On becoming a better therapist

BARRY DUNCAN

Most therapists aspire to become better at what they do. However, research has shown that personal therapy has nothing to do with outcome; there are no therapeutic approaches, strategies or interventions shown to be better than any other; professional training and discipline do not matter much to outcome; there is no evidence to show that continuing professional education will improve effectiveness; and, although it defies common sense, experience does not improve outcomes either. So what does 'professional development' mean and how do we accomplish it? In this edited extract from his recent book, *On Becoming a Better Therapist*, BARRY DUNCAN explores how we can remember our original aspirations, continue to develop as therapists, and achieve better results more often with a wider variety of clients.

As unsophisticated as it sounds, most of us got into this business because we wanted to help people, and most of us carry an inextinguishable passion to become better at what we do. Despite our good intentions, unfruitful encounters with clients, combined with the confusing cacophony of 'latest' developments, can weigh on us and steer us into ruts, making us forget why we became therapists in the first place. How can we remember our original aspirations, continue to develop as therapists, and achieve better results more often with a wider variety of clients?

Call me cynical, but the field is not really sure what professional development means or how we can accomplish it. We are often told that to develop ourselves as psychotherapists requires us to become more self-aware through personal therapy. This makes a lot of intuitive sense and to gain an appreciation of what it is like to sit in the client's chair seems invaluable. But a look at probably the best source, *The Psychotherapist's Own Psychotherapy* (Geller, Norcross & Orlinsky, 2005), reveals that the cold hard truth is that while therapists rave about its benefits, personal therapy has nothing to do with outcome.

Our quest for the 'Holy Grail' does not help us either—our search for that special model or technique that will, once and for all, defeat the psychic dragons that terrorize our clients. The 'right approach', be it crafted by 'masters' of the field, or a meticulously researched evidence-based treatment, or the everyday garden variety, doesn't matter much to outcome. Not one approach has ever shown it is better than any other (Duncan, Miller, Wampold & Hubble, 2010).

The famous dodo bird verdict, *"All have won and all must have prizes"*, invoked by Saul Rosenzweig in 1936 to illustrate the equivalence of outcome among approaches, is the most replicated finding in the psychological literature. A recent example is provided by treatments for the diagnosis *du jour*, Post Traumatic Stress Disorder (PTSD). Cognitive Behavioural Therapy (CBT) has been demonstrated to be effective and is widely believed to be the treatment of choice. Benish, Imel and Wampold (2007) have shown via meta-analysis that several approaches with diverse rationales and methods are also effective—eye-movement desensitization and reprocessing, cognitive therapy without exposure, hypnotherapy, psychodynamic therapy, and present-centered therapy. What is remarkable here is the diversity of methods that achieve about the same results. Two of the treatments, cognitive therapy without exposure and present-centered therapy, were designed to exclude any therapeutic actions that might involve exposure (clients were not allowed to discuss their traumas because that invoked imaginal exposure). Despite the presumed extraordinary benefits of exposure for PTSD, the two treatments without it, or in which it was incidental (psychodynamic), were just as effective. This study only confirms that the competition among the more than 250 therapeutic schools remains little more than the competition among aspirin, Advil and Tylenol. All of them relieve pain and work better than no treatment at all.

Although the need and value of training seems obvious, it has long been known that professional training and discipline do not matter much to outcome (Beutler et al., 2004). A

just published study confirms this conclusion. Nyman, Nafziger and Smith (2010) reported that it did not matter to outcome if the client was seen by a licensed doctoral–level counsellor, a pre-doctoral intern, or a practicum student. As for continuing professional education, there is not one solitary study to support that it improves effectiveness in any way.

What about experience? Surely, years of clinical encounters make a difference. But are we getting better, or are we having the same experience year after year? More bad news here—experience just doesn't seem to matter much (Beutler et al., 2004). In large measure, experienced and inexperienced therapists achieve about the same outcomes. Although it defies commonsense, experience does not improve outcomes either.

Finally, regardless of our methods of getting better, we are quite self-delusional about our effectiveness. Consider a study reported by Sapyta, Riemer and Bickman (2005). One hundred and forty-three clinicians were asked to rate their job performance from A+ to F. Two-thirds considered themselves A or better, and 90% considered themselves in the top 25%! Not one therapist rated him or herself as below average. If you know anything about the Bell Curve, you know this cannot be true!

Does this mean that you should forget the whole thing? No. Contrary to my cynical portrayal of the state of the field's efforts to help you get better, an empirically-based method has arisen from the most extensive investigation of therapist development ever conducted.

How psychotherapists develop

In a remarkable study, David Orlinsky and Helge Rønnestad took an in-depth look at therapists' experience of their professional growth (reported in their 2005 book, *How Psychotherapists Develop*). Over a 15-year period, they collected richly detailed reports from 5000 psychotherapists of all career levels, professions, and theoretical orientations from over a dozen countries. From this extensive analysis, *Healing Involvement,* the pinnacle of therapist development was identified.

