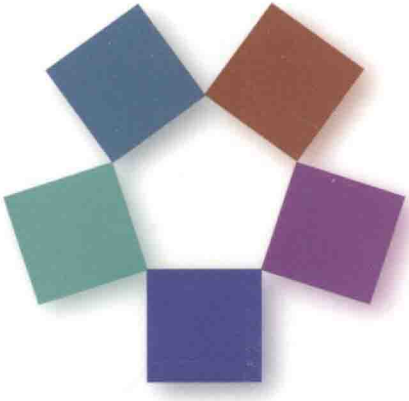
Key Competencies in Brief Dynamic Psychotherapy



Clinical Practice Beyond the Manual

JEFFREY L. BINDER

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KEY COMPETENCIES IN BRIEF DYNAMIC PSYCHOTHERAPY

To Cecilia, who inspires me

To Hans

and

In memory of Marty Mayman

About the Author

Jeffrey L. Binder, PhD, ABPP, is Professor of Psychology in the Clinical Psychology Program of Argosy University/Atlanta (formerly the Georgia School of Professional Psychology). Previously, Dr. Binder was Department Head of the Clinical Psychology Program. He was also Research Associate Professor of Psychology and Clinical Assistant Professor of Psychiatry at Vanderbilt University, and prior to that he was Clinical Assistant Professor of Psychiatry at the University of Virginia and Assistant Professor of Psychiatry at the University of Michigan. Dr. Binder has served as the director of an outpatient community mental health clinic, and helped to develop a private psychiatric hospital, where he held various clinical administrative positions. He has also had a private practice in psychotherapy. Dr. Binder became involved in the brief psychotherapy movement during the early 1970s while on the faculty at the University of Michigan, and has been actively involved in practicing and teaching brief psychotherapy since that time. He also spent a decade involved in psychotherapy research. For the past 30 years, Dr. Binder has presented and published extensively on the topics of brief psychotherapy and psychotherapy training. The book that he coauthored with Hans H. Strupp, *Psychotherapy in a New Key: A Guide to Time-Limited Dynamic Psychotherapy,* is a classic in the area of brief dynamic treatment. Dr. Binder is a Fellow of the American Psychological Association.

Preface

Books about psychodynamically oriented psychotherapies tend to focus on relatively broad and abstract intrapsychic forces, relationship vicissitudes, and therapeutic strategies. They present epic psychological and interpersonal events from a distance, without a detailed view of moment-to-moment transactions among the participants. Readers of the psychodynamic literature—by Freud through contemporary authors—may be captivated by the highly literate writing styles characteristically used to depict psychological forces as well as intrapsychic and interpersonal events, but just as often they are left unsure about how to recreate comparable experiences in their own therapies. Perhaps the biggest problem faced by psychodynamic authors when trying to describe how to conduct therapy is the strained attempt to utilize clinical theories and languages in efforts to depict the mental processes of therapists while they are engaged in clinical work. These clinical theories and languages were not developed to explain the complex performances of professional experts in any domain, including clinical work. This problem is especially acute in the literature on brief psychodynamic therapy, which, with few exceptions, has long been characterized by clinical theories of personality and therapy that lag behind the most contemporary theoretical and technical developments in the field. Consequently, even though many books on brief dynamic therapy reflect high levels of scholarship and clinical wisdom, they tend to be written in even more theoretically abstract and vague language than many contemporary books on long-term psychoanalytic therapy and psychoanalysis.[1]

I first became aware of the challenge of adequately depicting the mental processes and behaviors associated with competent therapist performance while participating in an extended empirical study of the impact of systematic training in brief dynamic psychotherapy on the performance of experienced therapists (Strupp, 1993). Some of the members of the research team began to look outside of the psychodynamic clinical literature for a better way to conceptualize and discuss complex performances (of which the conduct of psychotherapy certainly is an example). I became intrigued with an area of theory and research in the cognitive sciences that addresses the nature of generic expertise and the development from novice to expert across performance domains. With one exception (Schon, 1983), cognitive scientists engaged in this research have not addressed therapist performance. However, studying the investigations of other complex performance domains has provided invaluable guidance in my attempts to describe the mental processes and subjective experiences of therapists trying to conduct competent, brief dynamic–interpersonal psychotherapy.

