



UiO : **Department of Psychology**
University of Oslo

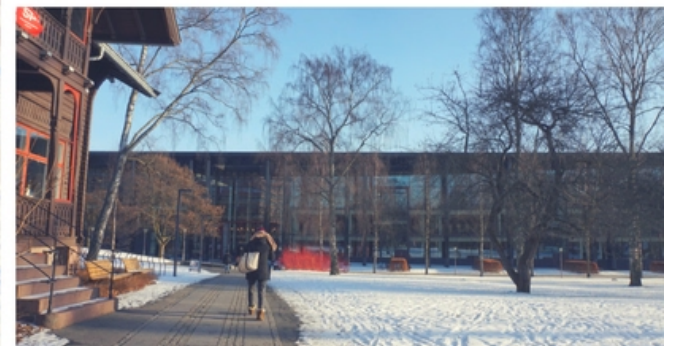
How can we best develop our personal and professional qualities to maximize client outcomes?

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Greetings from Norway....





POET: Processes and Outcomes of Therapy - Group...

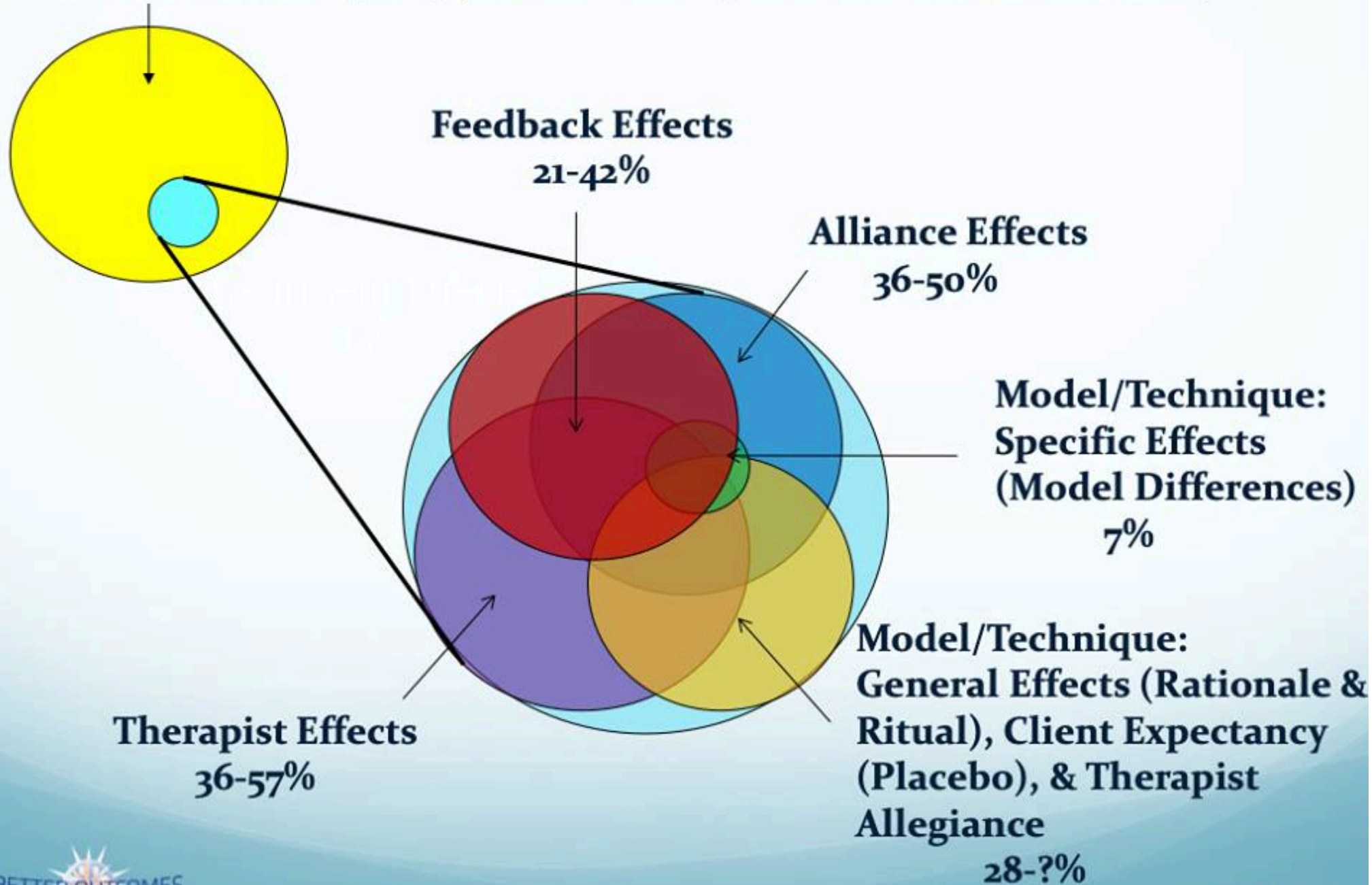


Overview of this presentation

- Do psychological treatments/psychotherapy work in alleviating mental health problems?
- What works?
- ✓ **What are the characteristics of effective therapists and how do we cultivate them?**