> ***How can we remember our original aspirations, continue to develop as therapists and achieve better results more often with a wider variety of clients?***

Healing Involvement reflects a mode of participation in which therapists experience themselves as personally committed and affirming to patients, engaging at a high level of basic empathic and communication skills, conscious of flow-type feelings during sessions, having a sense of efficacy in general, and dealing constructively with difficulties if problems in treatment arise.

Healing Involvement represents us at our best—those times when our immersion into our client's story is so complete, our attunement so sharp, and the path required for change eminently accessible. So, what causes this and, more importantly, how can we make it happen more often?

Orlinsky and Rønnestad identified three sources of *Healing Involvement*. The first is the therapist's sense of *cumulative career development*—improvement in clinical skills,

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increased mastery, and gradual surpassing of past limitations. Therapists like to think of themselves as getting better, over time, at what they do. Eighty-six per cent of the therapists, regardless of career level, reported that they were 'highly motivated' to pursue professional development. There is no other profession more committed to getting better at what they do. At a personal level, it is important for the development of each therapist to know they have this commitment.

The second influence is the therapist's sense of *theoretical breadth*. The capacity to understand clients from a variety of conceptual contexts enhances the therapist's flexibility in responding to the challenges of clinical work. Possessing a range of understandings of client problems allows therapists to experience *Healing Involvement* more often with more clients.

The third, and by far most powerful, influence of *Healing Involvement* is the therapist's sense of *currently experienced growth*. Therapists like to think of themselves as developing *now*. Your ongoing experience of professional development is therefore critical to becoming a better therapist. Therapists with the highest levels of current growth showed the highest levels of *Healing Involvement*. The experience of current growth translates to positive work morale and energizes you to continue professional reflection—so that you keep the 'pedal down' on the developmental process. Your sense of current growth keeps you vitally involved in the work itself.

Now the astute reader might be thinking: *"Wait a minute…Isn't Healing Involvement just more therapist self-delusions about how effective they are?"* Yes, it would be if it wwere not for the other person who is critical to psychotherapy outcome—the client. We need their help to ensure our *Healing Involvement* translates to their benefit.

We need our client's help

While I often don't remember where I leave my glasses, I still vividly recall my first client, Tina. I was in my initial clinical placement in graduate school at the Dayton Mental Health and Developmental Center, a euphemism for the state hospital. Tina was like a lot of the clients—young, poor, disenfranchised, heavily medicated, and on the merry-go-round of hospitalizations—and, at the ripe old age of 22, a 'chronic schizophrenic'.

I gathered up the battery of tests I was attempting to gain competence with, and was on my merry but nervous way to the assessment office, a stark, run-down room in a long-past-its-prime, barrack-style building that reeked of cleaning fluids over-used to cover up some other worse smell, the 'institutional stench'. On the way, I couldn't help but notice the looks I was getting—a smirk from an orderly, a wink from a nurse, and funny-looking smiles from nearly everyone else. My curiosity piqued, I was just about to ask what was going on when the chief psychologist, a kindly old guy, put his hand on my shoulder and said, *"Barry, you might want to leave the door open"*. And I did.

I greeted Tina, a young, extremely pale woman with short brown, cropped hair, who might have looked a bit like Mia Farrow in the *Rosemary's Baby* era had Tina lived in friendlier circumstances. To begin, I introduced myself in my most professional voice. Before I could sit down and open up my test kit, Tina started to take off her clothes, mumbling something indiscernible. I just stared in disbelief. Tina was undaunted by my dismay and quickly was down to her bra and underwear when I finally broke my silence and said, *"Tina, what are you doing?"*. Tina responded not with words but actions, and removed her bra as if it had suddenly become made of wool and very uncomfortable. So there we were, a graduate student, speechless, in his first professional encounter, and a client sitting nearly naked. Tina was mumbling loudly and incoherently, contemplating whether to stand up to take her underwear off or simply continue her mission while sitting.

In desperation I pleaded, *"Tina, would you please do me a big favor?"*. She looked at me for the first time, and said, *"What?"*. I replied, *"I would really be grateful if you could put your clothes back on and help me get through this assessment. I've done them before, but never with a client, and I am kinda freaked out about it."* Tina whispered, *"Sure,"* and put her clothes back on. Although Tina struggled with the testing and clearly was not enjoying herself, she completed it. I was so appreciative of Tina's help that I told her she really pulled me through my first real assessment. She smiled proudly, and from then on smiled every time she saw me.

Tina started my psychotherapy journey and offered up my first lessons for consideration—authenticity matters and when in doubt or in need of help, ask the client. Asking clients for help, soliciting their feedback about the benefit of therapy allows you to use the empirical evidence about therapist growth without falling prey to the pitfalls of a therapist-centric view of outcome.

