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 the 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

Overview of the Day
Importance of Continuing Competence
Sharing our Knowledge
Further Reflections

Thank You
Dr. John Gavazzi
who helped produce the 10 year review and has been a co-presenter in other workshops

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-2
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 2016; revised 2017; revised again for 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— more or less 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/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
Contrast and compare 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
Can We Develop a Top 20 List?
Our top ideas, publications, and practical implications of them

From Other Workshops-1
1. Mindfulness
2. Trauma-informed treatment
3. Brain-body connections, e.g., gut-immune system interactions
4. Neuropsychology, e.g., neuroplasticity
5. Role of culture in behavior
From Other Workshops-2
6. Child psychotherapy informed by developmental psychology, e.g., attachment theory
7. Specific therapies, e.g., ACT, internal family therapy, functional analytic therapy
8. Telehealth
9. Role of drug-related problems, e.g., opioids
10. Relationship science [e.g., Gottman et al.]

Sam Knapp’s and John Gavazzi’s Top 10 Ideas
1. self-reflection (e.g., Walfish et al.)
2. “Supershinks”— practice, conscientious, use of skills, relationships, etc.; (Variability; Krauss et al.)
3. Evidence based relationships, treatments
4. Cultural competence / improved outcomes
5. Outcomes with matching (ethnicity, religion-not promising)

Sam Knapp’s Top 10 (2)
6. Collectivist practice improves outcomes (Johnson et al.)
7. Some forms of CE improve patient outcomes
8. Changes in mode of CE (MOOCs, etc.)
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

Top Publications
Open Science Collaboration (2016) About 40% of scientific findings in cognitive and personality psychology could be replicated—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%

4. Kraus et al. (2011)
Competence varies A few are high most dimensions; most competent in a limited number of dimensions.
Looks at the literature on decision making and finds physicians are vulnerable to confirmation bias, fundamental attribution error

5. Atul Gawande (2011)
Boston surgeon describes his “coach” during surgery. Pro-athletes have coaches. Why not healthcare professionals?

6. e.g. Boswell et al. (2015)
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 symptoms (which may occur across many different diagnoses)

7. Vieten et al. (2016)
a list of competencies for persons who integrate spiritual practices into psychotherapy

8. Tucker et al. (2016)
The acute affective suicidal disturbance—a cluster of psychological experiences that precede suicide attempts

Introduces the term “competent community” to refer to a network of colleagues who can facilitate one’s professional development

10. Khoury et al. (2013)
Review of the effectiveness of mindfulness interventions

11. Anything by . . .
Louis Castonguay: e.g., helpful and harmful events
Michael Lambert: data on predicting outcomes
Scott Miller: Research on “supershinks” 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
Practical Implications

Being “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

In Addition

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

Furthermore

Sensitivity to emerging issues
Marijuana/Opioid addiction
single/blended families
Suicide rates increasing
More diverse populations

How to Become a “SuperShrink?”

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

Focus on Quality

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

References