1. *“Psychotherapy is remarkably effective*
2. *The effects of psychotherapy are greater than the effects of many medical practices, including flu vaccines, most interventions in cardiology, and treatments for asthma*
3. *Psychotherapy is as effective as medication for most mental disorders, without the side effects*
4. *...psychotherapy is longer lasting than medications (i.e., lower relapse rates after treatment is discontinued) and is less resistant to additional courses of treatment”*

Client/Life Factors (86%) (includes unexplained and error variance)



What works?

- The Dodo Bird Verdict: «All have won and all must have prizes!» (about the therapeutic methods) (Luborsky)....



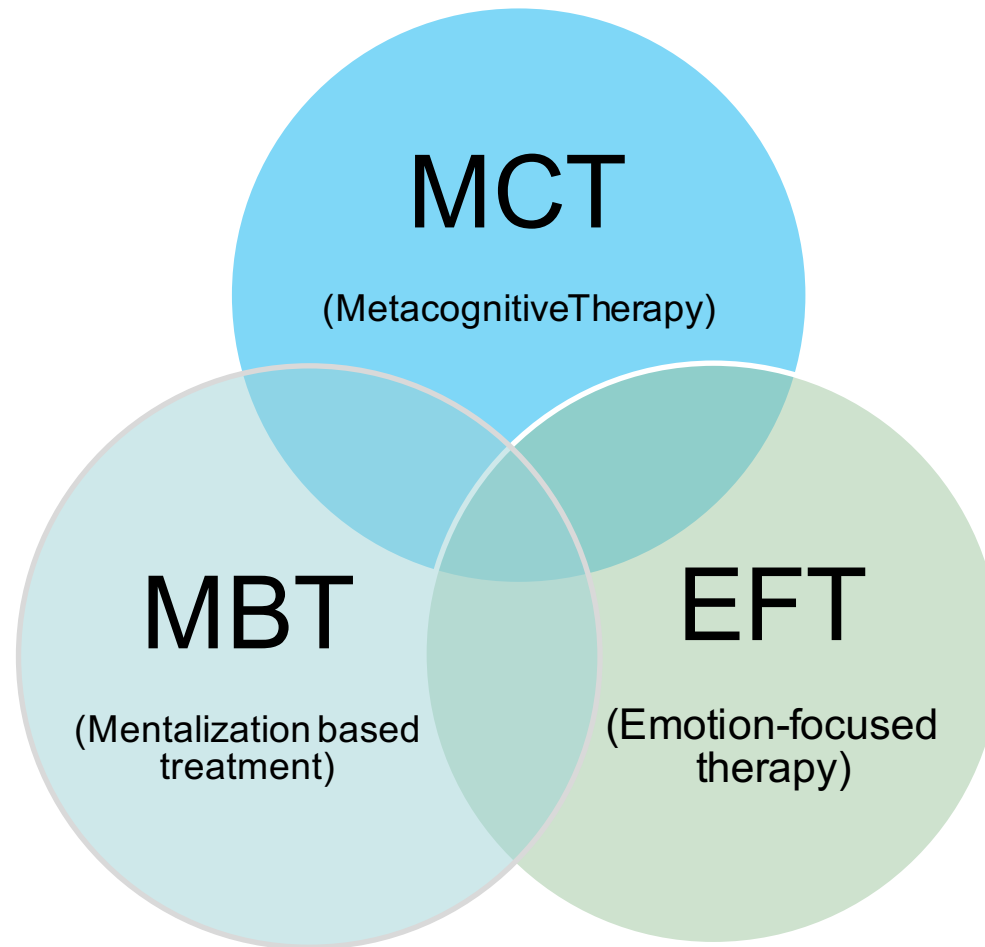
- Alternatively, «Some therapist win and some do not, irrespective of the treatment model they use»... (?) (Nissen-Lie, Monsen, & Rønnestad, 2010)

Possible explanations:

1. The **common factor** hypothesis
2. The specific ingredients in different treatments **work on average equally well**
3. The **shared variability** in therapy methods hypothesis

