

BIG IDEAS FOR PSYCHOTHERAPY TRAINING

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Research indicates that traditional psychotherapy training practices are ineffective in durably improving the effectiveness of psychotherapists. In addition, the quantity and quality of psychotherapy training research has also been limited in several ways. Thus, based on extant scholarship and personal experience, we offer several suggestions for improving on this state of affairs. Specifically, we propose that future psychotherapy trainings focus on a few “big ideas,” target psychotherapist meta-cognitive skills, and attend more closely to the organizational/treatment context in which the training takes place. In terms of future training research, we recommend that researchers include a wider range of intermediate outcomes in their studies, examine the nature of trainee skill development, and investigate the role that organizational/treatment culture plays in terms of the retention of changes elicited by psychotherapy training.

Keywords: psychotherapy training, meta-cognitive skills, responsiveness, organizational context

Traditional psychotherapy training practices, which emphasize didactic teaching methods, adherence to manual-guided techniques, and/or application of theory to clinical work via supervised training cases, do not durably improve the effectiveness of psychotherapists (Binder, 2004; Stein & Lambert, 1995; Vakoch & Strupp, 2000). Although such trainings tend to demonstrably improve adherence to the psychotherapy model at hand, they do not enhance psychotherapist competence or effectiveness beyond the training period itself (Bein et al., 2000; Henry, Strupp, Butler, Schact, & Binder, 1993; Stein & Lambert, 1995). In fact, research indicates that traditional forms of psychotherapy training can even have unintended deleterious consequences at times (Henry, Strupp et al., 1993).

At first glance, the impressive effects achieved by some recent training projects would seem to contradict the foregoing position (e.g., Hilsenroth, Defife, Blagys, & Ackerman, 2006). Closer inspection, however, reveals that most successful training programs feature a supportive treatment context even during the “posttraining” phase, which typically includes ongoing supervision in the model (Hilsenroth et al., 2006). In studies in which these supports are withdrawn at the end of the training period, any initial positive effects typically dissipate (e.g., Bein et al., 2000; Fauth, Smith, & Mathisen, 2006). For example, in the famous Vanderbilt II study that focused on the effects of training in Time-Limited Dynamic Psychotherapy (TLDP; Strupp & Binder, 1984), the psychotherapeutic effectiveness of experi-

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enced psychotherapists after 1 year of intensive training was unchanged (Bein et al., 2000).

Accordingly, we offer some new directions for psychotherapy training. It is important to underscore that our comments are geared toward conducting stand-alone psychotherapy trainings within varying treatment contexts as opposed to the progression of psychotherapy coursework offered solely within the context of graduate training. Also, our ideas are based on the psychotherapy training principles explicated by noted scholars such as Hans Strupp, Jeffrey Binder, Jeremy Safran, and Chris Muran. In particular, we agree with these scholars that psychotherapy training should focus on: (a) a limited number of “big ideas” and (b) psychotherapist meta-cognitive skill development via experiential practice. We seek to extend their ideas by describing one trans-theoretically appealing model for bringing these principles to life. We also consider the heretofore overlooked role of the organizational/treatment culture in the ultimate success of psychotherapy training. We hope that our ideas will stimulate others to design and test similar models across diverse training contexts.

Important Components of Psychotherapy Training

Psychotherapy Training Should Focus on “Big Ideas”

Based on the extant research, including results from the Vanderbilt II project (Strupp, 1993, Binder (2004) proposed that psychotherapy training should focus on a limited number of “big ideas.” We would add that these “big ideas” should be geared to trainees’ developmental level. Focusing on a limited number of “big ideas” provides a useful means for structuring the training and tracking trainee skill development over time. Furthermore, increased structure has been found to improve the effectiveness of psychotherapy training (Henry, Schact, Strupp, Butler, & Binder, 1993).

One potential “big idea” for psychotherapy training is the notion of therapeutic responsiveness. Therapeutic responsiveness occurs when psychotherapists recognize, attend, and empathically respond to clients’ experience and needs, as expressed implicitly or explicitly within the psychotherapy session (Stiles & Shapiro, 1994). As

such, responsiveness is consistent with related notions such as empathic attunement.

