Organising Therapists’ Emotional-Social Skills: Are Therapists that Different?

A thesis in partial fulfilment of the requirements for the degree of Doctor of Clinical Psychology at Massey University, Palmerston North, New Zealand

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Wampold and Imel (2015) argue that therapeutic outcomes may be more dependent on variables associated with therapists than treatment systems. An element of these therapist variables include the emotional and social skills of therapists, however, to date, little has been done to investigate the relationships between these therapy factors. One exception to this is pilot research conducted by my supervisors, their students, and myself (Harvey, Marwick, Baken, Bimler, & Dickson, 2016). This thesis aims to replicate and extend on this pilot research as to better understand therapists’ emotional and social skills in practice. Using three complementary approaches including thematic analysis of therapist transcripts, a date-specific literature review, and revision of foundational research, Harvey et al.’s original pool of emotional and social skills was revised and extended. Subsequently, using a statistical method for mapping psychological constructs, therapists’ emotional practices were transformed into a ‘map’ with three spatial dimensions, which was generally supported by comparative reliability checks including a validation study with a foreign-language sample. Finally, the nature of emotional practice was further investigated by administering a questionnaire of emotional practice items to 79 therapists. From this, eight salient practice constructs were identified. Statistical links were also found between these and both demographic data and a modified measure of the therapeutic relationship. Furthermore, using Q-analysis, a general consensus of responding was found between therapists’ emotional response patterns and as a result, a tentative pathway to therapists’ practice styles was developed. From these findings important research and clinical applications are apparent.
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This thesis was constructed with the help of many. Thank you to my supervisors, I feel extremely privileged to have worked with you. I could not have persisted and completed this enormous undertaking without your support and guidance. Shane, your unremitting enthusiasm for my topic has been inspiring and, at times, much needed. Don, your input always conveys new insights and this thesis would be sorely lacking without you. David, your knowledge (and patience communicating such knowledge) is greatly appreciated, you are truly an expert of this methodology. Thank you to my family and friends. You brighten up my life and for that, I am grateful. Last but not least, to my participants. I cannot thank you enough for selflessly spending your valuable time. You made this research possible and its results are as much yours as they are mine. My hope is that, in some way, this research can help improve the experiences of therapy consumers.
For doctoral students the construction of a thesis is generally a daunting prospect, requiring patience, determination, and passion to achieve. Interestingly, from my perspective, the key to its completion is profoundly dependent on a single stimulating idea that sends the student down their indirect pathway to discovery. Long before my stint as a postgraduate student, unbeknown to me, this idea was already captivating my supervisors. After becoming a postgraduate student, they enlisted me to help investigate. This idea has continued to captivate me past my initial postgraduate research and is the key research question of this thesis — can we discover therapists’ practice styles?

It will come as no surprise that emotional experiences are rife throughout therapy. In session, very personal thoughts, feelings, and experiences are aired, and therefore, it is understandable that the therapist's emotional and social responses in practice have some bearing on therapy process and outcome. This notion has resonated with me since beginning my clinical training. Consequently, I consciously attend to how I am feeling, and how I am portraying these feelings throughout my practice.

While a therapist's specific emotional and social responses probably differ between clients, underlying practice themes will likely remain recognisable. In other words, there is a consistency in one’s practice behaviours, differing largely by when and how these behaviours are implemented. A seasoned and effective clinician I have been fortunate to observe expertly incorporates humour into his diverse clinical practice. However, how this humour is used changes between clients. In general for this clinician, humour is employed with new and unenthusiastic clients to promote interest and foster rapport. Alternatively however, for engaged yet distracted clients, humour is more likely to be used to capture attention and guide the flow of therapy. Humour for this clinician is implemented during different situations for different purposes, ultimately to benefit the client. This example demonstrates that when considering a therapist’s emotional and social practice responses, it is not just a question of what to employ, but also, of how and when to implement these skills. I believe, if studied correctly, that these responses may partially identify a therapist's particular practicing style.
From my limited professional experience, I have little doubt that therapists practice in ways that reflect their unique personalities — after all, they were individuals first and psychologists second. As my instructor once told me in praise, “I saw your personality in that session,” an achievement I had strived to accomplish for some time. My colleague’s personal easy-going, quiet, and caring manner helps her to swiftly build rapport in practice, while my experienced, just, and supportive supervisor threads these factors into his practice to facilitate the therapeutic process. Our personalities are intertwined with who we are, and to practice in a way that is incongruent with our personalities would, in my mind, be noticeable and appear insincere. What we think, feel, value, and believe is reflected in our behaviour and will ultimately influence our clients for better or worse.

So why investigate therapists’ practice styles then if they largely reflect individuals’ diverse and unique personalities? Well, just as their practices are unique, they also have remarkable similarities. The colleague and supervisor previously mentioned are both meticulous and passionate about their chosen clinical fields. It is my belief that both the similarities and differences that exist between therapists at a practice level are able to be quantified. By understanding the collective and individual components of therapy, we may better understand how one’s practice style evolves and ultimately, which parts may influence client change.
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CHAPTER FOUR

STUDY TWO: METHOD

Participants

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Procedure

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STUDY TWO: RESULTS

Hierarchical Cluster Analysis

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STUDY TWO: DISCUSSION

Surface Coverage

Dimensions

Clusters

Limitations

Conclusions and Implications

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CHAPTER FIVE

STUDY THREE: METHOD

Participants

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Procedure

Analysis and Reliability Check

STUDY THREE: RESULTS

Multi-Dimensional Scaling

Combined Solution
LIST OF ABBREVIATIONS

CER – Cognitive Emotional Relational
Da – Deviation A
Db – Deviation B
DPCCQ – Development of Psychotherapists’ Common Core Questionnaire
ED – Emotional Difficulties
ES – Emotional-Social
FIS – Facilitative Interpersonal Skills
GOPA – Group Opposite Partition Add
HCA – Hierarchical Cluster Analysis
HI – Healing Involvement
Hotspot Labels
AG – Altruistic Growth
CE – Client Empowerment
D – Directive
DTB – Deliberate Therapeutic Behaviours
EC – Emotion Coaching
ESA – Emotional Self-Awareness
SC – Self-Confidence
TC – Therapeutic Collaboration
MDS – Multidimensional Scaling
NS – Non-Sorted
NZTCI – New Zealand Translation Centre International
ORS – Outcome Rating Scale
PoC – Positive Collaboration
PCA – Principal Components Analysis
PCI – Positive Clinician Input
SI – Stressful Involvement
SPSS – Statistical Products and Service Solutions
STAR-C – Scale To Assess the Therapeutic Relationship – Clinician
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