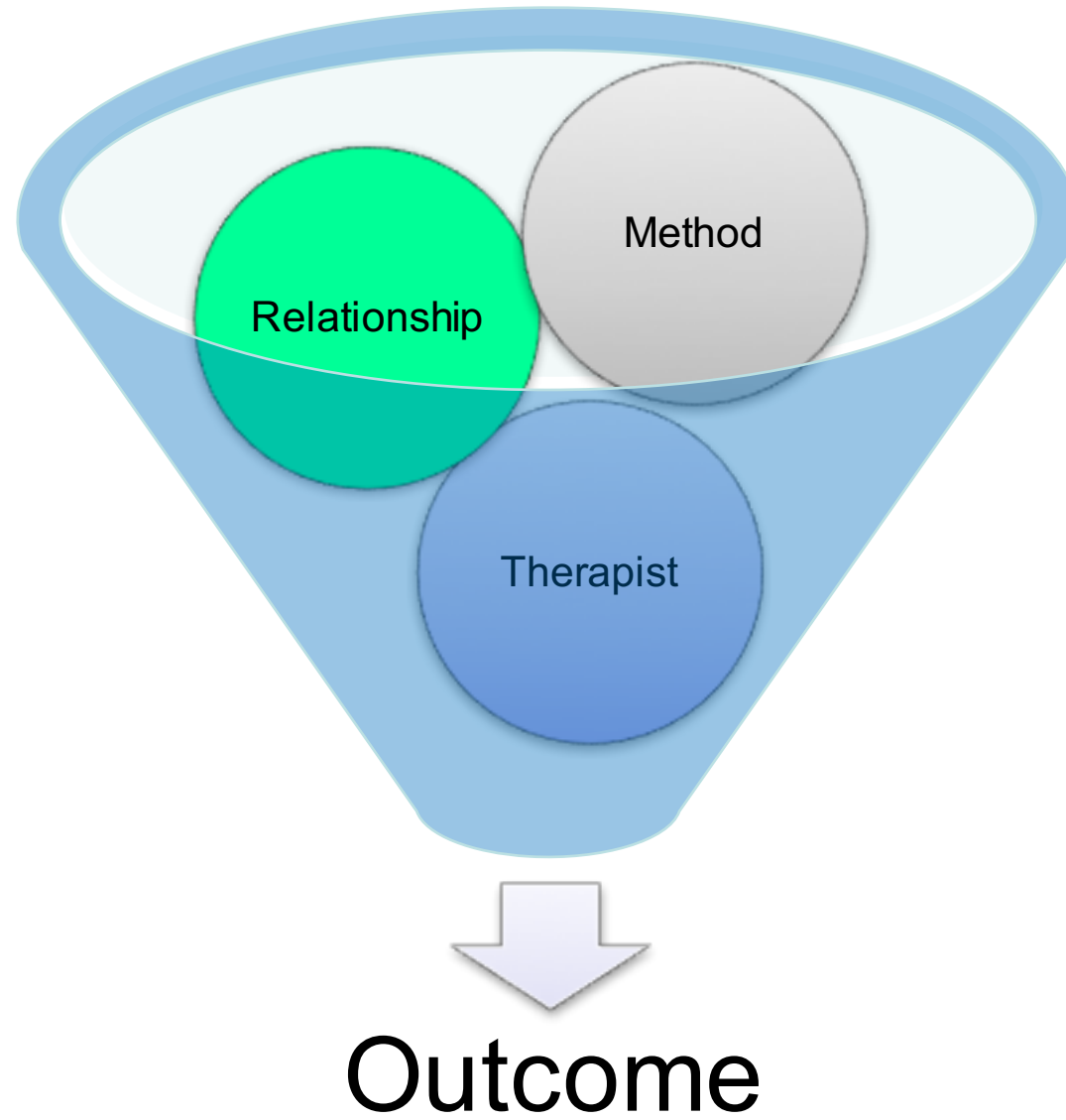
(BUT: «What works for whom»? Are there more or less **optimal matches** between type of patients/therapists/therapeutic methods, which would be masked in studies of average outcomes in RCTs?)

Therapeutic methods: Unique but share common elements too...



Conducting psychotherapy successfully: What does it take?

- Integration of **professional competence and personal qualities**
(the therapist self & the personal self; Bennett-Levy, 2019; Rønnestad & Skovholt, 2013)...
- Both **technical & relational skills go hand in hand** (not the one OR the other that produce change)
- However, the **personal/interpersonal attributes of the therapist seem to be more predictive of client outcomes** than professional factors (adherence, competence, professional experience)
- The '**how** of psychotherapy' and **appropriate responsiveness** (Stiles et al.; Hatcher, 2015)



Psychotherapy research....

