

CONTENTS

Foreword	xi
<i>K. Anders Ericsson</i>	
Preface: Better Results Are Within Reach	xv
Acknowledgments	xix
I. THE STATE OF OUR ART	1
1. What Therapists Will Say, Won't Say, and Can't Say	3
2. What Do We Really Know About Psychotherapy After All?	9
II. EXPERTISE AND EXPERT PERFORMANCE: THE EVIDENCE BASE	17
3. Learning From the Experts on Expertise	19
4. What Is (and Is Not) Deliberate Practice?	31
III. GETTING STARTED: WHAT TO DO FIRST TO ACHIEVE BETTER RESULTS	41
5. Baseline Matters	43
6. How to Find Your Baseline	49
7. Making Sense of Your Baseline	59
IV. MOVING FORWARD: IDENTIFYING WHAT TO DELIBERATELY PRACTICE	77
8. Mining Your Data for Better Results	79
9. How Average Leads to Better Results	91

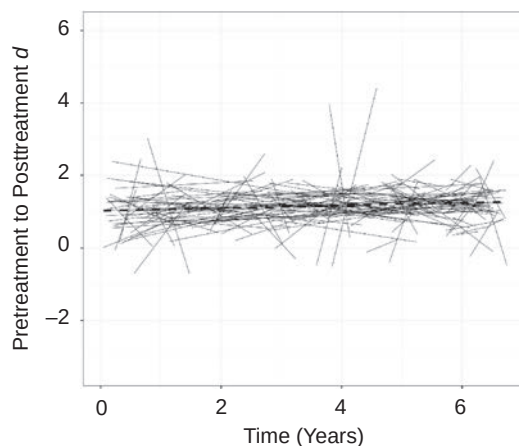
10. How Being Bad Can Make You Better	101
11. What Matters Most for Better Results	115
12. A Study in Deliberate Practice	123
V. HOW TO DELIBERATELY PRACTICE	139
13. “Yeah, But What Am I Supposed to Do?”	141
14. Designing a System of Deliberate Practice	157
15. Epilogue	171
Appendix A: Reliable and Clinically Significant Change Chart for the Outcome Rating Scale	175
Appendix B: Calculating a Standard Deviation	177
Appendix C: Taxonomy of Deliberate Practice Activities in Psychotherapy—Supervisor/Coach Version (Version 5.1)	179
Appendix D: Taxonomy of Deliberate Practice Activities in Psychotherapy—Therapist Version	193
Appendix E: Troubleshooting Tips	207
References	211
Index	239
About the Authors	247

PREFACE: BETTER RESULTS ARE WITHIN REACH

There's two possible outcomes: If the result confirms the hypothesis, then you've made a discovery. If the result is contrary to the hypothesis, then you've made a discovery.

—ENRICO FERMI (QUOTED IN JEVREMOVIC, 2005, p. 490)

FIGURE 1. Changes in Client-Level Standardized Mean Differences in Pre- and Posttreatment Outcome Scores



d = Cohen's d , which is a common measure of effect size that compares the difference between two means (i.e., pre- vs. posttreatment), divided by the sample's pretreatment standard deviation. From "Creating a Climate for Therapist Improvement: A Case Study of an Agency Focused on Outcomes and Deliberate Practice," by S. B. Goldberg, R. Babins-Wagner, T. Rousmaniere, S. Berzins, W. T. Hoyt, J. L. Whipple, S. D. Miller, and B. E. Wampold, 2016, *Psychotherapy*, 53, p. 372. Copyright 2016 by the American Psychological Association.

The promise of this book is captured in the data plot (see Figure 1). Along the horizontal axis is time in years. The impact of treatment is found on the vertical axis. Each thin black line depicts the outcomes of a single practitioner working in a large community mental health setting. Spanning the entire figure from left to right is a thick dashed line representing the effectiveness of the agency as a whole. And while it may be difficult to see amid the apparent chaos, the therapists in the study—153 in number—managed to do something never before recorded in the history of psychotherapy. Both as a group and individually, they improved their outcomes, steadily achieving better results year after year—for some, up to 7 years in a row (Ericsson, 1996; Goldberg, Babins-Wagner, et al., 2016).

The preceding summary of findings from our 2016 study (Goldberg, Babins-Wagner, et al., 2016) reflects the culmination of our more than 25-year effort directed at understanding how to improve the effectiveness of psychotherapy (Bertolino & Miller, 2012; Duncan, Hubble, & Miller, 1997; Duncan & Miller, 2000; Duncan, Miller, Wampold, & Hubble, 2010; Hubble, Duncan, & Miller, 1999; Miller, Duncan, & Hubble, 1995; Miller & Hubble, 2011; Miller, Hubble, & Duncan, 2007; Prescott, Maeschalck, & Miller, 2017). Along the way, we ended up in a number of theoretical cul de sacs, empirical blind alleys, and technical detours, returning in a few important ways to where we originally started. Although frustrating, in retrospect, each setback contributed to the development of the evidence-based approach responsible for the results obtained in the study and laid out in the pages of this book.

