

How Do Experts Become Competent?

To help patients, we must have skills and techniques that are integrated within a theory of human development. And those skills must be consistent with a theory of change supported by the research. Skilled therapy is not just a matter of “trusting your gut,” “logging hours,” or “anything goes.” Expert clinicians know their theory, the techniques that flow out of that theory, and the research behind it.

Research (Wampold 1020, 2015) has shown that clinicians who have specific meta-cognitive skills get better results. What are those skills? According to Tracey, Wampold, Lichtenberg & Goodyear, 2014, the best clinicians can perceive large meaningful patterns within and between sessions. They can see the big picture and describe a coherent understanding of the patient’s difficulties. These clinicians can process information in sessions much more quickly and accurately. They see patterns in session quickly and can respond immediately. They can see and describe the patient’s problem on several levels and more deeply than beginning therapists. They spend more time in deliberate practice. That is, they get supervision and they analyze problems in their work, assess their sessions, study their transcripts, and view videotapes of their work. As a result, they have much stronger self-monitoring skills.

To become skilled, it’s not enough to have attended graduate school and gotten your degree. A license to practice is not the ability to practice. In a recent pilot research study, we found one therapist who had an 86% failure rate! And research has also shown that there is no evidence to show that experience alone leads to increased expertise. In fact, there is some evidence to suggest that we become worse over time without outside supervision, training, and guidance (Goldberg et al, in press). Expertise requires *years* of self-study, supervision, further training, personal psychotherapy, and analysis of your own transcripts and videotapes. Although therapy is often called a science or an art, it is also a craft.

I know a bit about craft because as a child I worked as a blacksmith in my father’s blacksmith shop. And later I became a professional musician. When I became a therapist, I was surprised by how little attention was given to the craft of therapy, the technique and the understanding of the patient out of which that technique would flow. I kept asking for specific technical advice and was regarded at times as a rather difficult supervisee. Then one day a supervisor said to me, “Jon, you worry too much about technique. You need to remember that therapy is an art.” That week I was performing a Mahler symphony with the National Symphony Orchestra. I knew something about art.

No one wants to hear a musician who has no technical command of his instrument. So why should any patient trust himself to me if I don't have specific therapeutic skills that would make me more helpful than any person pulled off the street? My supervisor mistakenly thought of therapy as art in sense of art as woo-woo. Imagine a bunch of people "making music" by pounding a bunch of drums in the park for the first time. Fun? Yes. Art you would pay for? No. Therapy, like art, requires a great deal of training and learning about theory and technique---at least if we want to achieve mastery.

To become competent, we must learn the craft of therapy. The problem is that most psychotherapy training teaches theory but not how to put it into practice. Therapists learn to "believe" certain theories rather than think about them. And while they may have learned multiple theories in graduate school, they have not learned the techniques that flow out of any of them! No wonder so many beginning therapists feel incompetent. They are!

By the way, in case you think my comments are too harsh about psychotherapy teaching and supervision, here's the research. Nyman, Nafziner & Smith (2011) found that standard psychotherapy training caused no change in trainees' outcome with patients. Ellis et al (2014) found that 93% of psychotherapy supervision is inadequate and 35% is harmful! This makes sense. If we teach theory, but not how to put it in practice, therapist outcome will not improve.

If therapy is a craft, how do craftsmen become competent? The craftsman finds problems and then figures out how to solve them. He works with unpredictable materials out in the field, not with abstractions on the blackboard. I mean that literally. When my father worked on a combine out in the middle of a cornfield, he couldn't rely on formulas or rituals. He had to experiment, work with what he had available, and see what would work.

In my father's blacksmith shop, when a farmer's tractor broke down, we couldn't wait a week for a part to come from the big city. We had to figure out how to make a new part with the materials at hand. We learned by doing. We would try one solution. If that didn't work, we tried another. Craftsmen are always growing through this constant struggle and challenge. And since craftsmen see each other's work, they constantly motivate each other to get better.

Notice how therapists sometimes brag? Craftsmen don't. There's no need to. Everyone has seen everyone else's work. Everyone in a craft knows who's good and who isn't. In the chess world, skills are quantified by the difficulty of the games you have won.

Everyone knows your ELO score. In music, musicians have heard each other, so the hierarchy of mastery is immediately obvious. In the therapy world, we don't see each other's work. We only hear how well others intellectualize about their work. We become well respected not because of good work we showed but because of good talks we gave. You would never get away with that in music, chess, or basketball.

Imagine a music store if it were organized like therapy. There would be thousands of CDs of people talking about concerts they had heard but only a half dozen CDs of actual concerts. Think about it. We have only a few therapy DVDs available and only a handful of actual session transcripts widely available for study by therapists. Our work occurs in secret. We can't get better that way. We have to show and see our work like craftsmen so we can learn from one another. But that means we have to videotape our work.

Musicians get better because they record their practicing and listen to it. They practice with metronomes to ensure they are practicing at the right speed and in order to build their technical mastery. They may practice with a Korg tuner to ensure that they are playing in tune. Chess players get better because they study their games to understand where they made a mistake. Professional football players get better because they study videotapes of their plays with a coach who shows them how to improve their moves for the next game. Therapists get better when they study videotapes of their sessions so they can see their mistakes and see how to do better the next time.

This requires an attitude of curiosity, an acceptance that we are eternal students, and a willingness to be vulnerable by revealing our work. When we take that step, we accept that we will always be progressively improving at our craft. It means that we co-create a culture of excellence based on seeing and studying each other's work. The craftsman is always trying to get better, not just to get by (Sennett 2008).

Most therapists get no further individual supervision after they are licensed. That's one reason growth stops. I suspect it is a major reason why therapy outcome has not been improving over the past fifty years. If we don't improve, outcome won't improve.

Traditionally, a person worked as an apprentice in a craft for at least seven years until he became a journeyman and could go out on his own. But even after seven years, he would not be anointed as a master until he had created a "masterpiece" that was accepted as masterful by the guild. In chess, music, and football it is clear what skills must be mastered and what level of skills is considered mastery. In music school, you have to perform a recital that demonstrates your mastery of the instrument. Graduation

depends on your actual performance as judged by a jury of professors. Since we don't see other therapists' work, we have no idea what level of skill they have. And since showing our work is so rare, we don't even have a body of "masterpieces" of therapy work that we could point to as the gold standard of our field. This is what we have to create.

So how does a therapist become more skilled? Learn the skills that are essential to mastery. Practice skill building exercises. Videotape your work. Just the act of videotaping your work, even if you don't look at it, will improve your outcome. Now study your videotape. Next show your videotape to a supervisor. Watch your videos to see what you are doing right. Transcribe your sessions and analyze them. Watch your videos and pay attention to what you feel, so you become more aware of unconscious feelings and reactions that may be causing to react rather than respond to your patient. Analyze the feelings that arise in therapy, so you can become aware of the emotional communications arising in the session. Form a peer group that takes turns revealing videotapes of their work. The more time you spend in self-supervision, the faster and further you will progress. Use my article on self-supervision as a guide.

This is what people do in other crafts to become expert. You can do it too.

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