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## **Multiple Factors in the Development of the Expert Counselor and Therapist**

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Expertise in counseling and therapy is both desirable and elusive. Increasing our knowledge about expertise in counseling and therapy enhances understanding of the role it plays in our profession. This understanding has the potential to improve the training of counselors and therapists. Yet expertise in counseling and therapy appears to be a multifaceted and dynamic concept needing further definition and description. In this article, we outline challenges faced trying to describe expertise in counseling and therapy and present research-based factors that contribute to developing expertise in counseling and therapy. Important factors include: experience, personal characteristics of the counselor and therapist, cultural competence, and comfort with ambiguity.

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**KEY WORDS:** expert therapist; expert counselor; master therapist; master counselor; counselor development.

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When considering career development theory such as Super (1980, 1990), it is natural to think that counselors and therapists want to develop toward the later stages such as establishment and maintenance, involving the vocational tasks of stabilization and consolidation. However, as will become apparent in this article, the qualities of years and experience have consistently been found to be necessary but insufficient explanations of developing expertise in counseling and therapy. Even Super's (1990) later concepts of cycling and recycling through developmental tasks reflects the complexity, dynamism, and flexibility in one's career development process that we also seek in our understanding of expertise in counseling and therapy.

How can we capture the essence of expertise in this elusive field of counseling and therapy? What part does experience play in the development of expertise? How can we describe expertise in counseling and therapy? In this article, we will answer these questions by illustrating the challenge of describing expertise in counseling and therapy and delineating the role of various factors in developing expertise.

### **Expertise in Counseling and Therapy: Some Challenges**

Skeptics point to the fact that there is no "gold-standard" or agreed upon definition of expert or "master" counselor or therapist. In a literature review, Lichtenberg (1997) found evidence supporting a claim of expertise in counseling to be weak. In particular, he noted that less experienced counselors did not appear to produce clinical judgments that were inferior to more experienced counselors. One of the most salient critics of the notion of counseling and therapy expertise has been Dawes (1994). He suggests that achieving expertise in such an "ill-structured" field as therapy is close to impossible. Dawes questions how a field such as counseling—with its ambiguities and subjective interpretations—produce experts in the same way that "hard sciences" such as physics, or mathematics can. Citing several relevant research articles, Dawes (1994) argues that the available literature indicates that experts simply do not exist in counseling. For example, Dawes cites Smith and Glass's (1977) meta-analysis that indicated that although overall therapy was effective, the experience level of the therapist was not a significant factor. Dawes claims that the effects of therapy and counseling are almost entirely determined by the client:

I suggest that it may be the actions of the clients themselves in 'taking up arms'—that is, in doing something about the problems addressed in

therapy—that result in a change in life itself that has a ‘therapeutic’ effect. (p. 61)

Other research has also emphasized the role of the client (e.g., Tallman & Bohart, 1999) but without the similar rejection of counseling expertise in its entirety that Dawes suggests.

Another classic study supporting Dawes’ conclusion came from Strupp and Hadley (1977). The authors found that the students who were experiencing non-clinical levels of either depression or anxiety scored basically the same on mental health and well-being when rating either a group of highly trained credentialed psychologists or a group of “empathic,” non-clinically trained university professors. Of course, one could argue that a group of caring professors represent a cadre of highly skilled helpers. Therefore, they should be able to produce positive results when helping students.

A more refined question than what Strupp and Hadley (1977) asked may be: How can first year, beginning practicum students in the helping fields—with very little skill or professional knowledge—successfully help clients? For example, a first year college student suffering a sudden relationship loss may feel great relief, after receiving an hour of empathic listening from a beginning practicum student. It may be that empathic listening is highly impactful for situational stress just as some medicine helps with cold symptoms. However, deeper psychological distress such as early trauma in primary relationships and then adult difficulties with trust may necessitate a highly competent therapist. The medical analogy would be the need to consult with a specialist for more serious problems. Thus, counseling and therapy research may obfuscate these different problem levels leading to no outcome difference by counselor or therapist skill level.

Skepticism seems warranted when authors and researchers inadvertently or even consciously equate experience with expertise. While there appears to be some correlation between these two constructs, experience and expertise are certainly distinct. For example, Vakoch and Strupp (2000) were deeply distressed when discussing how poorly some highly trained and experienced therapists reacted to client negativity. Also, we can all think of anecdotal examples from our own experience with teachers. Haven’t you, at times, been more impressed with a less experienced teacher than a more experienced one? How can this be, if experience naturally leads to more expertise?