An observation about a cardinal characteristic of the best of world-class athletes appeared in an article in *USA Today*: "The greatest players in any sport have the ability to slow things down so that they can see it, compute it and deal with it, while it's still speeding for everyone else." In baseball, for example, a great hitter is able to slow down the pitched ball, in his mind, so that he can see it better. The article quoted a typical comment from expert hitters: "When you're hitting well, it's like slow motion. You see everything." The article listed another cardinal characteristic of expert hitters as the ability to pick up subtle cues in the immediate situation, anticipate what will happen next, and quickly react. For example, Hank Aaron, the retired Atlanta Braves outfielder who holds the record for most career home runs, was quoted as saying: "When I got into a groove, it wouldn't make any difference who was out there pitching. I could always guess, and guess right" (*USA Today*, July 5, 1999, Section 3C).

Comparable observations can be made about experts in any complex performance domain, including the conduct of psychotherapy (Ericsson & Charness, 1999). When a proficient therapist is "on his or her game" or "in a groove," he or she sees and responds in a way that allows anticipation and adjustments to shape and refine the therapy session—skills unavailable when a therapist is performing merely competently. The origins and nature of interpersonal patterns are more likely to be identified, because the expert therapist draws on previous experiences in similar situations to anticipate likely patterns of behavior.[2]

The expert therapist also views interpersonal patterns with relatively more clarity because he or she sees the patterns slowly superimposing over one another, even while he or she is following the immediate unfolding of the therapy session. This form of understanding allows the therapist to make trenchant observations about regularities in interpersonal relating that pervasively influence the patient's life. The detection of these regularities can be profoundly meaningful to the patient. This incisive understanding also makes the therapist capable of implementing deft adjustments to the continually changing nuances of interpersonal interactions. He or she displays technical and interpersonal flexibility and creativity and can improvise to meet immediate therapeutic exigencies. In a study of "master therapists" conducting manualized treatments, Goldfried and his colleagues observed that these experts did not go "by the book" as much as nonexpert therapists, even if the master therapists had written the manuals (Goldfried, Raue, & Castonguay, 1998). The expert therapist "finds the groove" more frequently than those less proficient, but all therapists should strive to attain this level of competence as often as possible.

As I discuss in Chapter 1, the use of treatment manuals and specific protocols does not ensure even minimal therapeutic competence. Psychotherapy process and outcome research over the past two decades has revealed that adherence to technical rules does not assure overall therapeutic skill or even narrow technical skill (except in the strictest sense of using the prescribed techniques; Beutler & Harwood, 2000). On the other hand, an accumulating body of evidence reports that, regardless of the techniques used, a better predictor of treatment outcome is the therapist's level of skill in using the techniques (Barber, Crits-Christoph, & Luborsky, 1996).

Technical competence requires a core of fundamental knowledge about personality functioning and therapeutic change processes, as well as skills for implementing strategies to facilitate those change processes. Extensive practice in implementing clinical knowledge and skills leads to progressive proceduralization whereby implementation becomes increasingly automatized. This process, in turn, fosters increments in flexibility and creativity that facilitate effective improvisation. The competent therapist develops into a proficient therapist.

In the past few years, some manual authors have at least tacitly come to appreciate this learning process. They realize that an effective psychotherapy manual should capitalize on the therapist's use of "intuitive judgment" and plan interventions that are less slavishly mired in "evidence-based" technical protocols and more informed by an

understanding of the basic principles and strategies of therapeutic change (Beutler & Harwood, 2000; Piper, Joyce, McCallum, Azim, & Ogrodniczuk, 2002; Safran & Muran, 2000).

This point of view is represented here, although there is a noteworthy difference from other recent treatment manuals. Like all treatment manuals, the therapy approach presented in this book represents a particular theory of psychotherapy. Here, the approach is broadly dynamic–interpersonal. The core principle in this theoretical approach is that internal personality structures and interpersonal patterns of relating are inextricably interrelated. In addition, however, I rely on principles and strategies derived from research in the cognitive sciences on the development of competence in various domains of complex performance. Earlier I discussed the application of this area of the cognitive sciences to the study of therapist performance. I also believe that it can inform our understanding of healthy behavior.

A fundamental component of psychological health is competence in managing interpersonal relationships. This competence requires a special set of skills. Accordingly, positive psychological change results from promoting certain generic skills in the patient, the application of which are necessary if he or she is to successfully manage interpersonal relationships. By "generic" skills, I mean those skills identified by cognitive scientists as basic to all kinds of complex performances. These skills include, for example, pattern recognition and various self-monitoring abilities.

