What Therapists Want: It's Certainly Not Money or Fame

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By Barry Duncan

It's no secret to anybody in our field that this is a tough time to be a therapist. In public agencies, we're underpaid, overworked, and held to unattainable "productivity standards" (24 to 28 client hours a week; 30 to 34 scheduled appointment hours to make up for cancellations and no-shows). We're subjected to a continual onslaught of paperwork to secure payments, and frequently face cutbacks and layoff threats. While some of us still thrive in private practice, most of us make far less than we did during the "golden age" of fee-for-service insurance reimbursement. Furthermore, the nature of clinical work often is frustrating, even anxiety-provoking, exposing us to high levels of human suffering.

Adding insult to injury, the culture at large doesn't seem to admire therapists particularly, or understand what we do. This point is clear if you take a moment to think about the portrayals of therapists by Dr. Marvin Monroe of *The Simpsons* or Jack Nicholson in *Anger Management* or Barbra Streisand in *Meet the Fockers*. Sure, good examples of competent clinicians exist, but they're far outweighed by those that cast us as self-indulgent crackpots endlessly mouthing psychobabble. So, why *would* anybody choose to enter such a field? To be sure, most of us didn't choose this work because we thought we'd acquire the lifestyles of the rich and famous—we knew at the outset that devoting our lives to trying to assuage human misery wouldn't be a walk in the park. Still, given the increasing hardships of the profession, many of us do grow battle weary and begin to wonder why we enlisted in the first place. So what keeps us from succumbing to burnout or getting a job that's more fun—like tarring roofs in Miami in August or draining septic tanks?

A massive, 20-year, multinational study of 11,000 therapists conducted by researchers David Orlinsky of the University of Chicago and Michael Helge Rønnestad of the University of Oslo (both contributors to the venerable *Handbook of Psychotherapy and Behavior Change*) not only has the answer, but captures the heart of our aspirations and perhaps the soul of our professional identity. For their book published in 2005, *How Psychotherapists*

Develop, they collected and analyzed detailed reports from nearly 5,000 psychotherapists about the way they experienced their work and professional development. Since then, 6,000 more therapists have participated in the study as a collaborative project with members of the Society for Psychotherapy Research. What's fascinating about the results of this longitudinal study is the consistency of response across therapist training, nationality, gender, and theoretical orientation. The study portrays psychotherapy as a unified field, despite what our warring professional organizations and theories often tell us.

The specific findings reaffirm some characteristics therapists already know about themselves, and includes new, illuminating details. Therapists stay in the profession, not because of material rewards or the prospect of professional advancement, but because—above all—they value connecting deeply with clients and helping them to improve. On top of that, the clinicians interviewed consistently reported a strong desire to continue learning about their profession, regardless of how long they'd been practicing. Professional growth was cited as a strong incentive and a major buffer for burnout across the board.

Orlinksy and Rønnestad termed both what therapists seek in their professional careers and the satisfaction they receive from the work they do *healing involvement*. This concept describes therapists' reported experiences of being personally engaged, communicating a high level of empathy, and feeling effective and able to deal constructively with difficulties. Healing involvement represents us at our best—those times when we're attuned to our clients and the path required for positive change becomes clearly visible; those times when we can almost feel the "texture" of our therapeutic connection and know that something powerful is happening. But what causes this, and more important, how can we make it happen more often?

We all know that healing involvement isn't simply an inevitable outcome of sitting in an office with troubled and unhappy people for many years. According to Orlinsky and Rønnestad, it emerges from therapists' *cumulative career development*, as they improve their clinical skills, increase their mastery, gradually surpass limitations, and gain a positive sense of their clinical development through the course of their careers. Therapists have a deep need to think of themselves as learning more and getting better at what they do over time. As they accrue the hard-earned lessons offered by different settings, modalities, orientations, and populations, they want to come out on the positive end of any reappraisal of their experience. It's a feeling common to people in many professions and walks of life: the better you think you are at something, the more invested you are in doing it.

