Therapists Matter

Eight skills that make you better at what you do

William R. Miller, Ph.D.
The University of New Mexico

In theory, there is no difference between theory and practice
In practice, there is.

Dean Fixsen

In practice, evidence-based treatments are not homogeneous

Same Treatments at Different Sites in Project MATCH

Treatments are not the same at all sites where they are delivered

All Therapists Are Not the Same

Supportive-Expressive Therapy: 3 Counselors

Client Outcomes Before vs. After Random Transfer to 4 Counselors

A Natural Experiment

- Two drug treatment counselors resigned
- Their 62 cases were assigned randomly to the four remaining counselors
- There were dramatic differences in client outcomes.

McLellan et al., 1988 Journal of Nervous and Mental Disease, 176, 423-430.
Evidence-Based Treatment or Common Factors?

- When different *bona fide* psychotherapies are compared with each other, client outcomes are usually the same on average.

Evidence-Based Treatment

- Within a clinic or kind of therapy, client outcomes usually vary widely depending on who provided the treatment.
- Therapists typically account for far more variance in outcome than do the specific treatment methods being used.
- Evidence-based treatments are inseparable from the therapists who provide them.

Percent Days Abstinent

NIAAA Multisite Trials

<table>
<thead>
<tr>
<th>Therapies</th>
<th>Project MATCH</th>
<th>COMBINE Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBI + Placebo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Naltrexone, No CBI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Placebo, No CBI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CBI + Naltrexone</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UK Alcohol Treatment Trial (UKATT)

<table>
<thead>
<tr>
<th>Therapies</th>
<th>Baseline</th>
<th>3 Months</th>
<th>12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>MI = 3 Sessions</td>
<td>29.5</td>
<td>42.3</td>
<td>46.6</td>
</tr>
<tr>
<td>SBNT = 8 Sessions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evidence-Based Treatment

- All clients got “the same” manual-guided cognitive-behavior therapy in the NIAAA COMBINE Study.

Therapists’ Outcomes in Manual-Guided CBT

- Outcomes by 19 therapists with >10 clients.
Evidence for Efficacy of Specific Treatments

Top Eight in Cumulative Evidence Scores

- Brief Intv
- MI/MET
- Acamprosate
- CRA
- Naltrexone
- Social Skills Contracting
- BSCT

Yet all treatments are not the same

Evidence for Efficacy of Specific Treatments

Bottom Eight in Cumulative Evidence Scores

- Mandated AA Milieu Therapy
- Video Self-Confrontation
- Relaxation
- Cognitive
- Single Alcohol Education
- Group Counseling
- Alcohol Education

It matters what you do . . .

Relational Factors in Therapy

- How “common” are they? Certainly not universal
- Calling them “non-specific” just means that we haven’t done our homework
- They are specifiable, measurable, and variable
- They matter

Therapist Skills that Affect Client Outcomes

1. Accurate Empathy

What is Empathy?
Perspective taking?
A developmental prerequisite for empathy

Is empathy something that you feel:
Feeling for?

Is it literally feeling what the other feels?
Sympathy or co-feeling may happen, but is not essential

Or is empathy something that you do?

A specifiable, learnable, observable skill

The art of empathic listening and understanding

Accurate Empathy:

- is reliably measurable from observable practice behavior
- is learnable; quality can improve with training and practice
- It matters: observed counselor skill predicts client outcome
- Its absence (low counselor empathy) is harmful
- Baseline skill predicts in-session practice and client outcome

And we’ve known for a long time that it matters

Miller, Taylor & West, 1980
Journal of Consulting and Clinical Psychology 48:590-601

Problem drinkers were randomly assigned to self-help “bibliotherapy” or to one of nine outpatient counselors, all delivering the same manual-guided treatment: behavioral self-control training

3 supervisors rated counselors’ levels of accurate empathy (Truax & Carkhuff scale) with high inter-rater reliability.

