

What Is New in Psychotherapy and Counseling in the Last 10 Years?

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Workshop Description

An opportunity for participants to reflect on and consider the most important developments in psychotherapy and counseling in the last 10 years.

There will be participant interaction.

Learning Objectives

By the end of this program the workshop participants will be able to

1. List ideas that they have learned in the last 10 years related to their work as psychotherapists; and
2. Link recent ideas to their actual work as psychotherapists

Workshop Overview

About the speakers

Importance of Continuing
Competence

Sharing our Knowledge

Why Continuing Professional Development is Important

Do we get better with age?

Most psychotherapists think that they get better with age (Orlinsky et al. 1999)

We Don't Necessarily Get Better with Age

Choudhry et al. (2005) found that physicians who had been practicing longer had poorer performance than more recent graduates.

It is not clear if the behavior of the older physicians had declined or whether the newer physicians were better trained.

We Do Not Necessarily Get Much Better with Age

- Goldberg et al. (2016): outcomes of more experienced therapists declined slightly as a group, although some individual psychotherapists improved.
- Huppert et al. (2001): therapy experience had a small association with outcomes using CBT with panic attacks.
- Spengler et al. (2015): "the accuracy of clinical judgments was enhanced as a result of experience, although not by much" (p. 221).

How Do We Interpret This Data?

Data: Variability in outcome with age—
on the aggregate slight improvement

Interpretation by SK and JG:

But most likely variability with some psychologists continuing to improve, some staying the same, and some declining.

The Original 100 Statements

Created by Samuel Knapp and John Gavazzi

- Created in summer and fall of 2016; revised March 2017; articles in PA Psychologist, 2017 and 2018
- Working document
- Ever open to change
- Based on our reading and experience

Parameters of Our Review

Last 10 years- more or less in psychotherapy or counseling

- populations treated
- theoretical orientations
- personal interests
- other factors

Goal of Exercise

Perhaps some of the statements will help you in your professional practice.

In addition, if we share our ideas perhaps we can learn from each other.

Step One

Ask yourself, in the last 10 years what was the best:

1. Book you read on psychotherapy, psychology or counseling?
2. Article you read?
3. Workshop you attended? (and/or)
4. What Ideas did you learn from them?

Step Two

- Give everyone a chance to speak
- Compare and contrast the ideas generated?
- Are they similar, different, or do they connect in any way?

Step Three

- Groups Identify Your Top Ideas
- Did you find overlap or common themes?

Step Four: Group Sharing

- Individual groups share with us their best ideas.
- Which were the best ideas you heard?
- What were they?
- Why did they interest you?

Putting it Together The Group's



Ideas, Publications, and Implications

**TOP
20**

Our Top 10 Ideas

1. The importance of self-reflection (e.g., Walfish et al.)
2. Literature on "supershinks" – deliberate practice, conscientious, focus on relationships, use of skills, etc. (Variability among psychotherapists across skills; Krauss et al.)
3. Evidence based relationships, treatments

Our Top 10

4. Cultural competence improves outcomes
5. Premature to rely on matching (ethnicity, religion) to improve outcomes
6. Role of collectivist practice in improving outcomes (Johnson et al.)
7. Evidence that some forms of CE can improve patient outcomes

Our Top 10

8. Changes CE delivery (MOOCs, Coursera)-not caught up with APA approval system
9. Telepsychology has evidence for effectiveness, including use of apps as adjuncts
10. Evidence suggests caution in evaluating psychology (and medical) data base

Our 11th Idea

The science of morality promises to have implications for psychotherapy related to:

- Processes for thinking through issues
- Activities, structures, or groups that can cultivate ethical habits
- Integrating our personal values with professional obligations

1. Top Publications

Open Science Collaboration (2016): ~40% of scientific findings in cognitive & personality psychology could be replicated. The others are:

- a) Wrong
- b) Accurate
- c) Insufficiently qualified
- d) Not as robust as once believed

2. Walfish et al. (2012)

- The "better than average effect" applies to psychotherapists
- No one rated themselves in the bottom 50%

3. Kraus et al. (2011)

- Competence varies widely across many dimensions.
- A few psychologists are highly competent in most dimensions; a few are competent in a very limited number of dimensions.

4. Gropman (2007)

- Looks at the literature on decision making in medicine
- Physicians are vulnerable to confirmation bias, fundamental attribution error, availability heuristic, the fallacy of logic, etc.

5. Atul Gawande (2011)

- Gawande, a surgeon in Boston, describes his use of a coach during surgery
- Pro-athletes have coaches, as do actors, musicians and others. Why not health care professionals?

