

**Perspectives on the Essential Characteristics of Highly Effective Psychotherapists**

by

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## Abstract

Some psychotherapists consistently achieve superior outcomes with their clients. That is, *who* you see for psychotherapy matters. Indeed, there is strong empirical evidence that some therapists are consistently more effective with their clients. Such therapists are variously referred to by researchers as “Supershrinks”, “Master Therapists” or “Highly Effective Therapists”. There is also evidence that these therapists may be more effective because of certain characteristics. Yet relatively few researchers have examined these characteristics directly. The main purpose of this study was to broaden what is known about the characteristics of Highly Effective Therapists.

For this dissertation, I utilized a naturalistic qualitative research methodology to identify characteristics commonly associated with therapists perceived as being highly effective. Currently practicing registered psychologists were asked to nominate between one and three therapists they believe consistently produce excellent client outcomes. They were also asked to describe some of the characteristics they associate with the individual(s) they nominated. Utilizing convenience and snowball sampling, data was gathered from currently practicing psychologists using a brief questionnaire with one key open ended question. A total of 98 practicing psychologists practicing in Alberta, Canada completed the questionnaire. This resulted in 248 total nominations with accompanying descriptions of the nominee.

The quality of the findings in this study were enhanced through the use of triangulation whereby multiple sources of data were accessed to examine Highly Effective Therapists. Perceptions about nominated therapists were sought by interviewing current clients of the two therapists most frequently nominated by other therapists as being highly

effective. A total of 6 clients participated in interviews. They were each asked to describe their therapist. Themes arising from nominating therapists and clients were compared with the existing literature.

Grounded in a critical/complex realist epistemology/ontology, the data from nominating therapists and nominated therapist's clients was subsequently analyzed using a Thematic Analysis approach, as outlined in Braun and Clarke (2006). Themes arising from the therapist data suggest that practicing psychotherapists believe Highly Effective Therapists are Knowing, Warm, Professional, Interpersonal, and Open. To a lesser extent, such individuals are also broadly viewed as being Respected. Clients of nominated therapists generally corroborated the descriptions given by nominating therapists, suggesting that there is notable overlap between the perceptions of nominating therapists and actual clients. One major difference relates to the emphasis clients placed on Knowing and Professionalism. Nominating therapists believed Knowing, and Warmth to be very important elements of Highly Effective Therapists, while clients of such nominated individuals emphasized being Warm and Professional over Knowing. Themes arising from therapist and client data were also noted to appear sporadically in the existing research literature.

## **Preface**

This thesis is an original work by Kevin Scott Duncan Wallace. No part of this thesis has been previously published. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board 1, “An Examination of the Experiences of Clients in Therapy with Registered Psychologists”, No. 33478, November 27, 2012.

## **Dedication**

*To Pascal and Maisie.*

## **Acknowledgements**

I would like to thank the many Alberta psychologists who participated in this research. Each of you contributed a small piece to a very large and complex puzzle. I offer special thanks to the two psychologists who were most nominated for this study and quite willingly supported this research. I believe it takes great courage to participate in therapist effects research, so your participation is deeply respected and appreciated. Finally, I would like to thank the clients who participated in this study. By sharing your experiences of your therapist, I was able to construct a broader understanding of highly effective therapists. Truly, the findings from this study come largely from the voices of the individuals listed above. I hope I have accurately captured and fairly interpreted your views.

I greatly appreciate the support I received from the many academics who participated as members of my candidacy and dissertation committees. To Drs. Catherine Adams, Michael Goh, William Hanson, Zinia Pritchard and Sophie Yohani, thank you for being part of this process at key points. Your support and feedback has been vital to this dissertation. To Dr. Ceinwen Cumming, thank you for sharing your research and writing expertise and for being a great mentor. To my supervisory committee, Drs. George Buck and Alex Clark, you have remained highly supportive through this process helping me realize the value in this work. Finally, I would like to thank Dr. Derek Truscott who first inspired me in this topic area. Thanks for constantly encouraging me while allowing me to challenge the status quo. It is an honor to have a supervisor keen to work tirelessly so that we may all be better therapists.

Of course, I would like to thank my family, friends, and colleagues for their ongoing support. Thank you to my APMR (2010) alumni colleagues who remain a vital personal and

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## Chapter One

### Introduction

“...besides the intentionally utilized methods and their consciously held theoretical foundations, there are inevitably certain *unrecognized factors* in any therapeutic situation—factors that may be even more important than those being purposely employed.”

(Rosenzweig, 1936)

Psychotherapy works well. Over several decades, psychotherapy researchers have amassed an astonishing amount of data from thousands of studies including millions of clients showing definitively that psychotherapy is effective (Lipsey & Wilson, 1993; Smith & Glass, 1980; Wampold 2001; Wampold & Imel, 2015). Even the most conservative meta-analytic estimates of the effect size of psychotherapy suggest that nearly two-thirds of individuals who participate in therapy will experience positive effects (Lipsey & Wilson, 1993). Yet, the factors contributing to positive client outcomes are not well understood, overlap significantly (Wampold & Imel, 2015) and appear to include much beyond the therapists' control (Lambert & Barley, 2001; Wampold 2001).

Several components of therapy correlate positively with better client outcomes, such as therapist allegiance to a particular therapeutic approach (Wampold & Imel, 2015) and the working alliance (Horvath, Del Re, Fluckiger et al., 2011). Yet, other aspects of therapy are not well correlated with better client outcomes. For example, many often assume that the type of therapy utilized by the therapist, the factors “being purposely employed” (Rosenzweig, 1936), must significantly impact outcomes. While it may be hard for many to

believe, comprehensive research to date has shown conclusively that the specific type of therapy utilized has a negligible effect on client outcomes (Luborsky, Singer, & Luborsky, 1975; Wampold, 2001; Wampold & Imel, 2015).

One factor clearly produces better client outcomes yet is commonly overlooked. It has been consistently demonstrated that some therapists provide therapy wherein their clients often experience better outcomes than clients of other therapists (Brown, Lambert, Jones, & Minami, 2005; Najavitis & Strupp, 1994; Okiishi et al, 2006; Ricks, 1974; Okiishi, Lambert, Nielsen, & Ogles, 2003; Wampold & Brown, 2005). *Who* is providing therapy should matter to all interested in psychotherapy outcomes. Yet, current psychotherapy factors research has only lightly examined one of the largest factors in therapy that contribute to positive outcomes; the often “...ignored but critical factor” (Wampold & Imel, 2015). That is, the therapist. Such therapists are referred to in this dissertation as being *Highly Effective Therapists*.

Curiously, specific therapist factors such as gender, age, level of training, and type of training do not appear to impact client outcomes (Huppert, Bufka, Barlow, Gorman, Shear & Woods, 2001; Okiishi, Lambert, Eggett, Nielsen, Dayton, & Vermeersch, 2006; Wampold & Brown, 2005). At best, therapist experience level marginally affects outcomes (Huppert et al., 2001; Orlinsky & Howard, 1980), and at worst has no impact at all (Okiishi, Lambert, Nielsen, & Ogles, 2003).

What about the therapist matters? Several personal and practice characteristics have been identified, primarily from interviews with individuals identified as Highly Effective Therapists. For example, such therapists identify as being very understanding (Albert, 1997; Najavits & Strupp, 1994), flexible (Jennings & Skovholt, 1999) and highly ethical in practice



(Jennings, Sovereign, Bottorff, Mussel & Vye, 2005). While a general consensus has begun to emerge about the characteristics of highly effective therapists, more perspectives on the topic could broaden our understanding of the therapist factor.

In this introductory chapter, I orient the reader to the general problem this dissertation aims to address. I provide my rationale and purpose, introduce the reader to my primary research questions, and describe the study design and procedure in general terms. As well, I describe the assumptions, limitations and scope of this study. I end this chapter on a more personal note, with a description of influences on my perspectives including how I become interested in this research topic.

### **Background of the Problem**

It is common for contemporary authors of introductory textbooks on counselling or psychotherapy to describe the characteristics of effective psychotherapists. For example, in their introductory counselling skills textbook *Counselling*, Gladding and Anderson (2012) describe personal and professional qualities that facilitate helping relationships. They state that certain qualities are important in helping relationships, including accurate self-awareness, honesty, perceived expertness, attractiveness, and trustworthiness. Similarly, in their book *Effective Helping*, Okun and Kantrowitz (2008) suggest that effective helpers are skilled in communicating and have a "...capacity for continuous growth and self-awareness, openness to others, respect, warmth, interest and genuineness..." As yet another example, in the fourth edition of his *Introduction to Counselling* textbook, Michael Nystul (2011) suggests that effective counsellors are encouraging, artistic, emotionally stable, empathic and caring, self-aware, self-accepting, have positive self-esteem, embrace self-realization, are

open to self-disclosures, are courageous, patient, nonjudgmental, spiritual, and have a tolerance for ambiguity.

Where do all these descriptors of effective therapists come from? How do we know that such qualities are accurate? Are such characteristics associated with positive outcomes in psychotherapy? A closer examination of the references for the above listed textbooks on counselling and psychotherapy reveals that these descriptions are often based on embarrassingly little research. In brief, we do not know that such traits are strongly or exclusively associated with good or highly effective therapy.

### **Statement of the Problem**

Qualitative research to date on the characteristics of Highly Effective Therapists includes some consistent findings. Research on the topic suggests that these individuals approach the process and use of self in therapy in unique ways (Dlugos & Friedlander, 2001; Jennings et al., 2008; Jennings & Skovholt, 1999; Wampold & Brown, 2005). For example, they often identify themselves as voracious learners who value cognitive complexity and the ambiguity of the human condition (Jennings & Skovholt, 1999).

To date, qualitative research on the concept of Highly Effective Therapists has often focused directly on the reflections of therapists identified by peers as being highly effective (Dlugos & Friedlander, 2001; Jennings et al., 2008; Jennings & Skovholt, 1999; Levitt & Piazza-Bodin, 2014). That is, researchers have often asked such therapists to describe themselves or their work. One limitation of this approach is that the descriptions typically only reflect one perspective. It is possible that the perceived characteristics of Highly Effective Therapists may differ when viewed from a broader perspective or alternative vantage point such as the perspective of practicing psychologists or clients of therapists. Put

another way, it is possible that research to date has exclusively identified factors nominated therapists themselves believe to be most salient, but missed other important aspects.

### **Purpose of the Study**

At present, there is some consensus regarding which therapist traits are crucial to or most impact positive therapeutic outcomes. What could strengthen the current body of research on therapist effects is a broad description of the essential characteristics of Highly Effective Therapists from a greater variety of perspectives. One such perspective could come from therapists currently in practice. That is, what do therapists generally perceive as being important aspects of Highly Effective Therapists? Another perspective could come from clients of therapists identified as being Highly Effective.

The main purpose of this study was to broaden and extend what is known about the concept of “Highly Effective Therapists”, through the eyes of other practicing therapists and clients of therapists nominated as being Highly Effective. Such descriptions offer a way to triangulate with the existing literature and thereby provide a more comprehensive view and understanding Highly Effective Therapists. Gathering such perspectives and further triangulating represents a unique contribution to the literature.

### **Primary Research Questions**

The primary aim of this study was to expand on the existing literature related to common perceptions of Highly Effective Therapists. Three perspectives were sought: currently practicing therapists, clients in therapy with individuals nominated as being highly effective, and the existing literature. The primary research questions of this study were: What characteristics do practicing psychologists ascribed to individuals believed to be Highly Effective Therapists? What characteristics do clients of peer nominated Highly Effective

Therapists ascribe to their therapist? How consistent are therapist and client descriptions of such individuals? How consistent are these descriptions with the descriptions currently available in existing research?

In addition to being interested in the characteristics ascribed to peer nominated Highly Effective Therapists, I was also interested in sampling and analysis issues. I wanted to examine the use of snowball sampling in therapy outcome research. The question asked here was: Are there similarities between peer nominator conceptualizations of Highly Effective Therapists and client perceptions of the same therapists? That is, to what extent is snowball sampling a valid method for identifying the characteristics of Highly Effective Therapists? I also wanted to explore the use and value of thematic analysis with broad and shallow qualitative data in psychotherapy outcome research.

### **Research Design**

The design for this study was qualitative and naturalistic. I believe this study represents “systematic naturalistic observations” on Highly Effective Therapists that Strupp (1960) and others have repeatedly called for. Participants were sampled via convenience sampling and snowball sampling approaches. Participants were interviewed either via on-line open-ended questionnaires or via telephone interviews led by open-ended questions.

Transcripts of interviews were prepared by the primary researcher.

The analytic method utilized in this study was consistently Thematic Analysis (Braun & Clarke, 2006). This flexible descriptive and interpretive approach can be used to inductively deepen and broaden our understanding of a particular topic. This approach was chosen because of the flexibility it offers in comparison to other more formalized qualitative methodologies. According to Braun and Clarke (2006), thematic analysis can be applied to

studies that have adopted a range of different epistemological approaches. For this study, I acknowledge a primarily Complex Critical Realist (Clark, Lissel, & Davis, 2008) epistemology which both informed the investigation and impacts the findings.

### **General Study Procedure**

This study was conducted in two distinct parts. First, following the recruitment strategy of previous research in this area (Jennings, D’Rozario, Goh, et al., 2008; Jennings, Sovereign, Bottorff, Mussell, & Vye, 2005), purposeful and snowball sampling were used to identify ‘Highly Effective Therapists’ practicing in the province of Alberta, Canada. Therapists were nominated by peers (other therapists who are registered psychologists) as being a highly effective; that is, therapists they believe are highly effective at therapy and consistently produce excellent client outcomes. These therapists were also asked to describe a few characteristics of the Highly Effective Therapist that warrant nomination. Again, the purpose for this study was to obtain a broad perspective.

Recruitment continued until a small group of therapists received a notable number of peer nominations and sufficient saturation of themes was attained. Previous qualitative studies reached a reasonable distribution of nominations and identified peer-nominated Highly Effective Therapists once 103 therapists had been nominated for the study (Jennings et al., 2008; Jennings & Skovholt, 1999). For this study, I continued well beyond this range because my goal was to attain saturation within the descriptive nomination data rather than just obtain a reasonable distribution of nominations.

Clients of the two therapists most frequently nominated as being highly effective were then recruited to participate in the second part of the study. I asked these clients to partake in an unstructured interview facilitated by guiding questions regarding their

perceptions of their therapist. The specific recruitment strategy is detailed in Chapter 3.

Digital audio recordings of interviews were obtained and transcribed. A satisfactory degree of saturation was attained after 6 participants had completed interviews.

For the analysis of the findings, I chose Thematic Analysis (Braun & Clarke, 2006) to identify various themes related to the psychologists' and clients' understanding of the concept of Highly Effective Therapists. To ensure rigor, I maintained researcher notes during the recruitment and analysis phases of the study to document my thought processes and decision making. Some of these notes are referenced through this dissertation. For the primary data set, frequently emerging or prominent themes among the entire sample were considered descriptive of the general concept of Highly Effective Therapists.

### **Significance of the Research**

Though the therapist is clearly a critical factor contributing to therapy outcomes, our understanding of Highly Effective Therapists could be expanded. What is currently known often comes from the perspectives of therapists thusly nominated or identified. It is unclear if other therapists or clients of such therapists also share the same perceptions. Gathering additional perspectives on the topic represents a significant contribution to the existing literature and may have important implications. For example, in the way this study was designed, it was possible that clients of therapists nominated as highly effective would not agree with nominating therapist perceptions. Knowledge of client perceptions relative to nominating therapist perceptions could either bolster or diminish the argument of the use of peer nomination in studies of Highly Effective Therapists. If clients report positive experiences and concur with nominating therapists, validating nominator perspectives, then our understanding of Highly Effective Therapists will have broadened by this study. Such

information could conceivably be of great importance to practicing psychologists, educators of therapists, and even the public at large.

This study is also significant because it broadens and reframes our understanding of Highly Effective Therapists. It broadens our understanding by providing new perspectives on the topic. It reframes our understanding because of the implications of the findings, which is discussed in detail in the final chapter.

### **Assumptions, Limitations and Scope**

I started this research with the ontological assumption that there is a general shared concept in public discourse of a ‘Highly Effective Therapist’ and that such individuals may exist as measurable entities. However, I did not assume that Highly Effective Therapists exist strictly in the positivistic sense of real. In my view, such therapists may or may not exist in this sense. I also did not assume that Highly Effective Therapists are strictly a subjective construction. Rather, I concluded prior to analysis that the descriptions offered by psychologists and clients would offer valid and useful perspectives on aspects of Highly Effective Therapists.

This study had several inherent limitations. Briefly, limitations include adopting a very general study methodology, the use of shallow and broad data, and limited saturation of data in client interviews. The implications of these will be further explored in the methods and discussion chapters. Further, the findings can be best interpreted in the context in which they were collected. Specifically, the data from therapists and clients was collected in Alberta, Canada by a counselling psychology doctoral student from that region. Thus, the extent to which these findings are generalizable or transferrable to other contexts must be determined by the reader.

The scope of the study was limited to an examination of perceptions related to Highly Effective Therapists. It was not a study of individuals that are empirically proven to be Highly Effective Therapists relative to their peers as measured by client outcomes. Such data could confirm whether or not therapists who have been nominated were indeed highly effective in terms of client outcomes.

### **Definition of Terms**

Given the inductive aspects of this inquiry, it is appropriate to refrain from providing specific definitions of some terms prior to the start of the procedure and analysis (Creswell, 2009, p. 40). It was my intent to allow for emergence of thematic definitions from the inquiry as much as possible. Nonetheless, for clarity related to the existing literature and consistency in this dissertation, the term Highly Effective Therapists is used throughout this study to describe therapists previously variously referred to as “Highly effective psychotherapists” (Brown, Lambert, Jones & Minami, 2005), “Effective therapists” (Albert, 1997; Blatt, Sanislow, Zuroff, & Pilkonis, 1996; Miller, 1993; Truscott, 2010), “Expert clinicians” (Ablon & Jones, 1998), “Expert therapists” (Wiser & Goldfried, 1998), “Master therapists” (Goldfried, Raue, & Castonguay, 1998; Jennings et al., 2008; Jennings & Skovholt, 1999; Jennings, Sovereign, Bottorff, Mussell, & Vye, 2005), “Passionately committed therapists” (Dlugos & Friedlander, 2001), “Supershrinks” (Okiishi, Lambert, Nelson, & Ogles, 2003; Ricks, 1974) or “Wise therapists” (Levitt & Piazza-Bonin, 2014).

I decided to use the term Highly Effective Therapist early on in my conception of the study. This term was chosen primarily in recognition of a concern expressed by some therapists during the early development of this study. I originally conceived of the study as a study of Master Therapists or Supershrinks, terms commonly used in the existing literature.



Some practicing therapists I spoke with about the study before I started data collection indicated that they would find it difficult to determine who is a “Master” or “Supershrink”. I chose this term because I believed that therapists may find it easier to identify someone who is more effective than the average therapist (i.e. highly effective) rather than a therapist who is somehow a model of perfection.

### **Researcher Interest**

I have long maintained an interest in professional ethical issues including competence and peak performance. In the first year of my master’s level studies in Educational Psychology, I participated in a training workshop by Dr. Scott Miller. He was presenting on the topic of “Supershrinks”. I was fascinated by the arguments he presented. Dr. Miller told a group of professionals and students about the ‘dodo bird verdict’; that all therapies produce roughly equal outcomes. This is a reference originally made by Rosenzweig (1936), referring to section in Alice in Wonderland where, after a silly race with contestants running in all directions, the Dodo bird declares that everybody has won and all must have prizes. Dr. Miller told us about “Supershrink” therapists who had consistently better client outcomes. Around this time, I was also exposed to Jennings and Skovholt’s (1999) research on the characteristics of Master Therapists. From there, I became focused on factors that influence the outcomes of therapy. To me, this was a professional ethics issue - a matter of responsible caring.

Curious about these so called Supershrinks or Master Therapists, I developed a doctoral dissertation study to explore the concept. Initially, it was my intent to identify Highly Effective Therapists via peer nomination, as has been done in previous studies (Jennings & Skovholt, 1999). Then, I was hoping to interview clients of those therapists

nominated. Were the nominated therapists highly effective in the eyes of clients? I established the survey for the study and starting collecting nominations.

As a side interest, I wondered if therapists could comment on why they were nominating a particular therapist for my study. That is, what was it about the therapist that led the nominating therapist to believe the other was highly effective? Collecting nominations, it quickly became apparent that I was generating a broad and valuable data source from these descriptive nominations. I decided to refocus my study primarily on the characteristics of Highly Effective Therapists. I felt it would still be useful to speak with clients of therapists with many nominations as it may be contrasted against what nominating therapists said. Thus, over the course of the study, my interest shifted from the experiences of clients working with peer nominated Highly Effective Therapist to the general concept of Highly Effective Therapists from the perspective of practicing therapists and select clients. This was a subtle but important shift.

### **Overview of Dissertation**

This dissertation is organized in five chapters. This introductory chapter is intended to provide an overview of the research topic and question, as well as an introduction to my general approach to examining the topic. Chapter Two provides a more detailed examination of the relevant literature, including an introduction to the therapy outcomes literature, factors that contribute to efficacy, and most importantly therapist effects. The latter factor is then examined in terms of relevant quantitative and qualitative research findings to date including an exploration of relative efficacy and qualitative characteristics of Highly Effective Therapists. Chapter Three provides an overview of the methodology of the various parts of the study. Chapter Four summarizes the findings of the study. Chapter Five offers a

discussion and concluding remarks about the findings of this study relative to the existing literature.

## **Chapter Two**

### **Literature Review**

The main purpose of this study was to broaden and extend what is generally known about the concept of “Highly Effective Therapists”. To put this research into context, it is useful for the reader to get a sense of what researchers currently know about therapy. This literature review summarizes the current research on the effects of therapy, therapist effects, and the characteristics of Highly Effective Therapists.

#### **Psychotherapy Effects**

Most clients who utilize psychotherapy experience positive outcomes. Empirical evidence supporting this assertion is robust and spans decades of psychotherapy research. Psychotherapy is effective. The classic meta-analysis of Smith and Glass (1977), cited well over a thousand times in published studies, compared results from 375 psychotherapy outcome studies (833 effect sizes). Contrary to Eysenck’s (1952) notorious suggestion that psychotherapy produces negligible direct effects, Smith and Glass observed that the average effect size of psychotherapy is moderate at  $d = 0.68$ . These meta-analytic findings indicate that those who receive psychotherapy are better off than 75% of individuals who do not (such as wait list controls).

Smith, Glass, and Miller (1980) revised their estimate when they expanded their original (1977) meta-analysis to include 475 studies (1,766 effect sizes). They concluded that the effectiveness of psychotherapy could be conservatively estimated as having an average effect size of  $d = 0.85$ . This means that those who receive therapy are better off than 80% of individuals who do not. While these efficacy estimates suggest a moderate effect, the authors described their results as ‘conservative’ because they included placebo treatments and

undifferentiated counselling in their analysis of psychotherapy. Removing these factors yielded an even higher average effect size of  $d = 0.93$ . Findings from this meta-analysis clearly demonstrated that those who participate in any form of psychotherapy are significantly better off than the vast majority of individuals who do not. According to Smith, Glass and Miller, "...the average person who receives therapy is better off at the end of it than 80 percent of the persons who do not." Put another way, if receiving no therapy means the average person is at the 50th percentile for improved outcomes (i.e. outcomes improve through factors not related to therapy) then receiving therapy means the average person will move to the 80th percentile for outcomes.

Another massive meta-analysis of the effect sizes of psychotherapy included 302 meta-analyses (Lipsey & Wilson, 1993). Lipsey and Wilson found that the average effect size of therapy was closer to  $d = 0.50$ , a more conservative finding than Smith and Glass (1977). This result suggests that the average treated individual is better off than 69% of individuals who do not receive therapy. Lipsey and Wilson then restricted their analysis further to include only studies with control or comparison group designs. They also used only treatment effect estimates, being careful to reduce redundancy in the meta-analyses included in their study. In this process, they excluded nearly half of the original meta-analyses. Their estimate of the effect size of therapy was still moderate, with  $d = 0.47$ . What makes this particular finding even more impressive is that this attenuated meta-analysis of meta-analyses is based on approximately 9,400 treatment studies and more than a million subjects.

Recently, in reviewing the meta-analytic research on the effectiveness of psychotherapy, Wampold and Imel (2015) state that the effect size can safely be estimated at approximately  $d = 0.80$ . This estimate is certainly close to the original Smith, Glass, and

Miller (1980) estimate. As Wampold and Imel put it: “From the various meta-analyses conducted over the years, the aggregate effect size related to absolute efficacy is remarkably consistent and appears to fall within the range of .75 to .85.” As they note, this means that those who receive therapy will be better off than 79% who do not, that therapy accounts for roughly 14% of the variance in outcomes, and that roughly 1/3 of clients will experience benefits from therapy.

It is recognized broadly that these estimates of the effectiveness of therapy could be biased in several ways, such as the ‘garbage in garbage out’ phenomenon that can affect meta-analysis. These biases could lead to an overestimation or underestimation of the broad effects of therapy. One critical issue here relates to the way we generally conduct psychotherapy outcome research. Many of the existing studies on the efficacy of psychotherapy have rigidly adhered to research principles such as control and homogeneity in an effort to find statistical effects (Seligman, 1995). This has resulted in some good general estimates of the effects of therapy, yet much valid information is often left out. As Seligman notes: “The efficacy study is the wrong method for empirically validating psychotherapy as it is actually done, because it omits too many crucial elements of what is done in the field.” That is, we could be missing crucial elements because of our research designs. Seligman advocates for more effectiveness research, which can certainly be more naturalistic. From this perspective, it would seem likely that researchers have underestimated the broad effects of therapy by adhering to research protocols that are too rigid.

We now know that psychotherapy is effective, yet we still do not fully understand what makes it so. What are the key ingredients of effective therapy? Fortunately, over the past few decades there has been substantial interest in learning more about factors that

constitute effective therapy. While we cannot say for certain what the key ingredients are, a picture has emerged regarding important factors contributing to effective therapy.

In reviewing the known key ingredients of effective therapy, I start with a broad overview of factors believed to impact outcomes in therapy. I then focus on some of the literature related to the impact of therapist and/or researcher allegiance to approach. Of course, many interested readers may wonder how much psychotherapy practice models impact outcomes. Thus I spend some time reviewing the literature on this potential factor. I then discuss some of the literature related to the impact of the therapist and the differences between therapists. I finish the chapter with a brief review of the qualitative research into the possible qualities or characteristics of Highly Effective Therapists.

### **Significant Factors Contributing to Effective Therapy**

#### **Parsing the effects**

Beutler (1991) once argued that there are simply too many variables in therapy to distinguish which are associated with improved client outcomes. For example, he noted that there are over 40 therapist traits that could impact client outcomes, but that many "...have been selected on the basis of convenience and, perhaps spurious, earlier empirical findings" (Beutler, 1991, p. 227). In a later review of therapist variables affecting outcomes, Beutler, Machado, and Neufeldt (1994) suggest that attempts to predict therapeutic effectiveness from therapist factors has ultimately been a fruitless endeavor. One thing appears certain: therapy in general is a complex activity that is extremely difficult to fully comprehend. But does that mean we should give up the search?

Fortunately, some researchers remain hopeful that it is possible to separate the various psychotherapy effects that combine to produce positive outcomes. Lambert and

Barley (2001) certainly peaked the curiosity of quite a number of researchers in this area when they presented a meta-analytic estimate of some of the factors that contribute to successful therapeutic outcomes. At the time, they suggested that roughly 40% of the improvement a client experiences in psychotherapy occurs because of “extratherapeutic factors”; events often unrelated to the therapy being provided, such as client coping style, openness to treatment, readiness for change, and client social support (Groth-Maranat, Roberts & Beutler, 2001). That is, they suggested that most of the change clients experience has nothing directly to do with therapy. They also indicated that another 15% of a client’s improvement is associated with placebo or expectancy effects; again factors seemingly not directly connected with therapy. How do specific therapy techniques fare? Lambert and Barley estimated that specific therapy techniques account for roughly 15% of client improvement. By contrast, common factors – aspects of therapy that are common to all therapy approaches such as a good therapist-client relationship or the expectation that treatment will be effective – were estimated to account for 30% of a client’s improvement in therapy. Thus, in their early views on client outcomes Lambert and Barley suggest that common factors have a much stronger impact on therapy than specific therapy techniques.