The lack of conclusive evidence about experience and expertise cited thus far may surprise many. Most practitioners believe that expert

counselors and therapists are in some meaningful ways qualitatively different than novices. This seems logical and plausible. Those in the counseling and therapy profession often feel, from their own experience, that they are much more competent now as seasoned professionals than they were as novices. However, a study by Ricks (1974), as cited in Teyber and McClure (2000), of two highly experienced therapists working with distressed boys “. . . found staggering differences in the long-term outcome of these two therapists” (p. 77). The results indicated that experience alone was not an adequate explanation for different therapeutic outcomes.

When we think about the lack of conclusiveness in the research cited thus far, we are led to consider the idea that expertise in counseling and therapy is a dynamic and complex phenomenon that requires multiple explanations. Goodyear (1997), for example, looked at various operational definitions such as experience, level of training, demonstrated effectiveness, aesthetics, and cognitive processes. Goodyear describes these as “threshold levels” of intellectual and interpersonal skills that he believes counselors-in-training should possess. Although not pertaining to counseling and therapy per se, Sternberg’s (1998) article “Intelligence as Developing Expertise” is relevant to our quest in the suggestion that there are multiple elements (i.e., metacognitive skills, learning skills, thinking skills, knowledge, and motivation) in the development of expertise. Sternberg’s thesis further supports the idea that we are trying to describe more than one component when defining counseling and therapy expertise.

In the next sections, we will briefly present evidence found in the literature of multiple factors of counseling and therapy expertise. These features include: experience, highly developed characteristics of master therapists, openness to change, cultural competence, and comfort with ambiguity. We believe that these factors characterize expert counseling and therapy practitioners and make an important difference in the quality of the counseling and therapy experience.

### **The Role of Experience in Developing Expertise**

With a large international sample ( $n = 3958$ ), Orlinsky et al. (1999) explored the relationship between experience and expertise in the context of therapists’ perceptions of their own professional development. The authors examined three major questions: “1) What is the relationship between perceived therapeutic mastery and level of professional

expertise? 2) What is the relationship between currently experienced growth and level of professional experience? and 3) What is the relationship between a therapist's perceived mastery and currently experienced growth as a therapist?" (p. 204). The researchers found that perceived mastery was positively related to therapists' years in practice. However, growth seemed to occur at the same level regardless of years in therapy, with novices and veterans reporting roughly the same amounts of growth.

While confidence or efficacy may be necessary parts of "mastery," they are clearly not synonymous. In fact, Bernard and Goodyear (1998) state that the constructs of expertise and confidence are often independent. These authors note that experience is often a conduit for an inflated sense of confidence apart from mastery, and use the example of "paraprofessional" counselors who feel highly competent and qualified to perform difficult tasks although they have had little formal training.

Still, one major contribution of the Orlinsky et al. (1999) study is that the authors' move away from defining expertise exclusively in terms of years of experience. In their study, the authors attempt to define mastery through their perceived mastery scale in the traditional sense of the master craftsperson. Orlinsky et al. attempt to put forth a definition of therapeutic expertise, which takes into account an understanding of *in vivo* therapeutic dynamics with precision and skill. Their definition includes: ". . . understanding . . . what happens moment-by-moment during therapy sessions, [having] precision, subtlety, and finesse in therapeutic work, and [the] ability to guide the development of other psychotherapists" (p. 211).

Martin, Slemon, Hiebert, Hallberg, and Cummings (1989), attempting to distinguish novice from expert counselors, found that experienced counselors have an extensive storage of knowledge of counseling in general, and draw upon this knowledge efficiently and parsimoniously to determine the best course of action regarding specific client problems. Novices, by contrast, lack this abstract knowledge of counseling and need to engage in more extensive conceptualizations for each client.