Counselor Empathy and Client Outcomes

Client Drinking Outcomes Accounted for by Therapist Empathy

Therapists

Bibliotherapy

Therapist Empathy

6 months

1 year

2 years

r = .82

r = .71

r = .51


Accurate Empathy in Counseling

Clients of counselors with high levels of empathic skill are:

Less “resistant” and more likely to remain in treatment

More likely to change, less likely to “relapse”

Higher counselor levels of accurate empathy predict better outcomes in client-centered counseling, psychotherapy, behavior therapy, health promotion, and motivational interviewing

Meta-analyses

Empathy is a moderately strong predictor of treatment outcome: Mean effect size ($d = .58, p < .001$) across 82 independent samples with 6,138 clients

Relationship held across different theoretical orientations and presenting problems


So . . Accurate Empathy

- Is observable and reliably measurable behavior
- Can improve with training and coaching
- Is highly variable across counselors and therapists
- Pre-measured skill (for example, when screening candidates) predicts actual accurate empathy in later observed practice
- High accurate empathy predicts better client outcomes
- Low accurate empathy predicts poorer outcomes or harm

A Modest Proposal

Hire Empathic Therapists!

It is an evidence-based practice to hire staff based on the skill of accurate empathy

Therapist Skills that Affect Client Outcomes

1. Accurate Empathy
2. Acceptance

These skills have an internal experiential element and an external communication component.
One without the other is incomplete.

The ancient discipline of mindfulness

- Mindfulness involves attentive observation of one’s immediate experience without needing to judge or evaluate, approve or disapprove. It is an accepting appreciation of what is, without critique or demand for what ought to be.
- Mindful acceptance is now widely studied as therapeutic to teach to clients, including in the treatment of substance use disorders.
- Mindful acceptance is also a therapeutic attitude for providers.

Language in Addiction Treatment

- Stigma is communicated in widely accepted moralistic language:
  - Addict Alcoholic (labeling the person, not the condition)
  - Clean and Dirty
  - Substance “Abuse” and “Abuser”
  - “Denial” and inaccurate beliefs about personality disorder
  - Relapsed

Nonjudgmental Acceptance

- “It involves as much feeling of acceptance for the client’s expression of negative, “bad”, painful, fearful, defensive, abnormal feelings as for his expression of “good,” positive, mature, confident, social feelings.” Carl Rogers
- When people experience themselves as unacceptable, they are immobilized and unable to change.
- Paradoxically, it is when people experience acceptance of themselves as they are - be it from parents, a loved one, a therapist, or from God – that they are enabled to change.
- This runs contrary to a belief that people will change if we can just make them feel bad enough about themselves, or punish them enough.
Labels and Perception

- In case descriptions, a person was described as either a “substance abuser” or as “having a substance use disorder.” This was the only change.
- When described as a “substance abuser,” both lay public and health professionals were far more likely to perceive the person as blameworthy, threatening, and deserving of punishment.


Acceptance and Client Outcomes

- Positive impact of acceptance increased with the proportion of racial/ethnic minorities in the sample (Orlinsky, et al., 1994).
- Effect size of motivational interviewing tripled in samples predominantly from racial-ethnic minority groups (Hettema et al. 2005).


Therapist Skills that Affect Client Outcomes

1. Accurate Empathy
2. Acceptance
3. Positive Regard

Unconditional Positive Regard

- Unconditional Positive Regard: Clients are not required to meet certain conditions in order to be respected by the counselor.
- An attitude of “warmth, liking, respect, [and] sympathy” (Rogers, 1959)
- In the most general sense, this disposition is a stance of respect and benevolence toward your clients, a commitment to their well-being and best interests.
- Average effect size of PR on outcome: $g = .36$.


Communicating Acceptance

- Absence of judgmental responses like disapproving, criticizing, disagreeing, labeling, warning, or shaming
- Compassionate concern expressed in action
Small Compassionate Actions

Therapist Skills that Affect Client Outcomes

1. Accurate Empathy
2. Acceptance
3. Positive Regard
4. Genuineness

Should a helper be:

- Detached, aloof, opaque, and emotionally unresponsive?
- That may be good for judges, soldiers, detectives, dentists, and poker players
- If personal relationships are non-essential or even a hindrance to the job

Or is your humanity important in your work?