The observations by Lambert and Barley (2001) were likely not meant to be definitive. Other researchers since have examined the question of factors contributing to outcomes in therapy in greater detail. What they have revealed is that a handful of factors seem to contribute a great deal to therapy outcomes. Many of these identified factors relate to common therapy factors. Some factors are not those one would suspect.

When Wampold (2001) comprehensively examined the literature on the various factors contributing to outcomes in therapy, he concluded that the effects of psychotherapy



account for approximately 13% of the variance in outcomes that clients experience. This estimate was later revised to 14% (Wampold & Imel, 2015). The newer estimate is in line with Smith, Glass and Miller (1980). While it is not possible to perfectly parse this effect into distinct elements, given that the factors most certainly overlap, estimates have been given for the relative impact of some common and specific factors.

Wampold (2001) estimated that the therapist's allegiance to a therapeutic approach accounts for the largest share of variance, estimated at 10%. Therapist effects account for the second highest quantity of variance in client outcomes, estimated by Wampold at 6 - 9%. Other significant factors include: the working alliance, estimated at 5%; placebo effects, estimated at 4%; and the relative treatment efficacy of one approach versus another, estimated at < 1%.

Recently, Wampold and Imel (2015) revised Wampold's (2001) summation of the various factors contributing to outcomes in therapy. They summarize the research on a variety of factors, all of which they note plausibly overlap. It was their contention that client/therapist goal consensus and collaboration accounts for much of the variance in client outcomes due to therapy; estimated at 11.5%. Therapist empathy accounted for 9% of the outcomes, followed by therapeutic alliance at 7.5%, positive regard at 7.3%, and the therapist at 7%.

### **Allegiance to approach**

To be clear, it was not suggested by Wampold (2001) that therapist's adherence to approach or techniques account for 10% of the variance in outcomes. Rather, 10% of the variance is associated strictly with the therapist's (or the researcher's) allegiance, or commitment to, a particular approach. The distinction is an important one as adherence

relates to how closely a therapist in practice follows a particular therapeutic method whereas allegiance relates to the level of commitment or belief a therapist or researcher has in a particular approach.

The finding that allegiance not adherence is critical to therapy outcomes has been validated in a number of recent studies, all showing that the allegiance to an approach is a significant factor while adherence to a treatment protocol has virtually no effect on outcomes (Ahn & Wampold, 2001; Balwin & Imel, 2013; Barber et al., 2006; Luborsky, Singer, & Luborsky, 1975; Okiishi, Lambert, Eggett, Nielsen, & Dayton, 2006; Webb, DeRubeis, & Barber, 2010). In their chapter "Therapist Effects" in *Garfield and Bergin's Handbook of Psychotherapy and Behavior Change*, Balwin and Imel state the matter clearly:

"...the evidence does not consistently support a strong relationship between adherence and outcome, which may indicate that therapists' adherence to a treatment approach—as currently operationalized—does not impact outcomes." (2013, p. 283)

Parsing the effects of therapy, the largest factor affecting outcomes in therapy appears to be therapist allegiance to approach. Yet many now see allegiance to approach as a factor that biases psychotherapy outcomes research by inflating effect sizes (Cuijpers, Driessen, Hollon, et al., 2012; Munder, Brusch, Leonhard et al., 2013). Disregarding allegiance to approach as a factor, it could be that the therapist accounts for the largest amount of outcomes in therapy. Many of the most potent factors (goal consensus & collaboration; empathy; alliance; positive regard/affirmation) have direct links to the therapist. Yet we have shockingly little idea how the therapist contributes to outcomes. Before turning to the therapist as a factor, I explore a factor commonly believed to be critical to outcomes: the psychotherapeutic treatment model the therapist utilizes.

**Psychotherapeutic model**

For over a hundred years, since the birth of psychology as an applied science, researchers, scholars, and practitioners have been engaged in a sometimes subtle and sometimes overt debate over the question: What constitutes effective psychotherapy? Practitioners and researchers have often focused their attention exclusively on one of the most salient aspects of psychotherapy: psychotherapeutic treatment model. Indeed, the model of psychotherapy provided is often assumed to be critical to outcomes in effective psychotherapy. Research and debate has also centered on which approach or technique is the best either generally or for a specific problem (Wampold & Imel, 2015). For example, is classical psychodynamic therapy better than behavioral therapy, or cognitive therapy, or gestalt therapy, or person centered therapy, or feminist therapy, or family systems therapy, or cognitive-behavioral therapy, or narrative therapy, or mindfulness based therapy, or one of many hundreds of others? Or is a specific type of therapy better for a particular issue or problem, such as depression or anxiety or borderline personality disorder?

The drive by researchers and clinicians to prove that specific therapy orientations are critical factors in effective psychotherapy is pervasive applied psychology. Indeed, the assumption that ‘the school’ matters became a formal position in the 1990s with the American Psychological Association’s (APA) Division 12 initiative to develop a list of Empirically Validated Treatments (EVTs); specific therapies ‘proven’ – typically using clinical trials – to have efficacy (Task Force on Promotion and Dissemination of Psychological Procedures, 1995). The APA recommended that training of counselors be guided by these EVT, clearly endorsing the position that psychotherapeutic orientation matters. Was this an empirically supported position to take? Even as the APA continues to

work towards identifying specific empirically validated treatments and implement Division 12's criteria (Chambless et al., 1998), a quite different consensus has been emerging about effective therapy.

In contrast with the position of many advocates of specific schools of therapy, and the position of the APA, decades of research consistently shows that psychotherapy outcomes are simply not related to psychotherapy model or method used (Kim, Wampold, & Bolt, 2006; Seligman, 1995; Wampold & Brown, 2005; Wampold & Imel, 2015). Indeed, the therapeutic alliance and therapy outcomes can be negatively affected by a strict adherence to technique (Castonguay, Goldfried, Wiser, Raue, & Hayes, 1996). Meta-analyses of meta-analyses suggest that the outcome differences observed between treatment approaches are small and often non-significant (Lambert 2001; Luborsky, Singer, & Luborsky, 1975; Marcus, O'Connell, Norris & Sawaqdeh, 2014; Wampold & Imel, 2015). Indeed, when researcher therapeutic allegiance is accounted for in the analysis, any differences between approaches diminish even further (Luborsky et al., 2002).

In terms of the debate over models of psychotherapy, all forms of psychotherapy appear to be equally effective. Indeed, this finding has led some to suggest that psychotherapy practice may one day move towards being highly integrative in approach rather than differentiated (Goldfried & Castonguay, 1992). This finding, that there are virtually no differences between therapeutic approaches, has long been referred to as the "Dodo bird's verdict": Everybody has won and all must have prizes.

Thus, it seems that specific treatment approaches have a marginal impact on treatment outcomes. By contrast the specific therapist chosen has a significant impact on treatment outcomes. Taken together, these findings suggest that it does not matter *what* specific therapy

is offered to a client. Rather, successful outcomes are related to *how* the therapy is delivered and even more precisely, by *whom*.

### **The therapist effect**

Another way to examine the issue of factors affecting client outcomes is to ask the clients directly: What helped? Interestingly, clients report that their positive experiences and outcomes of therapy are due to the therapist (Strupp, Fox & Lessler, 1969). Indeed, empirical outcomes research supports the intuitions of clients. According to Wampold (2001), the therapist constitutes a large portion of the variance in outcomes in psychotherapy; estimated by Wampold at the time as accounting for 6-9% to the outcomes of therapy.

The suggestion that the therapist is a critical factor in the outcomes of clients was made decades ago by Ricks (1974), who examined long-term follow-up outcomes for clients of two therapists. Ricks noted significant differences between the long term outcomes of clients of each therapist. He also suggested these two therapists were remarkably different in terms of their approach to therapy. The therapist mattered. Orlinsky and Howard (1980) also found that while some therapists produce consistently better outcomes with their clients, others struggle with cases – again suggesting that the therapist is a critical factor. The finding that some therapists produce better outcomes even appeared in studies designed specifically to minimize the differences in therapist effects (Shapiro, Firth-Cozens, & Stiles, 1989).

Early meta-analytic support for Wampold's estimates comes from a study by Crits-Christoph and Mintz (1991) who estimated therapist effects in 15 treatment outcome studies. They found that the therapist as a factor has notable main effects on outcomes – with average effects ranging from 2.5% to 13.5%, and with effects on some specific outcome measures as large as 36.4% and 39%.

Studies over the past 10 years have focused directly on the question of therapist effects. Estimates provided by several studies suggest that Wampold's 2001 estimates were accurate and may have even been slightly on the conservative side. Recent studies suggest a range between 8% and 12% of outcomes, indicating that the therapist is quite possibly the largest effect in therapy. Examples of these recent findings supporting a significant therapist effect include studies indicating that therapists may contribute as much as 8% (Kim, Wampold, & Bolt, 2006), 9% (Green, Barkham, Kellett & Saxon, 2014), 10% (Saxon & Barkham, 2012) or 12% of the variability in outcomes (Laska, Smith, Wislocki, Minami, & Wampold, 2013).

In general, Lambert and Barley's (2001) conclusions suggesting that the therapist is a significant factor in the outcomes of therapy appears to be quite sound. Further, there are hints that some individual therapists produce better outcomes and others may in fact contribute to client deterioration. In the next section, I review the literature related to the question of differential therapist effects.

### **Differential therapist effects**

Arguably, research effectively ranking professionals is sometimes difficult to conduct or publish. Garfield (1997), for example, noted that one of his colleagues was forbidden by his institution from publishing a study of the relative effects of different therapists because "...the results of one therapist were exceedingly poor." Nonetheless, it seems a plausible reality that some therapists may produce notably good outcomes while others might produce notably poor outcomes.

Over the past few decades, several brave researchers have examined the matter. Findings from this research suggest that the therapist is a central factor in both positive and

negative therapeutic outcomes. In study after study, some therapists consistently produce better client outcomes than others (Beutler, Machado, & Neufeldt, 1994; Blatt, Sanislow, Zuroff & Pilkonis, 1996; Brown, Lambert, Jones & Minami, 2005; Kraus, Castonguay, Boswell, Nordberg, & Hayes, 2011; Luborsky, Diguer, & Woody, 1997; Okiishi, Lambert, Nielsen, & Ogles, 2003; Okiishi, Lambert, Eggett, Nielsen, & Dayton, 2006; Saxon & Barkahm, 2012). What follows in this section is a sampling of studies that clearly demonstrate differential therapist effects.

Many studies have shown differential therapist effects on client outcomes. Consider for example an examination of client improvement as measured by a variety of treatment outcome measures such as the Beck Depression Inventory. Luborsky and colleagues (1997) compared client outcomes for 22 therapists in one setting. They found that some therapists had as many as 80% of their clients improve, while other therapists' clients showed no signs of improvement. Another study on therapist effects found that some individual therapists have a sizeable impact on outcomes, in the order of 18%, while other therapists have no effect on outcomes, in the order of 0% (Huppert, Bufka, Barlow, Gorman, Shear & Woods, 2001).

Similarly, Wampold and Brown (2005) examined the variability in client outcomes between different therapists. They observed that the clients of the "best" therapists had pre-post therapy effect sizes that were twice as large as the pre-post effect sizes of the "worst" therapists. Similarly, a recent study on therapist effectiveness suggests that therapists produce average treatment effect sizes that range dramatically, from  $d = 0.27$  to  $d = 0.91$  (Kraus, Castonguay, Boswell, Nordberg, & Hayes, 2011). 'Harmful Therapists' produced treatment effect sizes that ranged from  $d = -0.87$  to  $d = -1.49$ . By contrast, 'Effective Therapists'

produced treatment effect sizes that ranged from  $d = 1.00$  to  $d = 1.52$ . Other studies suggest that therapist effects may be even more prominent for patients with more severe issues (Saxon & Barkahm, 2012).

Some therapists seem to be more effective and more efficient than others. In a longitudinal study that included 91 therapists and 1841 clients, Okiishi and colleagues (2003) found that the most effective therapists have efficacy scores 10 times higher than the average therapist and tended to see clients for a shorter period of time. The authors ranked the therapists in this study using Hierarchical Linear Modelling. This included generating a composite score of treatment efficacy and effectiveness as measured by client Outcome Questionnaire-45 scores. This composite score included pre- and post-treatment outcomes as well as an examination of the pattern of improvement or decline. In addition to therapist differences in the amount of change and rate of change of clients' experience, Okiishi and colleagues (2003) found that there are differences between the amount of therapy required for improvements. That is, clients of some therapists will require fewer sessions to experience positive gains from therapy. In their study, the mean number of sessions for clients of the top three therapists was 2.4, while the mean number of sessions for clients of the bottom three therapists was 7.1. That is, the "worst" therapists tended to spend more time working with their clients, who sometimes endorsed more pathology after therapy than at the start of sessions.

Okiishi and colleagues (2006) examined outcome data from over 5,000 clients seen by 71 therapists over a 6-year period. Using a similar design to their 2003 study, they found that some therapists consistently produce significantly better outcomes with their clients and see their clients for fewer visits. In fact, Okiishi and colleagues found that clients of top



ranked therapists are twice as likely to recover as clients seen by bottom ranked therapists. Clients of the top 10% of therapists improved at a much faster rate. Clients of therapists from the bottom 10% of therapists improved at about 1/3 of the rate of clients from the top 10% of therapists. Worse yet, clients of the bottom-ranked therapists had double the chance that they would deteriorate (11% for bottom-ranked therapists versus 5% for clients of top-ranked therapists). Likewise, Owen and colleagues (2014) found that therapists produced differing rates of change on various outcomes. For example, therapists in their study produced equivalent patient rates of change on outcomes like well-being, but varied in patient rates of change on outcomes like symptom distress reduction and life functioning improvements.

Such differences in outcomes are dramatic and have important implications. First, the average effect size of therapy is profoundly affected by the distribution of scores, which ranges from highly effective to harmful. While therapy on average will likely be quite helpful, therapy with some therapists will likely be highly helpful. Second, from the consumer perspective, if you want to experience significant improvement in your personal life through psychotherapy at a faster rate, it makes a difference which therapist you choose.

Perhaps there is a simple explanation why some therapists produce better outcomes. Many have speculated that factors such as the type of training or level of experience or gender, etcetera, might be important. Yet many studies have shown that outcomes among therapists do not differ significantly when a wide variety of therapist variables are considered, such as gender, type of training (e.g. counseling or clinical psychology), number of years in training, experience, or theoretical orientation (Okiishi, Lambert, Neilsen, & Ogles, 2003; Wampold & Brown, 2005). Consider Okiishi and colleagues' longitudinal study

(2006). Outcomes of clients were not related to therapist training, years of experience, theoretical orientation, or gender.

Given the decades of research on the topic, it is clear that the therapist is a critical factor in therapy outcomes. Further, it is clear that some therapists produce better outcomes than others. As Minami, Brown, McCulloch, and Bolstrom (2012) note, "...there are compelling reasons as to why benchmarking therapists may be beneficial. For researchers, a crucial question is to identify why some therapists excel in providing psychotherapy."

### **Research on Highly Effective Therapist Characteristics**

Over 50 years ago, Strupp (1960) commented that researchers would do well to focus attention on the therapist as an important factor in therapy. He was keenly interested in improving the process and outcomes of psychotherapy. He said: "I became impressed with the not very original observation that the person of the therapist and his technique are inextricably interwoven. This led to more curiosity about characteristics which might distinguish the 'good' psychotherapist." Since that time, a few brave researchers have followed Strupp's lead and indeed examined therapist characteristics.

In the most general terms, there are three ways that researchers have examined the possible characteristics associated with effective therapists. The first is to correlate specific client outcome measures with measures of therapist characteristics. The second is to simply ask people what characteristics they think are associated with Highly Effective Therapists. The third is a blend of the first two, not commonly found in the research. Research of the first type is primarily quantitative and thus involves control and careful measurement. At present, there is limited data on therapist characteristics associated with effective therapy from the quantitative approach. This is in part because many therapy researchers often try to control

for the therapist rather than examining variance. Questions about therapist characteristics often arise secondarily to a specific research question, such as whether or not a specific treatment is effective. Research of the second type is commonly primarily naturalistic and qualitative. It typically involves interviewing therapists identified in some way as being highly effective or others familiar with therapy. For this literature review, I focus on the quantitative and qualitative research on the characteristics of effective therapists, acknowledging that several studies could be better described as mixed design.

**Quantitative research.** One of the earliest studies to identify traits associated with mastery in psychotherapy was published nearly 50 years ago (Wicas & Mahan, 1966). This early study compared and contrasted 16 therapists rated by supervisors and peers as being either ‘high-rated’ or ‘low-rated’. The researchers then administered three different psychometric personality tests to each group. They found that high-rated therapists had traits that suggest they “...would establish good, non-threatening relationships and be sensitive to the feelings and needs of others.” They also noted that these high-rated therapists also had some traits that may not seem so universally desirable, such as being highly conservative relative to social problems.

Another early study correlating therapist effectiveness and their personal characteristics was conducted by Myrick, Kelly, and Wittmer (1972). The authors of this study ranked therapists based on a supervisor rating scale. Therapists ranked as being more effective were found to be significantly “...more outgoing, stable, warm, assertive, happy-go-lucky, casual, venturesome, and sensitive” on the 16 Personality Factors (16 PF) scale. They went further and found that effective and ineffective therapists could be differentiated on two factors of the 16 PF: Factor A, associated with being warm and sociable versus

reserved and detached; and factor H, associated with being adventuresome and socially bold versus being shy and restrained.

Luborsky and colleagues (1985) examined therapist characteristics associated with improved therapy outcomes for clients. They used an alliance questionnaire and found positive correlations between "...therapists' personal adjustment and interest in helping the patient..." and treatment outcomes. They also found that the therapist-patient relationship affects treatment outcomes. Unfortunately, these findings were non-significant; which Luborsky and colleagues argue could easily relate to their small sample size.

Another study examined a group of therapists who were ultimately divided into more effective and less effective therapists (Lafferty, Beutler, & Crago, 1989). Client outcomes were measured using the Symptom Checklist-90-Revised. Using a range of measures to examine therapist characteristic factors, such as the therapist's adjustment, the therapist/client relationship, and therapist credibility, they found that more effective therapists showed significantly more empathy than less effective therapists, as well as being less directive. By contrast, less effective therapists were more directive and had clients who reported feeling less understood.

In 1994, Najavits and Strupp examined data related to 16 therapists that had been identified in a previous study as being more or less effective with clients. They found that those who were ranked as 'more effective' tended to show more "...warmth, affirmation and understanding, and helping and protecting..." behaviours. The 'less effective' therapists tended to show less of these traits and more active hostility in the form of attacking, rejecting, belittling, and blaming. As well, the 'more effective' therapists were more self-critical and had more 'therapist regrets'.

In 1996, Blatt and colleagues published a study regarding differential therapist effects in the National Institute of Mental Health Treatment of Depression Collaborative Research program. Clients of various therapists in this study were compared in terms of outcomes. The researchers not only found that there were significant differences in the outcomes of clients who completed therapy between therapists, but they also found that the more effective therapists consistently focus more on psychological interventions and less on medication. Further, the more effective therapists tended to expect treatment to take longer – a curious finding that contrasts with later findings by Okiishi and colleagues (2006).

**Qualitative research.** One of the earliest qualitative studies to identify traits associated with mastery in psychotherapy was published over 40 years ago (Ricks, 1974). Ricks examined case notes and conducted follow-up interviews with clients – now adults – who had been seen as children by one of two different therapists. Ricks observed that clients of one therapist had a significantly lower chance of experiencing mental health issues as an adult. While these individuals were children seeing the therapist, they gave him the nickname “Supershrink”. An examination of his case notes from the period when the children were seen suggested that this therapist practiced differently. Ricks suggested that the “Supershrink” was more open to working with clients and was more committed to employing himself in any way to meet the needs of his clients. Ricks also described some traits unique to the “Supershrink”: this therapist attended to clients who needed more support and sought further support outside of therapy when necessary. At the time, this study garnered little attention. Many in the profession were more interested in proving that one approach to therapy was better than another; an effort that was ultimately fruitless. In fact, it would be nearly 20 years before others would again qualitatively study Highly Effective Therapists.

In 1991, Kottler examined the work of prominent therapists. He indicated that he used questionnaires, in-depth interviews with practitioners, a review of the literature, and personal experience to answer the question: “What makes a therapist most effective?” He concluded that effective therapists demonstrate a high level of understanding of client presenting complaints, are good at building a relationship with clients, are confident in their method, and are flexible with their approach when they need to be. As well, they seem to know their limitations and practice from a clear theoretical rationale. As for characteristics, he suggested that these various sources of information about effective therapists indicate that they are persuasive, influential, enthusiastic, appreciative of humour, caring and warm, confident and credible, and patient. They are keen and effective communicators who are sensitive to various client messages. As well, such therapists accept their own imperfections.

In 1997, Albert published an article in which she reported qualitative data related to interviews she completed with 12 peer nominated psychiatrists. The therapists were “...considered by their peers to be unusually effective...”. Though she does not report on her methodology, she does summarize her findings from the interviews she conducted. Albert states that the therapists in her study generally reported they were oriented to their clients in such a way as to recognize that they were “...unhappy and want(ed) their lives to be different”. For therapists, this meant understanding their clients’ needs, being efficient, and constantly planning and assessing treatment. Four key qualities emerged from her study on effective therapists. The first relates to therapist flexibility, particularly in relation to hypotheses generated in therapy. As she puts it so eloquently:

Patients are not reducible to signs and symptoms or to types. Although such constructs are often very useful in treatment, the map must not be confused with the

territory. Even the richest and most complex theory involves a reduction of reality that this always a falsification of the patient... (Albert, 1997)

According to Albert, being flexible involves recognizing that each patient is unique, that hypotheses about client issues need regular reformulation, and that effective therapists adapt to patient changes. Albert also suggested that effective therapists ally with clients, work at creating safety, and are attentive, understanding, and non-judgmental. Effective therapists seek a collaborative respectful alliance with patients, including clear expectations and treatment goals, as well as appropriate attention to client strengths. Last, Albert suggests that effective therapists have a capacity to conceptualize client issues, or “understand dynamics” as she puts it, while at the same time attending to the care of the self.

Jennings and Skovholt (1999) selected a number of Minnesota area Highly Effective Therapists for a study on the unique characteristics of these Highly Effective Therapists. The therapists in the study were identified by their peers through snowball sampling as being “the best of the best” among therapists. Jennings and Skovholt interviewed these therapists and then conducted a thematic analysis. They concluded that Highly Effective Therapists possess a number of traits. First, from a cognitive perspective, they identify themselves as voracious learners who value the cognitive complexity and ambiguity of the human condition. In therapy, they tend to draw upon and learn from previous life experiences. Secondly, these therapists were identified as being emotionally receptive, self-aware, reflective, and nondefensive. They manage their emotional wellbeing and strive to be aware of how their emotions may affect their work. Finally, Jennings and Skovholt discerned that Highly Effective Therapists have unique relational characteristics. These therapists value the

working alliance and possess strong relationship building strengths such as listening, observing, and caring for others.

Cross-cultural research of similar design (Jennings, D’Rozario, Goh, Sovereign, Brogger & Skovholt, 2008) supports the findings of Jennings and Skovholt (1999). Examining peer-nominated Highly Effective Therapists in Singapore using a blend of Grounded Theory and Consensual Qualitative Research, the research team found that therapists in the Singapore study shared 20 of the 25 characteristics of Highly Effective Therapists identified in the original 1999 Minnesota study. Therapists in this study described themselves as having certain personal characteristics, such as being empathic, nonjudgmental, and respectful towards clients. Developmentally, they noted the importance of experience, self-awareness, humility, and self-doubt. In their practice, these therapists balanced supporting and challenging clients. Their approach to therapy involved being flexible, focusing on empowerment and strengths, focusing on the therapeutic alliance, addressing spiritual issues, and embracing multicultural aspects of their work. For these clinicians, professional growth was important, including ongoing professional development, teaching and training others, and working through challenges related to obtaining professional development in Singapore.

In 2005 Jennings and colleagues reanalyzed the interview data collected in their 1999 study. In this re-analysis, the authors identified nine “ethical values”. They used a Consensual Qualitative Research approach guided by concepts in the General Principles of the Ethical Principles of Psychologists Code of Conduct (APA, 1992). The traits the team identified included: relational connection, autonomy, beneficence, nonmaleficence,



competence, humility, professional growth, openness to complexity and ambiguity, and self-awareness.

While Skovholt and Jennings (1999) were studying Highly Effective Therapists, Dlugos and Friedlander (2001) were studying “passionately committed psychotherapists.” They conducted a qualitative research study on the characteristics of such therapists. Again using peer nomination, they identified therapists for a semi-structured interview. Using Consensual Qualitative Research, they explored the characteristics of these therapists. Their findings were remarkably similar to the findings of Jennings and Skovholt (1999). Therapists in their study also identified factors such as the importance of being adaptive and open, self-aware and reflective, and interested in learning. In addition, therapists in the Dlugos and Friedlander study emphasized managing personal and professional boundaries, accepting challenges, looking for diverse activities, seeking feedback and supervision, acting socially responsibly, and attending to spiritual aspects of therapy. This final characteristic was also emphasized by therapists in the Singapore study (Jennings et al., 2008).

Quite recently, Levitt and Piazza-Bonin (2014) published qualitative findings from their study of wisdom and psychotherapy. Therapists were peer nominated as enacting wisdom in psychotherapy. Nominated therapists were then interviewed about their work. Levitt and Piazza-Bonin found that nominated therapists: resist automatization in psychotherapy (i.e. are flexible); are comfortable with interpersonal vulnerability; accept and attend to ambiguity in communications with clients, and; seek ways to help clients attain greater self-acceptance.

Many of the qualitative findings on therapist characteristics have been based on the personal observations of Highly Effective Therapists, key informants or raters of the work of

Highly Effective Therapists or clients. Few have studied the perceptions clients or others have of Highly Effective Therapists.

What we know about Highly Effective Therapists is informed by other related research. For example, one study focused on client perceptions of helpful events in therapy (Paulson, Truscott, & Stuart, 1999). They asked clients to describe aspects of therapy they found to be particularly helpful. Clients reported the interpersonal skills and resultant relationship with the therapist was key to the counselling process. The relationship has been similarly cited by clients as being critical in other more recent studies (Levitt, Butler, & Hill, 2006). Clients in Paulson and colleagues' study also reported that their therapists helped them work on resolving the issues important to them and helped them gain knowledge relevant to their presenting problems.

More recently, Littauer, Sexton, and Wynn (2005) published a qualitative study on client experiences of their therapist. They interviewed clients after they had met with therapists twice, asking clients about the qualities they valued in their therapist. The authors of this study found that clients valued therapists who are warm, confidence-inspiring, and calm. Clients appreciated therapists who are prepared for sessions and have a plan for therapy work. Finally, clients commented that they prefer therapists who balance careful active listening and appropriate questioning.

Another perspective was offered by a recent mixed-design study on therapist effects examined supervisor qualitative reports of Highly Effective Therapists. Laska and colleagues (2013) linked therapist characteristics and actions with client outcomes on a PTSD severity checklist. Using multilevel modelling, they were able to identify the amount of variability in outcomes associated with the therapist general and specifically identify the more effective

therapists. They then estimated relative therapist effects in a group of therapists. Further, they had a supervisor rate each therapist in terms of efficacy. The supervisor, unaware which therapists actually produced better client outcomes in the first part of the study, identified characteristics of the more effective therapists as including: directly addressing client avoidance; talking more openly in supervision about their cases; being flexible rather than rigid with regards to treatment protocols; and, being good at building a therapeutic alliance.

### **Conclusion**

Therapy is effective, but we do not fully understand the factors that make it so effective. We believe alliance and the therapist are large contributors to the efficacy of psychotherapy. The therapist is a relatively poorly understood factor. Current trends in researching therapists focus largely on quantitative outcomes focused research which is an excellent source of information and guidance, but tends to narrow in and focus on outcomes as measured by specific psychometric tools such as the Outcome Questionnaire 45 (OQ45). There is little by way of quantitative research examining the characteristics of Highly Effective Therapists. There has been some qualitative research on therapist effects, but this research has typically only examined the issue of Highly Effective Therapists from the perspectives of the therapist. What is needed is a broader understanding of the notion of Highly Effective Therapists so that researchers may more effectively design studies to examine the characteristics of Highly Effective Therapists.