Strong research evidence exists indicating that poor therapeutic responsiveness has deleterious effects on psychotherapy process and outcome (Henry, Schact, & Strupp, 1986, 1990; Miller, Benefield, & Tonigan, 1993; Patterson & Forgatch, 1985). In contrast, heightened therapeutic responsiveness is linked with successfully resolving psychotherapy alliance ruptures and effectively addressing client ambivalence and resistance (Miller et al., 1993; Safran & Muran, 1996). Furthermore, preliminary research evidence suggests that psychotherapy training that targets psychotherapist responsiveness can be effective (e.g., Bambling, King, Raue, Schweitzer, & Lambert, 2006; Crits-Cristoph et al., 2006; Safran, Muran, Samstag, & Winston, 2005).

In line with Binder (2004) and Safran and Muran (2000, 2001), we believe that the key to enhancing therapeutic responsiveness is helping trainees develop two interrelated meta-cognitive skills (i.e., pattern recognition and mindfulness) via experiential practice. Along with the aforementioned scholars, we emphasize the use of experiential practice to develop skills at the automatic and procedural, rather than purely conscious and declarative, levels (Safran & Muran, 2001). Although there is precious little research in this area, one study found that psychotherapists involved in experiential training emphasizing experiential self-awareness and mindfulness practices were more successful than their traditionally trained counterparts in working with treatment-resistant personality disorder patients (Safran, Muran, Samstag, & Winston, 2005).

Psychotherapy Training Should Develop Trainees’ Meta-Cognitive Skills

Pattern Recognition. Experts across many domains possess advanced pattern recognition skills that guide their actions at a tacit level of awareness (Jennings & Skovholt, 1999). It stands to reason that the performance of highly skilled psychotherapists likewise often operates at an automatic level (Safran & Segal, 1996). Within psychotherapy, the building block for effective pattern recognition skills involves learning to discern and respond effectively to the most important events and experiences within a given psychotherapy session (Dumont, 1991).

Therefore, we initially emphasize practice in

observing “just noticeable differences” (JNDs) within psychotherapy sessions. JNDs are those client or psychotherapist in-session experiences (e.g., thoughts, behaviors, feelings, images, and sensations) that “stick out,” in a subjective sense, from the rest of the session. JNDs emerge to the foreground of the session because they deviate in some way from expectations (i.e., they represent a deviation from the norm; see Kiesler, 2001).

JNDs can be detected on an *ipsative* or *normative* basis. Ipsative JNDs are those in-session experiences that deviate from a particular client’s typical baseline. Normative JNDs, on the other hand, are those in-session experiences that deviate from the baseline for clients in general. For instance, a typically warm and involved client who suddenly becomes sullen and withdrawn (and the resulting spike in psychotherapist anxiety) would be an obvious ipsative JND. On the other hand, another client’s pervasive focus on others rather than her or himself (and the resulting feelings of boredom from the psychotherapist) would constitute a normative JND. In other words, any in-session experience could be perceived as a JND if it deviates from what is typical for *that particular client* (ipsative) or from what is typical of *clients in general* (normative).

Overall, our conception of JNDs is generally consistent with, although broader than, Safran and Muran’s (2000) notion of interpersonal markers and Elliott, Watson, Goldman, and Greenberg’s (2005) notion of micromarkers. In line with the foregoing scholars, JNDs are important because they represent the interpersonal emergence in session of personally meaningful problems and conflicts for clients and psychotherapists alike (Safran & Muran, 2000). Thus, to be optimally responsive, psychotherapists must tune into and respond effectively to these in-session experiences.

Once psychotherapists are adept at harnessing their attention in this way, the next step is to help them detect the patterns in these JNDs. As it turns out, these patterns typically reflect potentially useful therapeutic foci, issues of motivational readiness (e.g., ambivalence toward change), the status of the therapeutic relationship, and/or therapeutic progress in general. Once these patterns are detected, psychotherapists can simply direct sustained empathic inquiry into those areas. Of course, psychotherapists’ theoretical and technical proclivities, as well as readily available trans-theoretical models such as Safran and Muran’s

(2000) rupture and repair model or Miller and Rollnick’s (2002) motivational interviewing model, can also help therapists optimally respond to the client. At any rate, as psychotherapists repeatedly practice detecting and responding to clients’ JNDs in this way, their pattern recognition skills become more robust, complex, and ingrained, while remaining firmly rooted in the client “data” at hand (see Dumont, 1991, for the importance of grounding psychotherapists’ pattern recognition directly in client data).

