The Study of Supershrinkrs: Development & Deliberate Practices of Highly Effective Psychotherapists

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Study I
- 6 treatment sites
- 69 therapists
- 4580 clients

1. Examine the proportion of client outcomes attributable to the therapist, while controlling for clients' initial severity, and accounting for treatment site variability.

Study II
- 4 treatment sites
- 17 therapists
- 1632 clients

2. Examine therapist predictors that account for client outcomes:
   i. Therapist Characteristics
   ii. Deliberate Practices (Taxonomy of Therapy Related Activities)
   iii. The Use of Feedback
   iv. Work Involvement & Professional Development
   v. Self-Assessment of Effectiveness
   vi. Therapist Mindsets

Rank Ordering of Therapists

4 year archival data of therapist outcomes
Study I: Findings

• Therapist Effects: 5%

• Therapist gender and caseload not significant.
STUDY I: Therapists Ranked Ordered

STUDY II

(T = 17; clients = 1632).

![Graph showing the ranking of therapists]

*It's some sort of pecking order.*
Study II: Findings
Therapist Demographics

- Qualification
- Profession
- Age
- Gender
- Experience

**not significant**
Therapist Characteristics:

- Caseloads and degree of theoretical integration not significant.

- 82.4% (n = 14) of the 17 therapists viewed their therapeutic orientation as eclectic or integrative.

*Figure.* Ratings of Therapeutic Orientation as Eclectic or Integrative

*Figure.* Ratings of Therapeutic Orientation as Eclectic or Integrative
Deliberate Practice

• Q.: “How many hours per week (on average) do you spend alone seriously engaging in activities related to improving your therapy skills in the current year?”

• Solitary practice: a significant predictor of the adjusted client outcome ($B = -0.016$, $SE = 0.007$, $t[1586] = 2.09$, $p = .037$).

• Explained 15% of the total variance in the adjusted client outcome.

• “deliberate practice alone” is significantly correlated with “motivation to develop” ($r = 0.62$, $N = 14$, $p = .017$, two-tailed).
Deliberate Practice

Table __

Amount of Time Spent on Deliberate Practice Alone Per Week Grouped into Quartiles Based on Therapists Adjusted Client Outcomes

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>DP ALONE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grouped by Quartiles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st Quartile</td>
<td>7</td>
<td>7.39</td>
<td>7.56</td>
</tr>
<tr>
<td>2nd Quartile</td>
<td>4</td>
<td>4.13</td>
<td>3.17</td>
</tr>
<tr>
<td>3rd Quartile</td>
<td>3</td>
<td>2.00</td>
<td>1.78</td>
</tr>
<tr>
<td>4th Quartile</td>
<td>1</td>
<td>0.50</td>
<td>-</td>
</tr>
</tbody>
</table>

Note. Groupings of therapists were based on the ranking of the complete 69 therapists cohort in Study I. 2 out of the 17 therapists in Study II did not complete this part of the questionnaire. N = number of therapists; M = Mean; SD = Standard Deviation.
Estimated Accumulation of Solitary Practice in the First 8 Years of Professional Practice

Figure. Therapists Grouped into Quartiles based on their Adjusted Scores as a function of their cumulative time spent on solitary practice in the first eight years of clinical practice.

Figure 12. Accumulated amount of practice alone (on the basis of estimates of weekly practice) as a function of age for expert pianists and amateur pianists.

Taxonomy of Domain Related Activities

- **Time Spent**: 10 solitary therapy activities, 9 non-solitary therapy activities, & 5 non-therapy related activities.

- Only one out of the 24 activities was a significant predictor to client outcomes:

