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Therapist Effects and Spiritually Oriented Psychotherapy

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Abstract: Research on therapist effectiveness (i.e., therapist effects) is important for spiritually oriented psychotherapy to mature and flourish as a specialty. Therapist effects are described and compared to treatment effects, and then a research-based profile of the effective therapist is sketched. This characterization is similar in both spiritually-oriented psychotherapy and secular psychotherapy, which has no spiritual orientation. The challenge for this specialty is for research to integrate both therapist effects and treatment effects to inform psychotherapy training. This discussion is framed within Alan Bergin's (1980) "hope" that the psychotherapy profession would become more comprehensive and more effective.

Keywords: therapist effectiveness; treatment effects; therapist effects; Allen Bergin; spiritually oriented psychotherapy

Introduction

"A serious problem in routine clinical practice is clinician optimism about the benefit clients derive from the therapy they offer compared to measured benefits. The consequence of seeing the silver lining is a failure to identify cases that in the end, leave treatment worse-off than when they started or are simply unaffected."[1] Furthermore, psychotherapy research shows that therapists tend to vary significantly in their success rates,[2] are poor judges of negative outcomes,[3] and grossly overestimate their effectiveness.[4]

However, some therapists consistently achieve better clinical outcomes than others, are good judges of negative outcomes, and accurately estimate their effectiveness.[5]

These findings came to mind as I reread Alan Bergin's 1980 paper on psychotherapy and religious values. The last two sentences gave me great pause:

> It is my hope that the theses I have proposed will be contemplated with deliberation and not emotional dismissal. They have been presented in sincerity, with passion tempered by reason, and with a *hope that our profession will become more comprehensive and effective* in its capacity to help all of the human family.[6]

1 Lambert, "Progress Feedback."
2 Baldwin and Imel, "Therapist Effects."
3 Chapman, "Clinical Prediction."
4 Walfish, McAlister, O'Donnell, and Lambert, "Self-Assessment Bias."
5 Wampold and Imel, *Great Psychotherapy Debate*.
6 Bergin, "Religious Values," 103.

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I wondered about the values of those therapists who were not only ineffective—and possibly harmful—but who grossly overestimated their effectiveness, in contrast to the values of their counterparts who were more effective in their practice and accurate in evaluating their effectiveness. I also wondered about Bergin's "hope" and his response to *therapist effects* research,[7] the designation that includes clinician expertise, highly effective therapy, and master therapists.[8]

Research on therapist effects stands in contrast to research focused on *treatment effects*—results of specific interventions and treatments. Unfortunately, current treatment effects research virtually ignores the influence of therapist effects. This emphasis is problematic since research indicates that treatment effects account for considerably less variance of clinical outcomes than do therapist effects.[9] Despite this emphasis, a research-based profile of the highly effective therapist and indications of clinician expertise are beginning to emerge.

What are the implications, if any, of these findings for spiritually oriented psychotherapy? This article begins to addresses the question. It begins with a discussion of recent developments in the theory, research, and practice of psychotherapy, emphasizing the status of treatment effects and therapist effects. It then sketches a research-based profile of the effective therapist: the therapist who demonstrates high levels of clinician expertise. Presumably, these characteristics will be similar in both spiritually oriented psychotherapy and what we will refer to as *conventional* psychotherapy (which has no spiritual orientation). The last section describes the current status of therapist effects in spiritually oriented psychotherapy and the challenge for this specialized form of psychotherapy practice. Finally, it offers a brief reflection on Bergin's "hope" and on psychotherapist values.

Developments in Psychotherapy Theory, Research and Practice

Several changes and developments have recently occurred in the theory, research, and practice of psychotherapy. Similar changes have occurred and will continue to occur, in spiritually oriented psychotherapy. A review of these developments in conventional psychotherapy is useful in appreciating changes and the current status of spiritually oriented psychotherapy. This section summarizes key points from the second edition of *Spiritually Oriented Psychotherapy.*[10]

Major changes have occurred in the theory, research, and practice of psychotherapy in the past two decades. Of particular note is that psychotherapy has become more focused, effective, and accountable. In 2001 *evidence-based practice* was defined by the Institute of Medicine as "the integration of best research evidence with clinical expertise and patient values."[11] In 2005 The American Psychological Association adopted the designation of evidence-based practice as the basis of practice-oriented psychology. Evidence-based practice explicitly considers client values and clinical expertise to be as important in clinical decision making as treatment interventions. Accordingly, competent and well informed therapists would choose evidenced-based interventions that best match their client's diagnoses, needs, and preferences; develop an effective therapeutic alliance; and achieve and monitor clinical outcomes.[12] This section reviews five important factors that reflect current theory, research, and practice in psychotherapy.

