

Are We as Good as We Think?

Okiishi, Lambert, Nielsen, & Ogles (2003) studied the outcome from 1,841 therapies done by 91 therapists. What did they find? Patients with the best therapists changed ten times faster than the average patient. But patients with the worst therapists actually got worse! This is not an isolated study. (See Baldwin & Imel, 2013; Wampold & Brown, 2006; Minami, Brown, McCulloch, & Bolstrom, 2012; Wampold & Imel, 2015).

That's the variability between therapists. What about variability within our own caseloads? Are we consistently effective? Kraus, Castonguay, Boswell, Nordberg, and Hayes (2011:273) studied outcomes with 6,960 patients seen by 696 therapists. They found "large numbers of therapists whose average patient ends treatment worse off than when they started (38%) depending on the [clinical focus]." 20% of therapists' average patients left therapy more suicidal and 36% were more violent. Now, before you attribute that to the model of therapy used, this problem transcends therapy models. Research shows that differences in outcome are far greater between therapists in any model than the differences in outcome between therapy models (Wampold & Imel, 2015).

There are great differences in effectiveness between therapists. We are quite variable in our effectiveness even within our own practices. There are more differences in outcome between therapists than between models. The problem is not with the model. The problem is an individual problem. The problem is us. Are we able to assess ourselves accurately?

We like to think so. But, again, there is this darn thing called research. It shows that we are very poor at self-assessment. In a well-known study, Walfish, McAlister, O'Donnell, and Lambert (2012), 129 therapists were surveyed about their effectiveness. The average therapist ranked himself in the 80th percentile, and no one ranked himself below the 75th percentile. In another study, therapists were asked to predict which of their patients might deteriorate. The therapists predicted less than 5% of their deteriorations, yet a computer algorithm predicted 100% of the deteriorations (Hannon et al., 2005). Which therapists were best at predicting the cases that would deteriorate? Graduate students. Is it possible that our capacity for self-appraisal becomes worse with experience? Aegisdóttir et al (2006) and Spengler et al (2009) suggest that this may be the case.

Alright, you say, we aren't so good at assessing ourselves, but we surely get better over time. Right? Well, maybe not. Goldberg et al (in press, quoted in Rousmaniere, 2016), examined outcome data from 6591 psychotherapy patients seen by 170 therapists. Some therapists did become more effective over time, but many didn't. In fact, *the average therapist became less effective over time.*

Why aren't we getting better? Most of us get no individual supervision after licensure. Most of us do not videotape our work so we can study it. Most of us do not transcribe our work and analyze it. Most of us do not belong to peer supervision groups where we show each other videotapes of our work. Instead, we tend to chat in vague ways about our cases, so no one can see our work, scrutinize it, and help us in any deep or transformative way. Most of us have never worked on skill building exercises designed to help us develop the skills we need to work on at our stage of development. Most therapists are not buying and reading a large number of books each year to develop their theoretical learning. Most of us do not use clinical assessment tools like the OQ-45 that would give us objective feedback on actual clinical progress. Most psychotherapy training focuses on the learning of theory, not on how to put it into practice. We do not have a sense of craft in our field that would make ongoing supervision under master clinicians for a number of years the norm.

These are the things that must change in our field if we want to start to see changes in variability between therapists in outcome, changes within therapist's caseloads in outcome, changes in effectiveness over time, and, eventually, changes in overall effectiveness. As Ecker points out, therapy effectiveness has not changed over the past fifty years. For it to change over the next fifty years, these changes in training, supervision, study, deliberate practice, and supervision must occur.

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