It is becoming clear from an ever expanding body of research that Highly Effective Therapists have unique traits that can be described in some detail. Yet, this area of research is still appallingly thin. According to Miller:

While intuitively it certainly seems that some therapists do better work than others, regardless of orientation or approach, research continues to persevere in focusing on the ‘technical factors’ contributing to therapeutic efficacy, to the virtual neglect of personal factors in the style or personality of the individual therapist (1999).

Sullivan, Skovholt, and Jennings (2005) recommend further qualitative research in this area, as qualitative approaches tend to make use of information-rich informants that may raise our awareness of the importance of a range of therapist specific variables. As can be observed from this literature review, there have been a few further qualitative studies since Sullivan and colleagues made this comment. Still, much of the existing research relies on the perspectives of therapists identified as Highly Effective. It seems as though there are a great many other information-rich informants that could be accessed to broaden our understanding of the characteristics of Highly Effective Therapists, not the least of which are practicing therapists as a group or clients of Highly Effective Therapists.

### **Chapter Three**

#### **Research Method**

*“... not everything that can be counted counts, and not everything that counts can be counted.”*

*William Bruce Cameron (Cameron, 1963, p. 13)*

The main purpose of this study was to broaden and extend what is generally known about the concept of Highly Effective Therapists. An ever expanding body of research indicates that some therapists are more effective than others, yet it is not clear why. Research to date suggests that these therapists do things differently and possess certain characteristics. For this dissertation, a naturalistic qualitative research methodology was utilized to identify characteristics commonly associated with therapists perceived as being highly effective.

#### **Qualitative Research**

The roots of qualitative inquiry extend at least as far back as the pre-Socratic thinkers. Sophists such as Protagoras (ca. 490 – 420 BC) suggested that “Man is the measure of all things: of things that are, that they are; of things that are not, that they are not” (as cited in Wheelwright, 1966). That is, some truths exist because of human subjectivity. This focus on subjectivity was also prevalent in the thought of Descartes whose *Cogito* reminds us that we humans possess deep personal truths, such as: “...I am a true thing and am truly existing; but what kind of thing? I have said it already: a thinking thing” (Descartes, 1641/1993). Kant and Hegel later argued that subjective truths are of vital importance, particularly in relation to how knowledge appears in our consciousness (Moustakas, 1994). Each of these ways of thinking stresses the importance of subjective knowledge. The goal of this dissertation is to

explore perspectives, to bring out aspects of the collective voice in a search for what seems to exist in common belief – the unique characteristics of Highly Effective Therapists.

According to Creswell, “Qualitative research is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem” (2009, p. 4). It involves emerging questions, naturalistic settings, inductive analysis, and interpretations. The social or human problem this dissertation study has focused on is therapist effects in therapy or more specifically therapist characteristics. The purpose of this study was to broaden and extend the research on Highly Effective Therapists through an inductive analysis of data obtained in a naturalistic setting. Rather than being guided by specific hypotheses, I was interested in examining the question: What characteristics do practicing psychologists ascribed to individuals believed to be Highly Effective Therapists? I was also interested in questions such as: What characteristics do clients of peer nominated Highly Effective Therapists ascribe to their therapist? How consistent are therapist and client descriptions of such individuals? How consistent are these descriptions with the descriptions currently available in existing research? Beyond these, I was open to the emergence of questions, with the understanding that such questions could appear during this type of inquiry.

I chose a naturalistic qualitative approach for this dissertation because I was keenly interested in gathering a living perspective without overly constraining the possible responses of participants. I respect that one way to do this is to observe from a naturalistic perspective, then interpret and describe what is seen. According to Patton (2002, p. 39), “Qualitative designs are naturalistic to the extent that the research takes place in realworld settings and the researcher does not attempt to manipulate the phenomenon of interest.” I was not interested

in testing a hypothesis about Highly Effective Therapists. For example, this could be done by carefully examining the relationships between the characteristics of therapists and the outcomes clients experience. What was of greater interest to me was the concept itself, how do therapists and others perceive and understand Highly Effective Therapists broadly as a concept?

### **Thematic Analysis**

According to Braun and Clarke (2006), “Thematic analysis is a method for identifying, analyzing and reporting patterns (themes) within data.” It is a common and flexible way to organize and describe data. As well, it allows for some interpretation of data. For this study, I chose Thematic Analysis primarily as a data analytic method. While this study was in general terms a naturalistic qualitative inquiry, I followed the guidance of Braun and Clarke (2006) in the general study design by attending to suggested theoretical questions, considerations for determining themes, depth of analysis, type of analysis, level of analysis and epistemology.

**Theoretical questions.** According to Braun and Clarke (2012), Thematic Analysis is primarily a method of data analysis. Yet researchers using Thematic Analysis are not freed from certain constraints common to qualitative approaches. Thus, Braun and Clarke (2006) suggest that it is important to explicitly consider several questions prior to and during analysis. These include: What will count as a theme? What depth of analysis will be completed? To what degree will the analysis be inductive and/or theoretical? To what degree will the analysis identify semantic or latent themes? What is the epistemology guiding the inquiry? What are the specific research questions being asked?

Similarly, as a starting point for research, Crotty (1998) recommends that we take time to consider the methodologies we have chosen, to ensure that there is consistency between the assumptions we have and the theoretical perspectives of the methodology we are adopting. Crotty suggests we outline our research in terms of the epistemology, theoretical perspective, methodology and methods. What follows is an outline of the questions I considered in the development of this study as well as the reasoning behind the decisions made.

**Determining themes.** First, consideration was given to how I would determine what will count as a theme (Braun & Clarke, 2006). I decided that themes would be determined flexibly but would be primarily recognized by frequency (number of participants identifying theme) and/or apparent clarity of themes (poignant; less frequent but clearly articulated). No specific limits were placed on frequency. That is, themes would be included if identified by a notable number of participants, but not necessarily more than 50% of participants. Poignant themes would be considered if a single participant clearly articulated what seemed to be an important theme to the participant.

**Depth of analysis.** According to Braun and Clarke (2006), Thematic Analysis allows a researcher to describe an entire data set and to develop a detailed account of a particular theme or themes within the data. The goal of this study was primarily to obtain a broad thematic description of the entire data set. The aim was to provide an overview of predominant themes associated with the perceptions individuals or groups of individuals have of Highly Effective Therapists. I chose to analyze the data at this broad conceptual level because I believe that this particular concept remains under-researched.



**Type of analysis.** An inductive or ‘bottom-up’ approach was used to analyze the data. This means that the themes were primarily derived from the data. The researcher was aware of the previous literature on Highly Effective Therapists prior to analysis. Albeit to a lesser extent, interpretation of data did likely occur with the previous theoretical literature having an influence on interpretation. To limit this, I chose to only do a preliminary literature review prior to data analysis. The more detailed literature review that appears in Chapter 2 was written after data analysis was complete. For the most part, patterns were identified largely inductively, without a specific focus on existing research and theory. Nonetheless, my personal background and knowledge did likely impact the interpretation and the findings. I acknowledge my background and possible biases at various points in this dissertation.

**Level of analysis.** The analysis was primarily at the semantic level versus the latent level. According to Braun and Clarke (2006), the semantic level examines more surface level meanings while the latent level examines deeper interpretive meanings. My goal was primarily to describe emergent themes rather than to explore the data for deeper meanings. A semantic approach was chosen because the data set is quite large and broad, but not particularly deep and rich. Thus, it made more sense to explore the general themes rather than to seek deeper meanings within themes.

**Epistemology.** A Complex Critical Realist epistemology as used in health research (Clark, Lissel, & Davis, 2008) is acknowledged. Within this framework, it is assumed that individuals (such as study participants) personally make meaning of their experiences in a social context that contains some truths. Thus, I acknowledge an epistemological worldview in which the findings speak to a matter that is both a real thing in the world and is at the same time constructed socially. That is to say, I acknowledge that I view Highly Effective

Therapists as an entity that exists in the real world as well as an entity that arises out of social constructions and interpretations. This epistemology has shaped this dissertation in the sense that I believe it is important to gather various perspectives. As Clark, Lissel and Davis (2008) note: “Here, then, is an acknowledgment of the value of multiple data sources relating to the same phenomena as well as a recognition of the need to reconcile these perspectives and any claims made against each other.”

### **Justification for the use of Thematic Analysis**

The aim of the first part of the study was to identify the therapists for the second part of the study. I asked participants to nominate up to three therapists they believed to be highly effective in psychotherapy. That is, they were asked to nominate therapists that they believe consistently produce excellent client outcomes. In addition, I asked these participants to explain why they nominated the therapists. That is, the characteristics of the therapist that warranted nomination. This resulted in a very broad set of descriptions of the therapists being nominated.

For this study, I considered a range of other approaches, such as Interpretive Phenomenological Analysis (Smith, Flowers & Larking, 2009), Grounded Theory (Glaser & Strauss, 1967) and Consensual Qualitative Research (CQR) (Hill, Thompson, & Williams, 1997). Interpretive Phenomenological Analysis did not fit well with this study design as the nominator and client reports were not of a highly experiential nature. I decided against Grounded Theory as I believe the approach, whether from a Glasserian or Straussian standpoint, would impose a focus on generating theory. The goal of this study was not to generate theory but rather to describe and organize and describe perspectives. I chose not to use CQR as this study is a dissertation and my aim was to conduct as much of the analysis as

possible independently and I did not feel certain that researcher consensus would necessarily produce better results.

Given the questions being asked, the complexity, size and broad range of the nominator data corpus, and the lack of rich data from a small number of client participants, it was decided that a Thematic Analysis (Braun & Clarke, 2006) would make sense for this study. Above all else, I felt that Thematic Analysis could offer sufficient flexibility to allow me to consider the rather broad data corpus in entirety without concern for using a method that often requires a rich depth of data from few participants. Indeed, a noted advantage of thematic analysis is its flexibility (Braun & Clarke, 2006).

### **Thematic Analysis: Phases of analysis**

The analysis for both substantial parts of this study proceeded in a similar way. I generally followed the phases of Thematic Analysis outlined by Braun and Clarke (2006). In this section of the dissertation, I briefly outline and describe the general phases of Thematic Analysis as they were employed in this study.

The first phase of analysis involves becoming familiar with the data. Informally, this started with the collection of nomination data. According to Braun and Clarke (2006), the goal of this phase is to become deeply familiar with the depth and breadth of the data collected and starting to observe meanings and patterns. For the first part of the study, familiarization involved reviewing all individual nominations as they were entered into the data set. This ultimately resulted in the creation of a larger document that included all nomination data. For the second part of the study, I personally transcribed all client interviews and thus became deeply familiar with the data.

The second phase of analysis for my study started after the data was imported into MAXQDA11 (2015), a qualitative data analysis software package. This phase generally involves producing initial codes (Braun & Clarke, 2006). For my study, codes were more semantic than latent. Thus, my focus was on capturing the participants' direct meanings as much as possible, rather than searching for deeper meanings. Nonetheless, there were instances during analysis where deeper meaning was extracted from data in an interpretive fashion. In addition, codes were primarily generated from the data rather than being driven by theory. Again, qualitative data analysis is rarely all or none, and thus there was an element of 'theory-driven' coding. This is because I was already aware of some of the research literature on the characteristics of Highly Effective Therapists and the treatment outcome literature. Thus, I was already aware of some of the themes arising in the literature. In an attempt to minimize this bias in interpretation, I did not write the full literature review until after data analysis was largely complete.

The third phase of thematic analysis involves searching for broader themes within the coded data (Braun & Clarke, 2006). In both parts of the study, the number of codes was quite substantial. In order to manage codes, it became necessary to group codes as they seemed associated. Thus, this third phase was a necessary step to allow for management of the rather large and broad data set.

For phase four of the analysis, all themes were reviewed (Braun & Clarke, 2006). This phase was done very much recursively with phase three (searching for themes). During this phase, I examined and judged themes for level of internal homogeneity and external heterogeneity (Patton, 2002, p. 465-466) — how well they cohere and how distinct they are from each other — and for completeness. As is recommended by Braun and Clarke, during

this phase I examined coded data extracts for each theme to determine how coherent the patterns were within themes.

The fifth phase of thematic analysis involves defining and naming the themes (Braun & Clarke, 2006). This process is also recursive, but the main focus at this point was to “refine and define” (Braun & Clarke, 2006). I described the themes in some detail to create a narrative about the themes. Sub-themes were also identified. There were differences in how this evolved between both parts of the study. For the first part, there were many more themes and sub-themes, given how broad the data was. For the second part, there were fewer themes and sub-themes as the data was more limited.

The final phase, phase six, of thematic analysis involved producing an analysis report. This phase occurred recursively with the other phases as well, particularly phases three, four and five. The product of this phase is Chapter 4 of this dissertation. It should be noted that the results section was written simultaneously with the analysis of the data. As Braun and Clarke note, analysis is not linear. Rather, it is recursive. Thus, as analysis proceeded I moved back and forth between the phases.

### **Researcher as Instrument**

Certainly, I have been aware throughout the development and implementation of this study that I have played an important role in generating the idea for this study. I have focused the study on a particular topic and interest. Most critically, I have been the primary instrument for examining the phenomena in question. Thus, any findings that are produced within this study should be understood in this context. As Morrow (2005) notes, it is up to the researcher to “...provide sufficient information about the self...” and up to “...the reader to decide how the findings may transfer”. In this section, I describe how my interests

generated the idea for this study, then how my training and professional experiences focused this study, and finally and perhaps most importantly, the various ways in which I have been the primary instrument for this study.

As I mentioned in the introduction to this study, I have long maintained an interest in what it means to be an ethical and effective practitioner of psychotherapy. Like many other students of psychotherapy, I started my training with the assumption that I was going to learn about approaches that are effective for the treatment of a range of issues. I assumed I would learn about contemporary approaches that are proven to be efficacious. During undergraduate studies I majored in Psychology and learned about topics in social psychology, clinical psychology, abnormal psychology, and behavioral psychology to name but a few. There were few psychology undergraduate courses I did not take. I came to believe through this coursework that indeed, humans have a range of problems and that there are a range of clinically proven ways of addressing those issues.

Not long after I started graduate studies in counselling psychology, I participated in a workshop by Dr. Scott Miller. He was presenting a workshop on “Supershrinks”. It was here that I was first exposed to the still contentious notion that some therapists are more effective than others by virtue of their habits and characteristics. Around the same time, I was exposed to Jennings and Skovholt’s (1999) study on the characteristics of Master Therapists. It was at this point that I started to conceive of the importance of understanding the concept of Highly Effective Therapists. I attempted a pilot study of peer nominated highly effective novice therapists. This study was not published, as I did not receive sufficient support from educational institutes to access students. Suggesting to training programs that some of their students might produce better outcomes than others was something that they could perhaps

agree with yet could not allow to be studied. Educational institutes I approached frequently suggested that such research might upset the students and disrupt cohorts. I then decided that perhaps it would be better to study Highly Effective Therapists in practice. This is the original source of the idea for this dissertation.

Over the years, as I completed my masters and started my doctoral studies, I became more a part of the profession of applied psychology in counselling psychology. I completed my registration as a psychologist in my jurisdiction while formulating my dissertation study. My interest in highly effective psychotherapists increased as I continued my training and started private practice. Attending workshops and being exposed to the psychotherapy outcome literature, I became disillusioned with the notion that only particular approaches would lead to effective outcomes given the research evidence to the contrary. Each time I attended a workshop on a therapeutic method I asked myself: What about the approach makes it different from other approaches? It seems as though there was much overlap in approaches. Thus, my professional training as a psychologist played a big role in my asking the questions I pose in this study. Finally, a time came when I directly began studying the phenomena I was interested in: The Highly Effective Therapist. In the first part of the study, I became the instrument that would effectively sell the study idea to practicing psychologists. I believe my passion and tenacity did encourage a large number of psychologists to participate.

I was also very much an instrument of the study during the second part of the study, interviewing clients. As Kvale and Brinkmann (p. 48, 2009) note, interviewers can be either “miners”, seeking to uncover what is within participants, or “travellers”, seeking to be guided through unfamiliar lands with the participant’s guidance. It was my aim during the interviews conducted for the second part of this study to allow myself to be guided by client

participants. This perspective was taken to allow for more client meanings and interpretations to arise during interviews.

I was aware that my training as a counselling psychologist might have an effect on the way that data was collected. For example, I am trained in and have even taught undergraduate courses in basic counselling skills such as reflection of content, reflection of affect, and summary statements. Many of these counselling skills are quite useful in interview settings. Thus, I had to be aware that it would be possible for my counselling skills to affect interviewees. In order to stay with my goal of obtaining broad data, I consciously decided that I would limit my questions and instead focus on capturing what clients were saying by using reflections and summary statements. I was careful not to use any counselling skills beyond these. As Rogers (1945) once noted:

It appears to me that the most promising use of nondirective techniques will be in the realm of personality research and anthropological study, because the subject's attitudes may be determined thereby at deeper and deeper levels without introducing the bias of the interviewer (p. 281).

During analysis, again I was the instrument. As is perhaps apparent to those familiar with the research literature on psychotherapy outcomes, I was informed by the research as I formed codes and themes. Thus, in some ways my codes and themes reflect this literature. This effect was limited by my choice to complete the literature review after analysis.

### **Ethical Considerations**

Every effort was made to ensure that both parts of this research project conformed to the Canadian Code of Ethics for Psychologists, third edition (Canadian Psychological Association, 2000). Before data collection commenced, a proposal for this study was



reviewed by my supervisory committee. Then an application for ethical review was submitted to the Human Research Ethics Board at the University of Alberta. As this study did not involve any experimental manipulations or deception, there was negligible risk of harm to the participants.

I was aware throughout this study that research such as this may be unsettling to therapists. Some may have perceived this nomination process as an evaluation of sorts. Others may have been concerned that being frequently nominated could lead to evaluative feedback from clients. Such feedback on its own may not be distressing, but the public release of such feedback could be distressing if it were to include negative feedback. Thus, I sought to clearly indicate how anonymity would be maintained throughout the study.

Anonymity was preserved in several ways. Naturally, with respect to nominated therapists, they are never identified in any way. Going a step further than this, I chose not to collect any demographic data about the nominated therapists or about the clients. This was a deliberate choice to ensure the anonymity of the therapists (both nominating and nominated therapists) and clients.

Participant clients were advised that participating in the study may entail the disclosure of personal material. It was possible, though deemed highly unlikely, that participants could experience some psychological distress during or after the interviews. Participants were informed of these risks and advised at the outset of the study that they may withdraw from the study at any time, prior to the analysis of their interviews. Further, it was planned that participants would be provided with contact information for counseling supports in their area, should they experience distress as a result of the interviews. No clients

interviewed expressed any distress as a result of the interviews and thus no such referral or support was provided.

### **Rigour**

In this study, Elliott, Fischer, and Rennie's (1999), guidelines for qualitative research have been adopted to ensure rigour. First, reflexivity is important in this study. Elliott, Fischer, and Rennie suggest that this involves owning one's perspective. Put another way, reflexivity is the "...process of recognition of the role of the researcher in co-producing psychological knowledge..." (Langdridge, 2007, p. 59).

Reflexivity was achieved in this study by journaling prior to the start of the study as well as during the study to document the values and assumptions of the researcher. Langdridge (2007) recommends researchers check-in at least three times: once prior to starting the study, once during the study, and once when the data has all been collected. He has outlined a series of questions that will be used to guide this researcher through the process of reflexivity. Such questions include: "Why am I carrying out this study? What do I hope to achieve with this research? What is my relationship to the topic being investigated? (Langdridge, 2007, p. 59). These questions were examined periodically in reflective journaling during data collection and analysis. Consistently my responses related to my interest in the topic and my interest in improving therapy outcomes. As a student of counselling psychology and as a practicing psychologist, my relationship to the topic remained personal throughout.

Another estimate of rigour for this study relates to ensuring validity. As Richard & Morse (p. 200, 2007) note, it is important to consider how the findings of a particular study fit with the existing literature. Thus, a major portion of the discussion chapter is dedicated to

comparing the qualitative findings from this study with the findings from previous quantitative and qualitative studies on the characteristics of highly effective therapists. The goal of this comparison is to estimate the fit between the findings of this study and the existing research.

It is also important that reflexivity be explicit about one's assumptions and perspectives "...as a way for researchers to inform their audiences about their perspectives as well as to manage their subjectivities..." (Morrow, 2005). Thus, all publications produced by this research, including the dissertation, will be produced with the aim of clarifying the position of the researcher. The consumer should be able to understand not only the themes that have been presented, but also should be able to understand the context in which these themes emerged (i.e. the interpretive processes of the participants and the researcher).

### **Study Design**

There were effectively two parts to this study. The first part of the study involved obtaining descriptive data from practicing registered psychologists. I asked these practitioners to identify and describe practicing psychotherapists view as being highly effective. The second part of this study involved selecting two therapists – those who were frequently nominated by participants in the first part – and briefly interviewing some of their current clients. Previous researchers have suggested that obtaining client perspectives could significantly expand our understanding of Highly Effective Therapists (Drier, 1998; Jennings, D'Rozario, Goh, et al., 2008). Interviews with clients were intentionally brief as this approach is novel and I was unsure how many clients would consider participating if interviews were longer.

While a specific hypothesis was not explored with this study, I was interested in some general questions. As is common in qualitative research (Creswell, 2009), this inquiry was guided by a central question and several sub-questions. The central question I initially hoped to explore was: “What constitutes or what are the characteristics of “Highly Effective Therapists”? Over the course of the study, I came to realize that the data generated from the first part of the study was important and informed on a much broader concept, be it myth or reality, of ‘Highly Effective Therapists’. Thus, the central question changed to: “How are Highly Effective Therapists perceived and conceptualized by their peers and clients?”

I also explored several sub-questions for this study. I wondered if the traits of frequently nominated therapists would be distinct from the traits of the whole set of nominations. I wondered if the traits of the two most frequently nominated therapists would differ. I also wondered if therapists receiving several nominations significantly differed from therapists receiving one. This was explored in the analysis wherein I constructed and analyzed theoretical “frankentherapists”; theoretical therapists constructed as a thought experiment from several randomly selected nominations. Finally, I wondered what clients would think about the two therapists who received the most nominations.

### **Identification of Highly Effective Therapists.**

**Sampling approach and recruitment.** The first part of the study the sampling procedure involved identifying peer-nominated Highly Effective Therapists. For this study, therapists were identified using a combination of convenience and snowball sampling procedures, similar to the sampling methods used in previous qualitative studies on the characteristics of Highly Effective Therapists (Jennings, D’Rozario, Goh, Sovereign, Brogger & Skovholt, 2008; Jennings & Skovholt, 1999; Jennings et al., 2005). Snowball

sampling has evidence of being a valid approach in that therapists in previous studies have been found to be successful in reliably identifying other therapist characteristics (Luborsky et. al., 1985). As Luborsky stated, “This implies that therapists *are able* to identify other potentially effective therapists and to discriminate them from those who are less effective.” Further, the use of convenience sampling to “...solicit more therapists’ nominations at the beginning of the nomination process” has been recommended by previous researchers (Jennings, D’Rozario, Goh, et al., 2008) in order to increase the chances that nominated therapists will be broadly recognized as Highly Effective, rather than solely recognized by close peers.

Initial identification of psychologists who could nominate other therapists for the study was largely based on convenience sampling. That is, therapists were identified for the study based on how easy it was to obtain their contact information. Then, utilizing a snowball sampling approach, identified therapists were contacted to see if they would be willing to nominate other therapists. I would not say that I rigidly adhered to either convenience or snowball sampling. Rather, I incorporated aspects of both for this part of the study.

Recruitment for this part of the study took place initially primarily in person. I attended a few local training conferences and set up a table to explain my study to practicing psychologists. I also took the opportunity during breaks to speak with workshop participants. In spite of there being large groups of psychologists present at these events (often more than 50), this approach generated few participants. As in-person recruitment was not highly productive, I switched my strategy such that I primarily sought participants by email. I would identify psychologists on practice websites and then email them a recruitment advertisement (Appendix A).

My goal for this part of the study was initially to obtain a distribution of nominations such that a few psychotherapists would have significantly more nominations than the rest of the individuals nominated. I was aware that previous researchers using snowball sampling obtained a sample of peer nominated Highly Effective Therapists who each had at least 4 nominations (Skovholt & Jennings, 1999).

**Inclusion and exclusion criteria.** This sample included only registered psychologists from the province of Alberta. Within the province of Alberta, registered psychologists are certified by the College of Alberta Psychologists. Such individuals must have a graduate degree in psychology or an equivalent degree and must meet several other requirements such as completion of 1600 hours of supervised practice and a passing grade on the Examination for Professional Practice in Psychology (EPPP), as set by the College. While several previous studies on mastery in psychotherapy have included psychotherapists from a range of professional and training backgrounds (for example, Skovholt & Jennings, 1999), this study was limited in the sense that only registered psychologists were included. This study did not include counselors or psychotherapists who are currently practicing with other licenses or certifications, such as social workers or Certified Canadian Counsellors or psychiatrists.

The only information collected about the nominating therapists was that they were currently registered as psychologists themselves. Of note, registered provisional psychologists and students were not included in this study. In Alberta, an individual can register as a provisional psychologist once they have met the academic requirements of the College but prior to completing their supervised practice and examinations. Though provisional psychologists and students both expressed interest in participating, I decided not to include these individuals in the study to ensure that bias towards supervisors being

nominated was limited. That is, I felt there was a risk that students and provisional psychologists would be biased towards nominating supervisors given their limited experience in the profession. Whereas registered psychologists would be more likely to have multiple contacts and exposures to other psychologists.

**Sample size and demographics of sought sample.** For the first part of the study, my intent was to continue sampling until a small set of therapists was repeatedly nominated. While this small subset appeared after approximately 50 or 60 participants had provided nominations, I decided to continue gathering nominations until the descriptions started to coalesce around specific themes. Once 98 participants had provided nominations, themes clearly started to emerge and data collection for the first part stopped.

#### **Data generation**

***Informed consent.*** Participants for this part of the study were asked to complete a brief on-line survey created by the principal investigator. Participants were initially informed about the nature of the study by though a brief email advertisement (Appendix A). Participants were required to first review an information letter (Appendix B) about the study and then complete a consent form (Appendix G). Only participants who affirmed their understanding of the study were allowed to proceed in the on-line survey to the questions.

***Data collection.*** For this study, data was primarily collected on-line using SurveyMonkey (2014) software. Within the software, an information letter and consent form was created, matching Appendix B and Appendix G respectively. Once participants completed the consent form they were directed to a page that included the Psychologist Nomination Ballot, matching Appendix C. When sufficient nominations were collected, the

survey was closed and responses were downloaded from Survey Monkey into a Microsoft Excel spreadsheet.

**Data analysis.** The first step in analysis was to clean the data. This involved removing participants who did not complete the study from the excel spreadsheet. Individuals were not included in the study if they started the survey by finishing the consent process, but did not provide a single nomination.

### **Interviews with clients of nominated therapists**

**Sampling approach and recruitment.** Sampling for this portion of the study proceeded exclusively by convenience sampling. I contacted the two therapists with the most nominations by email to invite them into the study. For this study, they were pseudonymously named Therapist A and Therapist B. They were presented with an information letter (Appendix D) describing the study. They were then asked if they would consider participating in the study by simply handing brief recruitment advertisements to current clients. Both agreed to participate.

Before participating, psychologists reviewed the consent form (Appendix G) and provided consent to participate. I spent some time with each discussing how to present the study advertisement to clients and how to explain the study. I stressed that it was important that potential participants ought to understand that participation is voluntary. I discouraged the two therapists from encouraging participation. These efforts were made to reduce the possible impact of participation due to a sense of duty or obligation to the therapist.

Thus, clients of the two psychologists with the most nominations were given information about my study. It was up to clients to contact me, the primary researcher, either by phone or by email. I spoke with each client about the study and offered two options: 1) I



could send the client information letter (Appendix F) and the consent letter (Appendix G) to them for review and then arrange a time to conduct the interview or, 2) I could review the client information letter (Appendix F) and the consent letter (Appendix G) and then obtain verbal consent to proceed over the phone. If clients chose option 2, at their request I would follow-up and send them a copy of the information letter and consent form.

