The University at Buffalo School of Social Work
inSocialWork Podcast Series
Jan. 23, 2024

Episode: Effective Psychotherapists: Learning and practicing skills to improve client outcomes.

Prof. Peter Sobota [00:00:10] On our show today, the chef is more important than the recipe. From the University of Buffalo School of Social Work, hi everybody, and welcome back to the InSocialWork Podcast. I'm Peter Sobota. We've known for a long time that the most important factor in successful psychotherapy outcomes is the person who delivers the treatment. But who are these people? What do they do and how do they do it? Are they born this way today? And in social work? I'll speak with Dr. Theresa Moyers, practitioner, researcher, author, and leading scholar in the Motivational Interviewing approach about what effective psychotherapists, not psychotherapies, by the way, bring to the table and make them so effective and successful treatment outcomes. Want to learn more about how to do effective therapy? We have an evidence based and practical discussion for you. Dr, Moyers will talk with us about her work researching, articulating, and disseminating the skills of effective psychotherapists. We'll cover counselor effects and outcomes, bridging the research to practice, and we'll wrap up with how to build and transform treatment delivery systems that reflect and support what the evidence says about what promotes successful client outcomes. Doctor Moyers will outline the most important characteristics, qualities, and skills of therapists that promote change and growth routinely in clients. She'll talk about why and how these skills help clients, how practitioners can learn to implement these skills, the importance of relationship in therapy, and what are the empirically supported ways to train therapists in these skills? Theresa Moyers, PhD., is a professor of psychology at the University of New Mexico. She has published extensively in peer-reviewed journals and is a prolific Motivational Interviewing scholar and trainer. I also learned that Dr. Moyers trains and participates with her dogs in Dog agility competitions. It's still an open question if the trainer is more important than the dog. Hi Terri, welcome to In Social Work.

Dr. Theresa Moyers [00:02:28] Hey. Hello, Peter, and thanks for inviting me.

Prof. Peter Sobota [00:02:31] Oh, no no, no. Thanks for joining us. Why you would choose to ruin a perfectly good sabbatical is beyond me. But thank you for doing it anyway.

Dr. Theresa Moyers [00:02:41] I'm pleased to be here.

Prof. Peter Sobota [00:02:42] So we've got a lot to talk about. And what I always ask people to get going is that these stories are usually kind of interesting. So I'm putting a little pressure on you, maybe, but I'm always curious about how people find their way to the work. So, that's where I'd like to start, if that's okay with you. I'm curious. How did you find your way? You know, briefly, sort of briefly to clinical psychology and then especially the focus on the work that you do and have been doing now for, you know, quite some time. So that's where I'd like to start. Could you give us the origin story here?

Dr. Theresa Moyers [00:03:21] Oh, I'll try. After a turbulent time in my early adulthood, I decided to go to college, and I, so.. I went as a slightly older student to college, and I took a psychology 101 class. Fell in love with it. Absolutely fell in love with it. Never looked back. I went all the way through psychology, graduate program, everything without stopping, and considered myself the luckiest person on earth because I got to. I was actually, you know, that was my job was to study and learn, and I loved that part of it. And I was lucky enough in graduate school to encounter very good mentors and teachers in the

field of psychotherapy. One of them was Dr. William Miller and the other was a Dr. John Gluck. Two people who really put a lot into me, turning me into a therapist. And when I graduated, I took a job at the Veterans Hospital Administration Hospital here in Albuquerque, and I worked there ten years as a full-time clinician. Ten years. And that's where I really became a therapist, right? Like you, your in graduate school, but then you go and you actually work with clients, and that's when you become a therapist.

Prof. Peter Sobota [00:04:33] Yeah. The VA is a proving ground.

Dr. Theresa Moyers [00:04:35] Oh my goodness. What a what a hell of a great opportunity that was for me to learn. And the whole time I was there, I was sort of a frustrated researcher because I'd been trained in graduate school to do research and specifically outcome research regarding addictions. That was my specialty, and I just couldn't get a research program off the ground. And there were lots of reasons for that. But finally. Well, I was recruited actually to do some research trials away from the VA, and I had left the VA for a soft money job and then transitioned into grants of my own in a tenure line. And so I'm a unicorn. I kind of went the opposite way. I was a full-time clinician, and then I transitioned into sort of a tenure line as a faculty member at the university. Um, and the really cool thing about that is, if I had tried to get into academia and into a research program when I had first graduated, I think I would have been a failure. It's kind of a good thing that I was delayed. Oh, yeah. Why that is, is because while I was working that ten years, I found what I was truly interested in, which is: what is it that makes therapists effective? And so when I finally did transition into a research career, I was like, this is what I really want to know about. What is it that makes a good therapist good? And that question has stayed with me the entire time I've had a research career.

Prof. Peter Sobota [00:06:05] Well, we won't have to talk about that very long, because of course, we both know you're just born that way, and that's all that. That's all you need to do. I know we'll get to that later. We'll get to.