Martin and his colleagues then qualitatively analyzed their data and focused broadly on the consistency of responses and the subjects' use of "domain-specific" concepts (i.e., knowledge "about") versus procedural concepts (i.e., "how to" knowledge) in response to specific client questions. The researchers found that experienced counselors displayed greater consistency in the concepts they used than novices, and

used a more “interactional” approach. In other words, experienced counselors displayed a greater awareness of the complex social and interpersonal context within which client problems are ensconced, and used more “domain-specific” concepts than novices. Interestingly, experienced counselors failed to use any procedural (“how to”) concepts when analyzing clients, indicating that experienced counselors were not especially concerned about how to conduct their counseling sessions, but were rather conceptualizing clients at a broader, more abstract, more inclusive level. Conversely, novices used many procedural concepts when analyzing a session, indicating a greater preoccupation with the “how to” when conducting a counseling interview.

Martin et al. (1989) concluded that with the necessary training and ultimately experience, counselors develop deeper, more meaningful mental representations of their clients’ presenting concerns, which enable them to conceptualize each particular client in a clearer and more efficient manner. The authors explained, “it is through experience that experts acquire an adequate knowledge for conceptualizing situational information in ways that permit effective conceptualization, problem solving, and action” (p. 395).

Kivlighan and Quigley (1991) support the results obtained by Martin et al. (1989). They showed expert and novice group counselors a videotape of a group counseling session, then asked subjects to make judgments about the similarity or difference between each of the various pairs of group members. Results of their study indicated that expert counselors had a more complex conceptualization than novice counselors of group members. Ultimately, Kivlighan and Quigley (1991) make conclusions similar to those of Martin and colleagues:

Since knowledge is organized into broader and more complete structures in memory, experts are able to make broader inferences, unify superficially disparate problems by underlying, often subtle features, and make qualitatively more sophisticated critical judgments. (p. 415)

### **The Role of Personal Characteristics in Developing Expertise**

Much of the research on counseling and therapy expertise has focused on the cognitive domain of the counselor and therapist. Perhaps expertise shows up in the practitioners’ ability to relate to extremely challenging clients and work with such clients in the presence of highly charged, emotionally unstable circumstances as suggested by

Skovholt, Rønnestad, and Jennings (1997). The perspective suggesting that expertise in counseling may be inextricably linked to the counselor's exceptional ability to form relationships is finding support in the empirical literature. Luborsky, McLellan, Woody, O'Brien, and Auerbach (1985) revealed that significant counseling success was determined most by the quality of the relationship with the counselor. Teyber and McClure (2000) found that the contribution of the therapist surpasses the contribution of the client in promoting and achieving mental health and go on to say, "In many studies, what therapists say and do in the therapy hour that promotes a good working alliance has proven to be the single most important contributor to change and positive treatment outcome. . . ." (p. 70). In an exhaustive review of the research, Wampold (2001) affirmed the primacy of the therapist's ability to form relationships in distinguishing successful therapy:

. . . the particular treatment that the therapist delivers does not affect outcomes. Moreover, adherence to the treatment protocol does not account for the variability in outcomes. Nevertheless, therapists within treatment account for a large proportion of the variance. Clearly, the person of the therapist is a crucial factor in the success of therapy. (p. 202)

Jennings and Skovholt (1999) provide further support for the saliency of the emotional and relational characteristics of counselors and therapists. The authors conducted a qualitative study on 10 peer-nominated master therapists. They found that master therapists not only seemed to excel in the cognitive domain (e.g., comfortable with ambiguity, motivated learners, able to draw upon accumulated experiences), they were equally adept in the emotional (e.g., emotionally mature, open to change, self-aware, congruent, attends to self-care) and relational domain (e.g., highly developed interpersonal skills, a finely tuned sense of timing and "dosage" when working with clients). Goldfried's (2001) collection of narratives from highly regarded practitioners also supports many of the findings here, particularly openness to change.

Beyond the Jennings and Skovholt (1999) study, the ten master therapists were the focus of three other investigations. In total, each of the ten was interviewed an average of six times. A synopsis of these studies, and a current portrait of the master therapist, is reported by Skovholt, Jennings, and Mullenbach (2004). The portrait that is summarized describes The Highly-Functioning Self. Characteristics of The Highly-Functioning Self are grouped under Paradoxical Characteristics, Word Characteristics, Identifying Characteristics, and Central Characteristics.



Paradoxical Characteristics include these examples: Drive to Mastery *and* Never a Sense of Having Fully Arrived; Ability to be Deeply Present with Another *and* Often Preferring Solitude; Great at Giving of Self *and* Nurturing of Self.

Word Characteristics examples are: Congruent, Intense, Open, Curious, Reflective, Self-Aware, Generous, Analytic, Fun, Inspiring, and Passionate.