Feedback can, by itself, improve your outcomes substantially. Consider a recent investigation of client feedback I conducted with colleagues in Norway (Anker, Duncan & Sparks, 2009). This study, the largest randomized clinical trial (RCT) of couple therapy, found that clients who gave their therapists feedback about the benefit and 'fit' of services on two brief, four item forms, the *Outcome Rating Scale* (ORS) and the *Session Rating Scale* (SRS), reached clinically significant change nearly four times more than non-feedback couples (both measures available free for individual use at www.heartandsoulofchange.com). Moreover, the feedback condition maintained its advantage at the six-month follow-up and achieved a 46% lower separation/divorce rate, leading to the national adoption of the ORS and SRS in Norway.

And this study is not a fluke! The findings with the ORS and SRS have been replicated in two independent RCTs (Reese, Norsworthy & Rowlands, 2009; Reese, Toland, Slone & Norsworthy, in press). Moreover, our feedback system builds on the extensive pioneering research of Michael Lambert who has conducted five RCTs using the Outcome Questionnaire 45.2 (OQ) as the feedback tool. Lambert and colleagues, time and time again, have shown that systematic feedback significantly improves outcomes, and doubles treatment effectiveness for

clients who would otherwise be headed for treatment disaster (Lambert, 2010).

Continuous feedback individualizes psychotherapy based on treatment response, and provides an early warning system to identify 'at-risk' clients thereby preventing drop-outs and negative outcomes. Systematic client feedback also provides the means to accelerate your development.

Track your cumulative career development—getting better all the time?

Therapists like to think of themselves as getting better over time, but the only way to know is to collect outcome data. Routine collection of client feedback about the benefits of therapy that they experience allows you to plot your cumulative career development, so you know about your effectiveness, and importantly, so you can implement and evaluate strategies designed to improve your outcomes.

Finding out how effective, or not, you really are can be risky business. You might learn something you might not want to learn. But the only way to get better is through feedback about where you are now versus where you would like to be—to aspire for the best results, and proactively get them. It does take courage, but so did walking into a room for the first time with someone in distress—and so does doing it day in and day out.

Need some encouragement to consider this? In our Norway Feedback Study (Anker et al., 2009), we found that tailoring therapy based on client feedback improved the outcomes of nine of the ten therapists. Feedback seems to act as a 'leveler' among therapists, raising the effectiveness of lower or average therapists to that of their more successful colleagues. In fact, a therapist in the low effectiveness group without feedback became the therapist with the best results with feedback. This heartening finding suggests that regardless of where you start in terms of your effectiveness, you too can be among the most successful therapists if you take charge of your development.

Tracking your career development need not be complicated or expensive. You can begin by simply entering scores from the *Outcome Rating Scale* (or any other reliable and valid measure) into an Excel file. Then, track outcome over time with calculations available in Excel: average intake and final session scores; number of sessions; dropout rates; average change score (the difference between average intake and final session scores); and, ultimately, the percent of your clients who reach a reliable or clinically significant change—a statistical metric defined by your chosen measure (on the ORS, a reliable change is 5 points and a clinically significant change is a 5 point change that also crosses the clinical cutoff of 25). The percent of your clients who benefit is your benchmark—the number you are trying to increase by taking action about your development.

Simply plot your effectiveness by each block of 30 or more clients. These calculations provide a detailed snapshot of your growth over time. You will see whether your efforts are paying off, and if your chosen methods to increase your benefit to clients needs to be tweaked or changed outright. Excel does most of the calculations for you and there is also software (ASIST; visit http://www.clientvoiceinnovations.com/) and web options (http://www.MyOutcomes.com) available that make it easy. They do involve some cost (and ethically I am bound to inform you that I benefit financially from both of these options).

Once you know your baseline effectiveness level, you are 'ready to rock'. It is fine to put time into learning models and techniques, but it may make sense to invest your efforts in areas that will bring you the biggest return. What are those areas? One way to understand this is to look at the variation among therapists—we all know that some therapists are better than others. Who the therapist is exerts a powerful influence on outcome, second only to client factors—therapist effects account for six to nine times more impact on therapeutic change than model and technique. A recent investigation of the therapists in the famous *Treatment of Depression Collaborative Research Program* highlights this point (Kim, Wampold & Bolt, 2006). Clients who received sugar pills from the top third most effective psychiatrists achieved better outcomes than clients prescribed antidepressants from the bottom third, least effective psychiatrists. Who delivered the treatment mattered more than what they were delivering, even with drugs!