But an even more powerful factor promoting healing involvement is what the authors call therapists' sense of *currently experienced growth*—the feeling that we're learning from our day-to-day clinical work, deepening and enhancing our understanding in every session. Orlinsky and Rønnestad suggest that this enlivening experience of current growth is fundamental to maintaining our positive work morale and clinical passion.

According to their study, the path to currently experienced growth is clear. It's intimately connected to therapists' experiences with clients and what they learn from them, and is

unrelated to workshops and books trumpeting the latest and greatest advances in our field. Almost 97 percent of the therapists studied reported that learning from clients was a significant influence on their sense of development, with 84 percent rating the influence as "high." It appears therapists genuinely believe that clients are the best teachers. But the finding that most impressed Orlinsky and Rønnestad was therapists' inextinguishable passion to get better at what they do. Some 86 percent of the therapists in the study reported they were "highly motivated" to pursue professional development. It appears that no matter how long they've been in the business, therapists still want to learn more and get better.

To the question, "Why is our growth so important to us?" Orlinksky and Rønnestad posited a close link between healing involvement and currently experienced growth. The ongoing sense that we're learning and developing in every session gives a sense of engagement, optimism, and openness to the daily grind of seeing clients. It fosters continual professional reflection, which, in turn, motivates us to seek out training, supervision, personal therapy, or whatever it takes to be able to feel that the developmental process is continuing. Borrowing a term from the late Johns Hopkins psychiatrist and common-factors theorist Jerome Frank, having a sense of currently experienced growth "remoralizes" therapists, repairing the abrasions and stressors of the work and minimizing the danger of falling into a routine and becoming disillusioned. "[It] is the balm that keeps our psychological skin permeable," said Orlinsky. "Many believe that constantly hearing problems makes one emotionally callused and causes one to develop a 'thick skin.' But not therapists. We need 'thin skin'—open, sensitive, and responsive—to connect with clients." Currently experienced growth, then, is our greatest ally for sending the grim reaper of burnout packing—we *need* to feel we're growing to fend off disenchantment.

The Importance of Measuring Outcomes

Achieving a sense of healing involvement requires a continual evaluation of where we are compared to where we've been. We must keep examining our clinical experiences, looking for evidence of our therapeutic mastery and mining our sessions for the golden moments that replenish us. But if our sense of healing involvement with clients is tied to our ongoing sense of making a difference, how do we *know* we're truly helping? You know when a roof is tarred or a tank drained, but how do you know when psychotherapy is beneficial? Therapeutic outcomes are hard to define and harder to measure.

The research literature offers strong evidence that therapists aren't good judges of their own performance. Consider a study by Vanderbilt University researcher Leonard Bickman and associates reported in 2005 in the *Journal of Clinical Psychology: In Session* in which clinicians of all types were asked to rate their job performance from A+ to F. About *66 percent* ranked themselves A or better. Not one therapist rated him- or herself as being below average! If you remember how the Bell Curve works, you know that this isn't logically possible.

Further evidence of therapists' self-assessment difficulties is found in a study by Brigham Young University's Corinne Hannan, Michael Lambert, and colleagues, reported in the

same issue of the *Journal of Clinical Psychology: In Session*. They compared therapist judgments of client deterioration with actuarial predictions for 550 clients (algorithms based on a large database of clients who completed the Outcome Questionnaire 45.2). The average deterioration rate for psychotherapy clients is about 8 percent, so about 40 clients in this study of 550 would likely worsen with treatment. Therapists accurately predicted deterioration in only 1 out of 550 cases. Thus, of the 40 clients who deteriorated, psychotherapists missed 39. In contrast, the actuarial method only missed 4.