Examples of Identifying Characteristics are: Emotional Health as Evidenced by Self-Acceptance Warts and All; Drawn to Complicated and Metaphorical Descriptions of Human Life; The Internal Working Schema is Thick and the Product of Thousands of Hours of Practice.

Examples of Central Characteristics under the Cognitive domain: Embraces Complex Ambiguity; Guided Now by Accumulated Wisdom; Insatiably Curious. Under the Emotional domain: Intense Will to Grow; Genuinely Humble; Vibrantly Alive. Under the Relational domain: Nuanced Ethical Compass; Piloted by Boundaried Generosity; Welcome Openness to Life Feedback.

Skovholt, Jennings, and Mullenbach (2004) conclude that being a master therapist is about optimal human development—not about being a technique wizard. They describe high motivation for mastery as key and use a term from the gifted and talented literature: “rage to master” (Winner, 2000, p. 163). Other ingredients include an abundance of professional experience and active reflection on the work. Finally, they add that these master therapists are also ordinary people, not ‘divine entities.’

### **The Role of Cultural Competence in Developing Expertise**

Missing from the literature cited thus far on expertise in counselors and therapists is the notion of expertise in working with individuals from different cultural backgrounds, commonly referred to in multicultural counseling as cultural competence (e.g., Sue, Arrendondo, & McDavis, 1992; Sue, 1998; Sue, 2001; Ridley, Baker, & Hill, 2001).

Sue (1998) defines cultural competence as “the belief that people should not only appreciate and recognize other cultural groups but also be able to work effectively with them” (p. 440). It is increasingly recognized that cultural factors such as race, gender, sexual orientation, national origin, ability/disability, etc. play some role in the therapist-client relationship and the effectiveness of therapy (Ridley, 1995; Pope-Davis & Coleman, 1997; Atkinson, Morten, & Sue, 1998; Sue & Sue, 1999; Pope-Davis et al., 2002). Ridley, Baker, and Hill (2001)

regard cultural competence as “. . . one of the most important considerations facing applied psychology” (p. 822). Recently, the American Psychological Association approved the Guidelines for Multicultural Education and Training, Research, Practice, and Organizational Change for Psychologists (APA, 2002). One of the guidelines’ founding principles reads: “Understanding and recognizing the interface between individuals’ socialization experiences based on ethnic and racial heritage can enhance the quality of education, training, practice, and research in the field of psychology” (APA, 2002, p. 17).

Sue (1998) notes, however, that the search for cultural competence has not been an easy one, mostly because of a lack of empirically-based research in this area and a weak link between multicultural theory and practice. This may explain why cultural competence has not interfaced with the broader area of counselor expertise, either conceptually or empirically. Sue has found that at least three critical variables influence cultural competence: (a) ethnic match (ethnically similar client and therapist), (b) service match (utilization of ethnic-specific services), and (c) cognitive match (when clients and therapists think in the same manner). Sue elaborates that while studies of ethnic matching and ethnic-specific services reflect favorable outcomes for ethnic minority clients, the reasons why remain unclear. Cognitive match studies further reveal that when therapists and clients share conceptions and expectations about the therapeutic process, positive outcomes emerge.

There is no doubt that the discussion around cultural competence in counseling and therapy continues to generate intense discussion (e.g., Sue, 2001; Ridley, Baker, & Hill, 2001; Reynolds, 2001; Suzuki, McRae, & Short, 2001). We agree with Sue (2001a) that despite the complexities in defining and operationalizing cultural competence, its omission from studies on expertise and other areas of counseling psychology is unfortunate and further perpetuates a sense of ethnocentrism regarding cultural factors. Unless it can be demonstrated that cultural competence plays no role in developing expertise, Sue’s (2001a) assertion that “cultural competence is superordinate to clinical competence and must become a defining feature of the profession” (p. 856) must be seriously considered.

### **The Role of Comfort with Ambiguity in Developing Expertise**

Related to working effectively with clients who are culturally different is an inherent comfort with ambiguity. The complex ambiguity of the helping professions can sometimes appear to be so daunting as to

make the process of acquiring competence an impossible task. This does not have to be the case. Instead, complex ambiguity can be an asset. Fook, Ryan, and Hawkins (1997) found that expertise within social work is particularly difficult to define and standardize because it occurs within changeable, unpredictable situations and depends on personal values and ideologies. Like other expertise researchers, the authors also disputed the idea of a universal expertise, and instead suggest that expertise is domain specific.