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What accounts for the variability among therapists? There is one good possibility and one no-brainer that separate the best from the rest. In a clever investigation that conducted minute-by-minute analysis of therapist-client interactions, Gassman and Grawe (2006) found that unsuccessful therapists focused on problems and neglected client strengths, while successful therapists focused on their clients' resources from the start. As for the no-brainer, research consistently shows that the alliance accounts for the lion share of therapist variability. Therapists who form better alliances across clients, not just the 'easy ones', have better outcomes. These two areas, what Gassman and Grawe called *'resource activation'*, and securing strong alliances with more clients represent the best ways to accelerate your development. Remember, though, whatever recipe you chose to improve your outcomes, 'the proof of the pudding is in the eating'.

Heroic stories

Resource activation does not mean ignoring pain, being a cheerleader, or glossing over tough issues. Rather, it requires that you listen to the whole story—what I like to call the 'heroic' story. Human beings are complex and have multiple sides, depending on who is recounting them and what sides are emphasized. The folklore of our field has drawn us toward the more

pathological account as the only or best version. It is neither.

Consider these comments from Sam, a very distressed young man:

"I've been in a lot more physical pain lately…No one wants to be around me because of my mental illness…My desire to self injure has been higher... My financial situation is out of control…My dreams have been increasingly violent toward my stepfather, his mental torture is constant, telling me that I am never going to amount to anything…and that I am worthless and do everything wrong. It's hard to argue with him because here I am, I amounted to nothing, he's right…And I fantasize about it every day, different ways of just crushing him...And I feel just hopeless…and half the time I am fighting to survive and half the time I am wondering if I should just stop fighting… Part of me hopes that the whole system will collapse, that society itself will just fold. I am depressed now and the rest of the world is normal. Take an event that would depress anyone. And then being depressed would be normal so in a way the whole world would come to my level of depression so I wouldn't be abnormal."

There are stories of self harm and suicidal ideation, of homicidal ideation, and apocalyptic fantasies. Are these accounts the only or truest ones of Sam's identity as a human being? As you read the excerpts below, consider the following questions:

- what are the obvious and hidden strengths, resources and resiliencies?
- what are the competing stories of Sam's identity?
- what is present that can be recruited to solve the problems?

Sam: *"I am one of those leeches on society. I am a negative person. I take away. I think that is one of the reasons why I want to see it all come apart."*

Barry: *"Well, no wonder. It would be like a new beginning if everything came apart—you would have a fighting chance to have a different kind of life. Right now you don't see any hope for a different kind of life to be possible."*

Sam: *"Right, I feel I could contribute to a society that had decayed to the point where it would need my contribution. I just feel I would be really good in a situation like that. I could lead a small rag tag band of warriors to lead attacks on the machines or bad guys."*

Barry: *"So it's like there is this inner warrior that wants to come out, you'd be able to take charge of that situation, to contribute in that situation."*

Sam: *"I feel like I would be a good leader."*

Barry: *"What keeps you from killing your stepfather?"*

Sam: *"The only things keeping him alive are my fear of getting caught and my own personal realization that I am not sure killing him would make me feel any better…I am so full of rage when it comes to him. He screwed up all our lives. Everything he touches is destroyed. I almost feel like it's my responsibility to take him out of the world so he can't do any more harm. But then I would have to do harm to do that and I can't do that because it's against my religion."*

Barry: *"A couple of things occur to me. One is that it's really not surprising that you are struggling now, there are a lot of low spots in your life, a lot of shit has happened in the past, a lot of animosity directed at your stepfather, a lot of bad things have happened to you, to wake up every day and feel like you are a leech on society, your identity, this inner warrior never able to be expressed, all this stigma that goes along with the mental disability, the physical pain, being in a financial hole, there is a lot of stuff conspiring to make you feel very bad about yourself. On the other hand, while I believe that's true, simultaneously not only do you have this inner warrior aspect of you, that leadership, knowing that there is a lot more to you that this society at this time allows you to express, there are also all these other things about you that are very impressive. You are really a savvy guy, you're smart, you have a dry sense of humor, we didn't laugh much but you said a lot of things that were funny. And you have a little bit of a twisted way of looking at things and that's very funny and I think that's a real strength you have. You know a lot of stuff about a lot of things—you're bringing a lot to the table, not the least of which is your insight about your stepfather and your ability to control yourself."*

Many stories have emerged. While the story of Sam's problems—suicidal/homicidal ideation, depression and self-loathing—was real, this story was not the only one and not the most representative of his identity. There was another tale of a remarkably reflective man who wants to contribute to society, a leader, an inner warrior who controls his impulses. Clients' heroic stories pave the way for change by showcasing abilities and making them available for use.

Consider Sam's concluding statements:

Sam: *"Somehow I'll find a way to give back to society. It may not be today or tomorrow but someday, because I am pretty young and have a lot of time to figure out how I can make society better and it doesn't have to be the end of the world."*

Several therapies that focus on resource activation or are 'strength based' offer a plethora of ways to inquire about, recruit, harvest and enlist client competencies; solution focused, narrative, client-directed, positive psychology, to mention a few. Find ways that fit your own therapeutic style to help you 'activate' client resources. For example, a question that comes from a narrative tradition and is a good fit for me is, *"Who in your life wouldn't be surprised to see you overcome the problem before you now?"*.

