



QUALITIES AND ACTIONS OF EFFECTIVE THERAPISTS

Research suggests that certain psychotherapist characteristics are key to successful treatment.

By Bruce E. Wampold

Psychotherapy is generally viewed as a legitimate and beneficial treatment for mental disorders in the United States. Of those who seek services for psychological distress in the United States, about 40 percent receive psychotherapy from a psychologist, social worker, or counselor (Druss et al., 2007). In all, over 10 million Americans receive psychotherapy annually (Olfson et al., 2002; Wang et al., 2005), at a yearly cost of between \$5.7 and \$9.6 billion (Langreth, 2007; Minami & Wampold, 2008; Olfson et al., 2002). Clearly, psychotherapy is an established practice in the United States.

Not only is psychotherapy widely practiced, it is effective: Those who receive psychotherapy achieve much better outcomes than they would have had they not received psychotherapy (Lambert & Ogles, 2004; Wampold, 2001, 2007). In clinical trials, psychotherapy has been shown to be effective in treating depression, anxiety, marital dissatisfaction, substance abuse, health problems (including smoking, pain and eating disorders) and sexual dysfunction, and with various populations, including children, adolescents, adults, and elders (Chambless et al., 1998).

Indeed, psychotherapy is more effective than many accepted, but expensive, medical practices, including interventions in cardiology treatments, geriatric medicine and asthma (Wampold, 2007). Psychotherapy is as effective as or more effective than psychotropic medications for various mental disorders, including many depression and anxiety disorders, and results in lower relapse rates than medications (Hollon, Stewart, & Strunk, 2006; Imel, Malterer, McKay, & Wampold, 2008). In addition, outcomes in real world clinical practice are comparable those psychotherapy clinical trials (Minami & Wampold, 2008).

To be sure, psychotherapy is remarkably effective. The more complex question is what factors make psychotherapy effective? The research evidence is not altogether clear, and there is much debate about some issues, but there appears to be sufficient evidence to indicate that the psychotherapist is tremendously important to producing the benefits. The purpose of this article is to:

- Briefly summarize the evidence related to effective psychotherapy.
- Discuss the therapist's role in delivering treatments.
- Detail the characteristics and actions of effective therapists.

Effective psychotherapy

In the decades since clinical scientists began using randomized clinical trials to test psychological treatments, many treatments have been identified as efficacious.¹

Indeed, in the 1990s, APA's Div. 12, (Society of Clinical Psychology) identified treatments that met criteria to be classified as Empirically Supported Treatments (ESTs). Initially, 25 treatments for particular

disorders were identified as having sufficient evidence to determined that they produce benefits in controlled research settings (Task Force on Promotion and Dissemination of Psychological Procedures, 1995). Although the term “Empirically Supported Treatment,” for a number of reasons, is no longer used, the identification of efficacious treatments by utilizing clinical trials is a major accomplish it the field, as it established that psychotherapy is indeed effective and led to the acceptance of psychotherapy as a treatment for mental disorders in the health delivery system of the United States (Barlow, 2004; Wampold, 2010). Treatments for which there is evidence to support their efficacy are often called Evidence-Based Treatments (EBTs), although there is no official list of such treatments. Nevertheless, over 60 treatments, for particular disorders, that might be termed EBTs are listed on the website of the Society of Clinical Psychology (see <http://www.div12.org/PsychologicalTreatments/treatments.html>).

Despite the strong evidence that some treatments are efficacious for particular disorders, one issue remains hotly contested: Are some treatment more effective than others? A number of early meta-analyses seemed to indicate that no particular psychotherapy was more effective than any other psychotherapy (see Wampold, 2001 for a summary). However, the point was raised by many whether this general conclusion applied to particular disorders. There is evidence, as well, that various treatments for particular disorders are approximately equally efficacious, including treatments for depression (Cuijpers, van Straten, Andersson, & van Oppen, 2008; Wampold, Minami, Baskin, & Tierney, 2002), alcohol use disorders (Imel, Wampold, Miller, & Fleming, 2008), PTSD (Benish, Imel, & Wampold, 2008; Powers, Halpern, Ferenschak, Gillihan, & Foa, 2010), and childhood disorders (Miller, Wampold, & Varhely, 2008; Spielmans, Pasek, & McFall, 2007). It appears that this conclusion is as valid in routine care as it is clinical trials (Stiles, Barkham, Mellor-Clark, & Connell, 2008). However, some make different interpretations of the data and conclude that some treatments are more effective than others (Clark, Fairburn, & Wessely, 2007; Ehlers et al., 2010; but see Wampold et al., 2010 also).