Clinical Outcomes

While psychotherapeutic processes are still considered important, the accountability and the evidence-based practice movements have elevated clinical outcomes as a necessity for effective psychotherapy practice.[13] Clinical outcomes are the effects or endpoints of specific interventions or therapeutic processes. Outcomes

7 Baldwin and Imel, "Therapist Effects."
8 Sperry and Carlson, "How Master Therapists Work."
9 Wampold and Imel, *Great Psychotherapy Debate*.
10 Sperry, *Spirutually Oriented Psychotherapy*.
11 Institute of Medicine, *Quality Chasm,* 147.
12 DeLeon, "Remembering our Fundamental Societal Mission."
13 Sperry and Carlson, *Master Therapists.*

can be assessed in a pre- post-treatment fashion or monitored in every session.[14] Better outcomes are reported for ongoing monitoring than for either pre-post assessment or no formal assessment of outcomes.[15]

Treatment Effects

Empirically supported treatments (EST) are interventions with empirical research supporting their effectiveness.[16] In 1995 an APA task force was formed to address empirical support for treatments in psychotherapy; both "well-established treatments" and "probably efficacious treatments"[17] were identified by this group. The EST movement has significantly impacted psychotherapy practice. Of particular note is that it gave third party payers leverage in controlling costs by restricting the practice of psychologically-oriented health care and strongly encouraging the use of ESTs. As a result, ESTs are viewed by some as the standard of care in psychotherapy practice. This is problematic since it is based on the assumption is that providing ESTs is the necessary and sufficient condition for a positive therapeutic outcome.

Therapeutic Alliance

In 1999 the APA Task Force on Empirically Supported Therapy Relationships (ESR) was formed in reaction to the impact of the EST task force. The ESR task force emphasized the therapy relationship, considering it the single most important predictor and effector of treatment outcomes.[18] Considerable research was cited to support this position. For example, Lambert[19] reported that specific techniques—treatment effects that were the focus of the EST task force report—accounted for only 15% of the variance in treatment outcomes, while the therapeutic relationship accounted for 30% of the variance. Considerable debate followed the ESR task force report, and it became increasingly clear that an either-or stance—ESTs vs. ESRs—was untenable. Instead, there was increasing acceptance that both influence treatment outcomes.

Client Factors

The "both-and" stance was soon found to be shortsighted. A subsequent meta-analysis of the elements accounting for psychotherapy change[20] and found that the greatest change (40%) was due to extra-therapeutic factors, also referred to as *client resources* or *client*, a finding essentially the same as previously reported by Lambert[21]. The client factor includes several elements such as motivation for change, capacity for interpersonal relating, access to psychotherapy, and social support system.

Therapist Effects

As useful as the Lambert research[22] has been in understanding the elements contributing to psychotherapy outcomes, there was no role apparent for the therapist. It has long been observed that some therapists are much more effective than others, which is reflected in terms like *master therapist* and *supershrink* to indicate the expertise of such therapists.

The shift from "reimbursement for services" to "reimbursement for outcomes," also known as "pay for performance," reveals that psychotherapists are increasingly expected to provide treatment that is evidence-based, effective, and cost-effective.

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14 Sperry, Brill, Howard and Grissom, *Treatment Outcomes*.
15 Lambert, Whipple, Hawkins, Vermeersch, Nielsen, and Smart, "Is It Time."
16 Reed, McLauglin, and Newman, "APA Policy in Context."
17 APA Division of Clinical Psychology, "Training and Dissemination."
18 Norcross, "Empirically Supported Therapy Relationship."
19 Lambert, "Psychotherapy Outcome Research."
20 Lambert and Barley, "Research Summary."
21 Lambert, "Psychotherapy Outcome Research."
22 Lambert, "Psychotherapy Outcome Research"; Lambert and Barley, "Research Summary."

Baldwin and Imel[23] defined therapist effect as the effect of a given therapist for a client's treatment outcome when compared to the outcomes of another therapist. This effect is identified when a therapist consistently achieves better outcomes with clients than other therapists, regardless of the nature of the patients or the treatment delivered. In the language of research, therapist effect represents the amount of variance attributable to who the therapist is rather than to treatment effect.