**Inclusion and exclusion criteria.** The only inclusion requirement for this part of the study was that the clients expressed interest in the study and was a client of one of the two therapists with the most nominations. Each client indicated, on their own, that they were a client of Therapist A or Therapist B. This was taken at face value. No further confirmation of this was sought. Clients were only excluded from the study if they could not provide informed consent to participate.

### **Sample size and demographics of sample sought**

For the second part of this study, the target of investigation is the phenomena or experiences of working with a therapist who has been identified by peers as being highly effective. The primary objective was to recruit individuals who have worked with a therapist seen by other professionals as being highly effective. The specific purpose of these interviews was to validate the data obtained from the nomination data and to broaden our understanding of Highly Effective Therapists.

Purposive sampling was used for the second part of the study as the intent was to identify “information-rich cases” (Patton, 2002, p. 46), individuals well situated to comment on the phenomena being investigated. The goal of this sampling approach was to obtain redundancy or saturation, that is, the point when no new information arises from the data collected (Lincoln & Guba, 1985). Previous qualitative research on the topic of Highly

Effective Therapists attained saturation with 9 to 12 cases examined (Dlugos & Friedlander, 2001; Jennings & Skovholt, 1999; Jennings et al., 2008). Thus, it was hoped that I would be able to attain 9 interviews with clients of nominated therapists. These interviews were intended to be brief and to give a sense for how client perceptions might match or differ from nominating therapist perceptions.

### **Data Generation**

***Informed Consent.*** All data collected for this portion of the study was collected by telephone interview. Participating clients were all given a copy of the client information letter (Appendix F) and the consent form (Appendix G) or were read these forms verbatim over the phone. Consent for clients participating in this aspect of the study was often obtained verbally over the phone. As I conducted all interviews myself, I was able to answer any questions participants might have about the study prior to starting the interview. Many of the participants expressed interest in the nature of the study.

All questions were answered with the exception of one: How was my therapist selected for this study? As I was concerned that knowing their therapists were nominated as being highly effective could bias their responses, I informed participants only that their therapist was selected for this study as part of a larger study on the characteristics of therapists. I explained that I was unable to elaborate on how their therapist was selected as it might risk influencing their responses. I also informed interested participants that they could learn more about how their therapist was nominated as soon as the results were compiled. All interested participants expressed satisfaction with this response.

***Data Collection.*** Participants were advised that interviews would take roughly 5-10 minutes. Once participants provided informed consent, I began the interviews. Interviews

were digitally recorded. The interviews started with the question: “How would you describe your therapist?”

It is worth explaining why interviews were brief. While I was aware that it is not uncommon to conduct qualitative interviews lasting much longer than 5 to 10 minutes, I was also aware prior to recruitment that clients were self-selecting for this study. No inducements were offered to clients for participating. It was my hope that clients would be persuaded to participate in the study if they could be assured that the interviews would be brief. Thus, it was my aim to limit the consent and interviewing process to a maximum of 15 minutes. In large part, I was able to maintain this standard. A byproduct of this decision is that these interviews were focused on the above question. I did not attempt to extend or deepen the interviews beyond clarifying and summarizing client responses.

**Data analysis.** For this part of the study, data analysis began with the generation of verbatim transcripts of the audio recorded participant interviews. I completed all transcription personally, which afforded me an opportunity to become familiar with the data. Though more time consuming, this decision was made in light of my understanding that transcription is often an act that transforms data in some way — capturing some aspects and omitting others. To me, transcription is as Sandelowski (1994) put it: “Like the photograph, the transcript captures something, but not everything, ‘out there’. It also alters something. Its ontology is, therefore, both realist and constructed.” It was therefore important for me to personally complete the transcription so that I could remain aware of interpretive decisions made during transcription that may affect analysis.

Prior to transcription, steps were taken to de-identify the participants’ data (Stuckey, 2014). For example, a non-identifying title was assigned to each participant and a master list

was created matching participants with the non identifying title. Participants in this part of the study were assigned the titles: Client A, Client B, Client C, etc.

Following the conventions offered by Braun and Clarke (2012), several decisions were made about transcription. First, it was decided that transcription would be orthographic, including spoken words, sounds, hesitations, false starts, cutoffs in speech (using a dash), interviewer's 'guggles' (e.g., mm-hmm, ah, uh), laughter, pauses, and strong emphasis (using all caps). Of note, all guggles were coded as I viewed these as providing confirmation by the researcher of understanding the participant or as participant confirmation of the accuracy of interviewer summaries.

Once transcriptions had been completed and reviewed several times for accuracy, each transcript was imported into MAXQDA 11 qualitative data analysis software where thematic analysis was conducted. Codes and themes generated are discussed in the Chapter 4 (Analysis and Findings) of this dissertation.

### **Limitations**

The research method employed has several limitations. The first relates to the sampling of the nominators who were selected by convenience sampling and snowball sampling. This means that it is quite possible that there is an over-representation of nominators and nominated therapists in my local region or in proximity to me as a researcher. Further, they were often contacted because it was possible to reach them via email, which means that there were more nominators who are psychologists in private practice, on practice websites, or are connected with post-secondary institutes. Psychologists in public settings such as health care could not be easily reached for this study. My request to have my recruitment advertisement distributed in the local health authorities, which employs many

psychologists, was turned down on the grounds that such recruitment was not part of their regular business and thus should not be sent to their work email.

Another limitation of this study design is with regard to the question of whether the nominated therapists are actually highly effective because I did not utilize process or outcome measures. I have two reasons why I believe that this is not critical. First, I was primarily interested in the concept of Highly Effective Therapists and wanted to know how such therapists are perceived. Thus, whether or not the nominated actually produce better outcomes as measured by psychometric tools is not germane. Second, the client feedback provides an informal measure of outcome data and some level of validation of the nomination findings.

Some could argue that a lack of rich data or thick descriptions from nominations and validation interviews is a limitation in this study. I acknowledge that qualitative research is commonly described as including “rich data” and “thick descriptions” which may include “detailed and complex accounts from each participant” (Braun & Clark, p. 4). Thus it could be said that this study was more quantitative than qualitative as the data generated is shallow and broad in scope. I obtained data from a large number of participants in order to achieve saturation on this broad topic with shallow data (Morse, 2000) as a divergent way of conducting qualitative research. I would therefore suggest that what could be considered a limitation in one sense, may be a strength in another sense.

With respect to the second part of the study, one limitation relates to the small sample size and lack of depth in interviews. With only four clients from Therapist B and two clients from Therapist A, full saturation of themes was not obtained. It is possible that themes were missed. As well, in this design there was no demographic information collected about the

clients. Such information may have been helpful to place the findings into their proper context. For example, some clients may have seen their therapist only once or twice while others may have had many sessions with their therapist. Thus, findings from client interviews should be taken as preliminary and understood in this context.

### **Summary**

For this study, I chose a naturalistic qualitative study design guided by theoretical questions as posed by Braun and Clarke (2012) and a Complex Critical Realist epistemology as outlined by Clark and colleagues (2008). I utilized both convenience and snowball sampling to locate participants. I obtained broad shallow data from nominators and clients of the nominated therapists. I then analyzed the data using Thematic Analysis, as outlined by Braun and Clarke (2012). What follows in the next chapter is the analysis and findings of this study.

## **Chapter Four**

### **Analysis and Findings**

The main purpose of this study was to broaden and extend what is generally known about the concept of Highly Effective Therapists. An expanding body of research indicates that some therapists are more effective than others, yet it is not clear why. Research to date suggests that these therapists do things differently and possess certain characteristics. The main purpose of this study was to broaden and extend what is generally known about the concept of “Highly Effective Therapists”. A review of the literature reveals that the therapist is a crucial factor in psychotherapy outcomes. Different therapists produce different effects such that some therapists are more consistently effective, yet it is not clear why. For this dissertation, a qualitative research methodology was utilized to identify characteristics commonly associated with therapists perceived as being highly effective. Descriptions about Highly Effective Therapists were obtained from practicing therapists and clients of peer nominated Highly Effective Therapists. What follows in this chapter is a summary of the findings.

#### **Presentation of findings**

This study was completed in two distinct parts. The results are thus presented in two major sections. First, a description of the nomination results is presented. This is a comprehensive description of the common general themes from the full nomination data set. A more focused description of the two therapists who received the most nominations is also summarized. This is followed by another focused description of three randomly generated theoretical therapists; a thought exercise using data from the first part of the study. Second, client descriptions of the two peer-nominated Highly Effective Therapists is presented.

**Identification and characterization of Highly Effective Therapists**

**Overview of Nominators.** All participants for this part of this study were psychologists registered in the province of Alberta, Canada. Nomination surveys were completed by nominating psychologists between early 2013 and early 2014. While the initial attempts to find participants for this part of the study focused largely on in-person recruitment at conferences and training workshops, this strategy shifted such that participants were recruited largely by email. At the time, I felt that I was simply not reaching sufficient participants through in-person recruitment. The email strategy was more productive in that I was able to reach more individuals and obtain more nominations.

Although recruitment was open for the entire year, recruitment primarily took place during three different email recruitment campaigns in that year. Individuals were contacted primarily by email (> 90%) or in-person (< 5%). A small percentage of individuals (<5%) were referred into the study by other participants and participated on-line.

A few individuals participated early in the study, prior to the first email campaign. These individuals primarily participated in-person at workshops or conferences. Approximately 100 possible participants were contacted during the first email campaign. Those who did not reply or participate were contacted again during the second campaign to remind them of the study and request participation. During the second email campaign, approximately 200 possible participants were contacted. Those who did not reply or participate after the second campaign were contacted one last time to remind them of the study and request their participation. Approximately 180 possible participants were contacted during the third email campaign. A few individuals participated by email between campaigns or after the last campaign. Recruitment ended in February 2014.



According to the College of Alberta Psychologists website (2015), there were a total of 2539 Registered Psychologists practicing in the Province of Alberta as of February 20, 2015. During the recruitment phase of this study, I had direct contact by email or in-person with 308 potential participants. Of these, 143 individuals expressed interest in participating.

A total of 44 individuals who expressed interest in the study completed the consent process and were not included in the final analysis. This includes 19 individuals who were excluded from the study as they were currently not registered psychologists and 25 individuals who completed the consent portion of the study, but dropped out prior to providing a nomination.

Those excluded as a result of not being currently registered as a psychologist were either students, provisional psychologists, or other professionals such as social workers. Students and provisional psychologists were excluded intentionally to limit the nomination of supervising psychologists. Other professionals were excluded in an attempt to obtain a more homogeneous sample. Individuals who were not registered psychologists were not allowed to complete the SurveyMonkey on-line survey beyond the question: "Are you a registered psychologist?"

Those who dropped out were contacted and asked if they had questions or concerns about the study. Most did not respond to my inquiries. Some individuals did then complete the survey and thus were not included in the tally of individuals who dropped out. Of those that did reply, some indicated that they simply did not have time to complete the survey, estimating the study would take them longer than 5 or 10 minutes. Others indicated being unsure about how to nominate a therapist as highly effective, that is, unsure they could confidently say the therapist is effective. One potential participant indicated they did not

want to participate because they were unsure about how the potential nominated therapists might feel about being nominated. That is, they said they felt the therapists they think of as highly effective would not want to be nominated. It was not clear what their specific concerns were related to this. In my research notes, I speculated that perhaps potential participants were somehow concerned that clients of nominated therapists would be forced or somehow compelled to participate in the larger study.

For the final analysis, 98 registered psychologists completed the nomination form. The study response rate for those directly contacted by email or in person was roughly 45%. This includes individuals who were later deemed ineligible by virtue of not being a registered psychologist. The participation rate among those who were eligible and who completed this portion of the study was approximately 32%.

Each participant was asked to nominate up to three individuals. As is summarized in Table 1, a grand total of 173 psychologists were nominated for this study at least once. Among psychologists receiving more than one nomination, 42 therapists were nominated at least twice, 17 were nominated at least three times, 8 were nominated at least four times, 6 were nominated at least five times, and only 2 were nominated 10 or more times and one was nominated 11 times. Tallied another way, 131 psychologists received only 1 nomination, 25 received 2 nominations, 9 received 3 nominations, 2 received 4 nominations, 4 received 5 nominations, 1 received 10 nominations and 1 received 11 nominations.

**Table 1****Nominations Per Therapist**

<b>Number of Nominations per Therapist</b>	<b>Total number of individuals</b>
Therapists Receiving 1 or more nomination	173
Therapists Receiving 2 or more nominations	42
Therapists Receiving 3 or more nominations	17
Therapists Receiving 4 or more nominations	8
Therapists Receiving 5 or more nominations	6
Therapists Receiving 10 or more nominations	2

**Common themes among the entire set of nominations.** For this study, my interest was to better understand the concept of Highly Effective Therapists. The nomination data provides a description of Highly Effective Therapists from the perspective of practicing psychologists. The 98 individuals provided 248 nominations. Each nomination included a brief description of the characteristics the nominator believed warranted the nomination. I was clear with participants that I was specifically seeking descriptive adjectives. Each of the 248 nominations ranged in length from a few words to full paragraph descriptions.

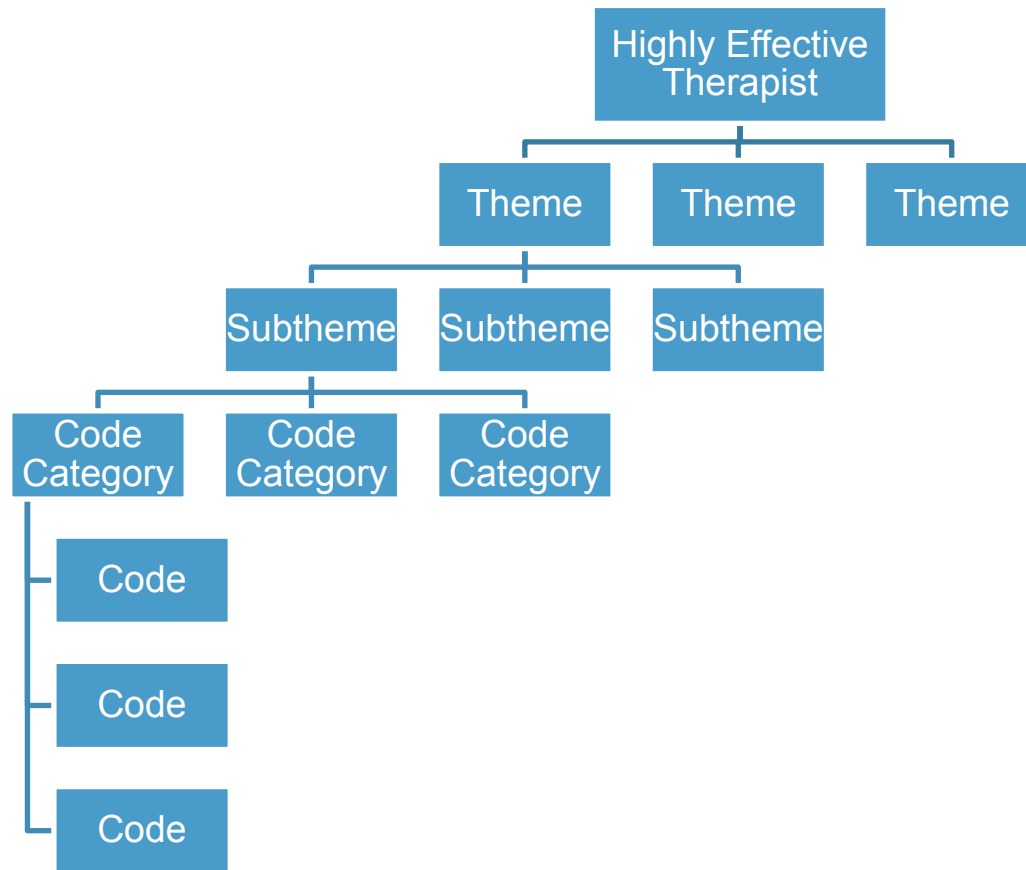
Using thematic analysis, I ultimately sought common themes among the entire set of nominations. I focused primarily on the common themes among the entire set of nominations for its breadth of information. While analysis was conducted inductively, the general question I asked throughout was: What themes emerge when practicing psychologists are asked to describe a Highly Effective Therapist?

Analysis proceeded by first compiling all nominations into one document that could be then analyzed for themes. This document contained 4,581 words. In this way, I pooled the

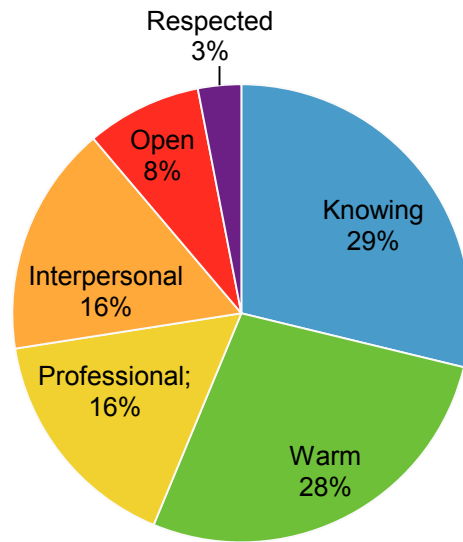
set of individual nominations into one large data set which is meant to represent and inform broadly on the concept of Highly Effective Therapists. Put another way, the Highly Effective Therapist data set consists of a chorus of individual voices.

The document containing all the nomination data was imported into MAXQDA11 software. I personally coded the data using this software. During analysis, each segment of data was coded in as many ways as seemed sensible. That is, some segments were coded for more than one code if I felt that a segment referred to multiple ideas. This was done in an effort to retain as many meanings as possible. I also hoped that this would later facilitate the emergence of themes via the appearance of overlapping codes. In the final analysis, overlapping codes were minimal and thus did not facilitate emerging themes.

***Levels of categorization.*** Themes emerged iteratively during data analysis. That is, initially the task was primarily coding, but as more and more codes emerged it seemed appropriate to group codes into broader categories. The final themes were selected primarily for the number of times the theme emerged, as well as for coherency of themes. A total of 1219 coded items (ranging from a word to a sentence or two) were generated in the analysis. Initially, 102 codes emerged from the data during my analysis. Codes were grouped into code categories, then into subthemes and finally distilled into five themes. In this way, a hierarchy containing four levels was developed with these codes. These levels were (from broad to narrow): themes, subthemes, code categories, and codes. The results are presented in this chapter in this order. Themes and subthemes are described in all instances. In some cases, where meaningful, the code categories are described. Figure 1 presents an outline of the levels of categorization presented in these results.

**Figure 1*****Levels of Categorization***

Listed in order of the frequency of appearance and the prominence within the entire data set, the themes related to the concept of Highly Effective Therapists, based on the descriptions of practicing psychologists, were: *Knowing*, *Warm*, *Professional*, *Interpersonal*, and *Open*. A lesser theme of being *Respected* or admired also emerged but was not included in the final model. It was not nearly as prominent as the other themes, appearing in less than 5% of coded items. Figure 2 illustrates the relative frequency of each theme in the whole coded data set in the form of a pie chart. Table 2 summarizes the general perceptions of nominating therapists in themes, sub-themes and code components. Each of the themes is described below in turn, including subthemes and codes that constituted the main themes.



**Figure 2. Highly Effective Therapist Themes**

**Table 2**

*Nominating Therapists' Perceptions of Highly Effective Therapists: Themes, Subthemes and Code Categories*

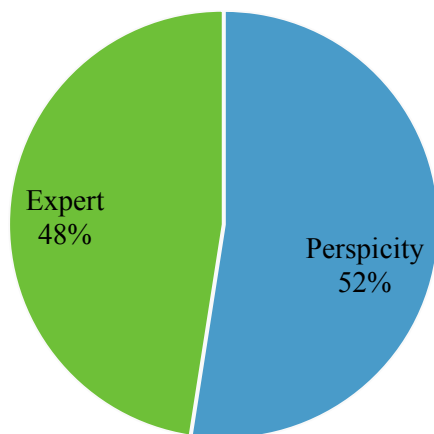
Themes	Sub-themes	Code Categories	Number of Coded
Knowing			345
	Perspicacious		181
		Wise	7
		Intelligent	28
		Knowledgeable	99
		Insightful	29
	Expert		164
		Well Trained	33
		Specialized	17
		Competent	13
		Technically Skilled	41

	Clinically Skilled	19
	Experienced	36
<b>Warm</b>		<b>320</b>
	Warm	59
	Compassionate	124
	Kind	20
	Empathic	32
	Caring	27
	Understanding	9
	Supportive	109
	Motivates Change	13
	Client Centred	55
	Increases Hope	7
	Instills Confidence	12
	Patient	9
	Creates Safety	7
	Calm	12
	Friendly	12
	Thoughtful	16
<b>Professional</b>		<b>200</b>
	Hard Working	132
	Effective	22
	Persistent	18
	Efficient	38
	Direct	16
	Thorough	24
	Passionate	7
	Professionalism	68
	Ethical	25

	Reflective	14
	Supervises	15
	Socially Conscious	10
	Gives to Profession	9
<b>Interpersonal</b>		<b>155</b>
	Good Rapport	28
	Strong Communication Skills	22
	Attentive Listener	15
	Respectful	33
	Nonjudgmental	24
	Engaging	18
	Sense of Humour	14
	Humble	14
	Grounded	5
	Honest	40
	Gentle	9
	Genuine/Congruent	33
<b>Open</b>		<b>92</b>
	Open	29
	Continuous Learner	23
	Progressive/Unorthodox	12
	Creative	11
	Generous	5
	Flexible	12
<b>Respected</b>		<b>36</b>
	Appreciated	29
	Admired	7

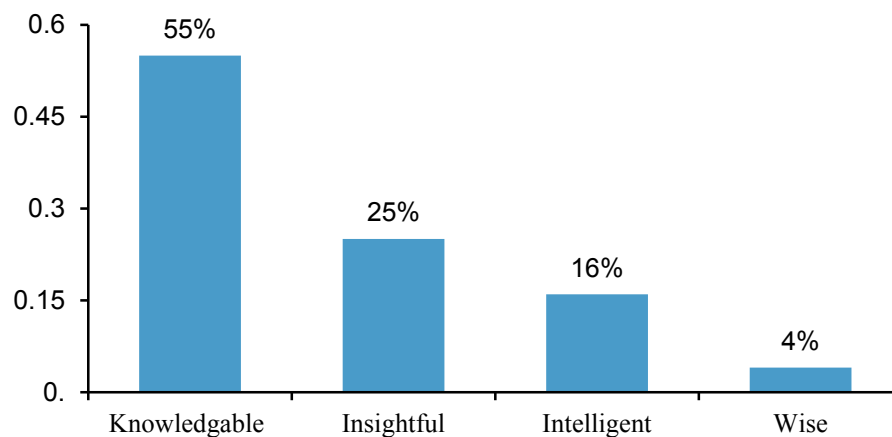


**Knowing.** I labeled the most prominent theme emerging from the data Knowing. This was the most frequent theme and seemed to have much significance for nominators, appearing in 28% of all coded items. In total, 345 items were coded within this theme within two subthemes: Perspicuity and Expertise. Each subtheme has roughly equal prominence and frequency. Figure 3 presents the frequencies of the Knowing subthemes. It would have been possible to separate these two subthemes into parent themes of their own, but I felt that they shared a common element related to knowing or ways of knowing; one through what is known or perceived and one through expertise or experience.



**Figure 3. Frequencies of Knowing Subthemes**

**Perspicuity.** Perspicuity was by far the largest and most prominent subtheme among all subthemes, represented in approximately 15% of all coded items from the entire data set. This theme included adjectives such as knowledgeable, insightful, intelligent, and wise. Figure 4 presents the frequencies of the perspicuity subtheme code categories.



**Figure 4. Frequencies of Perspicuity Subtheme Code Categories**

Participants commented that the therapists they nominated were “...knowledgeable about empirically efficacious therapies...”, “...well informed of current research and best practices...”, “...work well with a diverse client population...” or simply “resourceful.”

Participants often identified therapists by using the word “insightful” or mentioned their capacity for perspective, in that they are “...a big picture thinker...”, don’t “...get caught up in details that confuse the clinical picture...”, or simply have a “...clarity of thought...”

Certainly, it was remarkable how often the term “intelligent”, “smart”, or “wise” appeared across the entire data set. One participant commented:

“...she routinely demonstrates her capacity to synthesize and utilize a variety of psychological theories and techniques specifically fit to the client in front of her...”

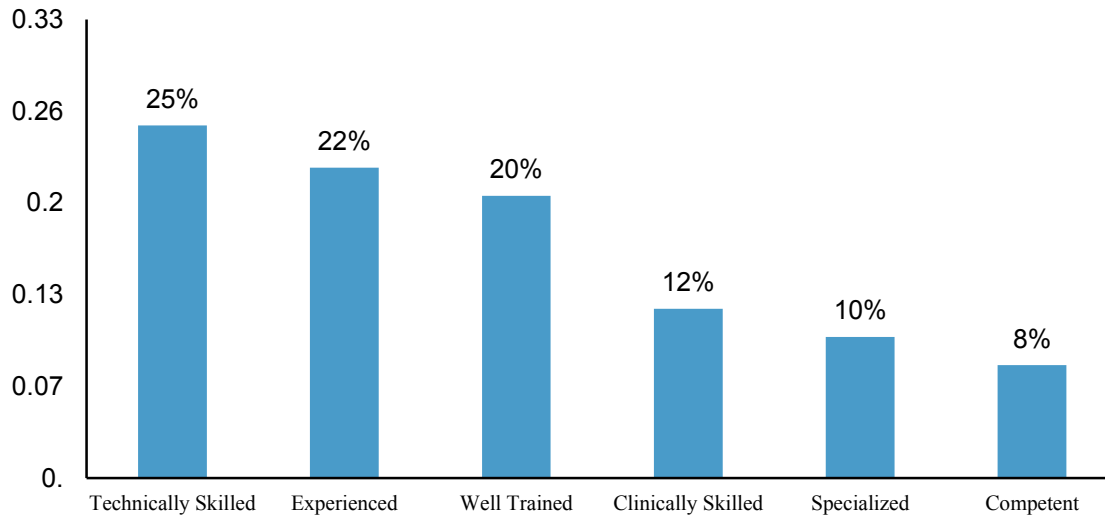
Another participant commented:

The therapist has a “...comprehensive understanding of the issues that relate to clients’ presenting concerns and problems.”

*Expertise.* Within the expertise subtheme, general comments related to being technically and clinically skilled, well trained, specialized, competent, and experienced.

Figure 5 presents the frequencies of the Expert subtheme code categories. Within this

subtheme, there was frequent mention of clinicians being technically skilled, often within a specific approach or model. For example, participants stated that the nominated therapist is an “...extraordinarily skilled CBT therapist...”, “...highly skilled...”, or more specifically, “...very skilled in the area of assessment...”



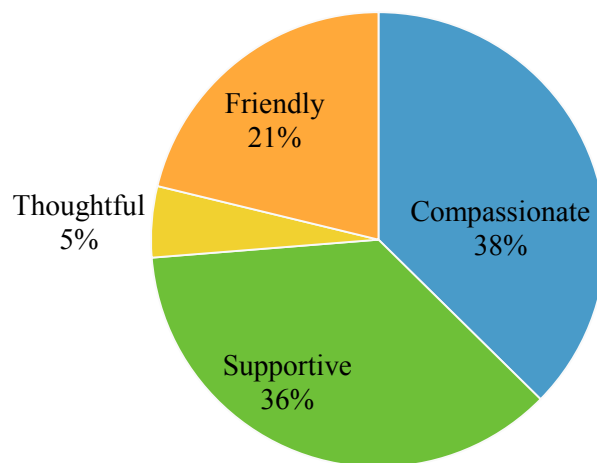
**Figure 5. Frequencies of Expert Subtheme Code Categories**

There was also frequent mention among participants regarding how experienced the nominated therapists were. They stated the therapists are “...experienced in a variety of counselling modalities...”, have a “...wide range of life experiences...”, and have a “...wide range of therapy experiences...” Being “...well trained...” or “...well educated...” also figured prominently among nominators with respect to Highly Effective Therapists.