- Some other terms for genuineness: Presence, congruence, real relationship, openness, honesty, non-phoniness
- All have to do with not hiding yourself at your clients’ expense
- In practice this means being:
  - aware of your own inner experiences with clients
  - emotionally engaged as the client’s story unfolds, and
  - willing to reveal your own experiences, thoughts, emotions, and values when they benefit your client

Research on Genuineness and Client Outcomes

- Meta-analysis of 21 studies: $d = .46$
- Counselor self-disclosure is associated with better therapeutic relationship and client outcomes, particularly when disclosure reveals the therapist’s humanity or similarity to the client

Effect sizes of Rogers' therapeutic factors (from meta-analyses)

Average Effect Size (Cohen's d)

<table>
<thead>
<tr>
<th>Therapeutic Factor</th>
<th>Average Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accurate Empathy</td>
<td>0.58</td>
</tr>
<tr>
<td>Positive Regard</td>
<td>0.36</td>
</tr>
<tr>
<td>Genuineness</td>
<td>0.46</td>
</tr>
</tbody>
</table>

Effects larger than 0.2: Preventive effect of anti-cholesterol treatment on heart disease

Effects smaller than 0.2:
- Preventive effect of aspirin
- Average differences between specific bona-fide treatments or “schools”

Therapist Skills that Affect Client Outcomes

1. Accurate Empathy
2. Acceptance
3. Positive Regard
4. Genuineness
5. Focus
6. Hope and Expectancy

Focus and Coherence

If you don’t know where you’re going, any road can take you there. Lewis Carroll

If you don’t know where you’re going, you might wind up somewhere else. Yogi Berra

Focus and Coherence

- More effective therapists have clear goals for treatment and a coherent plan for reaching them.
- Shared goals of therapist and client is a key component of a good working alliance, which in turn predicts better treatment outcomes.
- Informal “chat” unrelated to client’s treatment needs was inversely related to client motivation for change and retention in treatment.


Therapist Belief Matters – A Lot

- Traditional vs. CRA
- % Days Abstinent
Therapist Belief and Treatment Outcome

Leake & King (1977)
- Psychologists tested patients in three different treatment programs
- They identified patients with particularly high alcoholism recovery potential (HARP)
- HARP vs. non-HARP patients did not differ from each other on prior treatment history or severity of alcoholism

Counselor Ratings During Treatment
Showed HARPS to be:
- More motivated for counseling
- More punctual in meeting appointments
- Showing greater self-control
- Neater and more attractive in appearance
- More cooperative
- Trying harder to stay sober
- Showing better recovery

And throughout 12 months of follow-up
HARP Patients Showed:
- Higher rates of abstinence
- Longer spans of abstinence
- Fewer slips
- More employment

The Psychologist’s Secret:
“HARPS” HAD BEEN SELECTED AT RANDOM

How do we look at our patients?
Therapist Skills that Affect Client Outcomes

1. Accurate Empathy
2. Acceptance
3. Positive Regard
4. Genuineness
5. Focus
6. Hope and Expectancy
7. Evocation

It matters what clients say, and aware or not, you influence it

- Therapists differentially reinforce specific kinds of client speech
- Even Carl Rogers did - *What* do you ask and reflect?
- Mood induction by elicited speech
- “Resistance” predicts poorer outcome, and is interactive


Therapist Style and Client Resistance


Imagine this:
Counselors were trained to switch their counseling style every 12 minutes within sessions, between
E: an empathic/listening style and
D: a directive/teaching style
E - D - E - D

Therapist Style and Client Resistance


1.0
1.7
1.1
1.5

Resistance Responses per Minute of Family Therapy

Empathic Teach/Direct Empathic Teach/Direct
1 1 2 2

Bottom line: When you tell clients what to do, they tend to get defensive

Client Change Talk and Sustain Talk

(Research on Motivational Interviewing)

- The ratio of client change talk to sustain talk shifts with stages of change and predicts whether change will occur
- Motivational interviewing is designed to evoke change talk and soften sustain talk
- Solid evidence base for efficacy, but . . .

Can Counselors Influence Change Talk?


- 9 counselors switched every 12 minutes between:
  - MI: Seeking to evoke change talk and
  - FA: Functional analysis of drinking
  - in conversations with 47 people about their drinking concerns
  - Coded client change talk (CT) and sustain talk (ST)
Accurate Empathy
Acceptance
Positive Regard
Genuineness
Focus
Hope and Expectancy
Evocation
Offering Information and Advice

Using Your Expertise: Directing, Guiding, and Following

- Directing tends to evoke reactance and resistance
- Yet a good guide doesn’t just follow you around
- Giving information and advice can change behavior
- Guiding is a middle ground, with both directing and following
- Honoring client autonomy is a key in guiding
- Ask – Provide - Ask
- Offering clients choice among options