Consider Yolanda, a young woman I saw the day after child protective services (CPS) removed her children because Yolanda started using 'crack' again. CPS was not the bad guy here—there was a contract and Yolanda violated it when she started using again. One story about Yolanda was that she was the crack-addicted mother who had her kids removed by CPS. A strength-based approach suggests this is not the only story that can be told, and is not the one that best reflects who Yolanda really is and what she brings to the table.

At our first meeting, Yolanda was devastated—teary, lethargic and she had an understandable 'edge'. Far worse was that she barely said anything and didn't even look at me. Here were two people who couldn't have been more different from one another—Yolanda was an impoverished 21 year-old African American woman whose world was just split wide open, and me, an old middle class white guy without a care in the world, relatively speaking. So I asked a question to see if I could get to Yolanda's resources.

Barry: *"Yolanda, who in your life wouldn't be surprised to see you stand up to this situation, stop using crack and do*

what CPS wants so you can get visitation of your kids back?"

Yolanda: (Long pause). *"Well, my Uncle Charlie wouldn't be surprised."*

Barry: *"If Uncle Charlie was here, what story would he tell that would inspire in me the same confidence he has in you?"*

Yolanda: *"Uncle Charlie liked to tell the story of when I used to visit him over the summer with all my other cousins. One summer when I was six or seven, my cousins and I ran further into the forest than we had ever gone before. We were running full blast over a ravine and I stepped in quicksand and pretty quickly sank to my waist and was slowly sinking. We were way out in the woods and my cousins ran all the way back to get my uncle who rushed to get me, which seemed to me to be about forever later. Thinking that I would already be dead, Uncle Charlie was so relieved to see me that he cried for joy—by that time I had sunk up to my neck. He never stopped talking about when he found me. I was calm and collected and just as still as I could be—somehow I instinctively knew not to struggle or make a move. He always told me and everybody else what a trooper I was. Uncle Charlie would not be surprised by my ability to deal with this stuff. He always told me if I could deal with that situation as a kid, I would be able to deal with anything in my life."*

Uncle Charlie was right. There were many other stories about Yolanda that could better capture her humanity and showcase her resources. For instance, when she stood up, under great peril, to her crack-dealing, abusive partner, and left him and the crack house behind. Despite his continued stalking and threat of violence, Yolanda acted to protect her children. In addition, under all this duress, she chose to quit crack—and did so for 17 months until a combination of events persuaded Yolanda to relapse. So there was a crack-addicted mother who lost her kids, and there was the heroic mother who stood up to abuse to protect her children, and had made good choices for 17 months regarding her crack use. With these resources and resiliencies to work with, and Yolanda now engaged in the beautiful thing we call therapy, my job was easy. Yolanda started going to NA again, worked with CPS and me to complete their requirements, and started supervised visitation that ultimately led to regained custody of her children.

Reliance on the alliance

Although much ignored, it is a fact that the alliance is our most powerful ally and represents the most influence we can have over outcome—and is also the quickest way to accelerate our development. Do not give the alliance short shrift! I know this is challenging—the alliance is not sexy in comparison to 'the miracle cure'. But the alliance is not the anesthesia before surgery—it's not the stuff you do until you get to the real therapy. We do not offer Rogerian reflections to lull clients into complacency so we can stick the real intervention to them!

The alliance is probably best conceptualized as an all-encompassing framework for psychotherapy—it transcends any specific therapist behaviour and is a property of all aspects of providing services (Hatcher & Barends, 2006). The alliance is evident in anything and everything you do to engage the client in purposive work, from offering an explanation or technique to scheduling the next appointment.

You have to *earn* the alliance—it's not given to you, you have to put yourself out there with every person, every interaction, and every session. It is a daunting task—don't underestimate it.

Let's put the alliance in perspective. The alliance accounts for five to seven times the amount of variance of outcome attributed to model and technique. Although there is a lot of talk about what distinguishes therapists, the most definitive thing we know about what makes some therapists better than others is their ability to secure a good alliance across a variety of client presentations and personalities (Baldwin, Wampold & Imel, 2009). There are over 1000 process-outcome findings that support the association between a strong alliance and positive outcome (Orlinsky, Rønnestad & Willutzki, 2004). Despite this, however, naysayers will dismiss the alliance by saying the research is only correlational. Even more damning, they say we don't know which comes first, client experience of a strong alliance or client report of change or benefit—the classic chicken or the egg question. Our recent alliance study of 500 clients (Anker, Owen, Duncan & Sparks, 2010) directly addressed this question. The alliance significantly predicted outcome over and above early benefit, demonstrating that the alliance is not merely an artifact of client improvement, but rather a force for change in itself.