To a lesser degree, but still notable, being clinically skilled or having clinical judgment was mentioned frequently. As well, being specialized in an area, exemplified by quotes like: “...regarded by many as an expert in social skills training for ADHD...”, or specialized with a population or issue exemplified by quotes like: “...very good with health

psychology issues...” Finally, there was some mention of nominated therapists being “...very competent...” without further elaboration.

**Warm.** As I collected data, I roughly examined the emerging themes by word counts and the word warm came up more frequently than any other. Participant comments very often included the single word “warm” in their descriptions, but also included slightly expanded descriptions like “warm nature” and “personal/therapeutic consistency in being warm”. In a lexical search of the final document containing all nomination data, the word “warm” or “warmth” came up a total of 59 times, appearing in 23.8 % of all nominations. Being Warm, as I have conceptualized it thematically, primarily included two distinct subthemes: Compassionate and Supportive. As well, there were two lesser subthemes: Thoughtful and Friendly. Figure 6 presents the frequencies of the Warm subthemes.

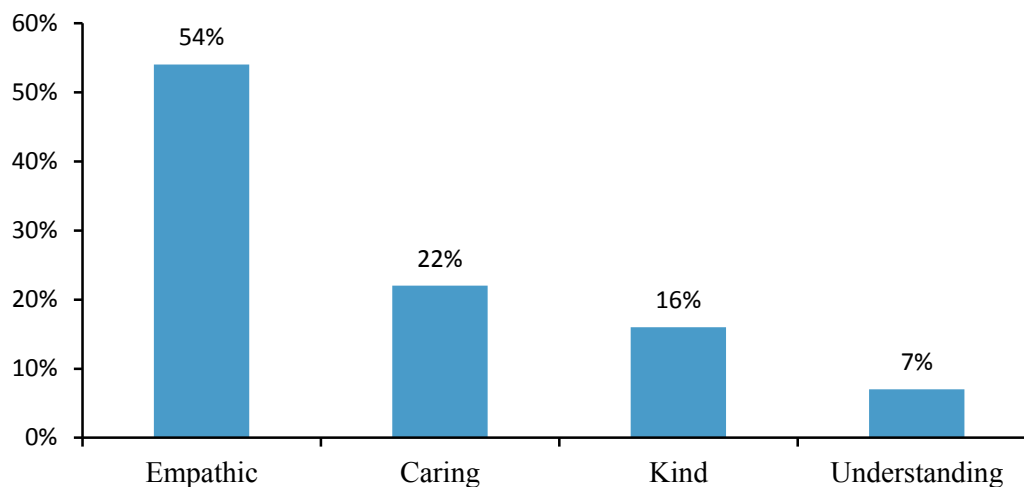


**Figure 6. Frequencies of Warm Subthemes**

While it may have been possible to count Compassionate and Supportive as separate themes, I chose to group them under Warm because I felt there was sufficient overlap between them. This theme and the related subthemes and code categories (described below) often appeared side by side in comments participants made, further suggesting their linkage.

For example, one participant said the therapist they nominated had a “...personal/therapeutic consistency in warmth, compassionate care, integrity, authenticity...”. Another participant said the nominated was “Warm, compassionate, ethical, thoughtful...”. Yet another said the therapist was “...compassionate, kind, assertive...”

*Compassionate.* The Compassionate subtheme was the largest subtheme in the Warm category. This subtheme consisted of the code categories of Empathy, Caring, Kindness, and Understanding. Figure 7 depicts the relative frequency of coding for each code category in the Compassionate subtheme.

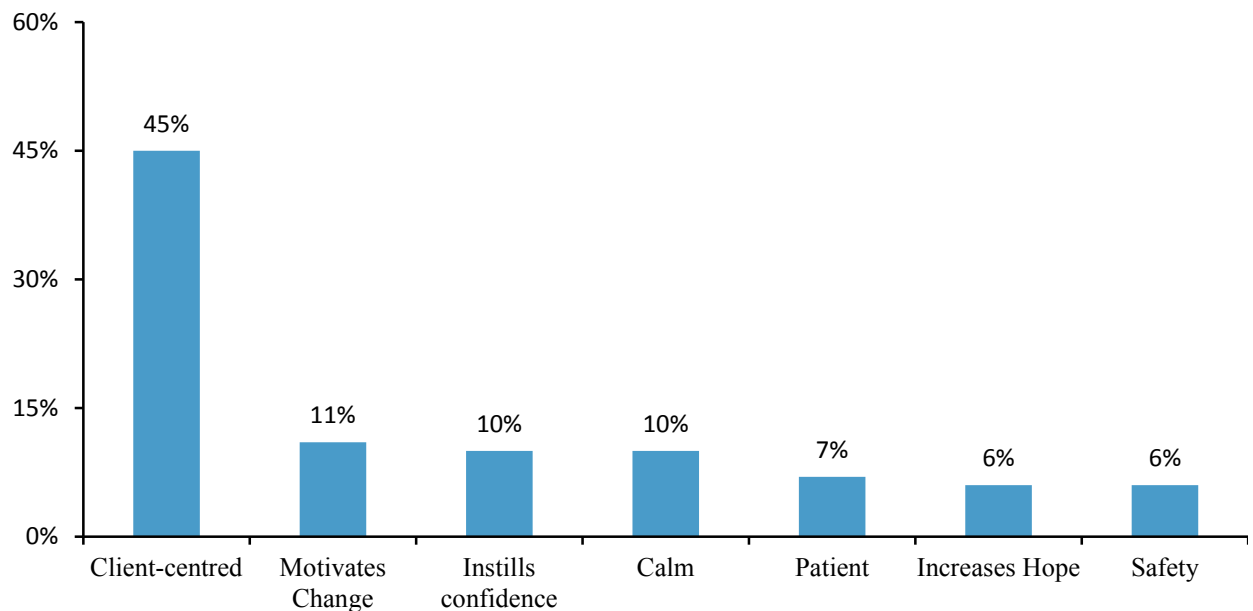


**Figure 7. Frequencies of Compassionate Subtheme Code Categories**

Empathic was another very commonly used stand-alone word in the nominations, with some participants noting that the therapist has “empathy for the clients that others reject”, or “I have always been impressed by his empathy”, or the therapist shows much “empathic resonance”. Caring was another common stand-alone word, with some participants elaborating a bit by saying the therapist “...has a natural caring...” or shows “...genuine caring for her clients...”. One nominator commented that the therapist they nominated “...has a no-nonsense approach that is couched in deep caring... she is motherly

without ‘mothering’.” Kind and kindness were two common recurring stand-alone words in the nomination descriptions. Finally, the Understanding code category was sometimes mentioned by using the words “understanding” or “sensitive”. One participant suggested that the therapist they nominated has a “...self-awareness and ability to reflect (that is) apparent in session and contributes greatly to her willingness to understand her clients and struggles they are faced with.”

*Supportive.* Within the theme of "warm", the second most prominent subtheme was termed Supportive. This subtheme includes one large code category termed Client-centred. This code category accounted for slightly more than half of the codes within the supportive subtheme. Other code categories in the supportive subtheme included Motivating Change, Instilling confidence, Being Calm, Being Patient, Increasing Hope, and Creating Safety. Figure 8 depicts the relative frequency of each coding category for the supportive subtheme.

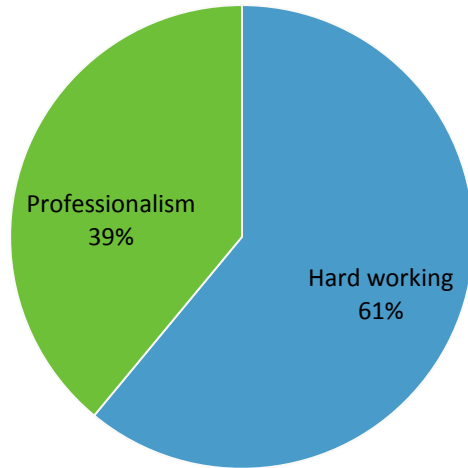


**Figure 8. Frequencies of Supportive Subtheme Code Categories**

Within the Client-centred code category, concepts included being validating, facilitative, empowering, respecting autonomy, collaborative, and advocating. Nominators said that “...clients come first...” for nominated therapists. That such therapists “...facilitate rather than direct...”, have a “...non-expert approach of inclusion...”, and a “...conscious adherence to the goals of (clients).” In the eyes of nominators, such therapists also “...tailor... interventions to the client at hand”, and have a “...strong interest in the welfare of... clients”. Again, with this same focus on the client’s welfare, a nominator suggested that the therapist they nominated shows “...genuine concern for clients’ mental health and well-being.”

As was mentioned, other code categories in the supportive subtheme included Motivating Change, Instilling Confidence, Being patient, Increasing Hope, and Creating Safety. Participants commented that nominated therapists are “...highly validating and encouraging of even small shifts...”, and “...motivate clients to engage in therapy and make meaningful changes in their lives.” As well, they have a “...natural caring, compassionate manner that wins over client and staff confidence easily.” They are remarkably patient and “...accepting of times when clients are not prepared to make certain changes” and create and “instill hope”. Finally, they support clients by providing a safe place. As one nominator stated of their nominated therapist: “The atmosphere of her private practice is a safe haven in which clients can engage in deep therapeutic work.”

***Professional.*** The theme of Professional was constituted primarily by the subtheme of Hard Working. The subtheme of Professionalism was also prominent. Figure 9 presents the frequencies of codes appearing in the Professional subthemes.

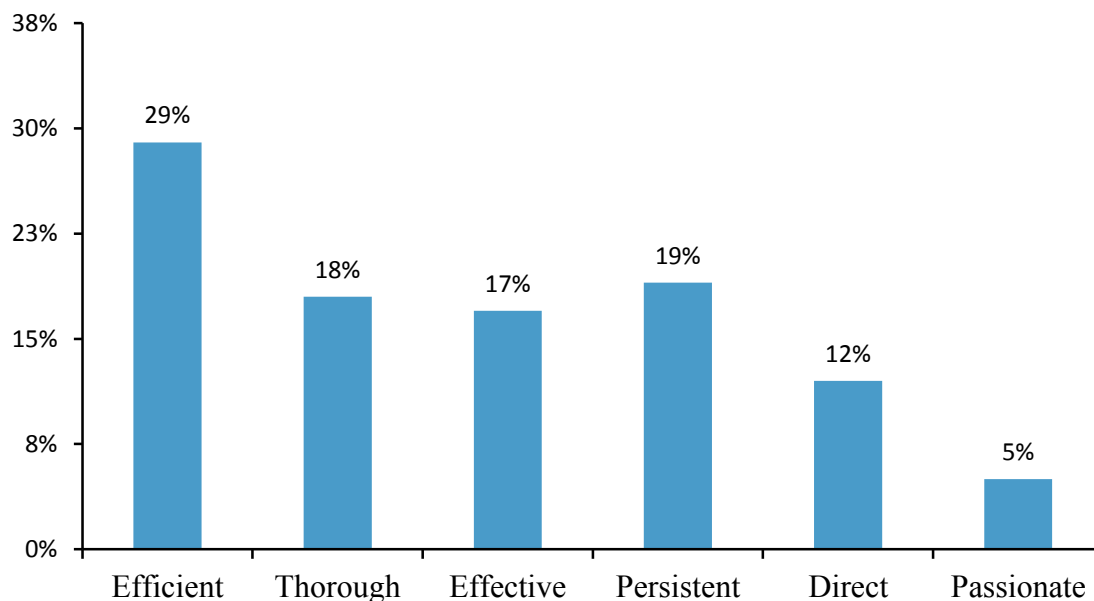


**Figure 9. Frequencies of Professional Subthemes**

*Hard Working.* The Hard Working subtheme was quite prominent and thus largely defined the theme. Within the Hard Working subtheme, nearly half of the comments mentioned nominated therapists being efficient or effective. As well, nominated therapists were described as being thorough, persistent, direct, and passionate. Figure 10 depicts the relative frequency of each coding category for the Hard Working subtheme.

Participants stated that nominated therapists “...get to the point (not ‘fluffy’)...”, are “...focused...”, are “...highly effective in a relatively brief amount of time...”, or “...able to hone in on pertinent information to devise a treatment...”. Comments were often made suggesting that the nominated therapists were “effective”, or “...effective with difficult clients...” or “...effective at what she does...”. One participant wrote: “You asked for effective therapists. She’s effective.”

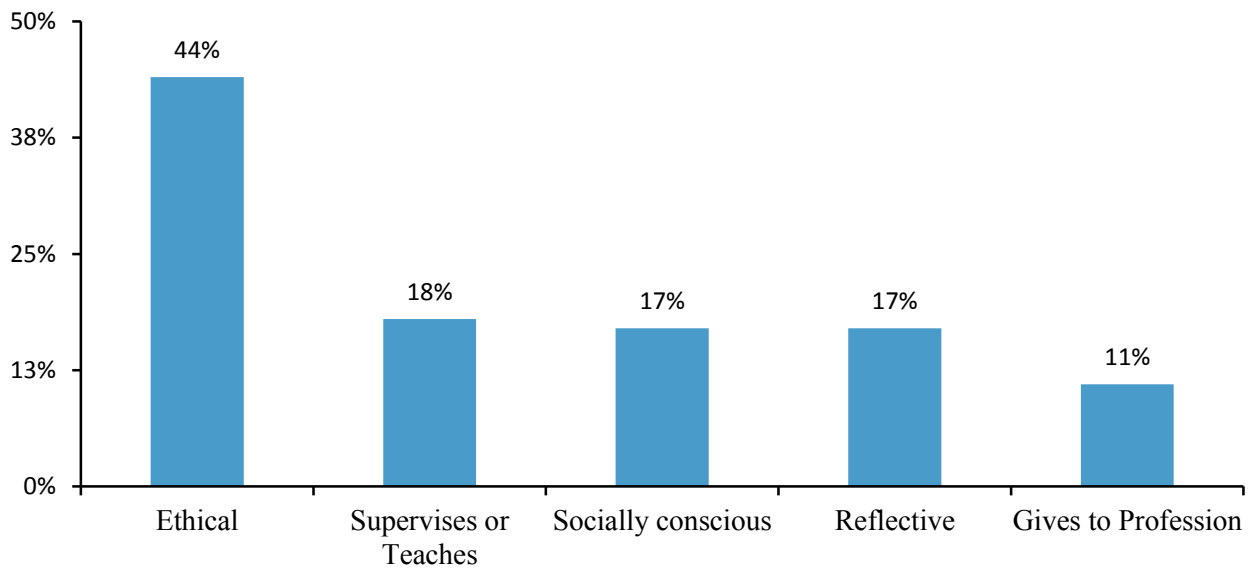




**Figure 10. Frequencies of Hard Working Subtheme Code Categories**

Other important code categories in the Hard Working theme include: being direct and assertive, “...up-front...”, “...firm...”, and “...straight forward...”; persistent and dedicated to clients, “...creates change in hard to reach populations...”, “goes the extra mile with her clients...”, and “...picks up the pieces with clients who come to her when others have failed...”, “...doesn’t give up...”; being conscientious; seeking feedback and thorough, “...interested in patient progress by obtaining continual feedback...” or “...systematic in her work...”; and passionate and proud, “...LOVES therapy and doing therapy...”

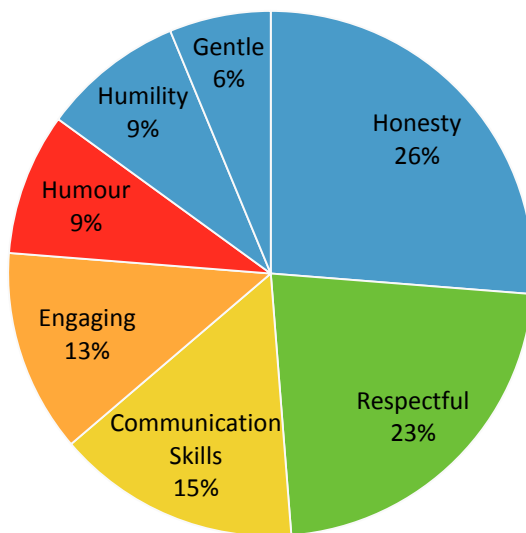
*Professionalism.* The Professionalism subtheme of the Professional theme relates to activities often thought of as being closely linked with professional ethics. This included code categories such as Being Ethical, Supervising or Teaching, Being Reflective, Being Socially Conscious, and Giving Back to the Profession. Figure 11 depicts the relative frequency of each coding category for the Professionalism subtheme.



**Figure 11. Frequencies of Professionalism Subtheme Code Categories**

Nominators strongly indicated that being ethical was part of being a Highly Effective Therapist. They said the nominated were “ethical”, “highly ethical”, and “unswervingly ethical”. They also have “good boundaries”, and are “...clear about what is within (their) capacity to provide and not provide.” As well, participants noted that the nominated often teach and provide supervision. One participant said the nominated is “...an amazing supervisor, sought by many, including me.” Participants also stated that the nominated are socially conscious, “...willing to advocate...”, provide “...pro-bono individual and community work...”, and “...engage in community work to give power to the people – especially the vulnerable.” Finally, several comments related to giving to the profession beyond supervision and teaching. This including “...advocacy for psychology as a profession” and “...promoting the discipline of psychology.” Lastly, participants mentioned that the nominated are “...self-aware and engage in routine self-care.”

***Interpersonal.*** Comments by nominating therapists related to Interpersonal or relationship skills constituted the fourth largest theme. This theme included subthemes of Rapport, Honesty, Respect, Communication Skills, Engaging, Humility, Sense of Humour, Being Gentle, and Being Grounded. See Figure 12 for the frequencies of most dominant subthemes appearing in the Interpersonal theme.



**Figure 12. Frequencies of Interpersonal Subthemes**

The largest of the Interpersonal subthemes was Honesty. This reflects comments made suggesting that therapists seen as highly effective are honest, genuine, and sincere. They were also often seen as respectful and nonjudgmental towards clients. Nominating therapists said nominees were “...completely egalitarian...” and often demonstrated a “...nonjudgmental stance”. Communication skills also were included in the Interpersonal theme, with nominees identified as “...strong communicator(s)...” and “...clear and able to provide an overview of an approach...”, as well as being attentive listeners, “...takes the time to listen and to understand her clients...”, “...present...”, “...attuned...” and just generally a

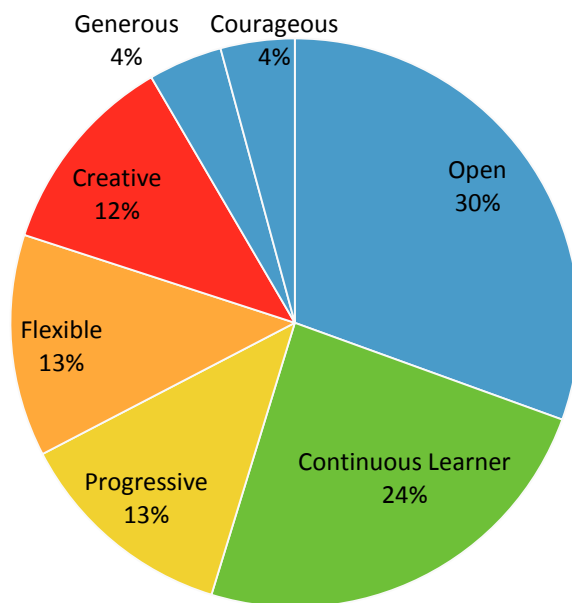
“...good listener...”. There was also a common reference by participants to how nominees are engaging. For example, nominators are described as having the “...capacity to fully engage with clients and form a strong alliance.” Finally, participants noted that nominees appear to have a useful sense of humour. For example, nominees were described as “...good humoured...” or “...funny...”. One therapist commented: “The first characteristic that come to mind is her sense of humour.” The nominated were also described as showing humility. For example, participants characterized nominated therapists as having humility, being “...humble...”, “...down to earth...”

As well, nominators stated that the nominated are often gentle, “...soft-spoken...”, with a “...gentle spirit...”

**Open.** While being Open was a smaller theme, it did capture a number of recurrent notions in the nomination data. Within this subtheme, I included comments related to being open, a continuous learner, flexible, progressive and unorthodox, creative, generous, and courageous. Figure 13 presents the frequencies of subthemes appearing in the Open theme.

Within the open theme, being a continuous learner was the second largest subtheme. Participants suggested that the nominated “...engages in continued learning...”, “...seek(s) of continued education and training...”, and is “...committed to learning and growth...” Participants also stated that the nominated are very progressive and unorthodox: “...she is very progressive in her way of thinking...”, she “...thinks outside of the box...”, and “...is open to and expanding into new ways of doing therapy...” The nominated were described as being flexible, “...accommodating...”, “...tailor(ing) her interventions to the client at hand...”, and showing a “...lack of doctrinaire thinking...” The nominated were described as having “...natural curiosity...”, “...imagination...”, “...inventive...”, and “...creative in how

she views client's problems..." Finally, several participants mentioned that the nominated is "...generous..." or shows "...generosity in sharing..." In addition, several nominators mentioned how courageous Highly Effective Therapists are, stating they have a "...fearlessness...", are "...brave...", and indeed "...appear unafraid to take informed risks with clients..."



**Figure 13. Frequencies of Open Subthemes**

**Respected.** Though "respected" was not included in my final thematic mapping, it was still a relatively prominent theme. This is perhaps not surprising as I was essentially asking therapists to nominate someone they believe is highly effective, ergo to tell me about someone they respect. Nominating therapists commented that the nominee is a "...great therapist...", is "...reputable...", "...is one of the best in town...", and that "...client feedback has been consistently fantastic for her". Each of these, in my view, exemplified how respected and admired such therapists are by nominators.

### Thematic Mapping

As Braun and Clarke (p. 232, 2013) note, visual thematic mapping can be very helpful for exploring the relationships between themes, subthemes, and codes. In order to provide a sense of overview of the themes related to the very broad concept of Highly Effective Therapists as understood by practicing therapists, I created a thematic map using an on-line thought mapping software called Coggle. As seen in Figure 14, there were five prominent themes emerging from the greater concept. From there, several significant sub-themes emerged. The map shows a selection of the more common sub-themes from each theme. The letter sizes of each theme and subtheme roughly reflect the sizes of the themes and subthemes found in the nomination data.

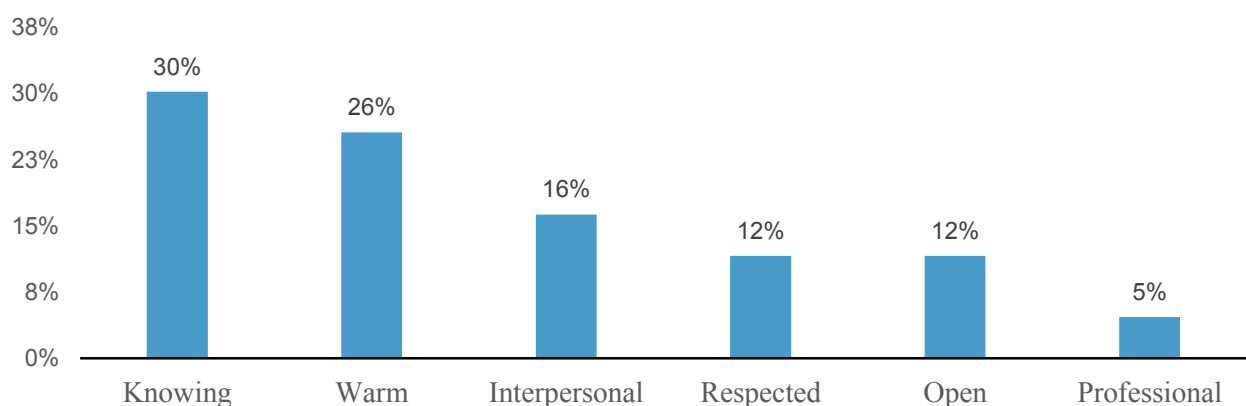


**Figure 14. Thematic Mapping of Concept: Highly Effective Therapist**

**Description of the two therapists who received the most nominations.**

While the preceding findings present the entire nomination data set, it was of course possible to look more specifically at the descriptive nominations provided for specific individuals in the snowball sampling method. As was mentioned earlier, two therapists received substantially more nominations than any other therapist in the entire data set. In fact, they received twice the nominations (10 or more) of the next-highest nominated. Nominating therapists' descriptions of these two therapists, referred to as Therapist A and Therapist B, are presented here in turn.

**Therapist A.** Therapist A received 11 descriptive nominations. Descriptions were coded into a total of 43 coded items. All five themes from the larger thematic map emerged as prominent in the nominations for this therapist, with the first two themes (Knowing and Warm) accounting for more than half of all nominations. Thus, more than any other theme, one could safely say that nominators saw this therapist as primarily Knowing (30%) and being Warm (26%). See Figure 15 for a depiction of relative frequency of codes.



**Figure 15. Themes related to Therapist A**

The first and most prominent theme for Therapist A was the Knowing theme, which was dominated by the Perspicuity subtheme. Nominators often commented that the therapist

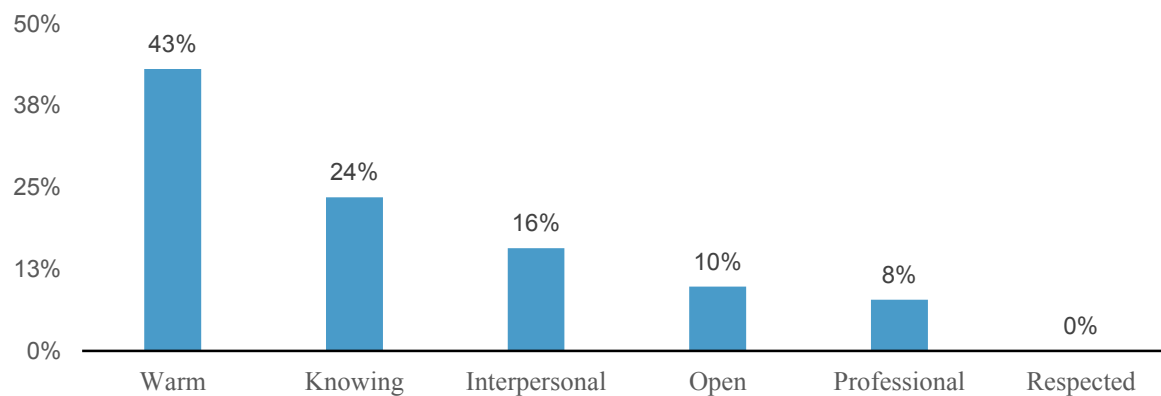
was "...knowledgeable...", "...informed...", "...insightful...", and "...astute...". From the Warm theme, the subtheme of compassion was clearly the most prevalent, with nominators indicating the therapist is caring, compassionate, kind, approachable, and sensitive.

Therapist A was also described by clients as having strong Interpersonal skills, exemplified by comments such as "attentive", "sincere", and "...has a finely tuned understanding of relationship dynamics...". Further, nominators said the therapist has the "...capacity to fully engage with clients and form a strong alliance...".

To a lesser but still notable extent, nominators said Therapist A was a respected therapist: "reputable", "the best", "maintains a wait list despite no advertisement". The therapist was identified as being open, "curious", "keeps up with research and strategies", "loves to create narratives for reframing". Finally, a few virtues were mentioned such as being grounded and courageous. There were only a couple comments related to being professional: "dedicated" and "professional".

**Therapist B.** Therapist B received 10 nominations from other psychologists. A total of 51 items were coded from the nomination data gathered for this therapist. Thus, while this therapist received one less nomination, those nominating had a bit more to say about the therapist. All five themes from the larger thematic map emerged as prominent in the nominations for this therapist, again with the first two themes accounting for more than half of all nominations. Similar to Therapist A, reviewing the themes one could safely say that nominators saw this therapist as primarily Warm (43%) and Knowing (24%). See Figure 16 for a depiction of relative frequency of codes.