Putting aside the debate about whether some treatments are more effective than others, it is clear that if there are differences among treatments, the differences are quite small (Wampold, 2001, 2007, 2010). Thus, we are left with the question: If the differences among treatments are nonexistent or are very small, are there other factors that do have an influence on the effects of psychotherapy? The answer is yes—the therapist who is providing the psychotherapy is critically important. In clinical trials as well as in practice, some therapists consistently achieve better outcomes than others, regardless of the treatment approach used (Wampold, 2006). For example, whether or not the therapist delivers cognitive behavioral treatment (CBT) or interpersonal psychotherapy (IPT) for depression matters not at all—on the other hand, some CBT therapists were more effective than other CBT therapists, and some IPT therapists were more effective than other IPT therapists, even though the therapists in this clinical trial were experts, who received training and supervision, and were required to adhere to the treatment manual (Kim, Wampold, & Bolt, 2006). In practice settings, the same phenomenon occurs: Some therapists, providing a wide variety of treatments, consistently achieve better outcomes than others (Lutz, Leon, Martinovich, Lyons, & Stiles, 2007; Wampold & Brown, 2005), although the magnitude in practice does not seem to be greater than it is in clinical trials. Interestingly, more effective psychiatrists, meeting regularly with patients, achieve better outcomes administering a placebo than do less effective psychiatrists administering antidepressant medication (McKay, Imel, & Wampold, 2006)!

The evidence that there are small or negligible differences among treatments that are intended to be therapeutic for particular disorders and the evidence that some therapists consistently achieve better outcomes than other therapists, in clinical trials and in practice, raises the unmistakably important questions: What are the qualities and action of effective therapists?

Interestingly, as little as a decade ago, there was little convincing evidence to answer this question. Fortunately, the evidence is accumulating to be able to identify the qualities and actions of effective therapists. In the next section, 14 qualities and actions of effective therapists are listed. This list is based

on the best available evidence (see e.g., Anderson, Ogles, Patterson, Lambert, & Vermeersch, 2009; Baldwin, Wampold, & Imel, 2007; Duncan, Miller, Hubble, & Wampold, 2010; Lambert, Harmon, Slade, Whipple, & Hawkins, 2005; Norcross, 2011; Wampold, 2007) as well as theory and policy (e.g., APA Presidential Task Force on Evidence-Based Practice, 2006).

Fourteen qualities and actions of effective therapists

The 14 qualities and actions of effective therapist, based on theory, policy, and research evidence, can guide therapists toward continual improvement. Various therapists, delivering various treatments, in various contexts, will clearly emphasize some of these more than others.

1. Effective therapists have a sophisticated set of interpersonal skills, including

- a. Verbal fluency
- b. Interpersonal perception
- c. Affective modulation and expressiveness
- d. Warmth and acceptance
- e. Empathy
- f. Focus on other

2. Clients of effective therapists feel understood, trust the therapist, and believe the therapist can help him or her. The therapist creates these conditions in the first moments of the interaction through verbal and importantly non-verbal behavior. In the initial contacts, clients are very sensitive to cues of acceptance, understanding, and expertise. Although these conditions are necessary throughout therapy, they are most critical in the initial interaction to ensure engagement in the therapeutic process.

3. Effective therapists are able to form a working alliance with a broad range of clients. The working alliance involves the therapeutic bond, but also importantly agreement about the task of goals of therapy. The working alliance is described as collaborative, purposeful work on the part of the client and the therapist. The effective therapist builds on the client's initial trust and belief to form this alliance and the alliance becomes solidly established early in therapy.

4. Effective therapists provide an acceptable and adaptive explanation for the client's distress. Anyone who presents to a socially sanctioned healer, such as a physician or a psychotherapist, wants an explanation for his or her symptoms or problems. There are several considerations involved in providing the explanation. First, the explanation must be consistent with the healing practice: in medicine, the explanation is biological whereas in psychotherapy the explanation is psychological. Second, the explanation must be acceptable and accepted by the client, a process that involves compatibility with clients' attitudes, values, culture, and worldview. That is, treatments are adapted for patients. Third, the explanation must be adaptive—that is, the explanation provides a means by which the client can overcome his or her difficulties. This induces positive expectations that the client can master what is needed to resolve difficulties. Fourth, the "scientific truth" of the explanation is unimportant relative to its acceptance by the client. The therapist is aware of the context of the patient (e.g., issues of culture, SES, race, ethnicity) in the development and presentation of the explanation. Acceptance of the explanation leads to purposeful collaborative work.

5. The effective therapist provides a treatment plan that is consistent with the explanation provided to the client. Once the client accepts the explanation, the treatment plan will make sense and client compliance will be increased. The treatment plan must involve healthy actions—the effective therapist facilitates the client to do something that is in their best interest. Different treatment approaches involve different actions, but the commonality is that all such actions are psychologically healthy.