In the 1990s the therapist effect was described as a "nuisance variable," as the "neglected variable" in psychotherapy research. It has only been in the last decade that research on the therapist effect has been recognized to the extent that some researchers now conclude that the "essence of therapy is embodied in the therapist."[24] Although some early studies found that the impact of therapist effect on treatment outcomes was negligible, today "the preponderance of the evidence indicates that there are important therapist effects (in the range of 3 percent to 7 percent of the variability in outcomes) accounted for by therapists."[25] Of surprise to many, "therapist effects generally exceed treatment effects, which at most account for one percent of the variability in outcomes."[26]

Profile of the Effective Therapist

So what characterizes effective therapists? Until recently, there was little convincing evidence to answer this question, but that deficit has changed in the past few years. Wampold[27] has described 14 such characteristics or factors based on the best available evidence. This section offers a brief description of what Wampold[28] calls "qualities and actions of effective therapists." Those referred to as *direct factors* are directly observable in therapeutic encounters; in contrast, *indirect factors* influence the therapist (i.e., deliberate practice) but are not directly observable.

Direct Factors

A portrait of the highly effective therapist will include many of the following factors.[29] It should be noted that different therapists delivering different treatments in different contexts are likely to emphasize some of these factors more than others.

1. Demonstrates highly developed interpersonal skills

Effective therapists can express themselves easily and effectively. They are astute at sensing what their clients are thinking and feeling. They are warm and accepting: showing empathy, appropriate affect, and a focus on others.[30]

2. Engenders trustworthiness and understanding

Effective therapists engender the belief that they are helpful because they communicate both verbally and non-verbally that clients can trust them. In the first moments of contact, clients are very sensitive to cues of acceptance, understanding, and expertise.[31]

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23 Baldwin and Imel, "Therapist Effects."
24 Wampold and Imel, *Great Psychotherapy Debate*,176.
25 Ibid.
26 Ibid.
27 Wampold, *Qualities and Actions*.
28 Ibid.
29 Wampold, *Qualities and Actions*; Wampold and Imel, *Great Psychotherapy Debate*.
30 Anderson, Ogles, Patterson, Lambert, and Vermeersch, "Therapist Effects."
31 Baldwin, Wampold, and Imel, "Untangling the Alliance-Outcome Correlation."

3. Demonstrates the capacity to form a therapeutic alliance with a broad range of clients

Effective therapists work collaboratively to form the therapeutic bond, including agreement about the goals and tasks of therapy. These therapists build on the client's initial trust and belief in the therapist's expertise to establish a solid alliance early in therapy.[32]

4. Provides a meaningful and compelling explanation of clients' presenting concerns

Effective therapists provide a compelling explanation or case conceptualization for the client's distress. Clients want to know why they're experiencing their symptoms or conflicts, even if this isn't their first time in therapy. A compelling explanation, particularly of the client's maladaptive pattern, typically induces the expectation that the individual can overcome the difficulties. It also fosters the client's willingness to commit to and collaborate in the therapeutic process.[33]

5. Develops a treatment plan that is consistent with the case conceptualization

Effective therapists provide a treatment plan that is consistent with the explanation of presenting concerns. To the extent to which the client understands and accepts the explanation, the treatment plan will make sense and the client's adherence to the plan will increase. The therapist can then collaborate with the client to effect positive change.[34]

6. Is persuasive and convincing in presenting the explanation and the treatment plan

The effective therapist presents the case conceptualization and the treatment plan in a way that convinces the client that the explanation is correct and that commitment to the planned treatment will be beneficial. This process leads to client hopefulness, increased expectancy for mastery, enhanced therapeutic alliance, and positive change.[35]

7. Monitors client progress continually

The effective therapist continually monitors client progress using outcome measures or checking in with the client regularly. The rationale for this monitoring is that the therapist truly wants to know how the client is doing, and the effective therapist integrates the finding of progress into subsequent treatment, while attentive to evidence that progress is slowing or deteriorating.[36]

8. Adjusts therapy when there is resistance or inadequate progress

The effective therapist is flexible in responding to inadequate progress. The client may not have accepted the explanation and treatment plan or may not be making adequate progress because of the nature or severity of the presenting concern. Effective therapists are sensitive to verbal and nonverbal cues that the client is resisting the explanation or the treatment, and they monitor progress using outcome instruments. They modify treatment according to indicated need, even if it means using adjunctive treatments like medication or referral to another provider.[37]

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32 Ibid.
33 Sperry and Sperry, *Case Conceptualization;* Wampold, *Qualities and Actions.*
34 Sperry and Sperry, *Case Conceptualization.*
35 Wampold, *Qualities and Actions*.
36 Lambert, Harmon, Slade, Whipple, and Hawkins, "Providing Feedback."
37 Wampold, *Qualities and Actions.*