**Figure 16. Themes Related to Therapist B**

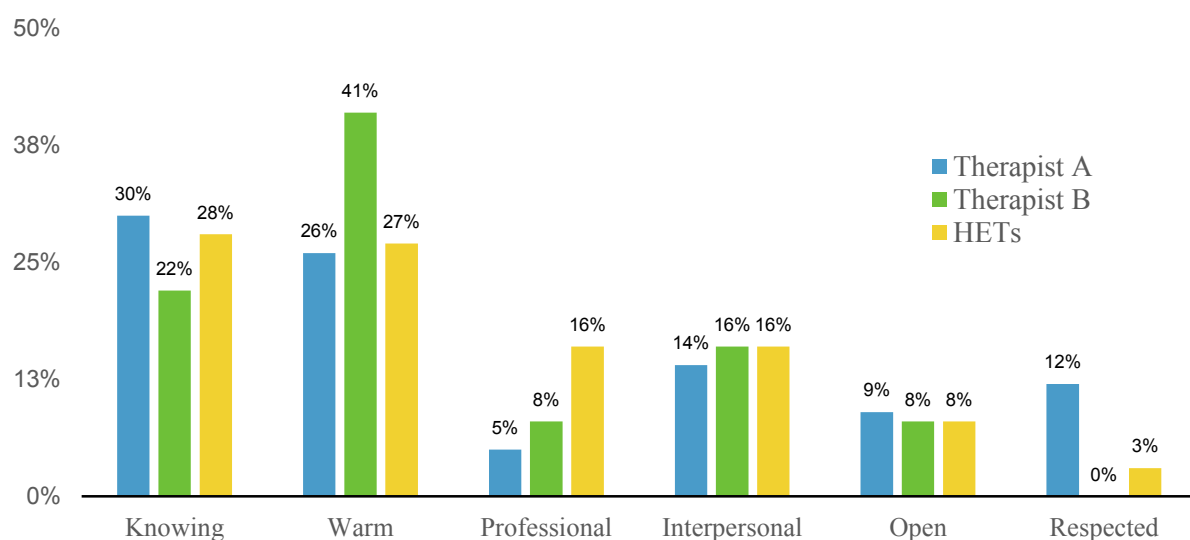
The first and most prominent theme for therapist B was the Warm theme, which was dominated by the Compassionate and Supportive subthemes. Nominators often commented that the therapist was “...kind...”, “...empathetic...”, “...sensitive...”, “...patient...”, “...safe...”, and “...collaborative...”. From the knowing theme, the subtheme of perspicuity was clearly the most prevalent, with nominators indicating the therapist is “...knowledgable...”, “...informed...”, and “...insightful...”.

To a lesser extent, this therapist was seen as having good interpersonal skills: “attuned”, “authentic”, “present”, “genuine”, “responsive approach to work with clients”, “nonjudgmental”, and “respectful”. As well, the therapist was viewed as being open: “open”, “open minded”, and “accepting of many approaches and issues/factors”. The work habits of this therapist were also noted to some extent: “professional”, “hard-working”, “dedicated”, and “LOVES therapy and doing therapy”. Finally, some personal virtues were identified: “calming”, “reflective”, “has quirks that make [him/her] special and unique as a therapist.”

#### **Common themes between the two most frequently nominated therapists.**

For comparison purposes, the relative frequency of themes from Therapist A, Therapist B and the larger Highly Effective Therapist (HET) data set are presented in Figure

17. The themes appearing in the full data set were not dissimilar from the themes in Therapist A or Therapist B data sets. The theme of warm was emphasized in nominators of Therapist B while the theme of knowing was emphasized by nominators of Therapist A. Being professional was emphasized in the larger data set more than in either Therapist A or B data sets. Interpersonal skills, being open and virtuous were emphasized in the larger data set and in the Therapist A and B data sets.



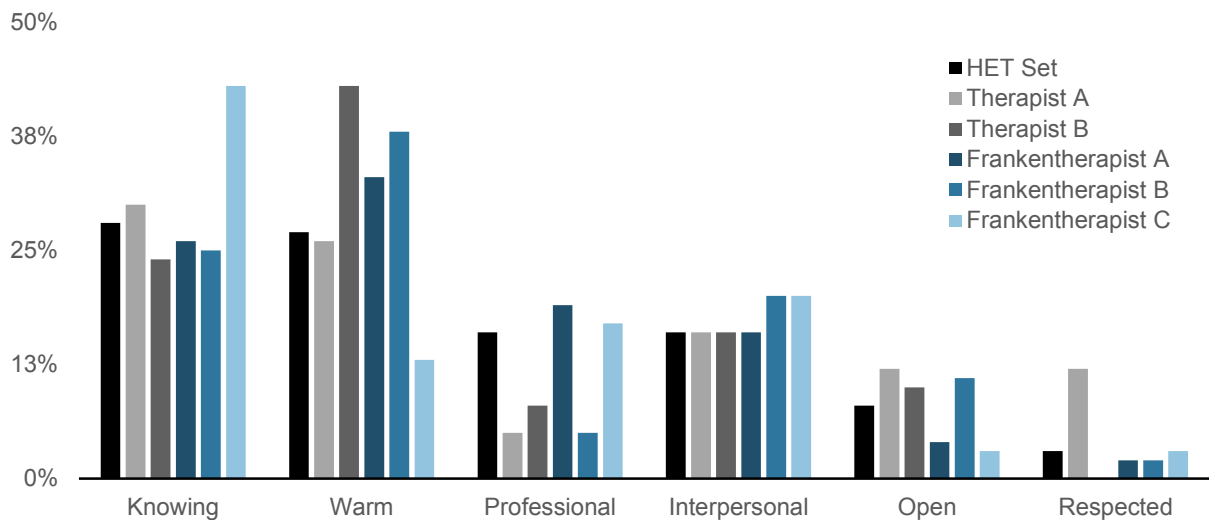
**Figure 17. Therapist A, B, and the HET Data set**

### **Common themes among three “Frankentherapists”.**

To assess whether or not Therapist A and B show a distinct pattern of characteristics relative to the full data set or simply represent the data set, three randomly generated samples of 10 nominations were gathered. These samples were compiled and titled, somewhat playfully, three theoretical highly effective “Frankentherapists” or “Platonic Forms Therapists”. To generate random numbers, a MS Excel spreadsheet was created. The function “=RANDBETWEEN (1,248)” was used a total of 30 times to generate 3 sets of 10 random nominations from the larger data set. Thus random numbers were generated between

1 and 248, the numbers assigned to each nomination. Then, each set of 10 nominations was extracted from the larger coded set and examined for themes. It is important to note that all but one of these 30 nominations came from therapists who had been nominated only once. Only one of these Frankentherapists randomly included 2 nominations from one of the two peer nominated Highly Effective Therapists.

For Frankentherapist A, the most prevalent themes were Warm, Knowing, Professional, and Interpersonal. For Frankentherapist B, the most prevalent themes were Warm, Knowing, and Interpersonal. For Frankentherapist C, the most prevalent themes were Knowing, Professional, Interpersonal, and Warm. These three Frankentherapists are compared with Therapist A and B and the HET set in Figure 18 below.



**Figure 18. Comparing Frankentherapist with Therapist A, B, and HET set**

Interestingly, the differences between the two nominated therapists and the three randomly generated highly effective Frankentherapists varied from theme to theme. It appears from Figure 18 that there are more similarities than there are differences between the generated therapists and the nominated therapists. For some themes, such as Knowing and Warm, Therapist A resembles the set more than Therapist B or either Frankentherapist. In

other themes, Therapist B slightly resembles the set better than Therapist A, such as Professionalism. Yet two of the Frankentherapists resemble the Highly Effective Therapist data set better than Therapist A or B on Professionalism.

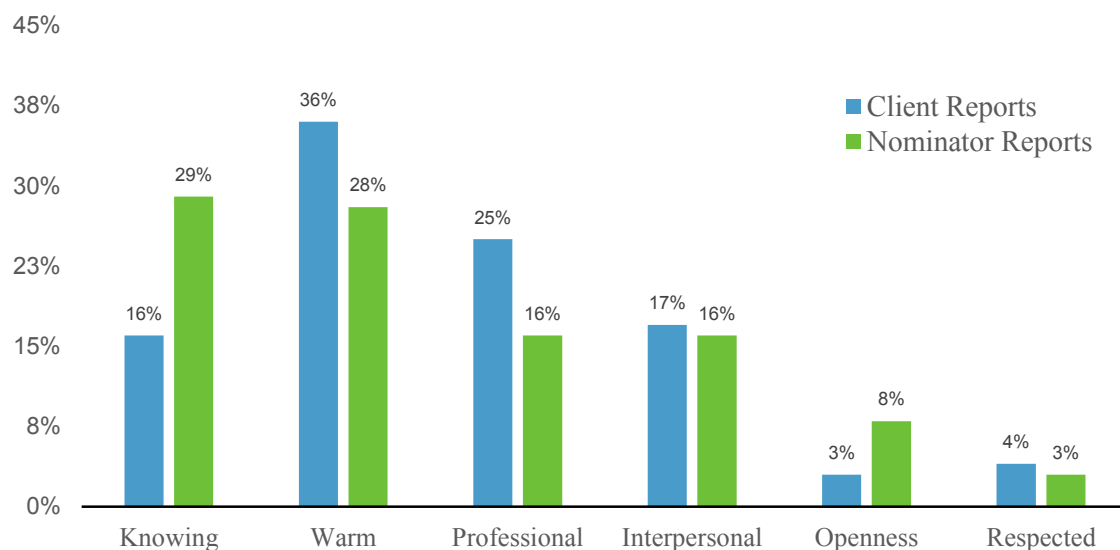
### **Descriptions by clients of the two most nominated therapists**

**Overview of the Participants.** Participants for this part of the study were recruited after nomination data collection had ended. The two therapists, who each received many more nominations than any other therapist, both agreed to participate in the study by providing recruitment materials to their current clients. Clients self-selected for the study. No information was collected about the participants beyond the fact they were currently or had been clients of the nominated therapists.

A total of seven individuals contacted me expressing interest in participating in the study. Six agreed to participate. Despite telling them I didn't need to know, all of the participants voluntarily indicated which of the two therapists they had been working with. A total of two individuals had been working with Therapist A while four individuals reported working with Therapist B. Interviews ranged in length from 6 minutes 5 seconds to 11 minutes 50 seconds. The average length of these interviews was 8 minutes and 10 seconds.

**Themes from all client interviews.** A total of 123 coded items were generated from client interviews. Most of the themes mentioned by clients fit well within the coding system generated from the nomination data, although some characteristics mentioned by clients were not mentioned by nominating therapists. Thus, again using Thematic Analysis, a few more codes were generated during analysis. These results necessitated grouping themes into Helpful and Not Helpful categories of themes.

**Helpful.** All of the themes derived in the first part of the study referred to aspects of the therapists that are facilitative in therapy. In this category, themes arising by clients were similar to themes arising among nominating therapists, with a few subtle differences. In order of importance by frequency, clients endorsed therapist Warmth, Professionalism, Interpersonal skills, Knowing, Respected and Open. The main difference observed is that Warmth was given priority by clients. Knowing was not a top theme identified by clients. As well, being Open was further down the list for clients than nominators. Figure 19 summarizes themes related to client descriptions of nominated therapists. For comparison, nominator reports are included in Figure 19.



**Figure 19. Frequencies of Client and Nominator Reported Themes**

**Not Helpful.** While there were no themes related to the nomination data that related to unhelpful or hindering characteristics, some clients of the study spoke of concerns. They described aspects of their therapy that did not meet their expectations or were not helpful. Client comments were grouped in the category of Not Helpful under three themes: Inefficient, Unproductive, and Unprofessional. There were relatively few comments related

to these themes, but they did seem important to participants and thus are included here in these results.

With respect to the theme of inefficiency, one participant commented: "...I felt that, there were some sessions that just felt wasted. Uh... and we are currently seeing progress now however I felt as though that time could have been used better...". Another said the therapist would:

"...probably be a good therapist for a lot of people... but I think that if... if someone who is really really analytical was looking for a therapist, I would say you know just watch that you don't spend your sessions analyzing everything because (pause) I don't know, it's expensive!"

With respect to the theme of being unproductive, one participant made a few comments: "I want to say that at least most there maybe... roughly uh... 60/40 split where 60% of the time I feel as though we are making NO progress and 40% of the time I felt we are making SOME progress". This client also commented that the therapist was "...Relaxed, sometimes too relaxed... uh, uh, like sometimes not productive..."

With respect to the theme of unprofessional, one client commented: "...sometimes when we start our appointment, like I don't feel he's fully with me... like it takes him like 5 minutes or something like that to kind of... kind of be present...". Similarly, another client commented: "...yes, I'm glad we are progressing now, it's just that I really felt we could have done it earlier and it would have been a lot more respectful had we gotten to that point earlier..."

### **Therapist A and B subsets.**

Another way to understand the findings is to examine the themes emerging from clients regarding each of the two therapists. While I did not specifically ask each client which

therapist they were working with, each client offered this information. Thus, I was able to group comments by therapist.

**Therapist A.** Two clients from Therapist A participated in the study. Thus, there were fewer comments and coded items for Therapist A than for Therapist B. Therapist A comments generated 43 coded items in total. In general, clients of this therapist commented about the therapist's facilitative themes including in order of frequency: Warm (33%), Professional (30%), Knowing (21%), and Interpersonal (16%). Clients made no mention of the other facilitative themes. As well, for this therapist, no "not helpful" themes were mentioned at all. All comments by the two clients of this therapist were within the facilitative parent theme.

**Warm.** For Therapist A, clients equally endorsed the themes of warm and professional. With respect to the warm theme, subthemes included codes related to being compassionate (kind, empathetic, caring, and understanding). One client commented that the therapist is:

"...warm but professional at the same time... ..There's kind of a limit that is entirely appropriate to that warmth."

Another stated the therapist is "...compassionate..." and has a way of "...discussing the details in a KIND way, not an abrupt or... yah!" Other comments by clients really highlight how well the therapist provides support (motivates change, is calming, and challenging):

"...just easy to... makes the process easy, right? Makes you comfortable very quickly."

Talking about things to work on in therapy:

“He doesn’t so much identify them as lead me to finding them or lead me to options, uh... that I think would be effective in terms of behavior and then helping me to (pause) see scenarios in which some of those different behaviors might work.”

Clients also indicated feeling that the therapist was client centered:

“...the session is definitely about you, what you’re comfortable with, what you want to talk about.”

**Professional.** Professionalism was emphasized as frequently as were themes related to being warm. With respect to the Professional theme, clients suggested Therapist A is hard working, efficient, goal focused and professional. Examples of these themes in statements made by clients include:

“...doesn’t waste a lot of... therapy is expensive... and he certainly doesn’t waste any time if you are going down a track... he will, you know... stop and redirect... just very effective at getting to core issues...”

“Responsive and I would say... again like that effectiveness... that we... we don’t need to spend half an hour and another seventy five dollars, you know what I mean, discussing the details...”

“Absolutely! Efficient. That was one of the words I used, very efficient at (pause) identifying a core issue that you’re struggling with that you maybe don’t even see the core issue you are just seeing the symptoms of it...”

“Very to the point.”

“...having me explore what needs to be explored and he’s very supportive in that, uh, but there are instances when he will just stop me...”

“How would I describe... hmmm... uh, he’s very professional.”

**Knowing.** Though slightly less than the first two themes, knowing was strongly emphasized by clients of Therapist A. Clients suggested the therapist is perspicacious, wise, insightful, and technically skilled. Examples of client quotes related to these themes include:

“...WISE definitely... which is different than smart. Yah... has wisdom.”



“Can really... is really in that part of that, where I say wise, can REALLY take something that has just ripped you apart, and by the time you are leaving you have a laugh about it.”

“Is very good at, uh, in the big picture. In the big picture, you know in what ways its gonna matter in 5 minutes, 5 days, 5 years from now, uh, that type of wisdom. That it, it, (sigh) putting things in perspective.”

“And to explore enough of that so I see the connections, and then very often we’ll talk about, you know, we’ll talk about, uh, you know recognizing triggers and uh, you know talking about behaviors that can, uh, be modified and though processes that can be tweaked.”

***Interpersonal.*** The clients of Therapist A also commented about skills that seem closely associated with relationship building, such as being respectful, having a sense of humour, communicating well, and engaging. Examples of client quotes related to these themes include:

“...is very respectful...”

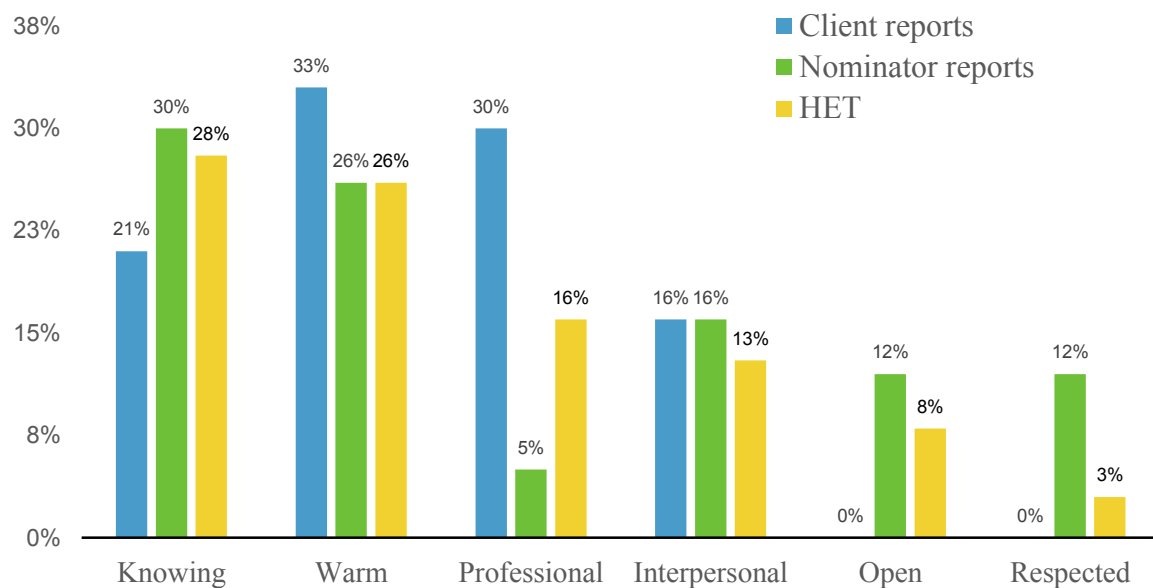
“...needless to say, he’s very good at listening.”

“...I’ll go in on a given day and uh, say to him that I’m having some difficulty with A, B or C, and uh, he’ll listen very closely to what I’ve said and take a few notes and, you know then we start to talk about, uh, how that all feels...”

“One of the things I always feel is that I’m being very well attended to, not simply listened to but, you know he’s there in the moment.”

“He has a sense of humour.”

Figure 20 illustrates themes emerging from clients of Therapist A. For comparison purposes, themes emerging from nominators of Therapist A and the themes of the full HET data set are included in this figure.



**Figure 20. Clients and Nominator reports of Therapist A versus the HET set**

**Therapist B.** A total of four clients from Therapist B participated in the study. Thus, there were many more comments and more coded items for Therapist B than Therapist A. For Therapist B, a total of 80 coded items were generated from client comments. Across all 4 clients, comments by clients about the therapist’s facilitative characteristics included, in order of frequency, the themes of: Warm (39%), Professional (21%), Interpersonal (17%), Knowing (13%). To a lesser extent, clients commented on the therapists being Respected (6%) and Open (4%). As well, for this therapist, some “not helpful” themes were mentioned by clients that were grouped into three subthemes. These were coded within the subthemes of Unprofessional, Inefficient, and Unproductive and are discussed below.

**Warm.** Like Therapist A, clients of Therapist B strongly endorsed notions that were coded within the Warm theme. Subthemes included codes related to being compassionate (kind, empathic, caring, understanding). According to the clients, the therapist is:

“...I would say caring, absolutely is caring.”

“Well my therapist that I’m seeing is quite understanding... yes... quite understanding.”

“I don’t have really a lot negative to say about the gentleman... he never did nothing to harm me.”

“...like he’s the type of person I like as a person, like I can go for a beer with and talk about all kinds of stuff and I have to watch that I don’t do that cause it’s not why I’m going (laughs)”.

Clients also suggested that Therapist B is good at motivating and encouraging change in a supportive way. They noted that the therapist balances healing, motivating, persuading and challenging with being client focused. Examples of client comments include:

The therapist has “...just a way of challenging how you think and what you need to do to get to start feeling better...”

“And gives me the opportunity to... to present who (pause) what I’m truly feeling and kind of, uh, just talk things through.”

“...it feels so safe and so comfortable it allows me to be honest and just start working through some of the things that I needed to...”

“...hasn’t tried to... change some of the fundamental or really important things to me during my sessions that other people would have wanted me to do something different, uh, and so had an opportunity to work through and learn how to balance versus totally taking pieces of things that were really important to me out of my life...”

Clients commented that the therapist is someone they “...can trust and can talk to.”

That the therapist was “definitely calming” and “grounding.” Clients also suggested Therapist B is “creative”, easy to talk with, and unorthodox.

**Professional.** Like clients of Therapist A, clients of Therapist B emphasized professionalism over knowledge relative to nominators of Therapist A and B. With respect to the Professional theme, clients suggested that Therapist B is hard working, efficient, direct, goal focused, reliable and professional. Examples of these themes include:

“He’s very professional.”

“He’s also very good at, uh, having me explore what needs to be explored and he’s very (pause) supportive in that, uh, but there are... there are instance when he will just stop me.”

“...being as I’m a rather verbose person, uh, that’s very effective in terms of keeping me focused and you know not allowing me to, uh, skirt the issue that we’re dealing with.”

“And I mean if I think a spade is a club, then he’ll tell me a spade is a spade you know, and if, if he’s callin’ me out on something I know I must, I must a did it or, you know, he just don’t call me out on something unless he is sure I did it or I said it. He don’t, he’ll call me out on something but he won’t just call me out just for the sake of calling me out on something.”

“...he just seems to know what to do at the right time...”

“Challenging though, so it’s not, it’s not (pause) you know when I said the work piece? There is an element of challenge there which, uh, doesn’t uh, you don’t just go in there to have a place to talk. There is... Like I said there is either homework or there is a challenge for you to move forward from the place you are at and the place you want to be and so that is another thing I really appreciated too. There is, you know to get the results there is some work that has to be done and, and not afraid to put that work in front of you...”

They also suggested he is reliable, such as this comment:

then “...years after my initial meeting with him... I got in a bit of more of times of crisis, that was the first person I sort of thought of turning to cause it wasn’t something I could do with family or my partner or anything else.”

**Interpersonal.** For clients of Therapist B, comments related to interpersonal skills were nearly as prominent as being professional. Comments by clients relate to the therapist’s general rapport building skills, communication skills, and non-judgmental stance. Examples of client quotes that relate to these themes include:

“I think that was a HUGE step a huge piece is having that connection and feeling safe to be... to be who I am in the moment at that time.”

“...straightforward, positive, uh... and very easy to understand, articulate.”

“He is going to listen to me.”

“But he, uh... real. He doesn’t think he’s better than anybody, he doesn’t judge people.”

“Like I mean, I always find when I leave I always can joke with him about something...”

“I find he is very good at summarizing what I’ve said, and like it shows that he’s good, he’s a good listener.”

“I like his philosophy about life, he has got a sense of humour about it...”

**Knowing.** To a lesser extent than clients of Therapist A, clients of Therapist B noted the therapist’s ways of knowing. Clients commented on how insightful, well trained, clinically skilled and wise their therapist is in their view. Examples of client quotes related to these themes include:

“...so to have to look at something in a totally different light than what I would maybe see it in...”

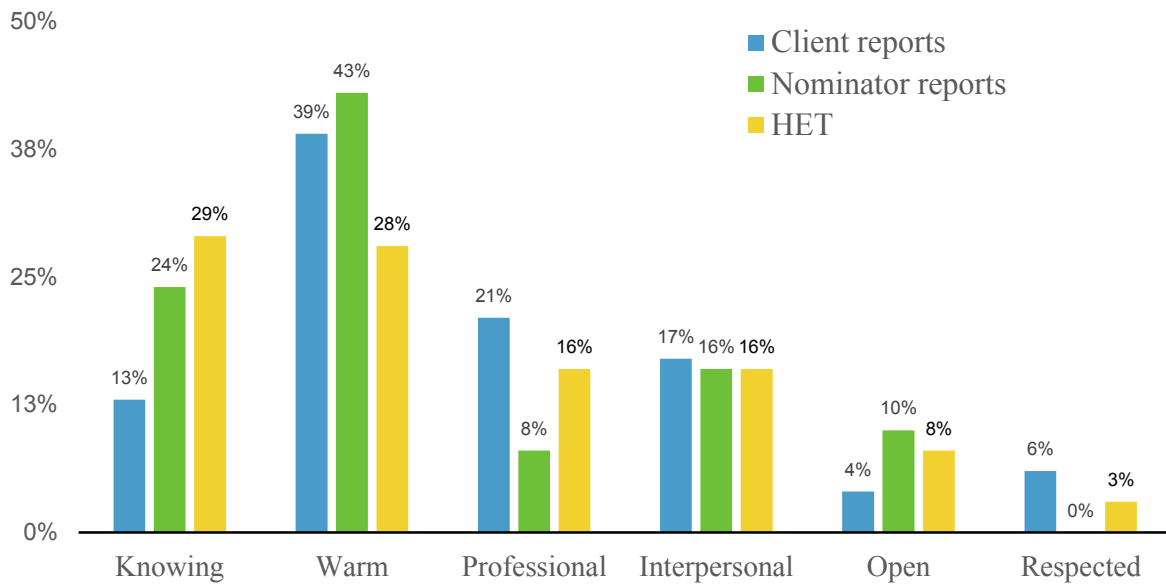
“...for me anyway I come out and I have a different way of looking at some things and that’s what I, you know, I have appreciated. So maybe take it away from being a critical thing for me to, you know, this is what I’m seeing...”

“He knows, he knows what to say and when to say it... just seems to know what to do at the right time.”

“...also did this (omitted) technique with me which was pretty powerful. I can’t remember what (omitted) stands for but it’s like definitely sensation based. You kinda follow the sensation and then, like a trail of bread crumbs, you just see where it goes...”

“He seems highly intelligent”.

Figure 21 illustrates themes emerging from Clients of Therapist B. For comparison purposes, themes emerging from nominators of Therapist B and the themes of the full HET data set are included in this figure.



**Figure 21. Client and Nominator reports of Therapist B versus the HET Set**

### Summary

Themes arising from the data analysis suggest that practicing psychotherapists perceive Highly Effective Therapists as Knowing, Warm, Professional, Interpersonal, and Open. To a lesser extent, such individuals are also viewed as being Respected. Clients of nominated therapists generally corroborated the descriptions given by nominating therapists, with a few notable differences and divergent views. For clients, Warmth was clearly an important characteristic of their therapist. Being Knowing and Open were also apparently much less important to clients than nominating therapists. In the final chapter, these findings will be discussed in light of the existing research on the topic.

## Chapter Five

### Discussion

Some therapists clearly provide therapy wherein their clients often experience better outcomes than clients of other therapists. Understanding *the person* that is providing therapy should matter to all interested in psychotherapy outcomes. The main purpose of this study was to broaden and extend what is known about Highly Effective Therapists by gathering and comparing a variety of perspectives. A review of the literature clearly indicates that the therapist is a crucial factor in psychotherapy outcomes. Different therapists produce different effects such that some therapists are more consistently effective, yet it is not clear why.

For this dissertation, I utilized a naturalistic qualitative research methodology to identify characteristics commonly associated with therapists perceived as being highly effective. Psychologists were asked to nominate and describe therapists they thought were highly effective. Themes arising from the data analysis suggest that practicing psychotherapists perceive Highly Effective Therapists as Knowing, Warm, Professional, Interpersonal, and Open. To a lesser extent, such individuals are also viewed as being Respected, although this theme was not included in the final thematic map. Clients of nominated therapists generally corroborated the descriptions given by nominating therapists, with a few notable differences and divergent views. For clients, Warmth was clearly an important characteristic of their therapist. Being Knowing and Open were also apparently much less important to clients than nominating therapists.

In this chapter, I discuss the sampling method used and the benefits and limitations of the current study's design. I then offer a synthesis of the findings from this study with previous qualitative and quantitative research on the characteristics of Highly Effective

Therapists. I also discuss the similarities and differences in peer nomination and client reports of Therapist A and B. I offer perspectives on the meaning of one nomination versus several nominations through my Frankentherapist mock analysis. I then return to Orlinsky's (1999) question about the true nature and validity of the concept of Highly Effective Therapists by asking: Are Highly Effective Therapists an "ideal character" that can be found and observed in the real world or are they a "clinical fiction?" I conclude the chapter with a summary of the implications and limitations of this study as well as recommendations for future research.

