

INTRODUCTION

LOUIS G. CASTONGUAY AND CLARA E. HILL

We have clearly established through research that several treatment approaches are successful for a wide range of psychological disorders, that a number of client characteristics are related to the process and outcome of therapy, and that a host of relationship variables are predictive of beneficial or harmful effects of psychotherapy (Castonguay & Beutler, 2006; Chambless & Ollendick, 2001; Norcross, 2011). Interestingly, however, *therapist effects* are one of psychotherapy research's most intriguing paradoxes: Although we know intuitively and anecdotally that therapists differ in their effectiveness, we are only beginning to demonstrate the phenomenon statistically, and our empirical understanding of what explains such differences is limited.

What we mean by therapist effects is that a number of clinicians in a diversity of data sets (as part of randomized clinical trials and studies in naturalistic settings) have been found to be better at fostering symptomatic

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How and Why Are Some Therapists Better Than Others? Understanding Therapist Effects, L. G. Castonguay and C. E. Hill (Eds.)

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change, whereas, unfortunately, other clinicians have produced less beneficial change in their clients. At this point in time, however, it is mostly unclear how and/or why this happens.

We know that therapists vary in terms of their therapeutic intentions. For example, Fuller and Hill (1985) found that when working with the same clients, some experienced therapists strived to give more information to their clients, whereas other therapists were more intent on getting information from their clients. Particular therapists, within and across different theoretical orientations, might also be focusing more on some processes or techniques than others (e.g., exploring what is taking place in the therapeutic relationship, facilitating a more positive view of self, helping clients to think about meaning in life and death anxiety, fostering the resolution of painful feelings toward parents). However, we can only rely on a paucity of empirical findings to show whether or not these intentions and interventions, as well as several other ways of being, thinking, and acting, are responsible for the fact that not all therapists are equal in their outcomes.

The goal of this book is to address this gap in knowledge by relying on the expertise and collaboration among highly influential scholars and researchers from different theoretical orientations (e.g., cognitive-behavioral, humanistic, psychodynamic) and research traditions (e.g., quantitative, qualitative, randomized clinical trials, naturalistic investigations, cases studies). All of the chapters in this book are designed to address one or two fundamental questions: What might explain, at least in part, why some therapists are better or worse than others? What are the ways by which therapists might get more positive and less negative outcomes? All chapters have been written to be clinically relevant and meaningful because we want this book to be a source of innovative and creative strategies to help clinicians examine and improve their practice.

We believe that the clinical insights and guidelines that can be derived from these chapters are relevant to the practice of clinicians, irrespective of their professional background and level of experience. Similarly, this book was written to be helpful to early and well-seasoned researchers interested in clarifying how, with whom, and under what circumstances individual therapists make a difference in the outcome of psychotherapy.

The book is composed of four sections. Part I includes introductory chapters about the empirical foundations of our current knowledge. The next two sections focus on general characteristics, ways of being, and clinical competencies of effective therapists. The chapters included in Part II examine these issues from a conceptual perspective, whereas the chapters in Part III show how clinically relevant studies can delineate factors that may explain therapist effects and help clinicians to become more effective. Finally, implications and conclusions are presented in the chapters of Part IV.

PART I: EMPIRICAL FOUNDATIONS

The first three chapters of the book include reviews of the empirical literature about therapist effects.

In Chapter 1, Michael Barkham, Wolfgang Lutz, Michael J. Lambert, and David Saxon first define key concepts in this line of research. They then summarize the evidence that some therapists are more effective than others, and some are more harmful than others. On the basis of six major conclusions that they derived from current research, Barkham et al. provide recommendations for future investigations, as well as suggestions for the clinical applications of our scientific knowledge.

Chapter 2, by Bruce E. Wampold, Scott A. Baldwin, Martin grosse Holtforth, and Zac E. Imel, begins with the assumption that there are therapist effects, and then goes on to address the next obvious question of who the best therapists are and what they are doing in therapy. After describing conceptual and methodological difficulties related to understanding what sets these therapists apart, Wampold et al. review the characteristics and competencies that have currently been shown to contribute or not contribute to therapist effects (a number of these characteristics and competencies are examined in detail in later chapters of the book).