...your client's perception of empathy is more powerful than any technique you can ever wield.

Embrace it and put it high on your developmental priority list. Monitor your alliance with clients, expand your repertoire of relational skills, and track your cumulative career development to see if it matters. I think it will. The alliance is your craft. Practice well the skills of your craft. At some point, your craftsmanship elevates to art. Investigate multiple ways to practice your alliance skills and consider your growth as a therapist to be parallel to the development of your relational repertoire.

There are many ways to understand alliance skills as well as many available systems to improve your relational abilities, from classic Rogerian to addressing alliance ruptures, to specific models that are attentive to relational aspects, such as motivational interviewing. One way to think of your relational responses, as an overall backdrop, is the concept of *validation*. Validation reflects a genuine acceptance of the client at 'face value' and includes an empathic search for justification of the client's experience in the context of trying circumstances—that they have good reason to feel, think and behave the way they do. Validation helps them breathe a sigh of relief and know that blame is not a part of our game—we are on their team.

Validation combines two robustly empirically demonstrated aspects of the relationship—empathy and unconditional positive regard. A review of the research (Norcross, 2010) in the second edition of *The Heart and Soul of Change* (Duncan et al., 2010) confirms what you already know. Regarding empathy, a meta-analysis of 47 studies found an effect size (ES) of .32. To put this in perspective, the ES of model and technique differences is only .20. So your client's perception of empathy is more powerful than any technique you can ever wield. With respect to positive regard, when clients rate outcome, 88% of studies find a significant relationship between client experience of positive regard and a successful conclusion of therapy. Carl Rogers was on to something!

Consider Sam again. After hearing all the things troubling him and his desire to see the end of world, these were my first comments:

"Makes a lot of sense. Another way of saying that would be that anyone experiencing what you are—if they were in pain, just came out of surgery, were in a financial hole they couldn't get out of, and didn't have anything going socially, anybody on the planet would be depressed, anybody walking in your shoes would be depressed, and anybody would be struggling with whether or not they wanted to live." That's a long way to say, *"No wonder you are depressed"*.

These comments replaced the self-invalidations (*"I'm a leech, a negative person, etc"*), and the invalidations of others (bizarre thinking, etc). When clients feel validation, different conclusions can be reached and alternative actions can emerge. Sam sighed and relaxed, knowing I was in his corner and the next exchange further clarified why he wanted an apocalypse as well as his recognition of his leadership ability.

Securing a good alliance also entails agreement about the goals and the tasks of therapy—what you are going to work on and how you are going to do it. In an important way, the alliance is dependent on the delivery of some particular treatment—a framework for understanding and solving the problem. There can be no alliance without treatment. On the other hand, technique is only as effective as its delivery system—the client-therapist relationship. If technique fails to engage the client in purposive work, it is not working properly and a change is needed.

Here is where the variety of models and techniques pays off. While there is no differential efficacy among approaches in general, there is differential efficacy among approaches with the client in your office *now*. The question is: does the approach resonate or not? Does its application help or hinder the alliance? Is it something that both you and the client can get behind?

Your alliance skills are truly at play here—your interpersonal ability to explore the client's ideas, discuss options, collaboratively form a plan, and negotiate any changes when benefit to the client is not forthcoming. Technique, its selection and application, in other words, are instances of the alliance in action. This process of exploration can also help you expand your theoretical breadth.

Theoretical breadth—what the eclectic/integrationists have been telling us all along

Another important influence on *Healing Involvement* is your *theoretical breadth.* Therapist allegiance to any particular theoretical content involves a trade-off that enables and restricts options. Theoretical loyalty provides a clear direction but is inherently limiting—'cookie cutter therapy' is safer to do, but is only useful for a portion of the people you see.

We probably, at most, can hold only two or three systems of therapy in our heads at one time. However, we can use far more successfully if we open ourselves to Jerome Frank's classic observation that what is important about a model is not their inherent truth across clients, but rather a rationale for the client's problem and a ritual to solve it. Knowing all models can be 'boiled down to' an explanation and remedy makes them easier to get a handle on and try out. This is in contrast to the arduous requirement of two years of intensive supervision often portrayed as necessary in order to understand or implement an 'approach' (but you might want to keep that to yourself).

So how do we broaden our theoretical horizons? First, pay attention to those theories that make sense to you—that fit your own views of human nature, problems and solutions. Expand what you already know. Add explanations and methods from approaches that are similar to the one you already practice e.g., if you are solution-focused then it is likely narrative ideas would be an easy stretch of your skills.

