

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

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ABSTRACT

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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PROLOGUE

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.

CONTENTS

ABSTRACT	i
ACKNOWLEDGEMENTS	ii
PROLOGUE	iii
CONTENTS.....	v
LIST OF ABBREVIATIONS.....	viii
LIST OF FIGURES	ix
LIST OF TABLES	x
LIST OF APPENDICES.....	xii
CHAPTER ONE	1
INTRODUCTION.....	1
Constructing the Question.....	1
CHAPTER TWO	5
LITERATURE REVIEW.....	5
Outcome Variability	5
Therapist Variables.....	9
Emotional-Social Variables	15
Therapist Profiling and Styling.....	22
Summary	25
Foundational Research.....	26
Specific Aims and Expectations.....	29
CHAPTER THREE.....	31
STUDY ONE.....	31
Methodology	31
Foundational Research.....	32
STUDY ONE: METHOD.....	34
Item Generation.....	34
STUDY ONE: RESULTS.....	38
Approach One: Content Analysis	38
Approach Two: Literature Search	39

Approach Three: Map Analysis	40
Item Reduction	40
STUDY ONE: DISCUSSION.....	42
Approach One: Analysis of Exceptional Therapists' Transcripts.....	42
Approach Three: Analysis of Original Model.....	45
Limitations	47
Conclusions and Implications.....	48
LINKED THOUGHTS I	49
CHAPTER FOUR.....	50
STUDY TWO: METHOD	50
Participants.....	50
Materials	50
Procedure	52
Analysis and Reliability Check	53
STUDY TWO: RESULTS.....	58
Hierarchical Cluster Analysis.....	58
Multi-Dimensional Scaling.....	61
STUDY TWO: DISCUSSION	75
Surface Coverage	75
Dimensions	76
Clusters.....	77
Limitations	83
Conclusions and Implications.....	85
LINKED THOUGHTS II.....	87
CHAPTER FIVE	89
STUDY THREE: METHOD.....	89
Participants.....	89
Materials	89
Procedure	91
Analysis and Reliability Check	91
STUDY THREE: RESULTS.....	92
Multi-Dimensional Scaling.....	92
Combined Solution.....	97

STUDY THREE: DISCUSSION	112
Surface Coverage.....	112
Dimensions.....	112
Clusters	114
Limitations.....	122
Implications	123
Conclusion	126
LINKED THOUGHTS III.....	127
CHAPTER SIX.....	129
STUDY FOUR: METHOD	129
Participants	129
Materials.....	130
Procedures.....	131
Analysis: Hotspot Modelling, Subjectivity Profiling, and Q-analysis	132
STUDY FOUR: RESULTS.....	134
STAR-C	134
Hotspots and Interpretation.....	135
Styling.....	148
Response Patterns.....	150
STUDY FOUR: DISCUSSION.....	164
Hotspots.....	164
Mean and Consensus Profiles.....	165
G-factor	174
Divergent Findings	176
Practice Styles	178
Limitations.....	180
Implications and Future Research	182
Conclusion	183
CHAPTER SEVEN	185
CONCLUSION.....	185
REFERENCES.....	187
APPENDICES.....	210

LIST OF ABBREVIATIONS

- CER – Cognitive Emotional Relational
- Da – Deviation A
- Db – Deviation B
- DPCCCQ – 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

LIST OF FIGURES

Figure 1. Percentage (%) of improvement in clinical practice as a function of therapeutic factors (adapted from Norcross & Lambert, 2011).	6
Figure 2. The Contextual Model (adapted from Wampold & Imel, 2015).	8
Figure 3. Developing therapeutic rapport in consultation.	22
Figure 4. Representation of the three dimensional model developed in Harvey et al.'s (2015) study viewed from Z direction.	27
Figure 5. Representation of the three dimensional model developed in Harvey et al.'s (2015) study viewed from Y axis.	27
Figure 6. Harvey et al.'s (2016) Original MDS model showing individual items with emphasis on item void.	29
Figure 7. Harvey et al.'s (2016) Original MDS model with clusters displayed emphasising item void.	29
Figure 8. Dendrogram with item text truncated and preliminary cluster descriptions.	60
Figure 9. X- and X+ hemispheric views displaying item placement and cluster membership in the NZ model.	63
Figure 10. Scree plot of Stress ₁ versus dimensionality for New Zealand, Japanese, and Combined samples.	95
Figure 11. Combined sample dendrogram with item text truncated and preliminary cluster descriptions.	98
Figure 12. X- and X+ hemispheric views displaying item placement and cluster membership in the combined model.	100
Figure 13. All ideographic participant profiles plotted according to hotspot scores with mean profile score emphasised.	149
Figure 14. Scree plot of Eigenvalues versus factors for Q-analysis across five factors.	150
Figure 15. All ideographic participant profiles plotted according to hotspot scores with mean profile and consensus profile emphasised.	151
Figure 16. G-factor, positive and negative Da and Db modulations across hotspots.	153
Figure 17. G-factor and positive and negative Da modulations across hotspots.	154
Figure 18. G-factor and positive and negative Db modulations across hotspots.	155
Figure 19. Proposed theoretical pathway to practice consensus.	176
Figure 20. Proposed partial pathway to therapists' ES practice styles.	179