  *Self-care activities/tending to emotional needs*

  \[B = 0.007, \ SE = 0.003, \ t[1549] = 2.16, \ p = .031.\]
<table>
<thead>
<tr>
<th>Domain Related Activities</th>
<th>Relevance</th>
<th>Cognitive Effort</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. General clinical supervision as a supervisee (without review of Audio/Visual recordings of sessions.)</td>
<td>6.92</td>
<td>7.46</td>
</tr>
<tr>
<td>2. Clinical Supervision as a supervisee (with review of Audio/Visual recordings of sessions).</td>
<td>4.10</td>
<td>5.30</td>
</tr>
<tr>
<td>3. Clinical Supervision as a supervisee (review of difficult/challenging cases and/or cases with nil improvement).</td>
<td>7.67</td>
<td><strong>8.00 H</strong></td>
</tr>
<tr>
<td>4. Live supervision provided during sessions (e.g., supervisor as co-therapist, one-way mirror/reflecting team, etc.)</td>
<td>3.40</td>
<td>5.80</td>
</tr>
<tr>
<td>5. Reading of journals pertaining to psychotherapy and counselling.</td>
<td>7.21</td>
<td>6.71</td>
</tr>
<tr>
<td>6. Reading/Re-reading of core counselling and therapeutic skills in psychotherapy.</td>
<td>6.55</td>
<td>6.00</td>
</tr>
<tr>
<td>7. Focused learning in specific model(s) of psychotherapy.</td>
<td>7.27</td>
<td>7.45</td>
</tr>
<tr>
<td>8. Reviewing therapy recordings alone.</td>
<td>4.00</td>
<td>4.40</td>
</tr>
<tr>
<td>9. Reviewing of therapy recordings with peers.</td>
<td>4.30</td>
<td>4.50</td>
</tr>
<tr>
<td><strong>10. Reviewing difficult/challenging cases alone.</strong></td>
<td><strong>8.00 H</strong></td>
<td>7.43</td>
</tr>
<tr>
<td><strong>11. Attending training workshops for specific models of therapy.</strong></td>
<td><strong>8.00 H</strong></td>
<td><strong>8.25 H</strong></td>
</tr>
<tr>
<td>12. Case discussion/conceptualisation/formulation with a mentor/clinical supervisor.</td>
<td>6.25</td>
<td>6.50</td>
</tr>
<tr>
<td><strong>13. Mentally running through and reflecting on the past sessions in your mind.</strong></td>
<td><strong>8.20 H</strong></td>
<td>7.13</td>
</tr>
<tr>
<td><strong>14. Mentally running through and reflecting on what to do in future sessions.</strong></td>
<td><strong>8.40 H</strong></td>
<td>7.07</td>
</tr>
<tr>
<td>15. Writing down your reflections of previous sessions.</td>
<td>7.92</td>
<td>6.92</td>
</tr>
<tr>
<td>16. Writing down your plans for future sessions.</td>
<td>7.00</td>
<td>6.15</td>
</tr>
<tr>
<td>17. Case discussion/conceptualisation/formulation with peers.</td>
<td>6.67</td>
<td>6.75</td>
</tr>
<tr>
<td>18. Viewing master therapist videos, with the aims of developing specific therapeutic skills as a therapist.</td>
<td>4.36</td>
<td>4.45</td>
</tr>
<tr>
<td>19. Reading case examples (e.g., narratives, transcripts, case studies).</td>
<td>4.33</td>
<td>4.92</td>
</tr>
<tr>
<td>20. Discussion of psychotherapy related subjects with contemporaries/peers/mentors.</td>
<td>6.85</td>
<td>5.69</td>
</tr>
<tr>
<td>21. Tending to self-care activities and emotional needs.</td>
<td>7.31</td>
<td>4.85</td>
</tr>
<tr>
<td>22. Socialising.</td>
<td>6.80</td>
<td>5.13</td>
</tr>
<tr>
<td>23. Exercising.</td>
<td>6.27</td>
<td>4.40</td>
</tr>
<tr>
<td>24. Rest (e.g., naps in the day, going for a walk, engaging in a non-therapeutic activity that is enjoyable)</td>
<td>7.40</td>
<td>4.13</td>
</tr>
<tr>
<td>25. Others (Please specify):</td>
<td>5.00</td>
<td>5.57</td>
</tr>
<tr>
<td><strong>Grand Mean</strong></td>
<td><strong>6.41</strong></td>
<td><strong>6.04</strong></td>
</tr>
</tbody>
</table>
Deliberate Practice

- The significance of spending time engaging in solitary practice --> skills acquisition & maintenance.

- Pushing beyond the zone of proximal development (ZPD).
<table>
<thead>
<tr>
<th>Feedback Activities</th>
<th>No. of Clients (out of 10)</th>
<th>Confidence Ratings (0-10)</th>
<th>Relevance Ratings (0-10)</th>
<th>Cognitive Effort Ratings (0-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) feedback formally elicited about the session (SRS)</td>
<td>3.2</td>
<td>9.08</td>
<td>6.46</td>
<td>3.85</td>
</tr>
<tr>
<td>(b) feedback informally elicited w/o the use of measures</td>
<td>5.87</td>
<td>8.86</td>
<td>8.71H</td>
<td>5.64</td>
</tr>
<tr>
<td>(c) surprised by clients’ feedback about the session</td>
<td>0.68</td>
<td>9.43</td>
<td>7.79</td>
<td>5.31</td>
</tr>
<tr>
<td>(d) Using formal feedback to compare and contrast my assessment with the client’s view of progress</td>
<td>6.07</td>
<td>9.79</td>
<td>8.36H</td>
<td>4.69</td>
</tr>
<tr>
<td>(e) perceiving client’s formal feedback as not credible.</td>
<td>0.61</td>
<td>8.55</td>
<td>5.36</td>
<td>2.33L</td>
</tr>
</tbody>
</table>
Surprised by Client’s Feedback

• The number of times therapist was surprised by the client’s feedback was a significant predictor ($b = -0.134$, $SE = 0.038$, $t[1545] = -3.543$, $p < .001$).

• “Surprised by client’s feedback” explained about 62% of the variance in the adjusted client outcome.
Feedback

• **Surprised by Clients’ Feedback**: implicit of therapists’ openness, receptivity, and willingness to receive a vary of feedback.

• Hypercorrection Effect (e.g., Metcalfe & Finn, 2011):

• Concurring with De Jong’s and colleagues (2012) study.
Therapists’ Mindsets

Dweck’s Mindset Theory

Dweck’s Mindset Theory (Fixed vs. Growth; 2006): *did not* predict client outcomes.
Self-Assessments

CURRENT ESTIMATED LEVEL OF PERFORMANCE

• Perceived improvement.
• None of the current self-assessments variables were predictor of client outcomes in MLM.
• On average, therapists rated their current effectiveness around the 71st percentile ($SD = 17.38$).
• None of them rated below the 50th percentile.
• Half of them rated their current effectiveness at the 75th percentile and above.
The Illusion of Validity
“I should just do solitary deliberate practice.”
What a given top therapist do for DP, I should do the same.
“If the top therapists use X approach to therapy, i should too.”
Talking About vs. Getting Involved.
Lifelong Apprenticeship
Learning new psychotherapy models

Modeling New Ways of Learning
Clinical Practice

Deliberate Practice
Outcome Goals

Process Goals
View of the Therapeutic Process
Upcoming SPOT Blog