6. Boswell et al. (2015) as ex

- Unified protocol: Instead of looking at which theoretical orientation is better for what diagnosis-
- Looking at which techniques (which may be used by psychologists of different theoretical orientations) are effective with which symptom (which may occur across many different diagnoses)

7. Vieten et al. (2016)

Developing a list of competencies of persons who want to integrate spiritual or religious practices into psychotherapy

8. Tucker et al. (2016)

The proposal of an acute suicidal affective disturbance (similar to the concept of a suicidal mode) as a cognitive/emotional/behavioral state that precedes suicide attempts.

9. Johnson et al. (2012)

Introduces the term "competent community" to refer to a network of colleagues who can facilitate one's professional development

10. Khoury et al. (2013)

Mindfulness (which refers to a variety of techniques with the commonality of nonjudgmental focus) is demonstrating helpfulness across a wide range of problems, either as a stand alone or as part of other treatments.

11. Anything by . . .

- Louis Castonguay: e.g., helpful and harmful events
- Michael Lambert: data on predicting outcomes
- Scott Miller: Research on “supershrinks” what features distinguish those who are exceptional as psychotherapists

Honorable Mention

- Lisa Sanders: *Every patient tells a story*
- Steven Johnson: *Where Good Ideas Come From*
- Louis Castonguay and Clara Hill. *How and why are some psychotherapists better than others*

Other Influences

- Matthew Ridley: *The Rational Optimist*
- Steve Pinker: *The Better Angels*
- Robert Wright: *NonZero; Moral Animal, and Why Buddhism is True*
- Paul K. Chappel: *The Art of Waging Peace*

Practical Implications

- Being a “SuperShrink” improving outcomes
- Matching patients
- Biological options
- Changing needs of patients
- Questions about science of psychology (and other health care professions as well)
- Education and training

Expanding on This Topic

Matching on race, ethnicity, or religion needs to be done carefully with a recognition that it is no guarantee of an improved outcome and can lead to a false sense of competence.

In Addition

- Awareness of effectiveness (ineffectiveness) of biological interventions
- Stimulation, ECT- possibly
- Ketamine-- no

Sensitivity to Emerging Issues

- Marijuana/Opioid addiction
- Single/blended families
- Suicide rates increasing
- More diverse populations
- Politics in the therapy office

Science

Getting more consistent with our scientific roots and a focus on theory drive and replicable studies

Education

- Trying to get more specific about types of CE most linked to improved patient outcomes
- Ethics training- focus on self-reflection and enactment of positive values

Sam's Big Ideas

- Quality Enhancement Strategies
- Prompt List
- Ethics Acculturation Model

Focus on Quality

- Atul Gawande- coach
- Steve Johnson- history of good ideas
- Literature on teamwork--

Quality Enhancement

“Any purported risk management principle that tells a psychologist to do something that appears to harm a patient or violates a moral principle needs to be reconsidered”

Knapp et al., 2013, p. 32

Four Session Rule

- If, at the end of four sessions, you do not have a good working relationship with the patient OR the patient is not improving- for no obvious reason,
- Then you need to rethink therapy

False Risk Management Principles

1. Always get a no suicide safety contract signed
2. Never keep detailed records
3. Never self-disclose to or touch a patient
4. Informed consent only consists of getting patients to sign a form
5. Risk management is only concerned with keeping psychotherapists from being disciplined by an oversight body

Prompt List

1. Rethink diagnosis and goals: do you need a consultation?
2. Discuss issues with patients: are you being transparent?
3. Are there additional sources of data to explore?

More Prompt List Reflections

1. Do YOU think you and the patient have a good working relationship?
2. Is your assessment of the patient adequate?
3. Are there unresolved ethical issues?
4. Do unresolved clinical issues impede treatment?
5. What does your System I say about the patient? System II?

How to Become a “SuperShrink”

- Deliberate practice
- Collaborative
- Hypervigilant in monitoring progress
- Domain specific strategies
- Cultural competence makes a differences

John's Frequent Foci

- Morality is found in psychotherapy
- Ethical decision-making is not always a heart-pounding, gut wrenching experience
- Self-reflection & humility are essential elements to successful psychology

Morality in psychotherapy

- Beneficence: We are working to help others
- Too much morality: Perfection, Scrupulosity, OCD, & harsh judgments
- Self-Blame, Guilt, Shame, Forgiveness, & Depression
- Understanding relationship between moral injury and PTSD

Ethical Decision-Making

- We are products of biological and cultural evolution
- Our decision-making skills and biases are influenced by our biology and our culture
- We typically make professional judgments quickly and non-consciously: When it helps and when it does not

Self-reflection & Humility

- Deliberate practice
- Diaphragmatic breathing
- Self-reflection during documentation
- Boundaries & Autonomy versus Beneficence

Questions, Answers, Complaints, and Speeches Disguised as Questions

THANK YOU FOR PARTICIPATING

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