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Short Communication

Deliberate Practice Makes Perfect: Improving Therapist Effectiveness

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Psychotherapy works. The results of numerous studies show that those individuals treated are better off than those not treated or on waitlists with an average effect size of .8 (Duncan et al., 2008). To put it in perspective, the effects of psychotherapy are equal to those found for coronary artery bypass surgery and 4 times greater than fluoride in the prevention dental cavities. Yet, three persistent problems plague the psychotherapy field: 1) clients drop out of therapy at alarming rates – almost half of clients decide not to continue and prematurely terminate; 2) not only do therapists not notice when clients are at risk for dropping out, they also do not detect when things are getting worse (approximately 10% of clients get worse after starting therapy); and 3) a small percentage of clients (10%) accounts for the largest amount of expenditures (Minami, 2008). This last finding may be the result of therapists not realizing when things are not working or getting worse and instead of changing course, doing more of what is not working, over and over again. Along these lines, most therapists do not have an accurate sense of their helpfulness and on average, overrate their effectiveness by 65% (Chow, 2014). Given the issues with retention, coupled with the self-assessment bias among therapists, it's not surprising that psychotherapy outcomes have not appreciably improved over the past 40 years.

Perhaps new paradigms for supervision and continuing education are needed or maybe the field needs to re-examine the factors we thought made a difference in outcome and reassess how weight they are afforded (e.g., model, technique, experience). In that spirit, we contend that rather than focusing on therapist performance with individual clients, that a shift is required to consider trends in outcomes across all clients over time. A large and growing body of research shows that the most effective therapists focus on their errors more than average clinicians. Consequently, we recommend that therapists reflect on their performance as a professional development tool through use of deliberate practice activities. Deliberate Practice is more robust than traditional clinical supervision and consists of 4 primary components: 1) coach, 2) identifying learning objectives, 3) gathering feedback (performance [How did you do?] and learning [What can you do?]), and 4) successive refinement.

In this light, the supervisor is analogous to a coach. Chow (2014) describes a good coach as someone who can give short, clear instructions based on the therapist's individual learning objectives. The coach should be someone who understands the fundamentals of therapy, is willing to analyze your sessions, and is more corrective than critical. The coach focuses on principles rather than methods, and is able to discern when challenges are the result of working through a growth edge or something related to the coaching. Ultimately the role of the coach is to help the therapist become a better version of him/herself – not a version of the coach. The coach's role is twofold – to examine performance with individual clients (micro) and establish ongoing learning and development plan for the therapist (macro) based on growth edges. Therapist learning and clinical improvement requires successive refinement using an iterative process of correction and recalibration that is guided by specific learning objectives. To this end, the use of standardized outcome and alliance measures along with audio or video recording can be important tools on both micro and macro levels; the therapist can identify when things are off track with individual clients and determine whether a different approach would be beneficial and also monitor trends across clients which may be areas for growth or improvement. As is evident from the section above, choosing a good coach is critical to ongoing learning and development.

Although practice in and of itself is not sufficient, focused and intentional training and practice aimed at improving carefully selected skills may be a mechanism for improving therapy outcomes and producing more highly skilled practitioners. Given the data on client dropout, scarcity of existing resources, and potential for self-assessment bias, new supervisory and training models and methods are necessary to move the field forward to better meet the changing needs of clients in the 21st century.

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