### **Sampling Methods**

In this study, I utilized both convenience and snowball sampling. Convenience sampling was a necessary and logical first step to snowball sampling. While I could have discontinued convenience sampling and utilized exclusively snowball sampling once I had an adequate base of nominations, I found that it was helpful to continue to welcome new participants. It is my contention that the continued use of convenience sampling increased the number of nominations and descriptions provided for the study and may have reduced sampling bias.

In my research notes, I noted that frequently nominated therapists did not participate in the nomination process at a high rate. Roughly 25% of therapists with two or more nominations participated in the study. Thus, nominated therapists were not always a reliable source of further nominations. Also, nominated therapists who participated by nominating others resulted in a mix of repeat nominations and new nominations. Switching to exclusively snowball sampling would have resulted in fewer nominations and descriptions.



Using convenience sampling throughout also appears to have led to greater numbers of nominated individuals with fewer being repeatedly nominated. By contrast, strictly using snowball sampling may have skewed the sample to smaller circles of individuals and thus may have led to more nominations for fewer individuals but less access to the broader concept under investigation. Indeed, the use of snowball sampling in examining Highly Effective Therapists has been criticized on the grounds that it may reflect a sampling bias in that it may identify "... extremely fine local reputation" (Orlinsky, 1999) of therapists rather than objectively identifying such individuals. The mixed sampling approach used in this study represents an alternate approach that allowed for both some breadth of perspective while attempting to limit reputation as a sampling bias.

In general, the use of a mixed sampling method appeared to work well in this study. I was able to obtain a large number of nominations (248 in total) for this study while still identifying two therapists who were frequently nominated. As data was not collected on sampling bias, it is not possible to determine if the mixed sampling strategy limited the possible reputation sampling bias. One hint that snowball sampling may not be a necessary part of studies examining Highly Effective Therapists comes from the observation in my data that peer nominated Highly Effective Therapists are similar regardless of how many times they are nominated. That observation is supported by the Frankentherapist analysis conducted in this study. Indeed, there was no notable qualitative difference between those who received one nomination and those who received 10 nominations, a finding that will be further discussed in this chapter.

It is also worth noting that the sampling method used to recruit clients was exclusively purposeful convenience sampling. That is, clients of nominated therapists were

given recruitment information and invited to participate. Recruitment took place over more than six months and only six clients participated. This slow rate of client participation may have been improved if the recruitment strategy were modified. I recommend that researchers considering interviewing current clients of therapist take time to consider their recruitment strategies. One suggestion I would offer for future similar research would be to conduct interviews on site in the offices of the nominated psychologists. For example, the researcher could arrange to spend a few days in an adjacent office of the nominated therapists and be available to interview clients on the spot. It was my sense that the recruitment process, having to directly contact the researcher, was a nuisance for clients. Another strategy would be to offer small incentives for participation, such as gift cards.

### **Methodology and Analysis**

I adopted a Complex Critical Realist epistemology for this study, as outlined for use in health research by Clark, Lissel, and Davis (2008). As such, I view the issue of therapist effects as one that is complex. As Clark and colleagues note:

Social phenomena occur in ‘open systems’ rather than the artificially controlled ‘closed systems’ of laboratory experiments. Complex realism wholeheartedly ascribes to the open nature of the social world in which numerous factors are present and interact in highly complex and variable ways over time and context (p. E71, 2008).

It follows then that I also believe that therapist effects are best studied from multiple vantage points. The limited existing quantitative research on therapist effects has occasionally linked outcome measures with therapist traits. Many of the studies cited in this dissertation estimate effect sizes by use of outcome measures such as the Patient Health Questionnaire-9 (PHQ-9) or the Outcome Questionnaire-45 (OQ-45) or the Beck Depression

Inventory (BDI), etcetera. They are all, in a sense, closed questions that constrain responding. While they are certainly good at helping researchers estimate relative effect sizes, they may not do as good of a job of helping to broadly understand therapist effects, given the complexity of the phenomenon. These outcome focused approaches may unintentionally neglect qualities that matter to therapists and clients. For this reason, I believe that qualitative research including thematic analyses can be a vital component of research programs focused on therapist effects.

Qualitative reports are often linked with open questions and thus do less to constrain the findings. They also allow for exploration of experiences generally rather than specifically in relation to a factor like symptom reduction. That is to say, individual reports are a valid and important part of describing a complex phenomenon. It is akin to dining at a restaurant. You could be asked to complete a questionnaire at the end: Was your server polite? Did your food arrive quickly? Did you feel full after your meal? Answers to these questions could tell us about some aspects of the restaurant experience, but they guide or focus responding and may limit the chances that some feelings about the experience are mentioned. Alternatively, one could simply ask a customer: What was that meal like for you? Was your visit to our restaurant a good experience? Then we can explore diners' perceptions of why it was a good experience or not. Following this reasoning, I believe that gathering perceptions on Highly Effective Therapist is crucial to gaining a clearer understanding of both what is perceived and the phenomenon.

For this study, I used a naturalistic qualitative method. Analysis followed the Thematic Analysis (Braun & Clarke, 2006) approach. What makes this study unique is that the Thematic Analysis conducted was directed at broad data rather than thick rich data.

While this is not typical for qualitative research, I believe that Thematic Analysis offered the flexibility needed to manage this unique data set. Through this approach, I was able to capture broad qualitative perspectives on the topic of interest by generating themes inductively rather than deductively. Themes were not predetermined and were allowed to emerge from my interpretive interaction with the data. I did not feel constrained by the method or by the previous literature. There was no need to specifically test hypotheses about what characteristics might appear in the data set. In short, this method was flexible enough to allow for themes to be generated with little preconceptions on my part as interpreter of the data. It was also flexible enough to allow for the interpretation and description of this unique data.

### **Perspectives on Highly Effective Therapists**

The five main themes generated from the nominating therapists' descriptions, in order of their relative prominence in the data were: Knowing, Warm, Professional, Interpersonal, and Open. The additional theme of Respected also arose from the data, but was not included in the final map. These themes were also referenced and supported by clients who participated in this study. Yet how can one be certain that these five themes reflect the characteristics of Highly Effective Therapists and not simply the perceptions of nominators and a few clients? One way to validate this data is to compare these findings with existing research, both qualitative and quantitatively conducted, on Highly Effective Therapists.

In what follows, I discuss each theme identified in this study with some reflections on how the themes fit within the existing research. I have also summarized these comparisons in Table 3 wherein I have indicated whether or not the characteristics identified in my study were observed in other studies.

**Table 3****Characteristics of Highly Effective Therapists Reflected in Previous Studies**

Knowing				
Study	Method	Selection of Therapists	Informants	Characteristics that are Comparable to this Thesis
Albert (1997)	Qualitative	Peer nomination	The therapists nominated for the study.	Capacity to conceptualize client issues or “understand dynamics”.
Dlugos & Friedlander (2001)	Qualitative, Consensual Qualitative Research	Peer nomination	The therapists nominated for the study.	Accepting of challenges
Jennings, D’Rozario, Goh, et al. (2008)	Qualitative, Grounded Theory and Consensual Qualitative Research	Peer nomination	The therapists nominated for the study.	Experienced
Jennings & Skovholt (1999)	Qualitative, Thematic Analysis	Peer nomination	The therapists nominated for the study.	Found that Highly Effective Therapists value cognitive complexity and draw on previous life experiences.
Warm				
Study	Method	Selection of Therapists	Source Information	Characteristics
Albert (1997)	Qualitative	Peer nomination	The therapists nominated for the study.	Understanding; Creates Safety
Jennings & Skovholt (1999)	Qualitative, Thematic Analysis	Peer nomination	The therapists nominated for the study.	Caring
Jennings, D’Rozario, Goh, et al. (2008)	Qualitative, Grounded Theory and Consensual Qualitative Research	Peer nomination	The therapists nominated for the study.	Empathic
Latterty, Beutler & Crago (1989)	Quantitative	Ranked on outcome measure (Symptom Checklist-90-Revised)	Assessment of Therapists	Empathy
Littauer, Sexton & Wynn (2005)	Qualitative, Phenomenological	Convenience sampling	Clients seen by the therapists twice	Warm; Calm; Understanding; Instills confidence
Myrick, Kelly & Wittmer (1972)	Quantitative	Supervisor ratings	16 PF completed by therapists	Warm; Tender-minded
Najavits & Strupp (1994)	Mixed Methods	Ranked on outcome measures (pre/post level of pathology) and patient engagement (length of stay in treatment)	Independent Observers: Supervisors and “advanced clinical psychology graduate students or practicing clinicians”	Warm; Understanding
Ricks (1974)	Mixed Methods	Longitudinal client outcomes	Clinician notes	Supportive
Wicas & Mahan (1966)	Mixed Methods	Peer and Supervisor ratings	Personality tests	Sensitive to feelings of others
Professional				
Study	Method	Selection of Therapists	Source Information	Characteristics
Albert (1997)	Qualitative	Peer nomination	The therapists nominated for the study.	Efficient
Dlugos & Friedlander	Qualitative, Consensual	Peer nomination	The therapists nominated for the study.	Manage boundaries; seek feedback and supervision;

(2001)	Qualitative Research			Act socially responsibly.
Jennings, Sovereign, Bottorff et al. (2005)	Qualitative, Consensual Qualitative Research	Peer nomination	The therapists nominated for the study.	Several ethical traits (for example, autonomy, beneficence, nonmalficence, competence, etc)
Jennings, D'Rozario, Goh, et al. (2008)	Qualitative, Grounded Theory and Consensual Qualitative Research	Peer nomination	The therapists nominated for the study.	Working through challenges; Teaching and supervising; Multicultural competence
Littauer, Sexton & Wynn (2005)	Qualitative, Phenomenological	Convenience sampling	Clients seen by the therapists twice	Prepared for sessions; Plan for work
Ricks (1974)	Mixed Methods	Longitudinal client outcomes	Clinician notes	Hard working
<b>Interpersonal</b>				
<b>Study</b>	<b>Method</b>	<b>Selection of Therapists</b>	<b>Source Information</b>	<b>Characteristics</b>
Albert (1997)	Qualitative	Peer nomination	The therapists nominated for the study.	Attentive; Nonjudgmental; Respectful
Jennings & Skovholt (1999)	Qualitative, Thematic Analysis	Peer nomination	The therapists nominated for the study.	Emotionally receptive; Nondefensive; Listening; Observing
Jennings, Sovereign, Bottorff et al. (2005)	Qualitative, Consensual Qualitative Research	Peer nomination	The therapists nominated for the study.	Relationally Connected; Humility
Jennings, D'Rozario, Goh, et al. (2008)	Qualitative, Grounded Theory and Consensual Qualitative Research	Peer nomination	The therapists nominated for the study.	Focus on therapeutic alliance; Humility
Laska, Smith, Wislocki, et al. (2013)	Quantitative			Flexibly interpersonal style; Able to develop strong therapeutic alliance
Luborsky et al. (1985)	Quantitative	Treatment outcomes (non-significant)	Alliance questionnaire	Relationship
Myrick, Kelly & Wittmer (1972)	Quantitative	Supervisor ratings	16 PF completed by therapists	Sociable; Outgoing; Socially bold
Paulson, Truscott & Stuart (1999)	Qualitative		Clients	Interpersonal skills; Relationship
Wicas & Mahan (1966)	Mixed Methods	Peer and Supervisor ratings	Personality tests	Good, non-threatening relationships; Sensitive
<b>Open</b>				
<b>Study</b>	<b>Method</b>	<b>Selection of Therapists</b>	<b>Source Information</b>	<b>Characteristics</b>
Albert (1997)	Qualitative	Peer nomination	The therapists nominated for the study.	Flexible
Dlugos & Friedlander (2001)	Qualitative, Consensual Qualitative Research	Peer nomination	The therapists nominated for the study.	Adaptive and Open; Interested in learning
Laska, Smith, Wislocki et al. (2013)	Quantitative			Flexible
Levitt & Piazza-Bonin (2014)	Qualitative	Peer nomination	The therapists nominated	Flexible (resist automatization)
Jennings & Skovholt (1999)	Qualitative, Thematic Analysis	Peer nomination	The therapists nominated for the study.	Flexible
Jennings et al.	Qualitative,	Peer nomination	The therapists nominated	Professional Growth

(2005)	Consensual Qualitative Research		for the study.	
Jennings, D'Rozario, Goh, et al. (2008)	Qualitative, Grounded Theory and Consensual Qualitative Research	Peer nomination	The therapists nominated for the study.	Professional Growth; Flexible
Owen & Hilsenroth (2014)				Adherence flexibility

**Knowing.** The Knowing theme was very sizeable in the nominator data set generated in this study. This was indeed the largest theme for nominating therapists, accounting for 28% of coded items in the nomination data. Yet Knowing was a seemingly much less important for clients of the two most nominated therapists, accounting for only 16% of coded items. Knowing is also not a common theme in the existing literature and thus represents a unique finding and contribution to the existing literature. Little previous research on therapist characteristics highlights knowing as a dominant theme or as an identified characteristic of highly effective therapists. Thus, it is fair to question if this characteristic is generally present in highly effective therapists or if this theme is unique to the perceptions of nominating therapists. That is, it is possible that psychologists believe that their highly effective peers are very knowledgeable.

Still, there are hints in the previous literature that Knowing may be an important characteristic of Highly Effective Therapists. In this study, this theme was made up of two sub-themes: Perspicacious and Expert. Each sub-theme is discussed in turn in relation to previous literature.

**Perspicacious.** According to nominating therapists, being perspicacious involves being knowledgeable, insightful, intelligent, and wise. It refers to the capacity to “see the big picture”. Little previous qualitative research directly addresses the capacity of Highly

Effective Therapists to see things clearly and broadly. What research exists suggests that Highly Effective Therapists are good at conceptualizing client issues and understand client issues as being dynamic and sometimes unclear (Albert, 1997; Jennings & Skovholt, 1999). Thus, there is some previous research supporting this subtheme.

**Expert.** Expertise is rarely identified as a characteristic common to Highly Effective Therapists in the existing quantitative or qualitative research. This may well relate to the finding that there is generally no observed relationship between experience and therapy outcomes (Okiishi, Lambert, Neilsen, & Ogles, 2003). Still, a few studies have found that experience is related to some outcomes measures (Huppert, Bufka, Barlow, Gorman, Shear & Woods, 2001; Orlinsky & Howard, 1980) or identified as being associated with Highly Effective Therapists (Jennings, D'Rozario, Goh, Sovereign, Brogger & Skovholt, 2008). Thus, comments made by nominating therapists that Highly Effective Therapists are experienced are perhaps not misguided.

**Warm.** It will probably not be surprising to most that being warm was one of the largest categories associated with Highly Effective Therapists, accounting for 26% of the nomination data. In my study, both nominators and clients emphasized warm. Clients clearly indicated that Warmth is an important characteristic of their therapist, who was previously peer nominated as being highly effective. A total of 36% of coded items from client interviews related to this theme. Being warm includes being compassionate, supportive, friendly and thoughtful. This fits well with many previous studies that indicate Warmth is often shown by therapists rated as being more effective (Albert, 1997; Jennings & Skovholt, 1999; Jennings et al., 2008; Lafferty, Beutler & Crago, 1989; Myrick, Kelly & Wittmer, 1972; Najavits & Strupp, 1994; Rick, 1974; Wicas & Mahan, 1966). Thus, psychologist



perceptions, client perceptions and previous literature all seem to agree that Warmth is an essential characteristic of Highly Effective Therapists. The two subthemes of Warmth are examined separately as they were the largest subthemes.

***Compassionate.*** The characteristics of being compassionate, kind, empathic, caring, and understanding appear time and time again in research into Highly Effective Therapists. Take for example the characteristic of empathy. This trait appears in several studies on Highly Effective Therapists (Jennings et al., 2008; Lafferty et al., 1989; Wicas & Mahan, 1966). As well, being understanding is found to be an important aspect of Highly Effective Therapists (Albert, 1997; Najavits & Strupp, 1994). Being caring also appears in previous studies (Jennings & Skovholt, 1999).

***Supportive.*** As well as being compassionate, the Highly Effective Therapist is supportive, which includes motivating change, being client centred, increasing client hope and confidence, being patient, and creating a place of safety. It seems as though not much has changed since Ricks' (1974) pioneering findings; Highly Effective Therapists are committed to providing as much support as is necessary for a client, even if it means doing things for clients outside of therapy (Ricks, 1974). As with the compassionate sub-theme, many of these characteristics also appear in previous research on Highly Effective Therapists. For example, creating safety or a place of sanctuary (Albert, 1997) appears in previous research.

***Professional.*** The finding that therapists must not only be knowledgeable and warm but must also be professional has been identified in previous studies, though not many. Consider comments by participants in a recent study on Highly Effective Therapists: "You can be very supportive and warm and understanding and not help anybody at all. In my view, being supportive is not enough. We have to help them attain their goals" (Laska et al., 2013).

In this study, being professional accounted for 16% of the nomination data and thus had some importance for nominators. Clients, on the other hand, indicated that their therapists were notably professional. A total of 25% of coded items from client reports related to this theme. While there are hints in the existing literature that being Professional is an essential characteristic of being effective, the findings of this study suggest a more important role of Professionalism in Highly Effective Therapists. Thus, this finding also represents a new contribution to the existing literature. In my study, being Professional involved two sub-themes: being Hard Working and showing Professionalism.

***Hard working.*** Being a hard working therapist means being efficient, effective, thorough, persistent, direct and passionate. Interestingly, only a few previous studies have found that Highly Effective Therapists are hard working. Consider Ricks' (1974) early suggestion that Highly Effective Therapists are committed to working in any way possible to meet the needs of clients. Highly Effective Therapists describe themselves as being committed to being efficient (Albert, 1997) and committed to working through challenges (Jennings et al., 2008). As well, clients report that good therapists are prepared and have a plan for therapy (Littauer, Sexton & Wynn, 2005).

Given the findings of this study, as well as previous research, it seems clear that being hard working is an important characteristic of Highly Effective Therapists. It is perhaps as Nietzsche once said of those who are great:

They acquired greatness, became 'geniuses' (as we put it), through qualities the lack of which no one who knew what they were would boast of: they all possessed that seriousness of the efficient workman... (Nietzsche, 1878/1986, p. 86)

**Professional.** According to participants in this study, being professional is an important aspect of Highly Effective Therapists. This includes being ethical and acting in a professional manner such as supervising, acting in socially conscious ways, and giving to the profession. Previous studies on Highly Effective Therapists do occasionally mention professionalism, such as findings that Highly Effective Therapists are concerned with ethical matters like maintaining personal and professional boundaries, beneficence, nonmalficence, and acting socially responsibly (Dlugos & Friedlander, 2001; Jennings, D’Rozario, Goh, et al., 2008; Jennings, Sovereign, Bottorff, et al., 2005). Even teaching and supervising has been mentioned in previous studies (Jennings, D’Rozario, Goh, et al., 2008).

**Interpersonal.** Of the various characteristics previously identified as being important to therapeutic outcomes, it seems that being relationally connected is consistently associated with being a Highly Effective Therapist. As conceptualized in this study, being interpersonal means being honest, respectful, and non-judgmental towards clients as well as being a good listener and communicator. As well, it also involves the capacity to build good rapport, present oneself as genuine, and incorporate a sense of humour when appropriate. Nominators and clients of nominated therapists identified this theme with relatively similar frequency, with coded items relating to this theme 16% of the time for nominating therapists and 17% of the time for clients of nominated therapists. Thus, this was an important theme for both groups.

Many studies have found that the relationship is crucial to therapy outcomes. Highly Effective Therapists have been described as attentive, receptive, nonjudgmental, connected, humble, and good at developing relationships (Albert, 1997; Jennings, D’Rozario, Goh, et al., 2008; Jennings, Sovereign, Bottorff, et al., 2005; Jennings & Skovholt, 1999; Laska,

Smith, Wislocki et al., 2013; Luborsky et al., 1985; Myrick, Kelly, & Wittmer, 1972; Paulson et al., 1999; Wicas & Mahan, 1966). Thus, this theme as observed in this study fits with and supports previous research on the topic.

**Open.** Participants in this study also suggested that an important characteristic of nominated therapists is that of being open. A total of 8% of coded items from nominating therapists related to being Open. This theme was not mentioned much by clients of nominated therapists, appearing in only 3% of coded items. This theme includes being a continuous learner, progressive and unorthodox, creative, and flexible. This finding fits well with several previous studies where being open, flexible and interested in continuous learning were associated with Highly Effective Therapists (Albert, 1997; Dlugos & Friedlander, 2001; Jennings, D’Rozario, Goh, et al., 2008; Jennings, Sovereign, Bottorff, et al., 2005; Jennings & Skovholt, 1999; Laska et al., 2013; Levitt & Piazza-Bonin, 2014)

Indeed, this fits well with studies that suggest that therapist outcomes could be improved when therapists practice with some degree of ‘adherence flexibility’ with respect to approach (Owen & Hilsenroth, 2014). As Owen and Hilsenroth state: “...adherence flexibility could reflect therapists’ efforts to be responsive to the emerging context of the therapy session as well as the needs of clients by increasing or decreasing theory-specific techniques.”

**Respected.** While not considered a major theme, several nominators referenced the reputation of the therapist. This theme includes being respected, appreciated by clients, and admired. This category represented only 3% of the total nomination coding and 4% of coded items from client interviews. This theme was not included in the final model, but seemed worth mentioning. From one perspective, this could be interpreted as a sign that peer-

nominated therapists are indeed selected in part based on their reputation, as has been suggested by some (Orlinsky, 1999). From another perspective, the relatively low frequency of comments related to reputation suggests that peer nominations are only weakly affected by reputation.

### **Are Peer-Nominated Highly Effective Therapists Alike?**

In addition to identifying general themes associated with Highly Effective Therapists, I examined the subset of data associated exclusively with Therapist A and Therapist B. These individuals were most frequently peer nominated as being highly effective. Both nominators and clients provided descriptions of these therapists. Given two perspectives were gathered on these individuals, several questions arise: Did nominators and clients agree? If not, how divergent are their perspectives? Were the descriptions of the two therapists alike? If so, how were they similar? These questions will be explored by considering the perspectives on each therapist as offered by all relevant study participants.

According to nominators, Therapist A was above all else Knowing, Warm, Interpersonal, Respected, and Open. According to clients, Therapist A was above all else Warm, Professional, Knowing, and Interpersonal. The most notable difference between these descriptions is that clients strongly emphasized the professionalism of Therapist A (30% of codes) while nominators did not (5% of codes). Further, nominators indicated that this therapist is Open and Respected. Clients mentioned neither of these themes. Thus, three out of five main themes were shared by both nominators and clients of Therapist A. This suggests that there is a limited consensus about the perceptions of this therapist. This limited consensus is impressive since only two clients reported on Therapist A. Given there were some differences, it is clear that nominators and clients may offer something unique in their

descriptions. What is less clear is why there were such differences. Again, it is possible that the limited number of clients reporting resulted in limited consensus. It is also possible that such differences exist because of differences in perspective. That is, clients experience the therapists directly in therapy whereas nominators likely do not.

According to nominators, Therapist B was above all else Warm, Knowing, Interpersonal, Open, and Professional. According to clients, Therapist B was above all else Warm, Professional, Interpersonal, and Knowing. Both clients and nominators strongly felt that this therapist is above all else Warm. Notable differences between these descriptions include clients emphasizing that the therapist is Professional (21% of codes), while nominators did not emphasize this theme as strongly (8% of codes). Further, as was observed with Therapist A, nominators emphasized Knowing much more (24% of codes) than clients did (13% of codes). A total of 4 out of 5 top themes were shared by both nominators and clients of Therapist B. This suggests again that there is general consensus about the perceptions of this therapist. Again, this consensus is impressive given that only four clients of Therapist A participated in the study.

When comparing the combined perspectives on Therapist A and B, it becomes apparent that dominant themes are quite similar in terms of themes identified yet quite different in terms of the importance of each theme as indicated by the frequency the theme was mentioned. Therapist A was largely identified as being Knowing, Warm, and Interpersonal, in descending order. Therapist B was largely identified as being Warm, Knowing, and Interpersonal, in descending order. Clearly, similarities exist in terms of themes identified. Yet differences are apparent in the order of the themes. Therapist A was most frequently identified as Knowing and Therapist B as Warm. One way to interpret this

finding is that Highly Effective Therapists are similar in many ways such as epitomizing similar characteristics, yet differ in that each therapist may be recognized by a particular characteristic. In brief, there are many ways to design a Highly Effective Therapist, if you have the right starting ingredients.

When comparing and contrasting the perspectives of nominators and clients of Therapist A and B, it is worth keeping one thing in mind. These two groups were not asked the same question. Nominators were asked to describe a therapist that is, in their view, Highly Effective. Clients were simply asked to describe their therapist. They were not advised that their therapist was previously identified as being Highly Effective. This was done to ensure that clients would not focus mainly on the characteristics of their therapist that might make them highly effective and would feel free to indicate characteristics that were not helpful. Nonetheless, clients mainly provided descriptions that corroborated the therapists in the study.

### **The Frankentherapist Analysis**

In reviewing the nomination data, it became apparent that the nominations for the most nominated therapists appeared less unique and more similar to collections of single nominations. Thus, I speculated that perhaps individuals who received only one nomination, of which there were many, were qualitatively similar to those who received many nominations. To explore this notion, I randomly collected 10 nominations from the data set three times and then compared these aggregates to the two therapists with the most nominations. I playfully named these three aggregates of nominations “Frankentherapists” to indicate that they had been constructed of parts from different therapists.

In comparing the themes that emerged in the Frankentherapist analysis with the themes nominators associated with Therapist A and Therapist B, I conclude that there are few discernable differences. Codes in the Knowing theme for Therapist A and B appeared 30% and 24% of the time respectively. For Frankentherapist A, B, and C, codes in this theme appeared 26%, 25%, and 43% respectively. Thus, two of the three Frankentherapists closely match Therapist A and B. Codes in the Warm theme for Therapist A and B appeared 26% and 43% of the time respectively. For Frankentherapist A, B, and C, codes in this theme appeared 33%, 38%, and 13% respectively. Again, two of the three Frankentherapists closely match Therapist A and B. Codes in the Professional theme for Therapist A and B appeared 5% and 8% of the time respectively. For Frankentherapist A, B, and C, codes in this theme appeared 19%, 5%, and 17% of the time respectively. For this theme, only one of the three Frankentherapists roughly reflected Therapist A and B. By contrast, the other two Frankentherapists more closely reflected the broad Highly Effective Therapist coding for the Professional theme. For codes in the Interpersonal theme, Therapist A and B and Frankentherapist A, B, and C were all similar or identical at 16%, 16%, 16%, 20% and 20% respectively. Finally, codes in the Open theme appeared at a rate of 12% and 10% for Therapist A and B and at a rate of 4%, 11%, and 3% for the three Frankentherapists.

These findings suggest that the three randomly generated Frankentherapists differ from and fit with the broadly conceptualized Highly Effective Therapist as much as did the two most nominated therapists. Perhaps there are few qualitative differences between the therapists with a single nomination and the two therapists with the most nominations. The key difference is the number of nominations and correspondingly the number of characteristics that can be identified from each nomination. The implications of this finding



are that many therapists qualitatively present with the characteristics perceived as being those of Highly Effective Therapists. Is it possible that all major themes would be represented were we to interview 10 psychologists who know each therapist with one nomination? Is it possible that clients of therapists with one nomination would describe the therapist similarly to clients of Therapist A and B? While only further research could answer these questions, the Frankentherapist thought exercise does lead one to the hopeful conclusion that many therapists have the essential characteristics of Highly Effective Therapists.

### **Highly Effective Therapists: A myth and a reality?**

Orlinsky (1999) once asked if Highly Effective Therapists are an “ideal character or clinical fiction”. That is, do they exist in the world or are they simply a constructed myth shared by therapists and researchers alike? The question was posed to suggest that such individuals are either real or myth. I propose that the best answer to Orlinsky’s question is “Yes”. The Highly Effective Therapist is both an ideal character that can be found in the real world and a clinical fiction found in unique ways in differing perceptions. The evidence for this can be found in the broad general consensus of perspectives, as observed in the literature reviewed, the peer perspectives and the client perspectives. For example, themes identified in this study also appear regularly in previous research on Highly Effective Therapists. Yet, while there is a broad general consensus, it is also clear that some groups see things differently. Thus, there may well be a constructed aspect to this phenomenon. This aspect depends on the perspective taken. For example, nominators in this study saw Knowing as being an important characteristic of Highly Effective Therapists, while clients emphasized Warmth.