- Historically: Emphasis on therapeutic techniques to the expense of the therapeutic relationship and ‘therapist as a person’ in both psychoanalytic and CBT (and several other) therapies
- The therapist as ‘neglected variable’ in psychotherapy research (Luborsky et al., 1997) – but not anymore...
- See Wampold/Imel; Orlinsky/Rønnestad; Barkham/Saxon; Castonguay/Hill...)

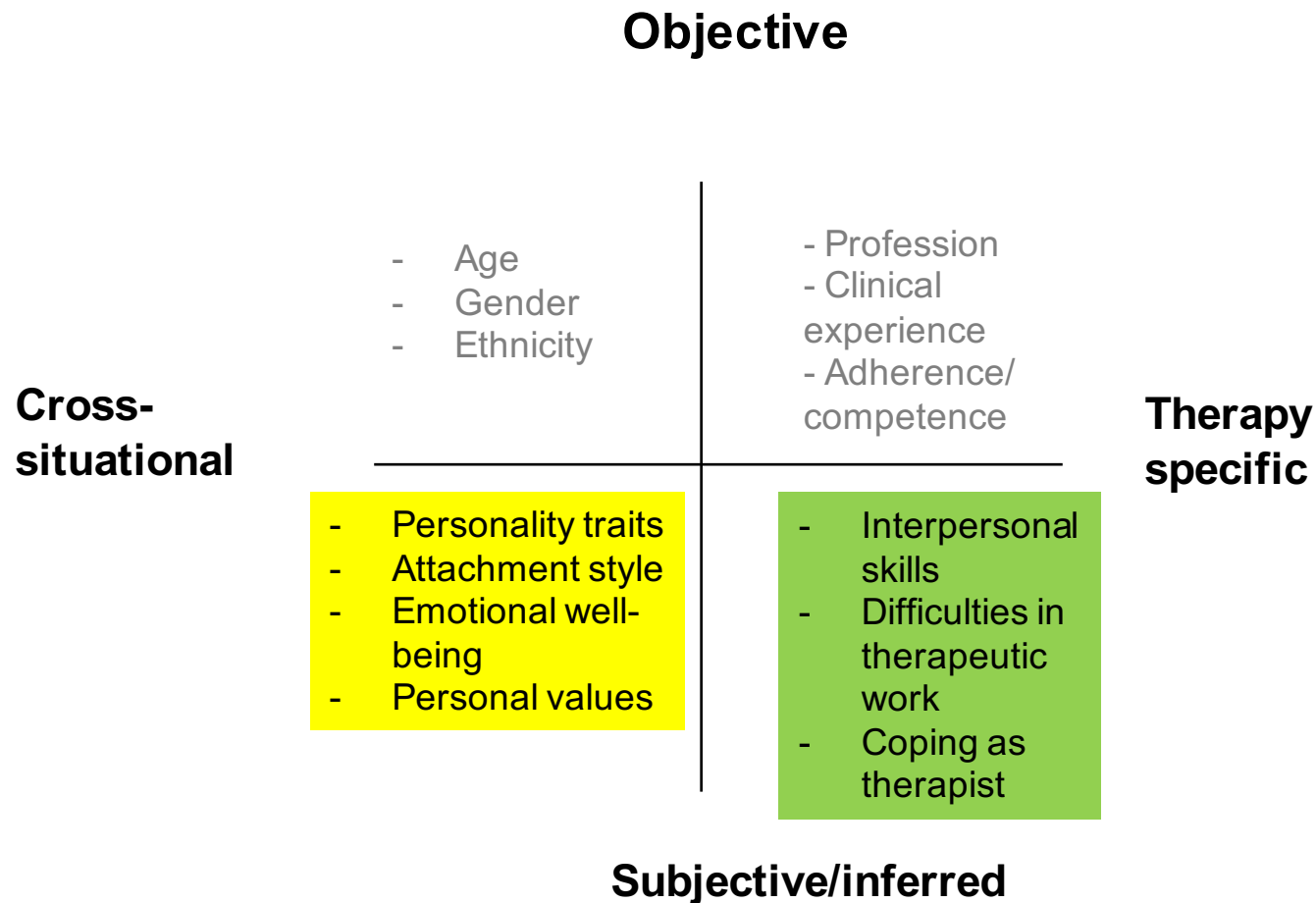
Implications of Therapist Effects

- Wampold & Brown (2005):
 - Top and bottom quartiles in year 1 compared to year 2
 - Top 25% had twice as large effects
 - Some therapists never helped a patient...
- Saxon & Barkham (2012)
 - 19 of 119 therapists “below average”
 - Reassign their 1947 patients to average therapists
 - Additional 265 patients would have recovered
 - Therapist effects increase with patient severity!