It's not that we're naïve or stupid; it's simply hard, if not impossible, to accurately assess your effectiveness on a client-by-client basis. For this, you need some quantitative standard as a reference point—you need to measure outcomes. I can hear you groan, but I'm not talking about outcome measurement for the sake of bureaucratic "accountability" to funding sources or for justifying your existence by demonstrating your "proof of value" or "return on investment." Rather, measuring outcomes allows you to cut through the ambiguity of therapy, using objective evidence from your practice to help you discern your clinical development without falling prey to that perennial bugaboo of the therapeutic endeavor: wishful thinking. Taking the time to measure outcomes relates directly to both having an awareness of our mastery over time and experiencing a sense of current growth.

How does outcome measurement further cumulative career development and currently experienced growth—the two keys to greater healing involvement with clients? First, cumulative career development is another way of saying that we're "getting better all the time." The routine collection of outcome data allows you to determine your effectiveness over time, and gives you a base for trying out and accurately evaluating new strategies. Begin simply by entering your outcome scores into a database, and keeping track of them on an ongoing basis: intake and final session scores, average change score (the difference between average intake and final session scores), and, ultimately, the percent of your clients who benefit. If you can review and assess your clinical work through the years, you can actually *learn* from your experience, rather than simply repeating it and hoping for the best.

Of course, finding out how effective you really are can be risky business. What if you find out that you're not so good? What if you discover that you're—say it isn't so!—just average? Measuring outcomes takes courage, but so did walking into a consulting room for the first time to counsel someone in distress—and so does doing it day in and day out.

There are some good reasons to take the risk, however. Consider the results of a 2009 investigation of client-outcome feedback that I conducted in Norway with psychologist Morten Anker and family therapy professor Jacqueline Sparks and published in the *Journal of Consulting and Clinical Psychology*. The largest randomized clinical trial of couples therapy ever done, it found that clients who gave their therapists feedback about the benefit and fit of services on two brief, four-item forms reached clinically significant change nearly four times more than non-feedback couples did (Download measures here.).

So it's clear that clients benefit from the use of feedback forms, but so do we. Tracking outcomes improved the results of 9 out of 10 therapists in this study. In fact, Anne, 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're proactive about tracking your development.

As for the relationship of measuring outcomes to currently experienced growth, as Orlinsky and Rønnestad have shown, the old therapeutic cliché is true: therapists really do believe that clients are their best teachers. Clients provide the opportunity for constant learning about the human condition, different cultures, and worldviews, as well as the myriad ways that people transcend adversity and cope with the unthinkable. But while we learn a great deal almost by osmosis from our clients, tracking outcomes takes the notion that "the client is the best teacher" to a different, higher, and more immediately practical level. Tracking outcomes with clients not only focuses us more precisely on the here-and-now of sessions, it takes us beyond mere intuition and subjective impressions to quantifiable feedback about how the client is doing. We get unambiguous data about whether clients are benefiting and whether our services are a good fit for them. From their reactions and reflections, we receive information that we can use in figuring out the next step to take in therapy. In short, tracking outcomes enables your clients—especially those who aren't responding well to your therapeutic business-as-usual—to teach you how to work better. In fact, clients who *aren't* benefiting offer us the most opportunity for learning by helping us to step outside our comfort zones.

Recall Anne, one of the lowest-scoring Norwegian therapists, who became the best therapist when she collected client outcome and alliance feedback. Here are her reflections about the relationship between her clients' feedback and her sense of currently experienced growth:

Discussing when clients were not benefiting helped me be more straightforward, more courageous. I inquired more directly about what we could do together. . . . Clients taught me how to handle it when I was not useful. Clients and I reflected more on their changes and on the sessions. We got more concrete regarding change, how it started, and what else would be helpful.

In all, collecting outcome data with clients helped me take risks and invite negative feedback. So I asked for it, showed I could handle it, validated it, and then incorporated it in the work. That's what therapy's all about—real collaboration.

The Orlinsky and Rønnestad study contains important information about who we are and what we have to do to remain a vital force in our clients' lives. It shows that our professional growth is a necessary part of our identity, as is our need to harvest the experiences that replenish us. It's not enough to be soft-hearted and empathetic. Therapists need to have a keen sense of reality-testing to keep their heads above water in this field and make sure their work continues to be fulfilling.