Fortunately, it is relatively simple for trainees to practice pattern recognition, as long as one remembers that the session itself (i.e., the performance) is not an ideal practice situation. Rather, significant training time should be devoted to practicing pattern recognition via disciplined review of video or audio taped segments of psychotherapy sessions (in individual or group format) and role-play exercises. Regardless of the format, we believe that the key to such practice is to help psychotherapists detect and describe, as opposed to interpret or theorize about, the JNDs they observe, thereby making the practice experiential rather than intellectual in nature (in our experience, that is quite difficult for most trainees to do at first).

For example, in one group exercise, we ask trainees to provide a very brief (e.g., 3 to 5 minutes) audiotape of a salient segment from one of their psychotherapy sessions. The trainees are instructed to listen to the tape in silence and record whatever JNDs they observe. After the segment is finished, we ask them to describe each JND and we record their responses on a whiteboard. We then ask trainees to use inductive reasoning to detect the themes or patterns in the JNDs. Trainees are invariably amazed at the precision and depth of the information generated by this exercise along with the clarity it provides for what is actually occurring within the session. Trainees often come away with new sense of how to approach their client in a more responsive manner.

Mindfulness. Another important meta-cognitive skill, especially when paired with pattern recognition, is psychotherapist mindfulness (Dimidjian & Linehan, 2003; Linehan, 1993; Safran & Muran, 2001). Mindfulness can be defined as moment-to-moment awareness and acceptance of one’s experience (Germer, 2005). Thus, psychotherapist mindfulness represents sustained attention toward the immediate experi-

ence of the session, accompanied by an attitude of acceptance and compassion, as opposed to judgment, toward all that arises. Bishop et al. (2004) explained that “in a state of mindfulness, thoughts and feelings are observed as events in the mind, without over identifying with them and without reacting to them in an automatic, habitual pattern of reactivity” (p. 235), thereby allowing one to respond to situations in more reflective and dispassionate, rather than reactive, manner. Thus, mindfulness can help trainees observe their own and their clients’ thoughts, feelings, and behaviors without condemning either party in the process.

Psychotherapist mindfulness is important because many different in-session experiences can elicit negative reactions from psychotherapists; negative psychotherapist reactions are based on the personal meaning of the therapeutic situation; and such reactions are generally associated with decreased effectiveness (Fauth, 2006; Fauth & Hayes, 2006; Hayes et al., 1998). For example, client hostility tends to elicit counter hostility from psychotherapists, which, even in small doses, has deleterious effects on psychotherapy process and outcome (Henry, Strupp et al., 1993). In addition, the ability to successfully reflect on and cope with such reactions is central to effective countertransference management and is linked with positive therapeutic processes (Fauth & Williams, 2005; Gelso & Hayes, 2007; Hayes, 2004; Williams & Fauth, 2005).

When psychotherapists are able to recognize, without judgment, their reactions to clients, no matter how unpleasant or painful, they may be less likely to act out on countertransference thoughts and feelings (Morgan, 2005). Mindfulness can also help psychotherapists attend to, learn from, and make use of their reactions without the complications of shame, blame, or remorse. In addition, mindfulness also enhances the ability to empathize with self and others. For instance, Lesh (1970) found that, compared to a non-randomized control group, trainees who practiced meditation demonstrated greater gains in empathy. Furthermore, research (Shapiro, Schwartz, & Bonner, 1998; Smith, Dorsey, Lyles, & Frankel, 1999) indicates that training in mindfulness-based self-awareness strategies can improve medical students’ interviewing skills and empathy.

Therefore, we recommend incorporating mindfulness practices into psychotherapy training. In our trainings, we begin each training session with

sitting meditation, which is perhaps the most well-known practice for cultivating mindfulness; we encourage trainees to incorporate meditation practices into their daily lives as well. This practice also has the side-benefit of immediately immersing trainees in an experiential rather than intellectual mode of responding within the training session. Once trainees are comfortable with sitting meditation, we introduce comeditation exercises into the training. Comeditation involves meditation with one or more persons and helps cultivate the kind of relationally oriented mindfulness that is particularly applicable to psychotherapy. Various meditation and comeditation exercises for psychotherapy training can be found in Morgan and Morgan (2005) and Surrey (2005).