Therapist characteristics: Which count?

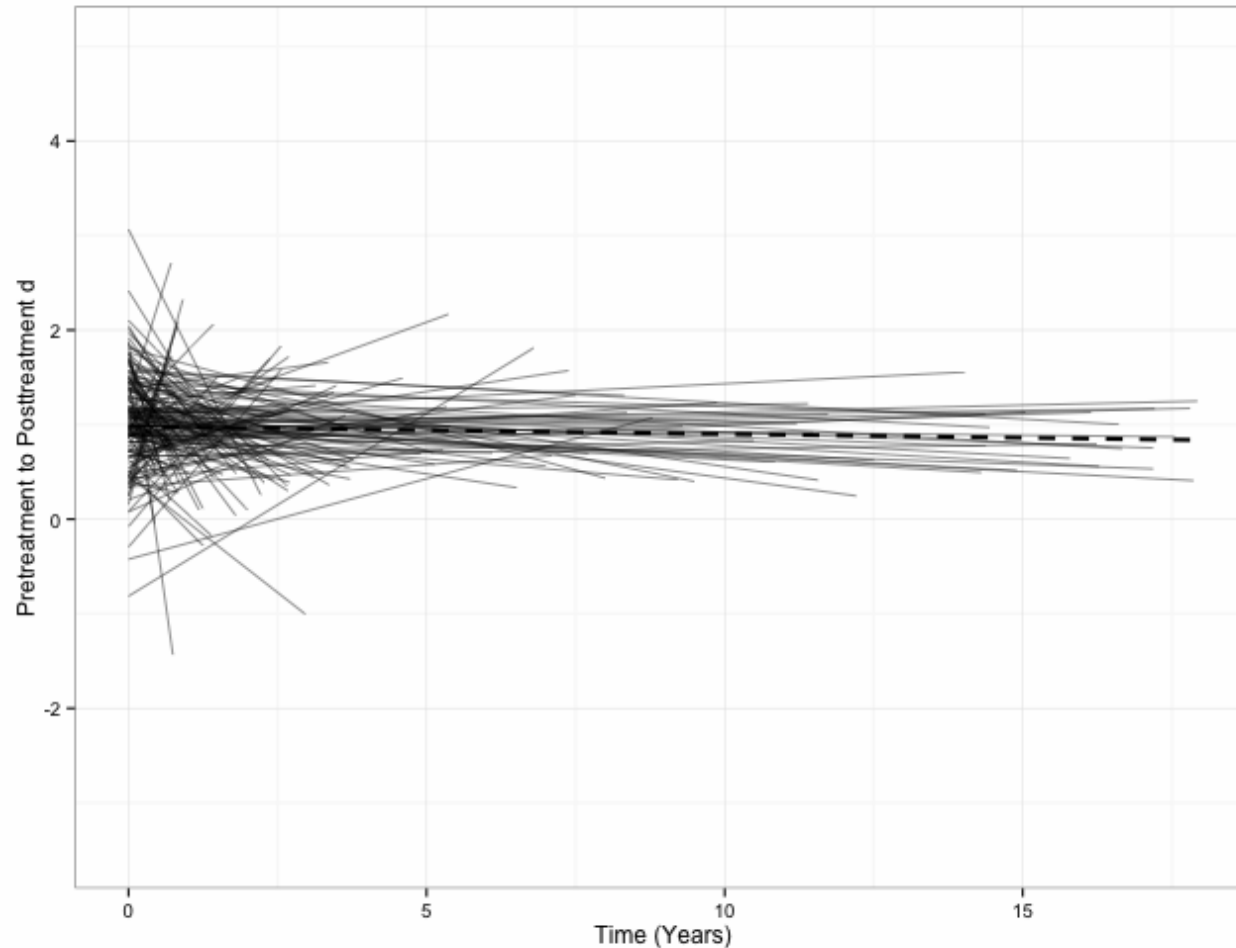
- Gender, age, professional experience, theoretical orientation... (Beutler et al., 2004; Goldberg et al., 2016; Tracey et al., 2014)
- Therapist factors of significance generally not related to the specific variables of treatment, such as :
 - Adherence to protocol/ a manual
 - Competence
 - Professional experience...
- **Note! Common factors and specific factors interact!**
(e.g., Webb et al., 2010; Barber, 2009)