Dr. Theresa Moyers [00:06:13] That. So.

Prof. Peter Sobota [00:06:14] Yeah. All right. I'm sorry I interrupted you. There was there was there more you wanted to?

Dr. Theresa Moyers [00:06:20] That's plenty. Okay, enough about me.

Prof. Peter Sobota [00:06:24] Well, you know, I'll probably get in trouble for this, but I do think that this idea where you go out into the real world, you know, before you go into academia, is probably a helpful thing. It was really.

Dr. Theresa Moyers [00:06:38] Helpful. Yeah, in my own career.

Prof. Peter Sobota [00:06:41] So today, what we wanted to talk with you mostly about is your work in researching and articulating and disseminating the skills of effective psychotherapists. So I also want to talk with you later on, because I know you have some thoughts about building. And even transforming treatment systems that reflect all the things that you've been studying and worrying about in your career. To start us off. I noticed that you titled your book with William Miller, “Effective Psychotherapists,” Not Effective Psychotherapies. And I have a hunch that there's an important distinction there for you.

Dr. Theresa Moyers [00:07:27] Well, sure, because, I mean, there is a very vibrant and active research program in the United States to identify what are effective psychotherapies. And, you know, that is the empirically supported treatments, initiative and movement. Perspective in which I am very much I'm very much in favor of right. I, I'm very much in favor of investigating and verifying science based treatments and the technology. Right. The the particular mechanisms within those treatments that make them effective. And I also think that we ought to pay at least equal attention to therapist characteristics and behaviors and approaches that are data based. And right now, that seems to me very one sided. And I understand why that is, because it's a whole lot easier to investigate psychotherapy than it is to invest psychotherapists. But I think we're we're lopsided in the way we're approaching things now. And so this book is specifically to address that kind of lopsided ness and focus on what is the science behind affective psycho therapists. What is the science behind that? And that's what that book is about.

Prof. Peter Sobota [00:08:51] Yeah, I like the idea of, you know, science and art, not science or art, and you've combined them. And that's, you know, one of the reasons why we want to talk with you. But wait a minute, Terry. I mean, if we study effective psychotherapies, all we have to do is manuals them. And pretty much anybody can just trot that.

Dr. Theresa Moyers [00:09:16] Would that be nice? Wouldn't that be nice? And in fact, you know, there are decades of research in which we try to, uh, do that and pretty much eliminate therapists as a variable in offering treatments. Right. And we do all kinds of things to sanitize therapists effects out of RCTs that investigate therapies. And here's here's the story. We can't do it no matter how hard we try, no matter if we standardize the treatment manual, if we supervise the therapies, no matter how careful we are, there are still therapist effects and those therapist effects. And by that I mean. If we analyze our data instead of paying attention to what treatment the client received, and instead focus on just what therapist did they get? We usually see bigger effects than we do for treatments. Treatments often account for 2 or 3% of the variance in outcomes, and therapists pretty typically account for somewhere between 7 and 11% of the treatment outcome. So you know that we we can't get rid of therapists as a variable, even if we wanted to, which we which we shouldn't want to. So we should let our data tell us, okay, we've got these therapist effects. There are huge differences in how therapists are successful with their clients. Hey, that's kind of interesting. Shouldn't we look into that a little bit more? Right?

Prof. Peter Sobota [00:10:50] Yeah, I would, I would think that's very interesting. Yeah. I want to be careful here that I don't do all the talking, but you just hit a light bulb for me. Before I was in academia, I was a practitioner for 16 years and I wow. I worked in a chemical dependency outpatient clinic for a while as a clinical supervisor. So I supervised, I don't know, 10 or 11, you know, direct line outpatient clinicians, mostly social workers. And I'm not even sure what they're called here in New York State. Again, I mean, to get in trouble for this credential, alcoholism counselors, I think what they were called back then. Here's what I think. Well, maybe you just said this, but I'll ask you to elaborate. All ten of these people had the same supervisor. We weren't in private practice, so we were all espousing a treatment philosophy that was aligned with the clinic. We went to all of the same in-service trainings. We went to the same case conferences together to talk about our cases. So there was a fair amount of if you would want to say standardization, if you will, of of what we were doing. Yet an amazing thing happened that I watched happened over and over in a public outpatient clinic. People don't just say, hey, I want to meet with Terry. They come in and whoever's available on the waiting list is, you know, that's who they see. So we had all these similarities, all of these controls, if you will. But time after

time, the same thing happened. People who walked into our clinic said hello, fill out the forms, and then disappeared into a room, for example, with with Terry Moyers for 60 minutes. Came out 60 minutes later, smiling, chatting with Terry. Said goodbye to our receptionist. Double check their next appointment and actually came back the next week. And. Almost everybody at the same clinic who randomly got assigned to see Peter Sabata disappeared into a room for 60 minutes. And 60 minutes later, the door opened quickly and slammed loudly and shook the whole place. The person stormed out of the room, slammed the door, and we could hear them going down the stairs. An entire flight, and we never saw them again. Yeah, and I would watch that over and over. Terry. Why? Why do you suppose that happened? What would be a likely explanation for this?

