x	x	x	x	x		x	x	88 %
Whitley et al. (2006)		x			x			x	38 %
Frequency	85%	75%	60%	60%	85%	70%	85%	55%	

Note: Frequency=the proportion of primary studies in which a theme was present; intensity=the proportion of themes to which a primary study contributed (see Sandelowski & Barroso, 2010).

*Multiple studies were merged into a single row, since they were based on the same project/dataset.

Příklad: „kreativní“ kvantifikace

Table 2
Summary of evidence for change mechanisms across all types of MUPS.

Mechanism	Symptom intensity								Interference with daily life							
	Post-treatment				Follow-up				Post-treatment				Follow-up			
	sig.	/	n.s.	= ratio	sig.	/	n.s.	= ratio	sig.	/	n.s.	= ratio	sig.	/	n.s.	= ratio
Avoidance and safety behavior reduction	110	/	10	= 11.00	310	/	440	= 0.70	150	/	0	= NaN	350	/	380	= 0.92
Catastrophizing reduction	210	/	80	= 2.63	60	/	400	= 0.15	240	/	70	= 3.43	160	/	50	= 3.20
Cognitive defusion	340	/	530	= 0.64	0	/	480	= 0.00	310	/	210	= 1.48	140	/	130	= 1.08
Cognitive restructuring	100	/	70	= 1.43	250	/	240	= 1.04	90	/	70	= 1.29	150	/	90	= 1.67
Defocusing from symptoms	100	/	240	= 0.42	0	/	150	= 0.00	40	/	110	= 0.36	40	/	0	= NaN
Development of coping strategies	170	/	0	= NaN	190	/	135	= 1.41	140	/	70	= 2.00	90	/	0	= NaN
Development of mindfulness skills	2	/	70	= 0.03	0	/	110	= 0.00	90	/	10	= 9.00	0	/	140	= 0.00
Engagement in value-based activity	170	/	590	= 0.29	90	/	350	= 0.26	170	/	590	= 0.29	90	/	420	= 0.21
Increasing physical activity	120	/	200	= 0.60	0	/	310	= 0.00	40	/	0	= NaN	0	/	340	= 0.00
Increasing self-efficacy	30	/	40	= 0.75	280	/	10	= 28.00	70	/	0	= NaN	230	/	50	= 4.60
Increasing sense of control over symptoms	300	/	200	= 1.50	100	/	110	= 0.91	170	/	140	= 1.21	70	/	30	= 2.33
Increasing symptom acceptance	720	/	50	= 14.40	520	/	380	= 1.37	960	/	90	= 10.67	900	/	140	= 6.43
Perceived social support	0	/	0	= NaN	0	/	190	= 0.00	0	/	0	= NaN	220	/	0	= NaN
Positive treatment expectations	110	/	0	= NaN	30	/	0	= NaN	30	/	0	= NaN	30	/	0	= NaN
Quality of working alliance	40	/	110	= 0.36	360	/	30	= 12.00	0	/	30	= 0.00	0	/	30	= 0.00

Note: “sig.” = statistically significant positive effects; “n.s.” = statistically nonsignificant effects. Numbers represent summed sample sizes weighted by the methodological quality of a study (see the [Method](#) section). No study reported a statistically significant negative effect. “Ratio” = numbers larger than 1 represent evidence in favor of a mechanism, while numbers lower than 1 represent a higher prevalence of nonsignificant results; “NaN” = a ratio cannot be computed. Ratios of close to 1.5 and above, as well as instances for which only positive evidence was found were considered a compelling evidence for the mechanism and appear in bold.

Příklad: Meta-method study

Table 1
Summary of Main Findings in Metamethod Analysis

Mean number of participants	Data collection via individual interviewing	Reported using consensus	Reported using auditor	Reported using saturation
13.04 (<i>SD</i> = 10.90)	97 studies; 89.0%	53 studies; 48.6%	41 studies; 37.6%	29 studies; 26.6%

Reported reflexivity description or procedures	Reported number of participants per finding	Check on collection	Check on findings	Triangulation*
88 studies; 80.7%	53 studies; 48.6%	22 studies; 20.2%	24 studies; 22.0%	22 studies; 20.2%

Specifika přehledovek

- **Úvod**

- *Jak ho koncipovat, když nemůžeme (neměli bychom) používat primární studie?*
- Předcházející přehledovky
- Ujasnění konceptů
- Zdůvodnění potřeby review, zasazení do širšího kontextu

- **Metoda**

- Sekce analogická empirickým studiím
- Vyhledávací řetězec, datum vyhledávání, kritéria inkluze/exkluze
- Hodnocení studií, extrakce dat, postup analýzy
- Zajištění kredibility (více výzkumníků, audit)

Specifika přehledovek

- **Výsledky**
 - Začít deskripcí primárních studií
 - Pokračovat prezentací výsledků podle typu review
- **Diskuze**
 - Vyhnout se pouhé rekapitulaci výsledků
 - Očekává se zásadnější zhodnocení stavu oblasti
 - Implikace pro další praxi či další výzkum (podle typu review), být konkrétní, lze formulovat i metodologická doporučení
- **Reference:** zahrnout i primární studie (*)
- **Obrázky:** flow chart
- **Tabulky:** deskripce primární studií, sumarizace výsledků
- **Supplementa:** co se nevešlo...

Limits

- Obvykle nemáme přístup k primárním datům, je obtížné zohlednit kontext
- Výsledky, které analyzujeme, jsou již z různě velké části interpretacemi autorů primárních studií
- Primární studie mnohdy odpovídají na různé otázky, mají různou šíři záběru, stavějí na různých epistemologických přístupech
- Výzkumník může výsledek značně ovlivnit (zvláště je-li v oblasti osobně angažován)

!

!

*Počítejte s časovou náročností
(podobná jako u empirických studií)*

!

Pro inspiraci...

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Kvalitativní metaanalýzy

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- Ladmanová, M., Řiháček, T., & Timulak, L. (2022). Client-identified impacts of helpful and hindering events in psychotherapy: A qualitative meta-analysis. *Psychotherapy Research*, 32(6), 723-735. <https://doi.org/10.1080/10503307.2021.2003885>
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- Vybíral, Z., Ogles, B. M., Řiháček, T., Urbancová, B. & Gocieková, V. (2024). Negative experiences in psychotherapy from clients' perspective: A qualitative meta-analysis. *Psychotherapy Research*, 34(3), 279-292. <https://doi.org/10.1080/10503307.2023.2226813>

Teoretické studie

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