Next, listen to your client's ideas and throw your self-consciousness to the side—let the client's theory be your theory with *that* client (Duncan, Solovey & Rusk, 1992). Tailoring your approach to your client's ideas provides opportunities to expand your theoretical breadth. This may not be easy to do if the client's ideas rub you up the wrong way. For example, at one time, I was biased against any historical expedition into client's lives. I was rigid in my thinking and, while I didn't know it, I'm sure I lost plenty of clients as a result. Until one day a young woman, Claire, told me that she had been sexually abused as a child and that she wanted to pursue therapy based on a *Courage to Heal* framework, a popular approach back in the eighties. I bristled immediately and offered to refer her to therapists who I knew did 'that kind of work'.

But Claire didn't take my refusal. She told me that a close friend of hers had seen me, and she was convinced I was the person for the job. Claire asked, *"Couldn't you at least look at the book and give it a try?"*. Essentially, she shamed me into stepping outside of my comfort zone, and it was incredibly rewarding. We followed the workbook, I shared my concerns along the way, and Claire benefited greatly from the work—her own idea of how she could be helped. Her toughest task was to get me on board. The *'Courage to Heal'* approach provided a rationale for Claire's experience of problems, and a remedy to address them. Claire helped me to learn that theory only has value in the particular assumptive world of the participants—the client and therapist—and that theory need not be 'true' across clients; rather, any theory needs only to be valid with *this* client in my office *now*.

Finally, be proactive in adding theoretical dimensions to your work. Become familiar with many ways of understanding problems and solutions. Play 'on the other hand' games with your colleagues in supervision and client conferences. When someone presents an explanation about a client difficulty, encourage everyone to present alternative myths and rituals. You can then turn the discussion toward the description that represents the better fit with the client. Talking with your colleagues about varied rationales and remedies will benefit everyone's work. It is also fun and allows an appreciation that models offer only metaphorical accounts of how people can change, not the truth with a capital 'T' or what clients must do to change.

Currently experienced growth—what have you done for me lately?

Critical to therapists' perceptions of their development is their currently experienced growth. Therapists like to think of themselves as developing now, but where does this sense of growth come from? According to Orlinsky and Rønnestad, the most widely endorsed influence was practical learning through therapists' experiences with clients. Not workshops and books trumpeting the latest and greatest. Rather, almost 97% of therapists reported that learning from clients was a significant influence on their development. In truth, beyond cliché, therapists do believe that clients are the best teachers.

How do we put those hard earned lessons to work for us and our outcomes? It starts with separating your current clients into two piles—those who are benefiting and those who are not. Reflect on your clients who are changing and how you are contributing; also consider your clients who are not improving and how you are therapeutically handling these tough circumstances—we can do our best work in these challenging situations. The idea is to proactively consider the lessons clients are teaching us, and to reflect on their importance to our development as well as our identity as therapists. Your reflections and discussions with colleagues and supervisors, as well as clients, will permit you to squeeze all the learning out of each situation.

Note any changes or new behaviours with clients, then put a magnifying glass on them, and strive to understand how you were able to 'pull it off'. Recognize that these instances depict a new chapter in your development as a therapist. Perhaps you did something for the first time with a client, or a light went on and you now understand something in a different way. When you articulate what is different about your work, you make it more real, and are more likely to continue it in the future and have it impact your outcomes. The Norwegian therapist who became the most effective in our study noted several things that feedback brought to her work, as well as what she had learned from her experiences with clients—the value of clarity and focus, of shared responsibility, purpose and true collaboration, and importantly, she gained a sense of security and the courage to take risks.

Don't take it lightly when you do something different. Talk to your colleagues and reflect upon your actions in terms of your development and identity.

You do what?

I used to avoid the question of what I did for a living like the plague. I didn't like saying I was a psychologist or a therapist and hearing remarks like, *"Are you going to psychoanalyse me?"*, or other harmless looks or comments people give or say 'off the cuff'. I didn't like it because I didn't have an authentic way to describe what I did that captured what being a therapist meant to me. I knew the medical model didn't do it for me—I never saw clients as patients with illnesses who require treatment from an expert administering powerful interventions. I wasn't sure until I tried to articulate answers to these questions: What is your identity as a therapist? How do you describe what you do? At your very best, what role do you play with your clients? What recent work with a client represents the essence of your identity, illustrating what you embrace most about what you do (Duncan & Sparks, 2010)?

As we develop as therapists, it is useful to contemplate both our identity and how we describe what we do—to define, edit, refine, expand, or outright change it altogether. This helps to keep our growth clearly in focus and enables us to compare our current descriptions to earlier accounts. Our belief in what we do, or what researchers call our *'allegiance'* to our chosen ideas and practices, is a powerful mediator of positive outcome. Given the impact of our expectations and beliefs, it makes sense to describe our work in ways we can believe in and that do not restrict our flexibility. Anything that keeps our development on the front burner will help us stay vitally involved in the work—which is what it takes to get better.

