Deliberate Practice for Psychotherapists: A Guide to Improving Clinical Effectiveness

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The truth is difficult to face: decades of psychotherapy research continue to highlight that, despite our efforts, psychotherapy – while effective and relatively free of side effects generally – has not become more effective. We all want to get better, and yet large-scale analyses of our efforts are failing to show improvement.

For programs operating in or at the margins of the criminal-justice system, we have known for years what the principles of effective programs are, although the most effective means for adhering to them still seems up for debate and in many cases out of reach. For those of us who are also involved in more traditional forms of psychotherapy, the lessons should be obvious: the methods we often hold near and dear, like implementing the latest/greatest method, going to trainings, racking up CEUs and certifications, and even clinical supervision itself are not washing out in the research as making therapists more effective.

What are we to do? While there is no doubt that approaches such as Aggression Replacement Training and Multisystemic Therapy have very solid research behind them (albeit often from the developers themselves), the research into the implementation of evidence-based practices remains problematic (Fixsen, Naoom, Blase, et al., 2005). Still, the above are not
controversial statements. Authors from Bruce Wampold and Scott Miller to Takuya Minami and Jeb Brown have pointed out that there is a greater difference between the therapists working with a particular model than there is between the models themselves.

An emerging body of research has focused on the role of (mostly solitary) deliberate practice among professionals of all backgrounds. For example, recent studies of the development of expertise (e.g., by K. Anders Ericsson) has highlighted the importance not only of deliberate practice to improve one’s abilities in a given endeavor, but of studying how others go about similar work. For example, the world’s best chess masters study each other’s methods as well as their own. To that end, the opportunity to study how clinicians can work at self-improvement can be enormously helpful. To the present, there have been few resources in this area, and none that cover this topic in the detail that Rousmaniere does.

Rousmaniere takes us on a journey, at times deeply personal and primarily empirical and practical. He discusses in great detail the steps that clinical practitioners can take to become more effective at their work. The unfortunate reality is that often as professionals develop, their confidence improves while their competence does not necessarily follow. In fact, we often become more adept at preventing mistakes than at producing results. Adding insult to injury are research findings showing that professionals do not necessarily improve with experience, and often become slightly less effective.

Rousmaniere’s book follow on a rich tradition of writings designed to help therapists become more effective without necessarily believing that if they would only adopt the newest model or technique they could become the professional they want to be. Historical offerings such as The Heart and Soul of Change, volumes 1 and 2 spoke to the importance of the therapeutic alliance and other factors that are common to all evidence-based approaches to treatment. Those volumes were followed by Barry Duncan’s On Becoming a Better Therapist, which discusses using client feedback to inform treatment, but not the “deliberate practice” which is emphasized in this volume. Likewise, my own upcoming project with the APA Press (with Scott D. Miller and Cynthia Maeschalck), Feedback-Informed Treatment: Reaching for Excellence, focuses more on individual and agency applications of routine outcome monitoring and deliberate practice. It does not contain the detailed attention to what individuals can do to make themselves more effective that Rousmaniere’s project does.

The book’s table of contents are as follows:

1. The Path to Competence
2. The Path to Expertise
3. The Experiment, Phase 1: Deliberate Practice
4. The Experiment, Phase 2: Solitary Deliberate Practice
5. Expertise in Medicine: Focus on Clinical Outcomes
6. Expertise in Performing Arts: Focus on Skills
7. Expertise in Difficult Situations: Experience Refined by Feedback
9. The Principles of Practice
10. Deliberate Practice Exercises for Basic Skills
11. Deliberate Practice Exercises for Specific Models
12. The Inner Game: Self-Regulation, Grit, and Harmonious Passion
13. Advice for Supervisees: Finding Your Path to Expertise
14. Advice for Supervisors: Integrating Deliberate Practice into Supervision
15. Advice for Mid- and Later Career: Lifelong Learning
16. Challenges to Deliberate Practice
17. Looking Forward

Obviously, if this looks like hard work, it is. Rousmaniere offers no easy answers or apologies even as he offers the best way forward yet written for therapists trying to become better at their work.

References