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Effective Psychotherapists: Clinical Skills That Improve Client Outcomes.
William R. Miller and Theresa B. Moyers. Copyright © 2021.
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CHAPTER 1

An Invitation

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Counseling and psychotherapy are inseparable from the people who provide them. Within almost any psychological treatment, clients' outcomes vary widely depending on the person who treats them. What is it that renders some therapists so much more effective than others, even when they are delivering the same highly structured treatment? That is the question at the heart of this book.

We have been committed to improving clients' outcomes, as well as helping behavioral health providers continue to enjoy and grow professionally in their work. For therapists, that does not happen automatically in the context of ongoing practice. A distressing and well-replicated finding in psychotherapy research is that therapists (unlike surgeons) usually do not get better with practice (Budge et al., 2013; Erekson, Janis, Bailey, Cattani, & Pedersen, 2017; Norton & Little, 2014; M. L. Smith, Glass, & Miller, 1980; Tracey, Wampold, Lichtenberg, & Goodyear, 2014). Why is that? In Chapter 12, we will explore how this may be a function of the normal conditions of clinical practice (Dawes, 1994). The good news is that there is something you can do to continue developing therapeutic expertise after initial training.

Counseling and psychotherapy are inseparable from the people who provide them.

Therapeutic Skills

If there is a consensus among major theories of psychotherapy, it is the importance of a good "working alliance," a solid therapeutic relationship (Flückiger et al., in press). One assertion is that more effective therapists (those whose clients tend to get better) share certain interpersonal characteristics regardless of their particular theoretical orientation or treatment approach (T. Anderson, Ogles, Patterson, Lambert, & Vermeersch, 2009; Okiishi, Lambert, Nielsen, & Ogles, 2003). This is not a new idea. In 1967, Charles Truax and Robert Carkhuff published their groundbreaking book *Toward Effective Counseling and Psychotherapy*. They were not seeking to promote a particular school of psychotherapy. Rather, they sought to understand what it is that more effective counselors actually *do* so that training could focus on developing better *therapists*. They pulled together an already large body of research, pioneering the measurement and training of active ingredients of psychotherapy such as empathy, warmth, and acceptance that have sometimes been termed "common" or "nonspecific" factors.

It can be misleading to call these "common" factors, which suggests that they are present in all delivered therapies. In fact, practitioners vary widely in relational characteristics such as accurate empathy and warmth. It has long been known that therapeutic factors like acceptance, warmth, and empathy are not actually "common" in the sense of widespread or universal. Hans Strupp (1960) found that fewer than 5 percent of 2,474 responses from 126 psychiatrists in five cities reflected even mild interpersonal warmth. Six decades later, a study of social work practice similarly found that a high level of empathy was uncommon (Lynch, Newlands, & Forrester, 2019). Furthermore, to refer to these as "nonspecific" factors is to confess that we have not done our homework, for as Truax and Carkhuff amply demonstrated half a century ago, such factors can be specified, reliably measured, studied, and taught. They also documented that therapist factors like accurate empathy do matter; they predict client outcomes. In psychology, the roots of modern clinical science lie in this early work of Carl Rogers and his students on therapeutic mechanisms and outcomes (Miller & Moyers, 2017). We prefer the convention of referring to these as *therapeutic* skills, factors, or conditions (Frank, 1971; Kivlighan & Holmes, 2004).

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There is extensive evidence to indicate that these therapeutic factors do facilitate better client outcomes across a broad range of treatment methods and contexts. They are *ways* of doing what else you do in practice. These are not personality traits, but interpersonal skills that can be improved over time.

Furthermore, these factors are directly related to what therapists often find to be most rewarding about their work (Larson, 2020). Behavioral health professions tend to attract those who enjoy talking with and getting to know a wide range of people. What engages therapists is not usually the mastery of particular techniques, but the privilege of relating to people at a level of depth and intimacy well beyond ordinary social discourse. Clinical training, however, too often focuses on learning specific knowledge and technique, with relatively little attention to the therapeutic skills that have at least as much impact on client outcomes as the specific treatment methods being used.

Therapeutic conditions are interpersonal skills that can be improved over time.

Mind and Heart: Therapeutic Attitudes

Throughout this book, we will be describing how interpersonal therapeutic skills involve both an internal *experiential* component and an external *expressive* component. Rogers (1980a) referred to the experiential elements as therapist "attitudes," and Truax and Carkhuff (1967, 1976) advanced the behavioral measurement and practice of the expressive components. Practice influences attitude, and vice versa.