Put another way, perhaps Highly Effective Therapists exist in the real world and can be measured in many ways. At the same time, what is measured or observed may well vary as a result of the perspective taken. It is like the parable of the Blind Men and an Elephant (Wikipedia, n.d). The parable can be found in many faiths, including Jain, Buddhist, Sufi and Hindu traditions. As the story goes, a group of blind men all touch an elephant to find out what it looks like. One man touches the head, another touches a leg, another touches an ear and another still touches the tail. When they share what they have learned they disagree about what an Elephant looks like. In some versions of the parable, they become quite angry with each other. This is easy to understand, after all imagine how different the descriptions could be. Yet how can we determine if these various perspectives reflect differing constructions (a relativist position) or simply differing perceptions of a real phenomenon? It is my view that this study has demonstrated that there is both a constructed reality and a realist reality about Highly Effective Therapists that can be understood and studied. In some ways they are a clinical myth and in some ways they exist as an ideal character.

### **Limitations**

Several methodological limitations have already been discussed in Chapter 3 of this dissertation, such as sampling issues, lack of outcome measures beyond subjective reports, a lack of rich data or thick descriptions, and the small sample size for the client participants. Beyond these, it is worth noting again that the extent to which these findings are generalizable or transferrable to other contexts must be determined by the reader. Specifically, the data from therapists and clients was collected in a specific context.

Another limitation relates to the interpretation of the findings. The findings were based on perceptions of therapists and clients and were then interpreted by the author. As

such, certain biases were present in the interpretation, as discussed in the methods chapter. The research was the primary instrument used to interpret the findings. As I have acknowledged, my background is in counselling psychology. Thus, it is quite possible that my interpretation was affected by my background. Rather than attempting to control for possible biases, I included information about my background to allow readers to assess the level of bias that may have appeared in this study.

### **Research Implications**

My experiences studying therapist effects thus far have led me to believe that it is indeed a challenging research topic. As Lambert (1989) noted, therapists may be reluctant to participate in studies on therapist effects out of concern for how it may affect their reputation or even their livelihood. Certainly, it was my experience during this study that some therapists questioned the value and validity in examining therapist effects. Some even suggested they did not feel it was appropriate to nominate therapists, but did not elaborate further as to why. It could be that therapists generally believe in the Dodo Bird Verdict for therapists. Perhaps they believe that all *therapists* have won and all shall have prizes. Yet the research on therapist outcomes suggests otherwise.

As Sullivan, Skovholt, and Jennings (2005) noted, there is still much to learn about the characteristics of Highly Effective Therapists. This study shows that several candidate characteristics of the Highly Effective Therapist remain lightly explored. Take for example the finding in this study that Knowing and being Professional are important aspects of such therapists. Very few studies have specifically explored these areas and the importance such factors may have in perceptions and outcomes. Thus, the findings from this study suggest that more research is needed on specific therapist characteristics.

It is also clear from this study that there are a number of convergent and divergent perspectives on the topic of Highly Effective Therapists. Which is most valid? It is easy to see why some might conclude that some perspectives are simply wrong. For example, several researchers have chosen to focus almost exclusively on outcomes as a way to understand Highly Effective Therapists. Wampold and Imel (2015) recently commented that they have specifically chosen to carefully limit their exploration of mastery to outcome based research. Similarly, Orlinsky (1999) states that when one thinks of a master, they are commonly referring "...to one who teaches (a school master) and to one who practices with exemplary proficiency (a master craftswoman)." Yet concluding that some perspectives are simply not accurate is a mistake arising from adopting a strong realist or positivist epistemology.

When examined from a distance, such as the synthesis provided in this chapter, it is clear that there is a degree of convergence of results as well as differences in perspective. This observation suggests two things if researchers want to broaden what is understood about Highly Effective Therapists: first, adopting a Complex Critical Realist epistemology researchers will be open to varying and unique perspectives without becoming lost in relativism; second, the general convergence of findings suggests that Highly Effective Therapists are best studied from a mixed methods approach incorporating both quantitative and qualitative findings.

### **Practice Implications**

As psychologists, we have a responsibility to our clients and to society to improving our profession and to providing the best care possible. Indeed, a prominent ethical principle of the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2000) guiding psychologists in Canada is "Responsible Caring". One of the key factors in

responsible caring is the provision of "...the best possible service for those needing and seeking psychological services" (p. 17). Similarly, the principle of "Responsibility to Society" (Canadian Psychological Association, 2000) is also relevant to this study. In particular, the suggestion that psychologists in Canada should "participate in and contribute to continuing education and professional and scientific growth of self and colleagues" (p. 29) highlights the importance of studies that further develop our understanding of factors that positively contribute to treatment outcomes.

Yet in spite of our professional ethical principles guiding us to be as effective as possible, therapists commonly overestimate their effects. One study (Walfish, McAlister, O'Donnell, & Lambert, 2012) found that on average clinicians viewed their skills as being in the 80<sup>th</sup> percentile. This is of course a statistical impossibility. It is nonetheless a consistent finding across skills and is referred to as the "better than average effect" (see Dunning, Johnson, Ehrlinger, & Kruger, 2003). Given the finding that therapists are quite possibly not the best judges of their efficacy, some other method of assessing effectiveness is needed. Psychotherapy process and outcome measures are certainly appropriate candidates for measuring effectiveness. For example, consider the meta-analytic review findings of Lambert and Shimokawa (2011) supporting the benefits of client feedback in improving psychotherapy outcomes. Therapists who seek client feedback may be able to improve their client outcomes and minimize client deterioration. This fits with the themes arising in this study related to the work habits of their therapists.

Further, given that clients of Highly Effective Therapists consistently show significantly better outcomes more quickly (Okiishi et al., 2006), it is clear that research on Highly Effective Therapists is not only helpful towards expanding our definition of expertise

but that such research could lead to significant improvements in psychotherapy outcomes at large. That is, by attending to a factor in therapy that clearly impacts outcomes (i.e. the therapist) and learning from that example, it could be possible to improve the outcomes of all therapists. A small improvement to the outcomes of all therapists would revolutionize the field and provide an enormous benefit to society at large.

The importance of studying therapist factors is profound. Consider the facts surrounding psychotherapy drop outs. We know that more than a third of all clients who start psychotherapy will drop out early (Bados, Balaguer, & Saldana, 2007), many because they are dissatisfied with the therapist (Pekarik, 1992). It is quite likely that we could reduce the attrition rate by: 1) understanding the characteristics of good therapists, and; 2) helping poor or average therapists attain some of the traits currently unique to Highly Effective Therapists. This is very much in line with the ethical principles of responsible caring and responsibility to society.

The reader may recall from the introductory chapter of this dissertation that it is common for authors of textbooks on counselling and therapy to discuss the characteristics of effective therapists. Such therapists are variously described as having characteristics and traits like accurate self-awareness, honesty, perceived expertness, attractiveness, trustworthiness, skilled in communicating, openness to others, respect, warmth, interest, genuineness, encouraging, artistic, emotionally stable, empathic, caring, self-aware, self-accepting, having positive self-esteem, embracing self-realization, are open to self-disclosures, courageous, patient, nonjudgmental, spiritual, and tolerant of ambiguity. Many of these traits appeared in this study. Yet how is the student or practitioner to proceed with

such a broad list? I contend that thematic analyses such as this offer students and practitioners a way to conceptualize Highly Effective Therapists with much less confusion.

Can the average student or therapist become more like the Highly Effective Therapist? As Jennings and Skovholt (1999) suggested: "...these characteristics of master therapists may serve as guideposts for therapist and therapist training programs seeking to promote optimal therapist development." Perhaps by studying, attending to and adopting the characteristics identified in studies like this, therapists could improve client outcomes. Yet I go further to suggest that any therapist could already potentially be a Highly Effective Therapist in a given place and time. As was shown in this study, the Highly Effective Therapist can exist in many different forms and can be perceived from many different viewpoints. Just consider the fact that 173 psychologists were nominated at least once as a Highly Effective Therapist. Many of us know of a therapist we believe is highly effective. Others have seen mastery in us. Perhaps each therapist could reflect on the traits of mastery that they espouse and come to understand better how they personally emulate the Highly Effective Therapist regularly.

## **Conclusion**

With this dissertation I set out to learn more about the characteristics of Highly Effective Therapists by gathering perspectives on these individuals from various sources. I started with an examination of these therapists from the perspective of currently practicing psychologists. I found that such therapists are viewed as being Knowing, including being capable of seeing the big picture and being expert in their field. While this has been previously observed in other studies, what makes this finding unique in this study is the importance placed on this theme by practicing therapists. In this study I also found that

Highly Effective therapists are viewed as being Warm. What stands out from this study, and is a unique contribution to the literature, is the emphasis placed on warmth by clients. Being Professional was also an important theme among clients and practicing psychologists. To some extent, this is also found in the literature. A unique contribution to the research literature is the observation that clients clearly emphasize the hard working aspect of being Professional. Being Interpersonally skilled and Open were also found to be an important characteristics of Highly Effective Therapists. This finding echoes many previous findings. In sum, it is clear that therapists, clients, and the existing literature share several views regarding the characteristics of Highly Effective Therapists, yet several perspectives remain under-examined.



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## Appendix A

### Sample Recruitment Advertisement

**DO YOU KNOW OF A PSYCHOTHERAPIST YOU ADMIRE AND RESPECT?**

If you do, we need **5 minutes** of your time to contribute to a research study about the experiences of clients in therapy!

We are looking for Alberta-based Registered Psychologists who would be willing to complete a **brief nomination ballot to help identify a few highly effective psychotherapists**. Once identified, we will interview clients of these therapists to help us gain a better understanding into the experiences of clients in therapy. Nominations will be **confidential** and can be completed in person, by email, or over the phone.

**if you are interested in participating or for more information, please contact Kevin Wallace at or 780-886-4612.**

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Research Ethics Board (REB 1) at the University Alberta. If you have questions regarding participant rights and ethical conduct of research, you may contact the Research Ethics Office at 780-492-2615. This office has no affiliation with the study investigators.

## **Appendix B**

### **Information Letter for Nominating Therapists**

**Study Title:** An Examination of the Experiences of Clients in Therapy with Registered Psychologists

**Investigator:** Kevin WALLACE

**Affiliation:** Doctoral Candidate, Faculty of Graduate Studies, Department of Educational Psychology, University of Alberta

**Supervisor:** Derek TRUSCOTT

**Affiliation:** Professor, Department of Educational Psychology, University of Alberta.

#### **The objective and design of this study:**

The goal of this study is to develop a better understanding of the experiences of clients in counselling or psychotherapy. This research will be used by Mr. Kevin Wallace to fulfill the dissertation requirements for a Doctor of Philosophy in Counselling Psychology.

We would like to know what clients think, feel and experience when working with a highly effective psychologist. This study has three parts: 1) Nominations of Highly Effective Therapists; 2) Selection of therapists; 3) Interviewing clients of therapists frequently nominated as being highly effective.

#### **Who is eligible for this part of the study?**

This part of the study is open to all registered psychologists in Alberta.

#### **What does participation entail?**

Participation in this part of the study entails completing a brief in-person or on-line nomination form. This form will take approximately 5 minutes to complete.

#### **Am I required to participate in this study?**

Participation in this study is voluntary. You are free to skip any questions or withdraw from the study at any time.

**What are the benefits of participation?**

Your thoughts will contribute to our understanding of therapists and psychotherapy. Your thoughts may also help provide direction regarding the professional development of current therapists and the training of new therapists. You may also find that participation in this study will offer you a chance to reflect on what it means to be a Highly Effective Therapist.

**Are there risks to participation?**

There are no foreseeable risks to participation in this study. You are free to skip any questions or withdraw at any time. All responses will be kept strictly confidential, unless something is said which we are required by law to report. Nominating therapists will not be identified at all in the study. Study participants, such as nominated therapists and clients, will be identified in any publications by a pseudonym. Terms of confidentiality will be reviewed and discussed with you prior to your decision about participation in the study.

**Will I be informed of the results from this study?**

It is the intent of the principle investigator to present the findings of this study in the form of a dissertation research paper. If you are interested in obtaining a copy of the results at the conclusion of this study, please indicate so at the bottom of the consent form.

**If you have any questions regarding this study, feel free to contact:**

Kevin Wallace  
(780) 492 -3746  
kswallac@ualberta.ca

Dr. Derek Truscott  
(780) 492 -1161  
derek.truscott@ualberta.ca

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Research Ethics Board (REB 1) at the University Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the REB 1 at (780) 492-2615.

**Appendix C****Psychologist Nomination Ballot**

**Study Title:** An Examination of the Experiences of Clients in Therapy with Registered Psychologists

**Investigator:** Kevin WALLACE

**Affiliation:** Doctoral Candidate, Faculty of Graduate Studies, Department of Educational Psychology, University of Alberta, (780) 886-4612

**Supervisor:** Derek TRUSCOTT

**Affiliation:** Professor, Department of Educational Psychology, University of Alberta, (780) 492-1161

Your Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**I would nominate these three individuals (please use their first and last names) as psychologists who I believe are highly effective at therapy. These are therapists I believe consistently produce excellent client outcomes.**

**1) THERAPIST NAME:** \_\_\_\_\_

**Please describe a few characteristics of therapist that warrant nomination:**

**2) THERAPIST NAME:** \_\_\_\_\_

**Please describe a few characteristics of therapist that warrant nomination:**

**3) THERAPIST NAME:** \_\_\_\_\_

**Please describe a few characteristics of therapist that warrant nomination:**

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Research Ethics Board (REB 1) at the University Alberta. If you have questions or concerns about your rights as a participant, or how this study is being conducted, you may contact the Research Ethics Office at 780-492-2615. This office has no affiliation with the study investigators.



## Appendix D

### Nominated Therapist Information Letter

**Study Title:** An Examination of the Experiences of Clients in Therapy with Registered Psychologists

**Investigator:** Kevin WALLACE

**Affiliation:** Doctoral Candidate, Faculty of Graduate Studies, Department of Educational Psychology, University of Alberta, (780) 886-4612

**Supervisor:** Derek TRUSCOTT

**Affiliation:** Associate Professor, Department of Educational Psychology, University of Alberta, (780) 492-1161

#### **Background:**

We currently seek registered psychologists for a study on the experiences of clients in therapy. We would like to know how psychologists view highly effective psychologists as well as what clients think about the nominated psychologists. This study has three parts: 1) Nominations of Highly Effective Therapists; 2) Selection of therapists; 3) Interviewing clients of therapists frequently nominated as being highly effective.

Your participation is sought for the second part of this study: selection of Highly Effective Therapists. You have been frequently identified by other psychologists as being highly effective and are eligible to participate. Your participation is completely voluntary. Those who participate in the study are free to withdraw from the study at any time. It is hoped that learning more about client experiences will help us understand therapists and psychotherapy.

#### **The purpose of this study:**

The goal of this study is to better understand therapy as offered by peer-nominated Highly Effective Therapists. We would like to know how therapists view other Highly Effective Therapists. Also, we would like to know what clients think about psychologists like you. This research will be used by Mr. Kevin Wallace to meet the requirements for a Doctor of Philosophy in Counselling Psychology.

#### **What does participation entail?**

Participation entails providing recruitment materials to your clients. You are **not** being asked to encourage clients to participate in the study. Once approximately six of your clients have completed the study, you will be asked to stop distributing the recruitment material. You will not be told which clients participate, nor will clients who participate be identified in any publication of results.

**What are the benefits of participation?**

Your support for this study will assist us in developing an understanding of therapists and psychotherapy. Such information may also provide direction regarding the professional development of current therapists and the training of new therapists. The findings from this study may also benefit you in your practice as they will summarize client thinking about therapy.

**Are there risks to participation?**

There are no foreseeable risks to participation in this part of the study. We do ask that you refrain from encouraging your clients to participate in the study because such encouragement may seem coercive to clients. Rather, you are being asked only to inform clients about the study. Further, your name will not be reported in the results—each therapist and client will be identified by a pseudonym.

**How will confidentiality be maintained?**

Everything you say will be kept strictly confidential, unless something is said which we are required by law to report (a threat to harm someone or a child in need of protection). Your name will not be reported in the results as each therapist will be identified by a pseudonym. To ensure confidentiality, personal information will be coded and stored in a locked filing cabinet to which only the investigators have access. Study data will be kept for 5 years after the study is over, at which time it will be destroyed.

**Freedom to withdraw:**

If you decline to continue or wish to withdraw from the study, your information will be removed from the study upon your request.

**Will I be informed of the results from this study?**

It is the intent of the principle investigator to present the findings of this study in the form of a dissertation research paper. If you are interested in obtaining a copy of the results at the conclusion of this study, please indicate so at the bottom of the consent form.

**If you have any questions regarding this study, feel free to contact:**

Kevin Wallace  
(780) 492 -3746  
kswallac@ualberta.ca

OR

Dr. Derek Truscott  
(780) 492 -1161  
derek.truscott@ualberta.ca

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Research Ethics Board (REB 1) at the University Alberta. If you have questions or concerns about your rights as a participant, or how this study is being conducted, you may contact the Research Ethics Office at 780-492-2615. This office has no affiliation with the study investigators.

## **Appendix E**

### **Client Sample Recruitment Advertisement**

**Are you interested in PARTICIPATING IN A BRIEF RESEARCH STUDY about your experience of therapy?**

If so, we want to talk to **you!**

I am interested in learning how to make therapy as helpful as possible. One way to do that is to talk to people who have actually been in therapy.

I would like to briefly interview you (approximately 5 – 10 minutes) by phone, in person, or via Skype —whichever is best for you. Everything you tell me will be kept confidential.

If interested or for more information, contact

**Kevin Wallace at [kevin.wallace@ualberta.ca](mailto:kevin.wallace@ualberta.ca) or at 780-886-4612.**

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Research Ethics Board (REB 1) at the University Alberta. If you have questions regarding participant rights and ethical conduct of research, you may contact the Research Ethics Office at 780-492-2615. This office has no affiliation with the study investigators.

## Appendix F

### Client Information Letter

**Study Title:** An Examination of the Experiences of Clients in Therapy with Registered Psychologists

**Investigator:** Kevin WALLACE

**Affiliation:** Doctoral Candidate, Faculty of Graduate Studies, Department of Educational Psychology, University of Alberta, (780) 886-4612

**Supervisor:** Derek TRUSCOTT

**Affiliation:** Professor, Department of Educational Psychology, University of Alberta, (780) 492-1161

#### **Background:**

We currently seek clients of select registered psychologists for a study on the perceptions clients have about their therapist.

Psychologists selected for this study have been given a brief information leaflet regarding the study. Clients of these therapists who are interested are asked to participate in a very brief interview regarding their perceptions of their therapist. It is hoped that learning more about client perceptions will help us understand therapists and psychotherapy.

You are being asked to participate in this study. Your participation is completely voluntary. Your psychologists will not be told if you have agreed to participate in the study or not. Those who participate in the study are free to skip any questions or withdraw from the study at any time.

#### **The purpose of this study:**

The goal of this study is to better understand therapy and therapists by asking clients about their perceptions. We would like to know what clients think about their psychologist. Also, this research will be used by Mr. Kevin Wallace to meet the requirements for a Doctor of Philosophy in Counselling Psychology.

#### **What does the participation entail?**

Those interested in participating in the study will be asked to complete an interview with the lead investigator. These interviews may take place either at the University of Alberta, via telephone, or via Skype. The interview questions all relate to the question: *How would you describe your therapist?* The interview will take approximately 5 – 10 minutes. Interviews will be conducted in private and will be digitally recorded and later professionally transcribed.

**What are the benefits of participation?**

Your thoughts will contribute to our understanding of therapists and psychotherapy. What you tell us may also help in the training of new therapists. You may also find that participation in this study will offer you a chance to reflect on your participation in therapy.

**Are there risks to participation?**

There are no foreseeable risks to participation in this study. You are free to skip any questions you choose. You are also free to withdraw from the study at any time prior to the analysis and coding of your responses.

**How will confidentiality be maintained?**

Everything you say will be kept strictly confidential, unless something is said which we are required by law to report (a threat to harm someone or a child in need of protection). Your name will not be reported in the results as each participant will be identified by a pseudonym. To ensure confidentiality, personal information will be coded and stored in a locked filing cabinet to which only the investigators have access. Study data will be kept for 5 years after the study is over, at which time it will be destroyed. All recorded interviews will be deleted and all transcriptions from interviews will be shredded.

**Freedom to withdraw:**

If you decline to continue or wish to withdraw from the study, your information will be removed from the study upon your request.

**Will I be informed of the results from this study?**

It is the intent of the principle investigator to present the findings of this study in the form of a dissertation research paper. If you are interested in obtaining a copy of the results at the conclusion of this study, please indicate so at the bottom of the consent form.

**If you have any questions regarding this study, feel free to contact:**

Kevin Wallace  
(780) 492 -3746  
kswallac@ualberta.ca

OR

Dr. Derek Truscott  
(780) 492 -1161  
derek.truscott@ualberta.ca

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Research Ethics Board (REB 1) at the University Alberta. If you have questions or concerns about your rights as a participant, or how this study is being conducted, you may contact the Research Ethics Office at 780-492-2615. This office has no affiliation with the study investigators.

**Appendix G****Consent Form**

**Study Title:** An Examination of the Experiences of Clients in Therapy with Registered Psychologists

**Investigator:** Kevin WALLACE

**Affiliation:** Doctoral Candidate, Faculty of Graduate Studies, Department of Educational Psychology, University of Alberta, (780) 886-4612

**Supervisor:** Derek TRUSCOTT

**Affiliation:** Professor, Department of Educational Psychology, University of Alberta, (780) 492-1161

<b>Consent Questions:</b>	<b>No</b>	<b>Yes</b>
<b>I understand that I have been asked to participate in a research study.</b>		
<b>I understand that this research study is about client experiences of therapy. I also understand that the findings will be used by Mr. Kevin Wallace to fulfill the requirements for a Doctor of Philosophy in Counselling Psychology.</b>		
<b>I have received and ready a copy of the information letter describing this study.</b>		
<b>I understand that I am not required to participate in this study.</b>		
<b>I understand that I am free to choose not to answer any question or withdraw from the study at any time and there is no penalty for choosing to withdraw from the study. My answers can also be withdrawn at any time prior to the analysis of data.</b>		
<b>The issue and limits of confidentiality been explained to me.</b>		

<b>I understand that all responses will kept in a secure location for a minimum of 5 years following the completion of the study and that, after 5 years, all data collected will be destroyed in a manner that ensures privacy and confidentiality.</b>		
<b>I was given a chance to discuss the study and ask questions.</b>		
<b>I understand the risks and benefits of participating in this study.</b>		

**If you would like a copy of a report of the research findings, please provide either your mailing address or your email address in the space below:**

**If you have any questions or concerns regarding this study, feel free to contact:**

**Supervisor:** Derek TRUSCOTT

**Affiliation:** Professor, Department of Educational Psychology, University of Alberta.

**Contact:** (780) 492-1161, derek.truscott@ualberta.ca

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Research Ethics Board (REB 1) at the University Alberta. If you have questions or concerns about your rights as a participant, or how this study is being conducted, you may contact the Research Ethics Office at 780-492-2615. This office has no affiliation with the study investigators.

## Appendix H

### Telephone Consent Script

#### Telephone Consent Script for Clients

**Study Title:** An Examination of the Experiences of Clients in Therapy with Registered Psychologists

**Investigator:** Kevin WALLACE

**Affiliation:** Doctoral Candidate, Faculty of Graduate Studies, Department of Educational Psychology, University of Alberta, (780) 886-4612

**Supervisor:** Derek TRUSCOTT

**Affiliation:** Professor, Department of Educational Psychology, University of Alberta, (780) 492-1161

**Note:** This script will only be utilized when the participant has not returned the informed consent form prior to the beginning of the interview. The researcher will email or fax the consent form prior to the interview and ask that the participant return it at their convenience.

Researcher: "Hello \_\_\_\_\_. Thank you for taking the time to complete this interview with me today. Although I sent you the information letter and consent form ahead of time, I wanted to take this opportunity to remind you to review the information letter and return the consent form to me at your earliest convenience. In the meantime, I wanted to review some essential elements of these forms.

First, you are invited to participate in a research study. The purpose of this study is to develop a better understanding of what it is like to be in counselling or psychotherapy. We would like to know what clients think, feel, and experience when working with a registered psychologist. This research will also be used by Mr. Kevin Wallace to fulfil the dissertation requirements for a Doctor of Philosophy in Counselling Psychology. Your participation in this study is voluntary.

Data will be collected through the completion of confidential interviews, such as the one we are completing right now. This interview will be approximately one hour in length. Interviews will focus on the question: What is it like to be in therapy with your psychologist. You are free to choose not to answer any question or withdraw from the study at any time. There is no penalty for choosing to withdraw from the study. If you choose to withdraw from the study, your data will not be included in the present study in any way. All data collected will be deleted from any electronic databases and all paper data will be shredded. I will not be able to withdraw your data from the study once my analysis has proceeded past the point of coding. At that point, all participants' data will be combined and there will be no way to know which participant stated each of the coded items.



Once the initial data analysis for the present study is complete, I will contact you again via email or phone to ask you about the accuracy of my analysis. You can refuse to do so if you wish and it is not a requirement of participation. Anything you tell me will be private, anonymous, and confidential. The only people who will have access to what you tell me are the researchers identified above and the transcriptionist, who has signed a confidentiality agreement to ensure that your information is held in strict confidence.

You will be given a fake name that will be attached to all of your data and your real name will *not* appear in any transcriptions, reports, publications, or presentations resulting from this study. In addition, all electronic data will be encrypted. All data will be kept for a period of 5 years after the study is completed and will be securely stored in a locked office, to which only authorized researchers have access. After 5 years, the data will be destroyed; all electronic data will be deleted and all hard data will be shredded.

This study will be presented at professional conferences and in scholarly journals. Because all identifying information will be removed from the data and fake names will be used, no one will know it was you who participated in the study. If you want to receive a copy of any journal articles or if you wish to comment about the research, please contact me. Your participation in this study will contribute to our understanding of therapists and psychotherapy. Your thoughts may also help to train new therapists.

There are no anticipated costs to you and no foreseeable risks associated with participation. However, should any unforeseeable issues arise, you are encouraged to contact either myself or Dr. Derek Truscott, as either of us can refer you to appropriate services. If you have any questions or concerns about your participation at any time throughout the course of this study, please contact myself or Dr. Derek Truscott using the contact information found on the consent form.

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Research Ethics Board (REB 1) at the University Alberta. If you have questions or concerns about your rights as a participant, or how this study is being conducted, you may contact the Research Ethics Office at 780-492-2615. This office has no affiliation with the study investigators.

Do you have any questions about this study before we begin?  
*[Answer all questions].*

Do you provide your consent to participate in this interview?  
*[Provide participant time to answer].*

Please note that although I have not received your formal signed consent form, your participation in this interview from this point forward implies you are consenting. Please do send the formal signed consent form you were emailed/faxed at your earliest convenience.  
*[Proceed with interview]*

**Appendix I****Client Telephone Consent – Researcher Signature**

**Study Title:** An Examination of the Experiences of Clients in Therapy with Registered Psychologists

**Investigator:** Kevin WALLACE

**Affiliation:** Doctoral Candidate, Faculty of Graduate Studies, Department of Educational Psychology, University of Alberta

**Supervisor:** Derek TRUSCOTT

**Affiliation:** Professor, Department of Educational Psychology, University of Alberta.

**Participant:** \_\_\_\_\_

**Interview Date and Time:** \_\_\_\_\_

**Oral Consent Provided:**      **Yes**      **No**

I, \_\_\_\_\_, do declare that the participant, \_\_\_\_\_ provided oral consent to participate in the study “An Examination of the Experiences of Clients in Therapy with Registered Psychologists” conducted by Mr. Kevin Wallace and Dr. Derek Truscott of the University of Alberta. This participant was provided all information found on the formal consent forms and has been given the opportunity to ask any questions that s/he may have regarding the study.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_