KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 26 July 2026
Revised 13 August 2026
Accepted 28 August 2026
Initial Publish 05 September 2026
Published online 01 January 2027

Journal of Assessment and Research in Applied Counseling

Open-Peer Review

E-ISSN: 3041-8518

Beyond Diagnosis: Emerging Directions in Transdiagnostic and Process-Based Psychotherapy

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1. Round 1

1.1. Reviewer 1

Reviewer:

In the third paragraph, the discussion of the Unified Protocol is relevant, but the sentence “By targeting common emotional processes rather than a single diagnostic syndrome, it provides clinicians with a flexible framework applicable to heterogeneous presentations” risks presenting the Unified Protocol as synonymous with transdiagnostic or process-based psychotherapy more generally. The authors should explicitly clarify that the Unified Protocol is one influential transdiagnostic intervention rather than a comprehensive representation of the process-based treatment movement. Other transdiagnostic frameworks may prioritize different mechanisms, levels of analysis, sequencing principles, or case-formulation strategies. A short sentence acknowledging this plurality would prevent conceptual narrowing and would also help readers understand that process-based psychotherapy extends beyond the application of a single standardized transdiagnostic protocol.

The list of candidate processes in the fourth paragraph—“Avoidance, attentional bias, cognitive rigidity, shame, disrupted emotion regulation, maladaptive meta-emotional responses, and intolerance of internal sensations”—is informative but conceptually heterogeneous. These constructs operate at different levels of analysis: some are behavioral patterns, some are cognitive processes, some are emotional experiences, and others are regulatory tendencies. The authors should consider organizing them within a clearer framework, for example cognitive, affective, behavioral, interpersonal,

physiological/interoceptive, and contextual processes. Such organization would improve conceptual coherence and demonstrate that process-based psychotherapy is not merely a collection of clinically relevant variables, but rather an approach that requires an explicit model of how processes interact across multiple levels of functioning.

Authors revised and uploaded the document.

1.2. Reviewer 2

Reviewer:

The third paragraph further notes that evidence from military service members, veterans, and individuals with severe shame demonstrates the "relevance of transdiagnostic treatment principles for complex emotional difficulties." This conclusion appears somewhat broader than the cited evidence permits. The Sherrill et al. study concerns a specific population, clinical setting, and massed delivery format, whereas the Mohajerin and Howard study addresses a particular comparison involving severe shame. The authors should specify what these studies contribute: feasibility across delivery formats, applicability within heterogeneous clinical populations, or possible benefits when emotional processes cut across conventional diagnoses. Avoiding generalization from relatively specific contexts would improve the scientific accuracy of the editorial and demonstrate greater sensitivity to questions of external validity.

The fourth paragraph introduces process-based psychotherapy with the statement that it "focuses on identifying modifiable biopsychosocial processes that can explain therapeutic change and guide individualized intervention." This is an important definition, but the manuscript should provide a clearer conceptual boundary between process-based psychotherapy and transdiagnostic treatment. At present, the editorial sometimes treats the two approaches as sequential stages of the same development. However, transdiagnostic protocols may remain standardized and package-based, whereas process-based therapy typically emphasizes idiographic formulation, dynamic process selection, functional analysis, and ongoing adaptation. The authors should therefore explain explicitly that transdiagnostic therapy asks which mechanisms are shared across disorders, while process-based therapy additionally asks which modifiable processes are most relevant for this particular person, at this particular time, and in this particular context.

In the fourth paragraph, the sentence "clinicians may identify the dominant mechanisms operating in a particular individual and select interventions accordingly" is theoretically attractive but methodologically demanding. The authors should acknowledge that reliable identification of patient-specific causal processes remains one of the major unresolved challenges in process-based psychotherapy. Cross-sectional questionnaires and conventional baseline assessments cannot necessarily establish which mechanism is causally maintaining an individual's symptoms. The editorial would be more balanced if it noted the need for intensive longitudinal assessment, ecological momentary assessment, repeated process measurement, experimental case designs, time-series analysis, and possibly dynamic structural equation modeling or network-based approaches. This qualification would demonstrate that individualized process selection is an emerging scientific objective rather than an already fully operationalized clinical procedure.

Authors revised and uploaded the document.

2. Revised

Editor's decision after revisions: Accepted.
Editor in Chief's decision: Accepted.

JARAC Assessment and Research in Applied Counseling
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