The same generic skills that underlie a patient's ability to more successfully manage relationships also underlie a therapist's ability to competently conduct psychotherapy—which is, after all, a specialized form of relationship management. These generic skills, in turn, serve as the foundation for several higher-order "competencies" that therapists must master, regardless of theoretical orientation, in order to conduct time-limited psychotherapy successfully. In this book, I discuss each of these therapist competencies and the generic skills of which they are composed. Drawing on the cognitive science literature on the process of development from novice to expert across a variety of performance domains, a guiding presumption is that the learning experiences required to develop therapist competencies are not that much different from the learning experiences required for a psychotherapy patient to improve his or her relationship skills and, therefore, his or her quality of life.

This book can be used by psychotherapy training programs as a guide to teaching the basic competencies required to conduct

dynamic–interpersonal psychotherapy, particularly the time-limited variety; it is not a treatment manual that will lead you step by step through a set of therapeutic techniques. Basic therapeutic principles, particularly those regarding therapeutic change processes, and corollary technical strategies are elucidated with as little technical jargon as possible, and as close to the subjective experience of the practicing therapist as I could capture it. The book also may prove useful for experienced practitioners, by organizing and making explicit mental processes and technical actions that many may already be using in inchoate or tacit forms.

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NOTES

1. Three notable exceptions are the books by Levenson (1995), Safran and Muran (2000), and Strupp and Binder (1984).
2. Cognitive scientists refer to the strategy of efficiently comprehending an immediate situation by finding parallels with previously managed situations as "analogic reasoning" (Sternberg, 1977).

Contents

1

The Key to Good Psychotherapy

There always has been a large gap between the way competent psychodynamic therapists conduct therapy in their real world practices and the way their conduct is formally depicted in the professional literature and at professional meetings. This gap was empirically demonstrated in the two-decade-long Menninger Foundation Psychotherapy Research Project (Wallerstein, 1989) and across theoretical models (Goldfried et al., 1998). What is most neglected in the formal conceptualizations of therapists' activities is their crucial reliance on common sense about living a satisfying and meaningful life, particularly in terms of interpersonal relationships. For competent and expert therapists, this common sense is refined over the years, through a multitude of personal and professional experiences. Another neglected characteristic of the conduct of good therapists is their technical flexibility—that is, their ability to respond constructively to the circumstances they face at the moment. A final essential characteristic of the competent therapist, often neglected in formal discussions, is good interpersonal skills; fortunately, this characteristic is receiving more appropriate acknowledged, at least by some (Norcross, 2002). The most promising students in graduate therapy training programs arrive with a foundation comprised of these characteristics. All too often, however, our training methods then bury this foundation under a pile of knowledge about personality, psychopathology, and rules about how to conduct therapy that are either too vague to provide useful guidance or too rigid. For

extended periods of time students are completely preoccupied by the theories and facts they are expected to learn.

Therapists who turn out to be competent or expert manage to develop a way of doing therapy, to some extent, *in spite of* their training. They recover their buried common sense and flexibility, which allows them to use their inherent interpersonal skills. At that point these characteristics have been refined by the acquisition of extensive clinical knowledge and accumulating clinical experience. Unfortunately, not all therapists move in this direction. They either lacked the characteristics or, for whatever reasons, have been unable to recover them, at least in the practice of psychotherapy.

The purpose of this book is to reduce the extent to which these essential characteristics get buried during training and to accelerate their recovery, when needed. It aims to accomplish these goals by reducing the gap between the way competent therapists actually think and act while they are conducting psychotherapy and the way their thoughts and actions are formally depicted. For students who already have learned basic psychodynamic therapy concepts and principles, this book is meant to serve as a guide on how to apply these concepts and principles practically and in a time-limited format. Practicing therapists may find this book to be a useful aid in fully recovering and using their common sense, technical flexibility, and interpersonal skills in their practice of therapy.

This depiction of how to conduct psychotherapy is based on over 30 years of psychotherapy practice and training and over 20 years of involvement in treatment and training research. The clinical theory used as a conceptual framework for discussing treatment is an integration of psychodynamic–interpersonal and cognitive aspects (discussed in Chapter 2). The treatment model also represents what has been called "assimilative integration" (Lazarus & Messer, 1991; Messer, 1992), which refers to reliance on a predominant theoretical framework, within which principles and techniques from other treatment models are incorporated.