Taxonomy of therapist factors



Based upon
Beutler et al. (1994; 2004)

Experience and outcome (Goldberg et al., 2016)



170 therapists, 6500 patients,
longitudinal study (therapists had 0-18
years of experience)

Expanding the conceptualization of outcome and clinical effectiveness

Rønnestad et al. (2018):

- Outcome defined in wider terms:
 - with clinically distressed clients
 - maintenance of treatment gains, long term follow up
 - rate of drop-out
 - degree of returning to therapy in follow-up...
- A sample of highly experienced therapists achieved very positive outcomes in these terms

**The professional and personal characteristics of effective
psychotherapists:
A systematic review* (Heinonen & Nissen-Lie, 2019)**

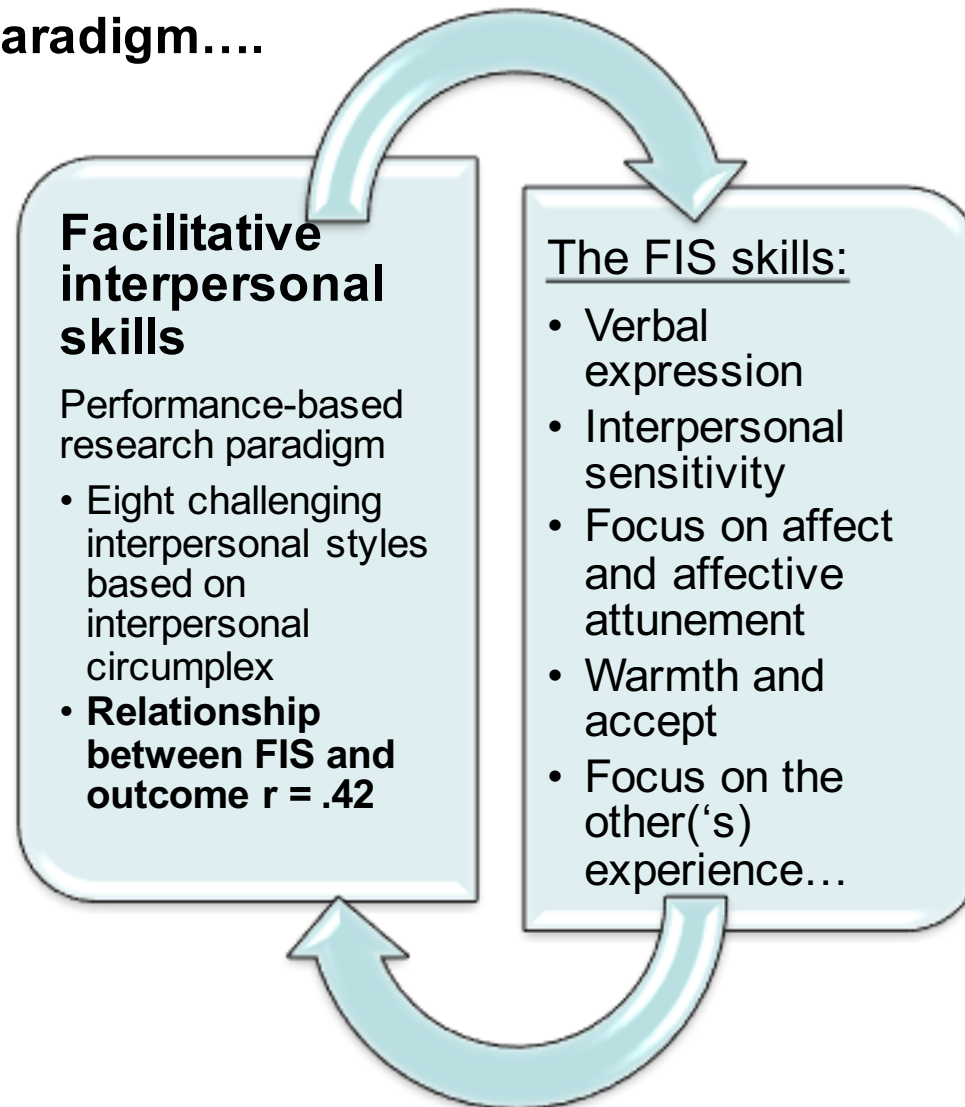
PROFESSIONAL	PERSONAL
<u>Task-instrumental</u> <ul style="list-style-type: none">- Values/attitudes- Difficulties in practice- Coping strategies	<u>Intrapersonal</u> <ul style="list-style-type: none">- Attachment- Mindfulness, EQ, resilience
<u>Socio-emotional</u> <ul style="list-style-type: none">- Relational manner with clients- In-session feelings- Interpersonal skills	<u>Interpersonal</u> <ul style="list-style-type: none">- Relational manner in private life- Social skills in private life- Interpersonal problems in private life
	* 31 studies