Psychotherapy Training Should Attend to the Treatment/Organizational Culture

In our experience, the foregoing training practices effectively enhance therapeutic responsiveness, at least during the course of the training itself. To extend the learning beyond the training period, however, we propose that the training needs to be aligned with and embedded within the organizational/treatment culture. By culture, we mean the prevailing implicit and explicit visions, assumptions, rules, norms, and policies of the organization (or subgroup) in which training and psychotherapy take place.

Why should psychotherapy trainers pay attention to the organizational/treatment culture? Consider the results of a recent study conducted by Fauth, Smith, and Mathisen (2005). In this naturalistic field study, doctoral trainees completing their practicum at a university clinic volunteered to participate in a 20-week training in TLDP (Strupp & Binder, 1984). The within-subject effects of training were established by comparing the therapeutic effectiveness of the trainees over three time phases (i.e., pretraining, training, and posttraining), whereas the between-subjects effects of training were established by comparing trainees’ therapeutic effectiveness over time with that of their nonparticipating peers. Effectiveness was measured via residualized change scores on the Outcome-Questionnaire-45 (Lambert et al., 1996)

The training included group supervision on one or two TLDP training cases; otherwise, the participating trainees continued with their preexisting individual supervisors. These supervisors

represented various theoretical orientations; none were TLDP proponents. No efforts were made to assess supervisors' attitudes toward the training; likewise, the supervisors were not provided with any explicit information about the training or their supervisee's response to it. In other words, the researchers ignored a crucial aspect of the organizational/treatment culture (Fauth et al., 2005).

Both within- and between-groups comparisons indicated that the trainees' effectiveness peaked during the training phase but deteriorated during the posttraining phase. Feedback from the trainees indicated that, once outside the supportive TLDP training context, they struggled to extend their new learning within the context of their ongoing clinical work. In fact, they reported that the lack of supervisory support, in combination with the tenuous nature of their new learning, led to a sense of confusion and ineffectiveness in their posttraining clinical work (Fauth et al., 2005).

An organizational change perspective suggests several methods for creating and maintaining a culture that can support and extend, rather than inhibit, new learning from psychotherapy training. First, before the training project begins, trainers should assess the potential resources and barriers for incorporating the training practices within the organizational culture. It is especially helpful to expect some resistance to change and to use an organizational change model, such as the transtheoretical model of change (e.g., Prochaska, Prochaska, & Levesque, 2001), to guide organizational change efforts (McCracken & Corrigan, 2004). Particularly crucial are attempts to enlist influential individuals and groups who are committed to the change process and can provide the support and ongoing motivation for integrating new training concepts into the organizational system (Backer, Liberman, & Kuehnel, 1986; Fullan, 2001). For instance, in the foregoing example, the researchers could have assessed supervisors' attitudes toward the TLDP training and then intervened accordingly to increase their readiness to support it in their supervisory work.

Second, the training principles should also be aligned with and incorporated into as many aspects of the organization/treatment culture as possible, including supervision, team meetings, agency policies and procedures, and the physical environment. This also means that the trainer should either adapt the training to the prevailing

organizational/treatment paradigm (e.g., mission, values, beliefs, assumptions) or attempt to alter it (Senge, 1990) whenever possible. For instance, a more transtheoretically applicable training, such as the one we have described herein, might have been a better fit for Fauth et al.'s (2005) eclectic group of supervisors. Alternatively, if sufficient interest among the supervisors existed, the researchers could have educated them about the TLDP training and helped them incorporate key concepts into their supervision sessions.

Finally, it is important to encourage systematic practice, open dialogue, and ongoing reflection on the core training ideas in supervision, during team meetings, and around the "water cooler" (Backer et al., 1986). We believe that engaging in applied research on aspects of the training model provides particularly rich opportunities for ongoing reflection and learning. For example, Fauth et al. (2005) could have provided supervisors with frequent updates about and opportunities to collaborate on the training research to stimulate open reflection and dialogue.

Future Directions for Research on Training

To date, research on psychotherapy training has been fairly scarce and has generally focused either very narrowly on changes in psychotherapist microskills and technical adherence or very globally on changes in therapeutic effectiveness. This research has generally revealed that increased levels of structure, experiential learning, and immediate corrective feedback tend to increase the effectiveness of psychotherapy training, at least in terms of microskills and technical adherence (Binder, 2004). Nonetheless, this research also suggests that most current psychotherapy training methods do not durably improve the effectiveness of psychotherapy as delivered by trainees. Clearly, the profession is in need of not only new training models but also more training research. Toward that end, we make several recommendations that might prove fruitful for future psychotherapy training research.