LIST OF TABLES

Table 1. Saarni's skills and implications of emotional competence	16
Table 2. Cluster labels and items	65
Table 3. Upper quartile of X coordinates	70
Table 4. Lower quartile of X coordinates.....	71
Table 5. Upper quartile of Y coordinates	71
Table 6. Lower quartile of Y coordinates.....	72
Table 7. Upper quartile of Z coordinates	72
Table 8. Lower quartile of Z coordinates.....	73
Table 9. Pole and dimension labels with respective salient clusters.....	73
Table 10. Comparison of item groupings between this study and Harvey et al.'s (2016).....	78
Table 11. Statistical comparison of Combined solution with NZ and Japanese solutions	94
Table 12. Cluster items, themes and locations	102
Table 13. Upper quartile of X coordinates.....	108
Table 14. Lower quartile of X coordinates	109
Table 15. Upper quartile of Y coordinates.....	109
Table 16. Lower quartile of Y coordinates	110
Table 17. Upper quartile of Z coordinates.....	110
Table 18. Lower quartile of Z coordinates	111
Table 19. Pole and dimension labels with respective salient clusters	111
Table 20. Comparison of item groupings between NZ and Combined solutions of this research as well as those from Harvey et al.'s (2016)	116
Table 21. Comparison of Combined solution clusters and FIS constructs.....	118
Table 22. Means, stanDARD deviations (SD) and ranges of Scale to Assess the Therapeutic Relationship (STAR-C) scores.....	134
Table 23. Commonly reported item groups representing their described hotspots	135
Table 24. Pearson's (r) Correlations between hotspot scores and scores on the Scale to Assess the Therapeutic Relationship (STAR-C) scale and subscales.....	138
Table 25. Summary of analyses of variance results comparing hotspot scores by gender.....	139
Table 26. Summary of analyses of variance results comparing hotspot scores by age.....	141
Table 27. Summary of analyses of variance results comparing hotspot scores by profession.....	143
Table 28. Summary of analyses of variance results comparing hotspot scores by experience.....	145
Table 29. Summary of analyses of variance results comparing hotspot scores by setting.....	147

Table 30. Six most extreme items, including their hotspots, for each factor	157
Table 31. Pearson's (r) correlations between hotspot scores and response patterns	158
Table 32. Summary of analyses of variance results comparing styles by gender .	159
Table 33. Summary of analyses of variance results comparing styles by age	160
Table 34. Summary of analyses of variance results comparing styles by profession	161
Table 35. Summary of analyses of variance results comparing styles by experience	162
Table 36. Summary of analyses of variance results comparing styles by setting..	163

LIST OF APPENDICES

APPENDIX A – Harvey et al.’s (2016) Original MDS model	210
APPENDIX B – Harvey et al.’s (2016) original item list.....	211
APPENDIX C – Combined item list.....	214
APPENDIX D – Study two research objectives and procedure instructions	218
APPENDIX E – Study two demographics response sheet.....	221
APPENDIX F – Study two response form	222
APPENDIX G – Study two 106 item list.....	224
APPENDIX H – Harvey et al. (2016) original dendrogram with items removed....	227
APPENDIX I – Recruitment email to Japanese associations in New Zealand.....	229
APPENDIX J – Study three research objectives and procedure instructions	231
APPENDIX K – Study three demographics response sheet.....	234
APPENDIX L – Study three response form	235
APPENDIX M – Study three item list.....	237
APPENDIX N – Study four item list.....	241
APPENDIX O – Study four modified dendrogram with items removed	243
APPENDIX P – Study four participant email.....	245
APPENDIX Q – Harvey, Marwick, Baken, Bimler, and Dickson (2016) supplementary article	251