Building on Chapter 2, Michael J. Constantino, James F. Boswell, Alice E. Coyne, David R. Kraus, and Louis G. Castonguay discuss various complexities of between-therapist effects on client outcomes in Chapter 3. They outline two categories of promising determinants of these effects and provide a detailed map (and numerous examples) for investigating therapist effects and their determinants. Specifically, this chapter offers a conceptual (rather than a technical) description of design and statistical strategies for future research on therapist effects.

PART II: CONCEPTUAL CONTRIBUTIONS

The second section of the book explores in depth a number of individual characteristics, general ways of being, attitudes, and skills that likely differentiate effective and ineffective therapists. These factors go above and beyond demographics (e.g., gender, age, professional background), which have not been shown to be reliably linked with treatment outcome. All of the chapters in this section present clinical variables that are explicitly relevant to many, if not all, therapeutic contexts.

In Chapter 4, William B. Stiles and Adam O. Horvath argue that in all forms of therapy skillful and successful clinicians are responsive to their clients' immediate and long-term needs. Responsiveness for them involves

appropriately doing the right thing at the right time by choosing and implementing interventions on the basis of a range of contextual variables. With the goal of expanding previous conceptual and research work, they propose that the therapeutic effect of such responsiveness is mediated by good therapeutic processes, such as the formation of a strong and positive working alliance.

Closely related to the notion of responsiveness is the concept of presence, or the capacity of therapists to be aware of and open to their experience and the client's experience in the here-and-now of the therapeutic interaction. The role of presence, especially as a precondition of empathy, as well as factors that occur before and during sessions that can influence therapist presence, is described in Chapter 5 by Jeffrey A. Hayes and Maria Vinca. Hayes and Vinca also boldly suggest that a state of "extraordinary presence" may distinguish the most effective therapists from others.

Chapter 6, by Charles J. Gelso and Andres E. Perez-Rojas, focuses on specific types of inner experience (especially affective experience) that therapists, irrespective of their conceptual allegiance, have when working with clients. Gelso and Perez-Rojas argue that therapist effects can be explained in part by therapists' ability to experience and communicate attitudes of empathy, positive regard, and authenticity. They also suggest that effective therapists are able to accept "taboo" feelings of hate and love toward their clients, and understand and regulate these emotions as they occur in the therapeutic relationship. Gelso and Perez-Rojas then describe specific strategies to therapeutically manage countertransference and provide suggestions for how to investigate these phenomena.

Therapists' regulation of emotions and their interaction with clients are also explored in Chapter 7 by Bernhard M. Strauss and Katja Petrowski. On the basis of their review of the emerging research on this topic, Strauss and Petrowski propose that differential attachment (secure or insecure) may explain one important aspect of therapist effects: Therapist effects are stronger for highly impaired and distressed clients than for highly functioning clients. With these distressed clients, secure therapists (who are less prone to react defensively and with negative countertransference) may foster more positive alliance and outcome.

Timothy Anderson and Clara E. Hill describe four sets of intertwined therapeutic skills in Chapter 8: technical, relational, conceptualization, and cultural. Although each of these skill sets is important for novice and experienced therapists to develop, Anderson and Hill argue that highly successful treatment requires a combination of these skills. They further suggest that therapeutic mastery is reflected by a personalized integration of highly advanced and nuanced skills. They illustrate how the different skill sets can be integrated using a conceptual model.

Focusing on the cultural component of psychotherapy, Jeffrey A. Hayes, Jesse Owen, and Helene A. Nissen-Lie review the empirical evidence supporting the differential effectiveness of therapists with minority clients in Chapter 9. Hayes et al. also identify a number of myths about therapist multicultural expertise. As an alternative to the predominant conceptualization of cultural competence as performance (what to do), they suggest a more general orientation (how to be). They present research on key characteristics of this way of being in therapy (an attitude of cultural humility, an engagement in opportunities to explore cultural issues, and a sense of cultural comfort), as well as examples of microaggressions that can result from difficulties in relating in a culturally oriented way with clients.

In Chapter 10, Abraham W. Wolf, Marvin R. Goldfried, and J. Christopher Muran focus on the inability to deal appropriately with negative reactions triggered by some clients as a type of mistake, or technical and relational skill deficit, which might distinguish less effective, or even harmful, therapists from other more helpful therapists. Wolf et al. first review the empirical literature about these negative reactions (especially anger and frustration) and their toxic impact on the therapeutic relationship and outcome. On the basis of converging recommendations from experienced therapists of different orientations, they then present strategies on how to handle negative reactions, including the awareness, regulation, and transformation of hostile affects into empathy and compassion for clients.