Major findings:

1. **Interpersonal functioning** of therapists most important with **direct effects on outcome**
2. These interpersonal capacities (e.g., empathy, verbal/non-verbal communication skills, capacity to form and repair alliances) are **professionally cultivated but likely rooted in therapists' personal lives and attachment history**
3. No clear evidence for the consistent superiority of any particular (Big Five) personality style
4. There is little support for the relevance of self-rated social skills
5. More consistent evidence has emerged for **performance-based measurements** of interpersonal skills, elicited in **challenging clinical** situations (Anderson; Schöttke)...

Therapist Facilitative Interpersonal Skills (Anderson et al., 2009; 2016)

A promising paradigm....

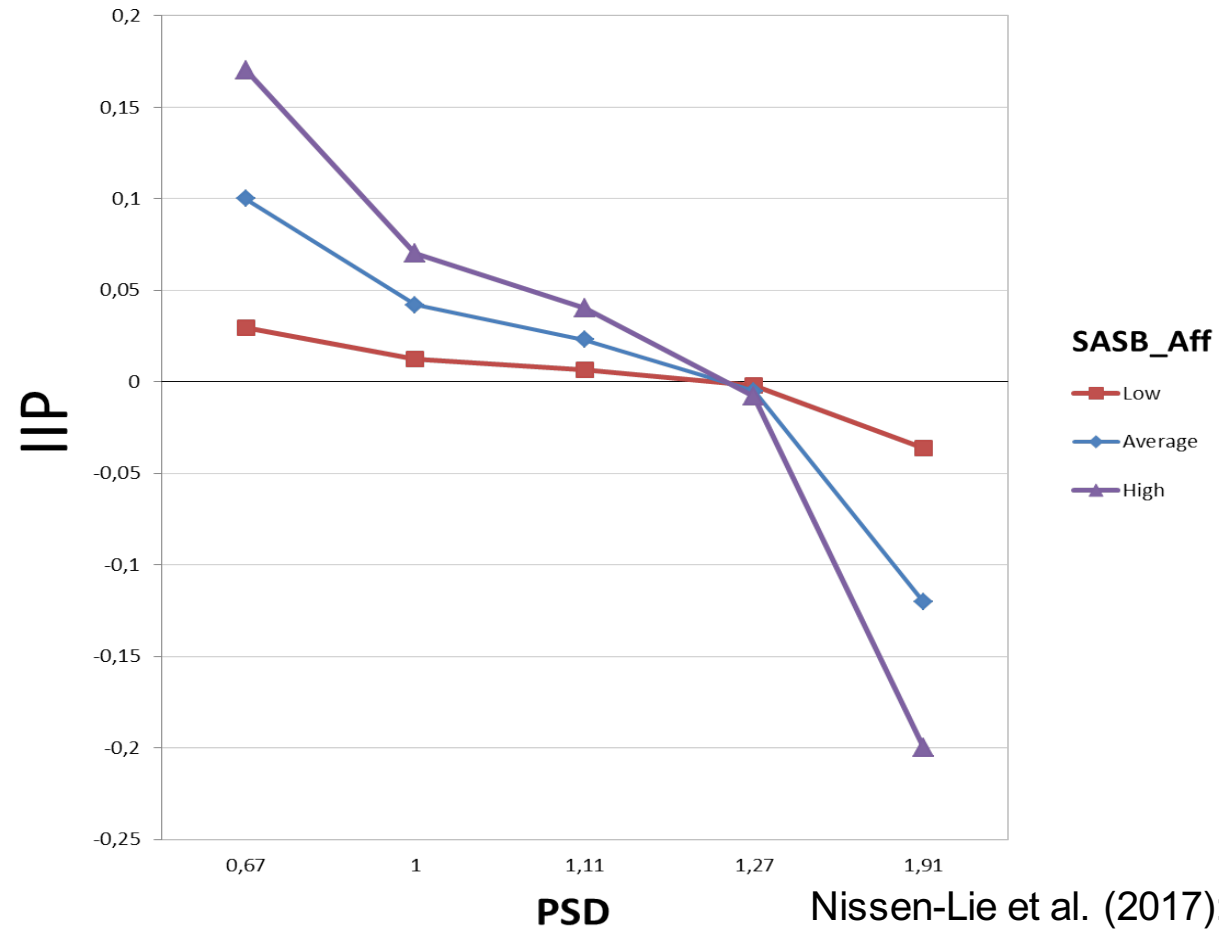


Major findings, cont. (Heinonen & Nissen-Lie)

6. Outcomes also predicted by self-rated professional characteristics, such as **coping** mechanisms, experienced difficulties, **attitudes** towards therapeutic work - indicating that therapist self-reports also matter...