9. Deals with difficult material in therapy and uses such difficulties therapeutically

The effective therapist does not avoid difficult material in therapy, but rather facilitates a discussion of the difficult material and the client's underlying maladaptive pattern. Such discussions are typically emotional, but effective therapists are comfortable with interactions with strong affect. When the difficult material involves a strain in the therapeutic alliance, the effective therapist works to repair the damage.[38]

10. Communicates hope and optimism

The effective therapist fosters hope and optimism. While this is relatively easy for clients who are making adequate therapeutic progress, therapists may find it more challenging for those who experience relapses, inconsistent progress, or other difficulties. Effective therapists acknowledge these issues but continue to maintain hope that the client will eventually achieve realistic goals. Accordingly, effective therapists mobilize clients' strengths and resources to create a sense of mastery.[39]

11. Demonstrates awareness of clients' characteristics and context

Effective therapists are aware of the client's culture, race, ethnicity, spirituality, sexual orientation, age, physical health, and motivation for change, as well as context, particularly available resources such as family and support networks and concurrent services. Accordingly, the effective therapist works to coordinate care with other psychological, psychiatric, physical, or social services.[40]

12. Demonstrates awareness of his or her own psychological issues

Effective therapists demonstrate self-insight with regard to their own psychological issues and do not inject this material into the therapy process unless such actions are deliberate and therapeutic. These therapists are particularly aware of their countertransference and impact on the client.[41]

13. Demonstrates awareness of the best research evidence

Effective therapists are aware of the best research evidence related to their particular clients with regard to diagnosis, maladaptive pattern, treatment issues, and context. Of particular importance is understanding the biopsychosocial bases of the disorder or concern experienced by the client.[42]

14. Seeks to continually improve his or her well-being and professional performance

Effective therapists not only achieve expected or more than expected progress with their clients, but also seek continually to improve their personal well-being and professional performance. As feedback on client progress is critical to a therapist's professional improvement, emphasis on self-care and personal growth is essential to his or her improved well-being.[43]

38 Ibid.
39 Norcross, *Psychotherapy Relationships*; Wampold and Imel, *Great Psychotherapy Debate*.
40 Wampold and Imel, *Great Psychotherapy Debate*.
41 Wampold, *Qualities and Actions*.
42 Wampold, *Qualities and Actions;* Wampold and Imel, *Great Psychotherapy Debate*.
43 Wampold and Imel, *Great Psychotherapy Debate*.

Indirect Factors

At least four indirect factors characterize a highly effective therapist: mindfulness, deliberate practice, and self-care. Unlike actions in therapy, these factors primarily reflect life outside of therapy and are as much dispositional and attitudinal as they are skill based.

1. Practices the skill and disposition of mindfulness

Mindfulness is both a skill and a disposition that allows individuals to be less reactive to what is happening in the moment.[44] It is a way of relating to all experience—positive or negative—in ways that reduce one's overall level of suffering and increase one's sense of well-being.[45] Mindfulness is a valuable indirect factor that contributes to effectiveness in therapeutic intervention. It has been suggested that therapists who regularly engage in mindfulness are likely to be better attuned to their clients and have better treatment outcomes than those who do not practice it.[46] My experience supervising master's and doctoral level trainees supports this notion. Research has borne this out in practitioners as well.[47]

2. Engages in deliberate practice

Deliberate practice is the intentional effort to achieve a level of expertise that is just beyond an individual's level of proficiency.[48] It involves setting a stretch goal for performance, using specific interventions to master a specified task, seeking and using feedback, and engaging in self-reflection to optimize performance and increase expertise. With regard to psychotherapy, deliberate practice refers to the amount of time spent outside of therapy sessions aimed at improving clinical work with clients. Such activities include discussing case conceptualization with a mentor or supervisor and reflecting on past or future sessions. Recent research has found that highly effective therapists engage in more deliberate practice efforts than less effective therapists.[49] This study found that highly effective therapists spent nearly triple the amount of time per week (7.39 hours) on such specific practice activities as less effective therapists (2.63 hours).[50]

3. Maintains appropriate self-care

Highly effective therapists are also characterized by the attitude and disposition of self-care and the skills associated with it.[51] In terms of therapist skill sets, while deliberate practice focuses on increasing professional therapeutic skills and competencies, this factor emphasizes personal growth skills. The case has been made that science and practice demand that psychotherapists pursue self-care; some have argued that self-care is also an ethical imperative.[52] Accordingly, the APA ethics code includes provisions about the need for self-care.

