

The Personal Development of the Therapist

We've talked about the common factors in therapy, but we haven't mentioned the most important one: the therapist. You are the most potent variable (Luborsky, et al, 1997; Miller & Hubble, 2011; Norcross, 2002; Saxon & Barkham, 2012; Wampold, 2007; 2011). We know all therapists are not the same. But what does the research say? Miller and Hubble (2011) found that the top 20% of therapists are more consistently effective *than the other 80% combined*. Some therapists are far more effective than most (Miller & Hubble, 2011; Miller, Hubble & Duncan, 2007). We see this profound difference in effectiveness especially in the treatment of the most difficult cases. It makes a difference which therapist you see. And this is true no matter what model of therapy you consider. Psychotherapy researchers have found that the differences in effectiveness between therapists in any model is far greater than the small differences in effectiveness between models. There are good and bad therapists in every model. Thus, no model can guarantee ideal results. The questions we need to ask are these: *Who* is practicing this model? And what are the qualities of the best therapists, regardless of the model they practice?

As we would expect, the best therapists have sophisticated interpersonal skills, developed through training and experience. The top therapists use research on what works and incorporate that into their ever-evolving technique. To develop their expertise and mastery, they devote a lot of time to deliberate practice and self-supervision. That's why they have the best outcomes (Wampold, 2010). As they say in music, "How do you get to Carnegie Hall?" "Practice, practice, practice." Developing expertise requires hard work: deliberate practice of specific skills designed for your level of mastery.

What are these "super shrinks" (Ricks, 1974) like who practice so hard at their craft? They are passionate about their work and the model they use. They are systematic in the way they think but flexible in how they work with patients. They are open to feedback, realizing that their perspective will always limit the kinds of information they receive. Thus, they are excited when an outsider can help them see what they hadn't seen. In their work, they are highly engaged and at the same time approachable, open to feedback from patients. While they have mastery of interpersonal skills (Duncan 2010), this confidence in their skills is combined with a humility about the limitations of what they know and what they can do. Precisely because they see mistakes in their work each week, precisely because they do not have 100% successful outcomes with all patients, precisely because they are learning each week, they know they are lifelong learners. No matter how well their patients are doing, they always hope to do better the next time. They are not content to "get by"; they want their patients to have better

results and better lives.

But there is still something more than teaching, supervision, or skill building that makes the great therapists. Research shows that the therapist is a much greater variable than the model of therapy. Why? The therapist is not a technician manipulating an object. He or she is a person relating to another person. How well can therapists relate to the patient? How well can they identify with the patient's struggle? How well can they empathize with the patient? How well can they face what they themselves have avoided? Can they reflect and respond based on what they feel rather than simply react?

In our field, we often mistakenly emphasize the skills in a model. But we forget: we can use those skills effectively only if our own conflicts don't get in the way. In recent years, our field has acted as if therapists only needed to learn a technique, method, or model. But the research data showing profound differences in therapist outcomes shows us that we cannot ignore the factor of the therapist as a person. It's the biggest factor.

We ask patients to open up to us and face what they usually avoid. Yet many therapists have never done so. This is our secret hypocrisy. Many programs do not require or even encourage therapists to get their own therapy (Garfield 1997). I was even challenged by a therapist: what is the evidence that a therapist's work would benefit from therapy? A strange question since we think that nearly everyone else could benefit from it! So, let's answer that question. Orlinsky and Ronnestad (2005) found that clinicians who had never been in therapy had the poorest outcomes. In fact, their patients had the highest rates of regression and stagnation.

I know from my own experience how therapy made me a much better therapist. No matter how much supervisors touched on various issues of mine that interfered with my work with severely disturbed patients, they could only touch on those issues. There were limits to what they could do in supervision. But in therapy, my therapists were able to help me face what I avoided in myself and in my sessions. By helping me face my depths, they helped me face the depths of my patients. As I avoided less in myself, I avoided less in my patients. Before, unintentionally, I helped patients avoid in themselves what I avoided in myself. Only therapy was able to help me turn that pattern around.

Therapy is a personal relationship. It's about the patient, but it's also about you as a person. We are not outside the relationship; we *are* the relationship. How we are affects our relationships, including the therapy relationship. You know this because you know

therapists whom you wouldn't see for therapy. Your model is not the instrument. You are the instrument. It makes sense to take care of this instrument and tune it up in therapy. The way you are affects the way the patient is. Whatever you can't face in yourself you won't be able to help patients face either. Getting your own therapy can help you as a person and, as a result, as a therapist. Once you have had your own therapy, you can speak honestly to your patients. Now you can invite them to take a path that is difficult and painful because you have taken it. And you know they can get better because you did. If you are going to talk the talk, walk the walk.

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