6. The effective therapist is influential, persuasive, and convincing. The therapist presents the explanation and the treatment plan in a way that convinces the client that the explanation is correct and that compliance with the treatment will benefit the patient. This process leads to client hopefulness, increased expectancy for mastery, and enactment of healthy actions. These characteristics are essential for forming a strong working alliance.

7. The effective therapist continually monitors client progress in an authentic way. This monitoring may involve the use of instruments or scales or by checking in with the patient regularly. Authenticity refers to communication to the client that the therapist truly wants to know how the client is doing. Administration of scales, for instance, without a discussion with the client, is insufficient; effective therapists will integrate progress evidence into treatment. Therapists are particularly attentive to evidence that their clients are deteriorating.

8. The effective therapist is flexible and will adjust therapy if resistance to the treatment is apparent or the client is not making adequate progress. Although the effective therapist is persuasive, clients may not accept the explanation and/or treatment or may not be making adequate progress given the nature of the problem. The therapist is aware of verbal and nonverbal cues that the client is resistant to the explanation or the treatment, and uses the evidence gleaned from assessing therapeutic progress with outcome instruments. The effective therapist takes in new information, test hypotheses about the client, and is willing to be “wrong.” Adjustments might involve subtle differences in the manner in which the treatment is presented, use of a different theoretical approach, referral to another therapist, or use of adjunctive services (medication, acupuncture, etc.).

9. The effective therapist does not avoid difficult material in therapy and uses such difficulties therapeutically. It is not unusual that the client will avoid material that is difficult. The effective therapist can infer when such avoidance is taking place and does not collude to avoid the material; rather the therapist will facilitate a discussion of the difficult material and in therapy will address core client problems. Such discussions are typically emotional and thus effective therapists are comfortable with interactions with strong affect. When the difficult material involves the relationship between the therapist and the client, the effective therapist addresses the interpersonal process in a therapeutic way (i.e., what is called by some the “tear and repair” of the alliance).

10. The effective therapist communicates hope and optimism. This communication is relatively easy for motivated clients who are making adequate therapeutic progress. However, those with severe and/or chronic problems typically experience relapses, lack of consistent progress, or other difficulties. The effective therapists acknowledge these issues but continues to communicate hope that the client will achieve realistic goals in the long run. This communication is not Pollyannaish optimism, but rather a firm belief that together the therapist and client will work successfully. This hopefulness is about the client (i.e., the client can achieve the goals) and of the therapist him or herself (i.e., “I can work successfully with this client.”). As a corollary, effective therapists mobilize client strengths and resources to facilitate the client’s ability to solve his or her own problems. Moreover, the effective therapist creates client attributions that it is the client, through his or her work, who is responsible for therapeutic progress, creating a sense of mastery.

11. Effective therapists are aware of the client’s characteristics and context. Characteristics of the client refer to the culture, race, ethnicity, spirituality, sexual orientation, age, physical health, motivation for change, and so forth. The context involves available resources (e.g., SES status), family and support networks, vocational status, cultural milieu, and concurrent services (e.g., psychiatric, case management, etc.). The therapist works to coordinate care of the client with other psychological, psychiatric, physical, or social services. Furthermore, the effective therapist is aware of how his or her own background,

personality, and status interacts with those of the patient, in terms of the clients reaction to the therapist, the therapist reaction to the client, and to their interaction.

12. The effective therapist is aware of his or her own psychological process and does not inject his or her own material into the therapy process unless such actions are deliberate and therapeutic. The effective therapist reflects on his or her own reaction to the client (i.e., counter transference) to determine if these reactions are reasonable given the patient presentation or are based on therapist issues.

13. The effective therapist is aware of the best research evidence related to the particular client, in terms of treatment, problems, social context, and so forth. Of particular importance is understanding the biological, social, and psychological bases of the disorder or problem experienced by the patient.

14. The effective therapist seeks to continually improve. Development of skill in an area involves intensive practice with model based feedback. Feedback on the progress of clients is critical to improvement but the feedback is most useful if imbedded in a coherent model of therapy so that the therapist can make specific changes and determine the outcomes produced by such changes. Evidence that a client is not making satisfactory progress is useful but knowledge that the client is not making satisfactory progress and that there is insufficient agreement about the goals of therapy provides information that the therapist can use in this particular case. Moreover, the therapist can use such information across clients to detect general patterns. The essential point here is that the effective therapist, by definition, is the therapist who achieves expected or more than expected progress with his or her clients, generally, and who is continually improving.

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