There are many descriptions of important therapeutic attitudes underlying counseling and psychotherapy (Fromm, 1956; Miller, 2017; Miller & Rollnick, 2013; Rogers, 1980d; Yalom, 2002). Perhaps most fundamental in helping relationships is a commitment to *compassion*. This is not just "feeling for" (sympathy), but a desire and intention to alleviate suffering and facilitate others' wellness and growth (Armstrong, 2010; Fromm, 1956; The Dalai Lama & Vreeland, 2001). A helping relationship is not for the helper's benefit; the prime directive is the client's well-being. In this way, helping relationships differ from friendship and intimate relationships, where ideally

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both partners have a mutual commitment to promoting each other's health and wellness. Compassionate beneficence underlies all of the therapeutic skills to be discussed in Part II of this book, and is codified in the professional ethical standards of helping professions such as medicine, social work, and psychology.

A second therapeutic attitude underlying therapeutic skills is a sense of counseling and psychotherapy as a *partnership*. Some kinds of interventions are delivered not by a collaborator but by an expert to a passive patient. For example, a surgeon operates on an anesthetized person to excise a tumor. A dentist removes and replaces decayed tooth tissue. At an accident scene, a paramedic performs cardiopulmonary resuscitation and stops the bleeding. A lifeguard rescues a floundering swimmer. A physician prescribes the correct antibiotic for an infection. At most, what is required of the recipient of such services is "patient" cooperation.

Most helping relationships are not like this. The work of teachers, coaches, health educators, mentors, counselors, and therapists usually focuses on behavior, broadly speaking: on what people do, how they think and relate to others. Addictions, chronic illnesses, and criminal behavior are very much about lifestyle. If the helping goal is to change people's behavior or lifestyle, you simply cannot *make* them change in the way that a dentist extracts a faulty tooth, or a surgeon excises a malignant tumor. Human beings make their own choices about what they will do and how they will live, and efforts to persuade or coerce change can have an unintended opposite effect (Brehm & Brehm, 1981; de Almeida Neto, 2017; Karno & Longabaugh, 2005). Even the success of a heroic acute intervention often depends ultimately on the person's subsequent behavior. Surgeons lament that so many patients do not follow through with needed action (like wound care and physical rehabilitation). No matter how impressive the technical skills of a professional, the active participation of the human recipient of care is almost always required for the best outcomes when behavior is involved.

In order to help people change their behavior or lifestyle, you need *their* expertise and partnership. No one knows more about your clients than they do. They have a lifetime of experience to draw on. You do bring professional expertise that may be helpful, but you cannot be an expert on someone else's life. A helping relationship is not a matter of an expert doing something *to* or using techniques *on*

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clients. It is about working *with*, *alongside*, and *for* clients. It is not like wrestling; it's more like dancing together (Miller & Rollnick, 2013).

In Part II, we will invite you to consider eight therapeutic skills that can improve your clients' outcomes. It is probably easiest to focus on developing one of these therapeutic skills at a time. Benjamin Franklin (2012/1785) described a set of 13 personal virtues, including some behavioral descriptions and a method for self-monitoring (cf. Brooks, 2015). Rather than seeking to strengthen them all together, he decided to focus intentionally on each of them for one week at a time. This created a cycle of 13 weeks that he could repeat four times a year. He also recommended choosing an order of practice so that successive virtues would build on each other. To some extent, we arranged the chapters of Part II in that way, with accurate empathy (Chapter 3) forming a foundation on which other skills such as acceptance and affirmation can be built.

Finally, in Part III, we will discuss the learning (Chapter 12) and teaching of therapeutic skills (Chapter 13), and reflect on some implications for a broader clinical science (Chapter 14). Before proceeding, however, we devote Chapter 2 to a question underlying all of this: How much do therapists really matter in treatment? The answer may surprise you.

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KEY POINTS

- Counseling and psychotherapy are inseparable from the people who provide them.
- Psychotherapists do not automatically get better with practice.
- More effective therapists (regardless of their treatment approach) share certain interpersonal characteristics that can be specified, measured, learned, and practiced.
- Therapeutic skills have both an internal *experiential* component and an external *expressive* component.
- Compassion and partnership are broad therapeutic attitudes underlying the therapeutic skills.
- To help people change their behavior or lifestyle, you need *their* expertise and active engagement.

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