My strategy for minimizing the gap between how good therapists actually think and act and how I depict their performances is to avoid, or at least minimize, the use of clinical language to describe therapist performances. Although useful for dealing with clinical issues, the languages of clinical theories are ill suited for the job of adequately depicting the mental processes and actions associated with a complex skillful performance, such as that of conducting psychotherapy (Binder, 1993, 1999). As a more effective alternative, I rely on a theoretical framework

and language from the cognitive sciences, as noted in the Preface. I employ a conceptual framework for understanding the generic skills that appear to underlie all domain-specific performances (Chi, Glaser, & Farr, 1988; Feltovich, Ford, & Hoffman, 1997; Schon, 1983). My approach is to focus on generic skills that appear to underlie and support the effective implementation of techniques associated with clinical theories and theory-guided models of treatment, particularly those of a dynamic–interpersonal model. Most people have acquired these generic skills, to some degree, because they are required for successfully managing the challenges of living, including managing interpersonal relations. These skills include recognizing recurrent interpersonal patterns, the disciplined use of curiosity, common sense, and self-reflection. The process of learning theory-guided therapy principles and techniques *should* allow trainees to preserve their relevant generic skills and facilitate the use of these skills to guide the implementation of techniques.

With sufficient practice, the novice therapist can develop into a practitioner who can implement treatment models in a competent manner. Master therapists, in contrast, are capable of transcending the technical parameters dictated by treatment models. They are able to *improvise*, which means they are able to further therapeutic progress by whatever creative means necessary, given the circumstances—which are often unforeseen. The ability to improvise is one of the essential features that characterizes experts, be they psychotherapists, physicians, professional actors, musicians, professional athletes, or representatives of any other performance domain. Throughout this book, I maintain a focus on what I consider to be therapeutically relevant generic skills as well as the general clinical skills derived from them. Mastery of these generic and general clinical skills is required to become a competent, and eventually an expert, therapist.

ASSUMPTIONS ABOUT EMPIRICALLY SUPPORTED TREATMENTS AND TREATMENT MANUALS

The idea that the foundation of competent and expert psychotherapy practice consists of the flexible deployment of various skills, culminating in technical improvisation, diverges from the view prevalent among health care policymakers. The pressure to reduce health care costs has motivated the various stakeholders in the health care system to develop strategies for delivering care more efficiently and, hopefully, ef-

fectively. The prevalent view is that efficiency can be maximized, as well as effectiveness, by precisely determining the disorder or problem and addressing it with a treatment or technical protocol that has been empirically found to resolve the disorder or problem with maximum efficiency and effectiveness.[1] This view is most vigorously promoted by managed care organizations, which can increase their profits by reducing the expenditure of health care funds. Consequently, these organizations are constantly seeking practice guidelines that will increase at least the efficiency of health care treatments. The medical field has responded with various sorts of "evidenced-based" practice guidelines. In the mental health field, the American Psychiatric Association responded with treatment guidelines for several disorders and mental illnesses (e.g., unipolar depression, bipolar disorder, eating disorders, substance abuse (American Psychiatric Association, 1994). Organized psychology, through the American Psychological Association, responded to the psychiatrists' actions with its own Division 12 Task Force on the Promotion and Dissemination of Psychological Procedures, which published—and continues to publish—a growing list of approved psychotherapeutic treatments for specifically designated categories of "disorders" (Chambless & Ollendick, 2001). These "empirically supported" treatments have produced positive outcomes under controlled research conditions across several studies and therefore are considered superior to treatments that have not been put to this kind of test.

Those who put their faith in the effectiveness of empirically supported therapies also tend to put their faith in the use of treatment manuals as the foundation for training therapists in the use of effective treatment methods. Treatment manuals were originally developed by psychotherapy research teams for the purpose of improving the internal validity of research studies by precisely explicating the technical principles, strategies, and tactics of a therapy model (e.g., Barlow & Cerny, 1988; Beck, Rush, Shaw, & Emery, 1979; Klerman, Weissman, Rounsaville, & Chevron, 1984; Luborsky, 1984; Strupp & Binder, 1984). Although these manuals usually originate as part of research protocols, increasingly they are being used as all-purpose texts for students and more experienced practitioners. In fact, their use is being promoted as a requirement for accreditation of clinical psychology training programs (Crits-Christoph, Frank, Chambless, Brody, & Karp, 1995). Treatment manuals have contributed to the formulation of a more precise language for describing and explaining technical strategies and interventions, and they are associated with increased thera-