Attaining healing involvement requires two things: your investment in yourself and a recognition of your own growth and development. This, in turn, necessitates a commitment to tracking your outcomes.

Tracking outcomes enables a big-picture view of your cumulative career development and a microscopic view of your currently experienced growth. Both perspectives allow you to continually assess your development, challenge your assumptions, adjust to client preferences, and master new tools. Monitoring outcomes can help you survive—indeed thrive—in a profession under siege, yet still compelling; a profession that offers a lifetime training ground for human connection and growth, and frequently yields small victories that matter in the lives of those we see.

Resources

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Duncan, Barry, Scott Miller, Bruce Wampold, and Mark Hubble. *The Heart and Soul of Change: Delivering What Works in Therapy, 2nd Edition.* Washington, D.C.: American Psychological Association, 2010. Find out how to improve your outcomes from leading researchers.

Hannan, Corinne, Michael J. Lambert, Cory Harmon, et al. “A Lab Test and Algorithms for Identifying Clients at Risk for Treatment Failure.” *Journal of Clinical Psychology: In Session 61*, no. 2 (2005): 155-63.

Lambert, Michael J. “Yes, It Is Time for Clinicians to Routinely Monitor Treatment Outcome.” In *The Heart and Soul of Change: Delivering What Works*. Washington, D.C.: American Psychological Association, 2010. Find systems for tracking outcomes here.

Orlinsky, David E., and Michael H. Rønnestad. *How Psychotherapists Develop: A Study of Therapeutic Work and Professional Growth*. Washington, D.C.: American Psychological Association, 2005. Learn about the groundbreaking study and see how you compare to the therapists involved.

Sapyta, Jeffrey, Manuel Riemer, and Leonard Bickman. “Feedback to Clinicians: Theory, Research, and Practice.” *Journal of Clinical Psychology: In Session* 61, no. 2 (2005):145–53.

Opening the Path: From What Is to What Can Be

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By Barry Duncan

A recent consult I did illustrates the intrinsic rewards of healing involvement and intimate connection. Rosa, who was 7, had gone to live with her foster parents—her aunt and uncle, Margarita and Enrique—because the parental rights of her birth parents had been terminated. Both her father and mother were addicts with long criminal records; the father was in jail, and the mother was still using drugs. The new situation wasn't going well, however. Rosa's mom had ingested crack and other drugs during the pregnancy and the child, as young as she was, already had received a handful of diagnoses (pediatric bipolar disorder, AD/HD, oppositional defiant disorder). She clearly had been born with two strikes against her: parents missing in action and her development impaired by drugs.

Rosa was a "difficult" child, to say the least—prone to tantrums that included kicking, biting, and throwing anything she could find. The family's previous therapist was stymied and had referred the family to me for a consult. I began the session by asking Rosa if she could help me out by answering some questions. She immediately yelled, "NO!" leaning back, with her arms folded across her chest. As I turned to speak with Enrique and Margarita, Rosa began having a tantrum in earnest—screaming at the top of her lungs and flailing around, kicking me in the process.

With Rosa's tantrum escalating, Margarita, who'd first tried to soothe her, dropped a bombshell. In a disarmingly quiet voice, she announced that she didn't think she could continue foster-parenting Rosa. The tension in the room immediately escalated; the only sound was Rosa's yelling, which had become more or less rote at that point. I felt as if I'd been kicked in the gut. I'd expected to be helping foster parents contain and nurture a tough child. Now it felt like I was participating in a tragedy in the making. Here was a couple, trying their best to do the right thing by taking in a troubled kid with nowhere else to go, but who seemed ready to give up.

The situation was obviously wrenching for Margarita and Enrique, but it was potentially catastrophic for Rosa. In this rural setting, they were her last hope, not only of living with family, but of living nearby at all, since the closest foster-care placement was at least 100 miles away. I contemplated Rosa's life unfolding in foster care with strangers who'd encounter the same difficulties and likely come to the same impasse—resulting in a nightmare of ongoing home placements.