Fook and colleagues suggest that experts seemed to fit into one of three areas: 1) Those that had a clear sense of the contextual "rules" of a particular situation versus more "context-free" rules; 2) Those that were confident in their own professionalism and professional identity as social workers; and 3) Those that believed in their ability to influence a difficult situation. This categorization of subjects lead Fook et al. to conclude that the development of expertise, at least in an "ill-structured" field such as social work, is likely based more on the development and use of "wisdom" and "intuition" than on the use of ". . . articulated theoretical frameworks" (p. 407).

Are wisdom and intuition central to expertise in counseling and therapy? The findings of Fook and her colleagues, while still only representing one study in one field, strongly suggest that the hallmark of social work expertise is having the ability to handle unpredictability and uncertainty and to remain flexible in the face of chaos. Perhaps experts in such a field know there is no single way to handle all tasks. Tolerance for the elusive—ambiguity, anxiety, disorder, conflict, ambivalence, and paradox seems essential for expertise in the helping professions. Without question, given the similarly complex and ambiguous nature of the counseling and therapy professions, expertise here should be characterized by similar—*if not identical*—characteristics.

Findings similar to Fook et al. have been found in the counseling and therapy literature as well. Rønnestad and Skovholt (2001) conducted qualitative interviews with 12 senior psychotherapists whose mean number of postdoctoral experience was 37.6 years. They found that these seasoned therapists had a huge reservoir of personal and professional experience to draw upon in their work. The senior therapists were also profoundly influenced by early life experiences and professional elders or mentors. A major finding was the level of reflectivity these therapists displayed. Rønnestad and Skovholt propose that to be open to optimal counselor and therapist development, practitioners must ". . . (a) maintain an awareness of the infinite complexities of therapeutic work, (b) continuously reflect upon the challenges

and difficulties that they encounter, and (c) resist premature closure. . . .” (p. 186). In other words, they must embrace the ambiguity.

Rønnestad and Skovholt (1991) and Skovholt and Rønnestad (1995) address the issues of premature closure in their discussion of optimal practitioner development versus pseudodevelopment. The authors define premature closure as “. . . interrupting the reflection process before the assimilation/accommodation work is completed” (Skovholt & Rønnestad, 1995, p. 135). In their discussion of premature closure within the context of professional development, Rønnestad and Skovholt (1991) presented a Development/Stagnation Model of practitioner growth. They argue that at the heart of this model—and correspondingly at the heart of successful practitioner development—is an awareness of the complexity often present in the therapeutic endeavor. Such “complexity awareness” precludes latching on to simplistic or reductionistic solutions, instead setting the stage where one can continuously strive toward mastery of the highly ambiguous, difficult to understand phenomena. As Skovholt and Rønnestad (1995) indicate, “Professional development presupposes an openness and awareness to these phenomena and processes, and presupposes a continual search to arrive at a more profound understanding of them” (p. 126). Thus, having an awareness of the complex ambiguity of the work lays the foundation for optimal counselor and therapist development.

### Conclusion

We have described various factors suggested in the literature that contribute to developing expertise in counseling and therapy. Expertise, like wisdom, takes time and experience. As Goldberg (1992) states, “Although being an experienced psychotherapist doesn’t guarantee us wisdom, it does give us an excellent opportunity for it” (p. 147). But as we have discussed in this article, developing expertise also takes more than just time and experience. We have outlined additional factors such as emotional and relational characteristics, openness to change, cultural competence, comfort with ambiguity that form part of the counseling and therapy expertise equation.

We believe that we have just begun to tap the wealth of knowledge the expert counselor and therapist has to offer. Like Goldfried (2001), who described his experience reading the stories of renowned therapists to be like that of painting “a marvelous work of art,” (p. 315) we feel that our attempt to capture expertise in counseling and therapy

to be an initial brush stroke. We are certain that other factors and characteristics have yet to be discovered or addressed. We invite others to join in by way of research or discussion. Perhaps searching more broadly to see what other disciplines know about this area may prove beneficial. The search for the essence of excellence in counseling and therapy can result in outcomes that hopefully benefit clients, counselors and therapists, and those who train them.

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