First, we support Ronnestad and Ladany's (2006) recommendation that researchers consider a broader range of psychotherapy training outcomes (i.e., beyond just psychotherapy outcome) in future research. In particular, future research should focus more heavily on assessing the intermediate outcomes of psychotherapy training. We believe that the most appropriate intermediate

outcomes to measure are those in-session changes in psychotherapist behavior that are most consistent with and proximal to the particular psychotherapy training model at hand. To date, given the emphasis of many extant psychotherapy trainings, technical adherence to a treatment manual has been the most common intermediate outcome. As training models and methods expand, however, we hope that the importance of other kinds of intermediate outcomes will become more commonplace.

Consistent with our foregoing training recommendations, future research might investigate the extent to which practice in pattern recognition improves psychotherapists' responsiveness to strains and ruptures in the therapeutic alliance or issues of client motivational readiness. In addition, the extent to which mindfulness practices enhance psychotherapists' successful management of negative emotional reactions and countertransference feelings or their communication of in-session empathy with clients might also be explored. Of course, intermediate outcomes such as increased responsiveness to alliance ruptures or increased use of empathy would, in turn, serve as mediator variables in analyses of the effects of the training on psychotherapeutic effectiveness.

Clearly, a durable increase in therapeutic effectiveness is the ultimate outcome of interest for psychotherapy training research. However, greater inclusion of intermediate outcomes, in combination with more careful measurement of psychotherapy training processes, could help specify which training methods influence different types of intermediate training outcomes. Again, this can also help us identify which intermediate outcomes (e.g., changes in psychotherapist in-session behavior) have the greatest impact on psychotherapy effectiveness. In addition, this will allow researchers to address the fundamental issue of whether some kinds of intermediate outcomes of interest can be influenced by psychotherapy training at all.

Second, we also need much more research on the effects of psychotherapy training on psychotherapist skill acquisition and retention beyond the training period itself. For example, the disappointing results of psychotherapy training research to date (Binder, 2004; Stein & Lambert, 1995; Vakoch & Strupp, 2000) could be attributable to measuring outcomes strictly in the short-term (i.e., immediately following the training period) and on the basis of a very small number of

psychotherapy cases. Thus, we need longer follow-up periods to better assess the effects of psychotherapy training over time. In a similar vein, longitudinal inquiry into the patterns of psychotherapist skill acquisition in response to psychotherapy training would also be quite helpful. Finally, psychotherapy training dose-effect studies could help us model the nature of the relationship between the training "dose" and the desired "response" on training outcomes.

Third, researchers could address several intriguing questions about the interplay between psychotherapy training and organizational/treatment culture. For instance, does the organizational/treatment culture influence the success or failure of psychotherapy training at all? If so, what are the optimal contextual conditions for psychotherapy training? Do trainings that are in alignment with the preexisting organizational/treatment culture enjoy greater success than those that are not? When a proposed training is not aligned with the preexisting organizational/treatment culture, is it possible to increase that alignment via organizational change interventions (e.g., training the supervisors, policy changes, etc.)? Although we have many more questions than answers in this domain, we believe this is a fruitful area for future research. Gelso and colleagues' (e.g., Gelso & Lent, 2000; Mallinckrodt & Gelso, 2002) work on research training environments, as well as organizational research based on the Transtheoretical Model of Change (TTM; Prochaska et al., 2001), are potentially valuable models for future research on the intersection of organizational/treatment culture and psychotherapy training. For instance, from a TTM perspective, we could investigate whether the readiness for change of various organizational stakeholders predicts the incorporation of training practices into the organizational culture. The organizational culture, in turn, could be used to predict retention of changes brought about by psychotherapy training.

In sum, research indicates that traditional psychotherapy training practices do not durably improve the effectiveness of trainees because they overemphasize theory, technical adherence, and didactic learning. Thus, we propose that future psychotherapy training focus on a few "big ideas," such as therapeutic responsiveness; emphasize the development of psychotherapist meta-cognitive skills (i.e., pattern recognition and mindfulness) via experiential practice and con-

structive feedback; and attend more closely to the organizational/treatment context. We also recommend that future psychotherapy training research include a wider range of intermediate outcomes, investigate the nature of skill acquisition and retention over time, and investigate the role of organizational/treatment culture in maintaining the effects of psychotherapy training.

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