Margarita continued explaining why she couldn't go on, speaking softly while tears rolled down her cheeks. Not only did she feel she couldn't handle Rosa, she also worried about the child's attachment to her. She said Rosa's mother still engaged in behind-the-scenes sabotage, trashing Margarita and Enrique to relatives and sending messages undermining

the two of them to Rosa whenever she could. Margarita said that her arguments with Enrique about how to deal with the child were taking a toll on their relationship.

As Margarita expressed her doubts in a near whisper, Enrique's eyes began to tear up and a feeling of despair permeated the room. At that moment, I felt helpless to prevent a terrible ending to an already bad story. Meanwhile, Margarita began gently caressing Rosa's head and speaking softly to her—the Spanish equivalent of "there, there, little one"—until the little girl started to calm down. With her tantrum at an end, Rosa turned to face Margarita, and then reached up and wiped the tears from her aunt's face. "Don't cry, Auntie," she said warmly, "don't cry."

Witnessing these actions was yet another reminder to me of how new possibilities can emerge at any moment in a seemingly hopeless session. "It's tough to parent a child who's been through as much as Rosa has," I said. "I respect your need to really think through the long-term consequences here. But I'm also impressed with how gently you handled Rosa when she was so upset, and with how Rosa comforted you, Margarita, when she saw you crying. Clearly there's something special about the connection between you two."

Margarita replied that Rosa definitely had a "sweet side." When she saw that she'd upset either Margarita or Enrique, she quickly became soft, responsive, and tender. I began to talk with Margarita and Enrique about what seemed to work with Rosa and what didn't. While Rosa snuggled with Margarita, we talked about how to bring out Rosa's sweet side more often. As ideas emerged, I was in awe, as I often am, of the fortitude clients show when facing formidable challenges. Here was a couple in their late forties who'd already raised their own two children, considering taking on the responsibility of raising another one who had such a difficult history.

By now, the tension and despair present a few moments before had evaporated. The decision to discontinue foster parenting, born of hopelessness, had lost its stranglehold, though nothing had been said explicitly about that. As we were wrapping up, I gave all of them the alliance tool—the Session Rating Scale that solicits client feedback about how the meeting went for them. Rosa wrote "good" at the far right of each item. I'd obviously won her over—a real coup from my perspective. As an old family therapist, I thought she was a good barometer for the overall affect in the room. Now all smiles and bubbly, she was bouncing up and down in her chair.

Somewhat out of the blue, Margarita announced that she was going to stick with Rosa. "Great," I said quietly. Then as the full meaning of what she'd said washed over me, I repeated it a bit louder, and then a third time with enthusiasm—"Great!" I asked Margarita if anything in particular had helped her come to this decision. She answered that, although she'd always known it, she'd realized in our session even more than before that there was a wonderful, loving child inside Rosa, and that she, Margarita, just had to be patient and take things one day at a time. The session had helped her really see the attachment that was already there. I felt the joy of that moment then, and I still do.

Follow-up revealed that this family stayed together. Margarita never again lost her resolve to stick with Rosa. In addition, many of Rosa's more troubling behaviors fell away, perhaps as a result of having stability in her life for the first time. Confirming this picture were the family's perceptions of their own change on the outcome measures.

In my view, the session included a lot of healing involvement—that intimate space in which we connect with people and their pain in a way that somehow opens the path from what is to what can be. My heartfelt appreciation of both the despair of the circumstance and their sincere desire to help this child, combined with the fortuitous "attachment" experience, generated new resolve for Margarita and Enrique.

Regarding currently experienced growth, this session taught me, once again, that anything is possible—that even the bleakest sessions can have a positive outcome if you stay with the process. Just when things seemed the most hopeless, when both the family and I were surely down for the count and needed only to accept the inevitable, something meaningful and positive emerged that changed everything—including me.

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