4. Reflects Soulfulness

Similar to but distinct from mindfulness is soulfulness. Cloninger[53] describes soulfulness as the highest stage of self-awareness. It directs the individual's attention and provides the frame that organizes one's expectations, attitudes, and interpretation of events.

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44 Ibid.
45 Shapiro, Oman, Thoresen, Plante, and Flinders, "Cultivating Mindfulness."
46 Bruce, Manber, Shapiro, and Constantino, "Psychotherapist Mindfulness."
47 Grepmair, Mitterlehner, Loew, Bachler, Rother, and Nickel. "Promoting Mindfulness."
48 Sperry and Carlson, *How Master Therapists Work*.
49 Chow, Miller, Seidel, Kane, Thornton, and Andrews, "Role of Deliberate Practice."
50 Ibid.
51 Sperry and Carlson, *How Master Therapists Work*.
52 Norcross and Guy, *Leaving It at the Office*.
53 Cloninger, *The Science of Well-Being*.

Direct awareness of our outlook allows the enlarging of consciousness by accessing previously unconscious material, thereby letting go of wishful thinking and the impartial questioning of basic assumptions and core beliefs about life, such as 'I am helpless,' 'I am unlovable,' or 'faith is an illusion.'"[54]

This quality is described as *soulful* because of its awareness of hope, compassion, and reverence. Another name for it is *contemplation*. Cloninger[55] notes that soulfulness represents a higher level of awareness than mindfulness. Therapists who exhibit soulfulness come across as calm, centered, wise, creative, and loving.

Therapist Effects in Spirituality Oriented Psychotherapy

Based on the research reviewed here, therapist effect does make a difference in conventional psychotherapy. Presumably it also makes a difference in spiritually oriented psychotherapy. But unfortunately relatively little has been written—and even less research has been reported—about therapist effects in spiritually oriented psychotherapy[56] and Christian accommodative therapy. While one chapter in a book on Christian counseling and psychotherapy included "Therapist Factors" in its title, the focus was almost entirely on the therapeutic alliance.[57] Much of the research and writing in this specialty has focused on religious and spiritually oriented treatments (i.e., treatment effects). In many respects, spiritually oriented psychotherapy is at least a decade behind in therapist effect research.

Research and Training Challenge

For the specialty field of spiritually oriented psychotherapy to grow, mature, and become an equal partner in the field of psychotherapy theory, research, and practice, some significant challenges must be addressed. The first challenge is that advocates of spiritually oriented psychotherapy recognize and accept that therapist effects explain several times more variance than treatment effects.[58] This is additive; it in no way disparages research on spiritual and religious treatment effects. In fact, research on treatment effects is critical and must continue for this specialty field to mature.

The second challenge is that therapist effects become an integral part of clinical research in spiritually oriented psychotherapy. Research must expand beyond its current focus on treatment effects and the therapeutic alliance to additionally emphasize clinician expertise and therapist effects. In short, the challenge is to design and implement research studies that attend to both treatment effects *and* therapist effects.

The third challenge is for psychotherapy training programs to intentionally ground teaching and supervision in research on treatment effects and therapist effects. The goal is to foster clinician expertise, which includes both professional and personal development. Only when it has both components can spirituality oriented psychotherapy grow and flourish.

Concluding Note

This article began with my musings about recent research findings on two groups of therapists: the ineffective who overestimate their effectiveness, and the effective who accurately estimate their effectiveness, along with the last two sentences of Bergin's article, expressing his desire that the psychotherapy profession would become more comprehensive and more effective. I conclude that training informed by research on therapist effects *and* treatment effects is more comprehensive than that focused only on treatment effects, and that this combined focus can significantly increase therapist effectiveness, as Bergin had hoped. In

54 Cloninger, *The Science of Well-Being*, 74.
55 Cloninger, *The Science of Well-Being*.
56 Sperry, *Spirituality in Clinical Practice*.
57 Stegman, Kelly, and andHarwood, "Evidence-based relationships and Therapist Factors."
58 Wampold and Imel, *Great Psychotherapy Debate*; Baldwin and Imel, "Therapist Effects."

more than 40 years of teaching and supervising psychotherapists whose training emphasized increasing professional and personal development (i.e., clinician expertise), I have observed that the most consistently effective therapists shared a set values that included caring, concern, competence, confidence, and cultural and spiritual sensitivity toward their clients. They were also likely to be mindful, soulful, and self-caring.

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