Chapter 11 is aimed at opening new horizons in our understanding and improving of therapist effectiveness. On the basis of the literature in fields such as chess, athletics, and music, as well as a number of psychotherapy studies, Franz Caspar argues that expert therapists display superior information processing abilities, as reflected, for example, in the development of rich and complex case formulation. He also argues that these abilities can be learned and refined by repetitive and deliberative practices, during and after formal training.

Also as a way of opening new windows of thinking, Chapter 12 by Barry A. Farber shows how therapists can gain wisdom and knowledge about human suffering and healing from creative and artistic thinkers outside the field of psychotherapy. Through interviews with writers, actors, dancers, and musicians who became therapists, Farber describes numerous ways by which the engagement in creative thinking and activities can increase therapist awareness, understanding, and ability to work with a wide range of human experiences and ways of being. He also makes specific suggestions for how therapists can foster and make use of their creative sensibilities to improve their effectiveness.

PART III: EMPIRICAL CONTRIBUTIONS

In the third section, studies examining interventions used in particular orientations and in the treatment of specific client populations are presented, as well as ways of being or relating that cut across all psychotherapies. These studies provide examples of how therapist effectiveness can be investigated.

Chapter 13 by Nadia Kuprian, Harold Chui, and Jacques P. Barber examines the use of techniques focused on clients' relationships and interpersonal functioning. Using data for a subset of three therapists from a randomized clinical trial for psychodynamic treatment of depression, Kuprian et al. show that the most effective of the three therapists focused significantly more on interpersonal issues than did the other two therapists. They also present clinical vignettes showing how such interpersonal interventions might be used optimally in psychodynamic treatment.

Similarly, in Chapter 14, Soo Jeong Youn, Henry Xiao, Hanjoo Kim, Louis G. Castonguay, Andrew A. McAleavey, Michelle G. Newman, and Jeremy D. Safran present quantitative and qualitative analyses about three therapists who demonstrated differential levels of effectiveness as part of a randomized clinical trial for an integrated treatment of generalized anxiety disorder. Examining technical and relational skills, Youn et al. describe how the less effective therapist committed errors of commission (using interventions that were inconsistent with the change mechanisms in the treatment approach and being overly controlling) and errors of omission (not responding to markers indicating that specific interventions were required).

Ending Part III on a positive note, Sarah Knox, Meghan C. Butler, Dakota J. Kaiser, Graham Knowlton, and Clara E. Hill offer a chapter on therapist humor in Chapter 15. Knox et al. report a qualitative analysis of 11 therapists' perceptions of why, when, and how they use humor in general, as well as their description of specific humor events (positive and negative). The chapter illustrates that therapists might foster the process of change (e.g., reduce client anxiety, increase alliance, provide new perspectives) when they use humor in a way that is consistent with their personality, responsive to the client's attitude toward humor, and used in appropriate relationship contexts.

PART IV: IMPLICATIONS AND CONCLUSIONS

The fourth and final section is devoted to the effort of having a broader impact on psychotherapy practice. In Chapter 16, James F. Boswell, David R. Kraus, Michael J. Constantino, Matteo Bugatti, and Louis G. Castonguay discuss a wide range of implications raised by the collection of process and outcome data on therapist effects in day-to-day clinical practice. Boswell

et al. make recommendations about what should and should not be done with these data in terms of issues such as referrals, case assignments, supervision, and postgraduate training. They base these suggestions on the needs and concerns of multiple stakeholders (clients, trainers, administrators, third party payers, and policymakers) involved in the delivery of mental health care. They also describe problems and solutions regarding how to collect and use data about therapist effects.

The aim of the final chapter, Chapter 17 by Clara E. Hill and Louis G. Castonguay, is to provide an integration of what we have learned throughout this process. What do we know about therapist effects? What do we know about therapist variables that might explain therapist effects? What are the implications of therapist effects? What are the next steps in this line of research? The culmination of deliberations by a group of scholars about the state of the art in the field, this final chapter provides a starting point for future research on therapist effects.

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