.....although not always in the direction expected (e.g., **professional self-doubt** as positive predictor of therapeutic change...)

«Love yourself as a person, doubt yourself as a therapist?»



Nissen-Lie et al. (2017): Interaction between PSD og SASB_affiliation

Therapist resources & vulnerabilities:

- Benefit of therapist **mindfulness** (Ryan et al., 2012), **emotional intelligence** (Rieck & Callahan, 2013), **reflective functioning** (Cologon et al., 2017); and **secure attachment** (Shauenburg)
- Several studies suggest that therapists' psychological resources **help compensate for their vulnerabilities**, for example when therapists with higher neuroticism + emotional intelligence (EI) were **more effective** than those higher in neuroticism but lower in EI (Rieck & Callahan, 2013)..

Suggestion:

When faced with distressing or provocative patient behaviors, therapists' psychological resources may help therapists resist counter-aggression ("vengeance"), pulling back, + to remain flexible and focused on the client and the therapeutic aim....

(Anderson; Johns et al., 2019)

Conclusions (Heinonen & Nissen-Lie, 2019):

- Therapists' **interpersonal qualities** (especially tolerating and managing strong negative affect in therapy), **self-insight** ('know thyself'), **humility**, as well as flexibility and **reflective functioning** seem particularly important
- These skills are likely particularly important in treating more disturbed clients
- Findings elucidate the complex dynamic between relational and technical skills (Lingiardi et al., Bennett-Levy)

Wampold et al., (2017: Effective therapists...

1. Form a good working alliance across a broad range of clients
2. Provide a plausible explanation of the client's problems
3. Suggest a treatment plan in accordance with the explanation
4. Come across as warm and with strong interpersonal skills
5. Monitor the therapeutic process
6. Do not avoid conflict and difficulties in the therapeutic relationship
7. Communicate hope
8. Always ready to learn and adjust...(NB! **Deliberate practice**)

Deliberate practice (DP) & FIT..

“Individualized training activities especially designed [...] to improve specific aspects of an individual’s performance through **repetition** and **successive refinement**. To receive maximal benefit from feedback, individuals have to **monitor** their training with full concentration” (Ericsson & Lehmann, 1996, pp. 278-279)

- **Main idea:** Merely executing skills proficiently during routine work does not lead to further improvement
- **Need feedback and attention to deterioration/lack of progress...**(Miller; Rousmaniere; Delgadillo)

Deliberate practice in psychotherapy

Empirical evidence

- **Chow et al., 2015:** Time spent improving skills directly linked to superior client outcomes
- **Goldberg et al. 2016:** Special supervision of difficult cases related to improved clinical effectiveness over time

The role of personal practice (PP)

J. Bennett-Levy (2019)

- i. Importance of therapist effects and therapists' personal/interpersonal functioning for client outcomes
- ii. Personal practice (PP): **self-experiential learning** = core strategy to develop those qualities
- iii. PP will also refine therapist conceptual and technical skills
- iv. Conventional training strategies usually do not involve personal practice

Examples of PP:

- Mindfulness, meditation, self-practice (using therapeutic interventions on oneself and reflect on experience) and various forms of personal therapy (individual and group based)

Implications for training and practice ..

- ✓ Therapist effectiveness = technical competence, conceptual knowledge, interpersonal/relational skills and self-reflection (regardless of theoretical orientation) (Bennett-Levy)
- ✓ Each component should get equal attention in training, if we have client well-being in mind..
- ✓ Communication style and non-verbal behaviours need to be emphasized in training and supervision (as much as learning different interventions/specific techniques belonging to different therapeutic models)
- ✓ NB! Boundaries and self-other differentiation: Do not let idealization or devaluing 'get to you'...

Implications, cont.

- ✓ Use of video supervision! Look for focus, timing, interpersonal sensitivity, signs of subtle aggression, responsiveness to client needs, alliance ruptures (Stiles; Hatcher; Safran & Muran)
- ✓ Several findings indicate the need for therapists to be willing to **critically evaluate their contribution** in therapy processes but also to strive towards an **accepting** and **tolerant** attitude towards themselves
- Therapists cannot and should not leave out their personal self when in the therapy room...

The outcome of the therapist.....



- Thank you!

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