The process, known as *deliberate practice*, is not specific to any particular professional discipline. Clinical social workers, psychologists, marriage and family therapists, and counselors participated and saw their outcomes improve, as did students and licensed and provisional professionals. Moreover, its applicability is not limited to particular psychotherapeutic approaches or client populations. Both the clinicians and the people they treated were diverse, representing the demographics and services typically seen in a modern community mental health outpatient setting. The approach employed in the study offers a pathway to better results that is transtheoretical and transdiagnostic.

As the astute observer will likely have noticed, the increase in effectiveness documented in the study, while consistent and statistically significant, is not particularly dramatic. Indeed, it pales in comparison with the claims clinicians regularly encounter about treatments developed by “leading innovators” promising to “transform your effectiveness,” and “overcome the most challenging clinical issues” (Miller, 2018a). And yet, a slow, gradual rate of improvement has the advantage of being consistent with the broader empirical literature regarding the development of expertise and expert performance reported in other fields, such as sports, medicine, arts, and the sciences (Ericsson, 1996; Ericsson, Hoffman, Kozbelt, & Williams, 2018). In addition, it highlights the potentially large cumulative effect of small changes accrued over time, offering practitioners the very real possibility of the continuous professional development that research shows is critical to their identity and survival in the field

(Orlinsky & Rønnestad, 2005; Rønnestad, Orlinsky, Schröder, Skovholt, & Willutzki, 2019).

With such positive results within reach, one might conceivably wonder about any potential shortcomings, drawbacks, or contraindications associated with getting started. With regard to the first concern, what can be said with certainty is that the instructions that follow do *not* constitute a method for doing psychotherapy. Although part of the process involves developing a detailed and explicit map of your performance, it's assumed you have, or are learning, a way of working, including a theoretical orientation and associated strategies and techniques. Stated more directly, this book does not teach you how to do therapy. Instead, it helps you, regardless of your preferences, improve your effectiveness as a therapist.

While not arranged in a typical workbook format, the entire volume is composed of short chapters designed to be readable in a single 15- to 20-minute sitting. Each ends with points to reflect on and tasks to complete. Although the information or activities are not difficult to comprehend or execute, they will take a fair bit of time and effort to bear fruit—a fact some may consider a drawback; but, as most readers know, change is not easy.

The book begins with two chapters describing what the field and therapists believe to be necessary for the conduct of effective psychotherapy and what research actually shows to be true. As the part title indicates, it is “The State of Our Art.” The next part, “Expertise and Expert Performance: The Evidence Base,” uses examples drawn from sports, medicine, and music to show that similar principles and practices lead to superior results across a wide range of human endeavors. In the third, “Getting Started: What To Do First To Achieve Better Results,” we lay the foundation, introducing the tools and metrics critical to achieving better results. The fourth, “Moving Forward: Identifying What To Deliberately Practice,” teaches you how to identify what *you* need to address to maximize your professional development efforts. As the final section title implies, the last chapters show you “How to Deliberately Practice.” A set of appendices provides additional insights and supportive materials, including detailed explanations of certain topics, statistical formulas, deliberate practice tools, and troubleshooting tips.

We recommend starting at the beginning. Use the volume as though you are learning to play a much-loved musical instrument rather than listening to a favorite song. In other words, don't read the book from start to finish in one sitting. Take each chapter in turn, completing the exercises before proceeding. Doing otherwise, we have found, is likely to trigger the single greatest risk associated with implementing deliberate practice, namely, quitting.

Reading the “fine print” of the study by Goldberg, Babins-Wagner, et al. (2016), cited at the outset of the Preface, reveals a fairly high percentage of practitioners gave up early on in the study, choosing to leave the agency rather than employ the strategies described in this volume. While distressing, such a finding is also consistent with the broader expert and expertise literature, documenting that most who achieve a satisfactory level of skill within a

particular performance domain—be it driving, cooking, writing, or their job—stop doing what’s necessary to improve (Ericsson & Pool, 2016). Thankfully, evidence-based steps, and realistic, realizable time frames have now been identified that improve the odds of successful implementation (Bertolino & Miller, 2012; Brattland et al., 2018; Fixsen, Blase, Naoom, & Wallace, 2009; Nilsen, 2015). The order and content of what follows have been purposefully constructed with these findings in mind. If there’s any advice we can offer at this point, it’s “No need to rush. Take it one step at a time.”