The treasure chest

The *'Treasure Chest'* started out as a file into which I put clients' unsolicited communications about the work I did with them—their feedback, usually well after therapy had ended. Over time, the Treasure Chest offered a way to buffer burn out, a momentary sanctuary from the downsides of the work, when the requirements of the system bring you down, or when you see several clients in a row that aren't benefiting much, or when a client story hits home in a particularly painful way. It's the place to escape tough times and reconnect to the work, to why you became a therapist in the first place.

Consider Adam, a young man who spent his eighteenth birthday in prison for gang violence, but was released soon after as part of an early parole program. He was mandated to therapy and I saw him as a favour to the probation officer who had been a student of mine. Adam was a long time member of the skinheads. I wasn't sure I could work with Adam, not because of his record or gang status or because he was a scary looking dude, but rather because he was openly racist and regularly spewed hate-filled comments. In amazing ways I had never heard, Adam strung together obscenities and slurs with an alarming passion—about me (I was a lackey for the other side), the probation officer (an African American woman), and about everyone else who wasn't dedicated to white supremacy. But somehow,

therapy worked its magic with Adam and me. Over time, Adam's intellect and compassion pulled him out of the indoctrination of hate that had dominated his life. He became curious about my attitudes about African Americans, Jews and Hispanics when he learned that I grew up not far from where he did—a serendipitous shot in the arm for our work. Our conversations deepened and ultimately challenged the lies embedded in hate and prejudice. Adam, an introspective man, took these discussions to heart, and began to let go of his racist background and understand how poverty and despair set the context for his beliefs. He moved out of the neighborhood where the spectre of gang life was inescapable, and moved on in other ways as well.

About six months after I had written a letter in support of Adam's enlistment in the Army, I received this:

"Hi Barry,
I wanted to write you and let you know what was happening and to say thanks. As you know I fulfilled the obligations of my parole and joined the Army (Thanks for the letter!). I just made corporal and things are going well for me. I am told that I am sergeant material and I intend to take college courses when I get stationed after infantry training. But what I really wanted to tell you about was my barracks.

The Army has lots of different kinds of people. In fact, I am the minority here. Most of the guys in my unit are black or Hispanic. And that's the thing I wanted to tell you. I see their uniform first before I notice whether they are white or not. I see them as my team and I will watch their backs like I know they will watch mine. My best friend in my unit is a Mexican-American guy from Texas. We have had some great discussions about racism and he came from a real poor background, probably even worse than me. He has gone through some real hard times with white people.

So, thanks Barry. Thanks for not giving up on me, for putting up with my bullshit, and for seeing that I was capable of something different."

These unsolicited notes, letters, and cards have sustained me in tough moments as a therapist. Over the years, I added another dimension to my Treasure Chest file, my reflections about the clients who taught me the most about being a psychotherapist, a narrative account of my development as a therapist told through my experiences with clients. Tina was one of those stories. Some have appeared in previous issues of *Psychotherapy in Australia*.

The pre-requisite to accelerating your development is your understanding that you are a primary figure in each client's ultimate outcome—the client is certainly central, but as the old saying goes, 'it takes two to tango'. Your view of your growth impacts your ability to be involved deeply in the therapeutic process. The first step is to track your cumulative career development and take it on as a project. Proactively monitor your effectiveness in service of implementing strategies to improve your outcomes. Practice the skills of your craft and monitor your results. Next, deliberately expand your theoretical repertoire and loosen your grip on the inherent truth value of any given approach. Plurality of perspective serves you and your clients. Most importantly, pay close attention to your currently experienced growth. Take a step back, review your current clients and consider the lessons you are learning. Empower yourself, like you would your clients, to enable the lessons to take hold and add meaning to your development as a therapist. Articulate how client lessons have changed you and your work, and what it means both to your identity as a helper and to how you describe what it is that you do. Continuing that theme, reflect on your identity and construct a story of your work that captures what you do as a helper. Continue to edit and refine your identity and accounts of what constitutes the essence of your work—evolve a description you can have allegiance to but that doesn't lead to dead ends. Finally, to keep your development in the viewfinder, collect client notes, cards, and letters about your work with them as well as client stories that mark significant events in your growth as a psychotherapist—the *Treasure Chest*. Helping you re-remember why you became a therapist, opening this file enables an escape from the pressures and disappointments of the daily grind of being a therapist. Chronicle your development as a therapist through narrative accounts of the clients who taught you the most.

If you got into this business, like me and the majority of therapists I meet, because you wanted to help people, you already have what it takes to become a better therapist. It boils down to two things. The first is your commitment to forming partnerships with clients to monitor the outcome of the services you provide. The second is your investment in yourself, your own growth and development. Systematic client feedback provides the method for both. Your love of the work provides the rest.

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AUTHOR NOTES

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