Dr. Theresa Moyers [00:13:30] First of all, I think that the data on treatment of substance use clients really backs you up, which is that the model number of sessions completed by people seeking substance use treatment is guess what, one.

Prof. Peter Sobota. One.

Dr. Theresa Moyers. One. That means they go to one session and they don't return. There's your clinical observation which is actually supported by data. And what I would say is we're doing things in those sessions. So some of that is therapist effects right. Like some of it is I'm just better than you are, Peter. Right. And people will stick with me because I'm better somehow. But part of it is, and probably a more important part, is what we're asking those therapists to do, because we're not prioritizing the engagement of the client and the motivation of the client in that probably one session that we're going to have with them. We don't prioritize change at all. What we prioritize is fact gathering and assessment. Yeah, often what you see is that the first I mean, you're lucky if it's only the first session that you have to do fact gathering. Usually sometimes it's 2 or 3. Yeah. It's devoted to what I call the million dollar workup. Right. So we do this fabulous, really important assessment for the client. And by the time we've completed our assessment and we have some idea of what we might do with them, we never see them again. So it becomes like this revolving door of the million dollar workup and no follow through. So that's a big part of what I think causes people to have one session and leave it. And the other is sort of the ubiquitous ness of confrontation in the field of substance use treatment. Yeah, you don't necessarily see in other kinds of problems. Right. Like you don't see that in the treatment of depression or anxiety problems or things like that, but true. Yeah. So that could be something that's, you know, sort of specific to substance use.

Prof. Peter Sobota [00:15:28] Yeah. So the plan here is to talk about therapist or counselor effects and especially on outcomes. And you know, I know a large part of the book is really kind of taking you through. I can't recall off the top of my head now, if they're called principles. I remember there are eight of them.

Dr. Theresa Moyers [00:15:50] Could you maybe.

Prof. Peter Sobota [00:15:51] Just walk us through the high points of what you have learned about counselor effects, and what are the desirable qualities or traits there?

Dr. Theresa Moyers [00:16:01] So the book is organized in three main parts. The first part is us convincing you as the reader that therapists really pack a wallop and that they're worth looking into. So we kind of review the literature on therapist effects and, you know, point people in the direction of saying, hey, therapists are having an impact, right? And

here's all the research that tells us that therapists are having an impact. And then the second part of the book is, okay, well, if therapists are having an impact, what could it be.

Prof. Peter Sobota [00:16:33] And what's the mechanism?

Dr. Theresa Moyers [00:16:34] Yeah, we look at all the things that turn out not to really matter. And those are things like the therapist age and their sexual orientation, their gender identity. What feel they've been educated in. Like are they a social worker or a psychologist or something like that? You would think now that to me that kind of hurts, right? Like you would think that that would make a difference, but it doesn't. Mhm. And then even if you look at things the thing that really hurts is experience. Right. Yeah. Therapists who are experienced are not better with client outcomes than therapists who are just beginning. And that's really sad. Right. Imagine if we had surgeons that had that kind of of pattern. We would have like it. All right. And and surgeons it's called the surgeon volume effect. Surgeons get better when they do a particular procedure. And so if you want to have, for example, your knees replaced, what do you want to do is you want to find the surgeon that does the most knees wherever you happen to live. Mhm. But therapists do not show the same effect of getting better as they get more experienced. Mhm. So we go through these factors and talk about okay. Well we wish it was this. But it's not you know we. Yeah. Pretend like it's this but it's not. We pretend like it's your credentials that make all the difference. But it really isn't. So what is it. And then we review in the literature. Well these are the these are the characteristics of therapists. They're really have some support in the data. And there are factors like. Empathy, like being able to practice empathy. And let me just back up a minute and say we identify these characteristics, and then we use the model in which we talk about each of these characteristics having an internal component as well as an external behavior. So there's an internal experience that the therapist is having for each of these characteristics, as well as an external skill or behavior. And an example for empathy is experience is curiosity. There are some people who are naturally sort of more curious about what's happening inside of other people, right. And some are less curious about that. So if you have more curiosity about what is happening inside of other people, why they're doing the things they're doing, what their experiences must be like, empathy is probably easier for you. And the external behavior that's associated with empathy, we specify as reflective listening, even though, of course, that's not the only characteristic that you have or behavior that you have associated with empathy. Mhm. So for each of the characteristics that we talk about, we discuss the internal component and the external component. And we talk about things like empathy acceptance being able to give feedback. Being able to provide direction. Mhm. Being able to invoke from the client what their own strengths and contributions should be to the change process. And then one of the most surprising ones. For me anyway, was genuine ness.

Prof. Peter Sobota [00:19:52] Yeah. I was hoping you were going to get to. Yeah, go on. Cuz I do want to talk about this a little bit.

Dr. Theresa Moyers [00:19:57] Yeah. So genuineness has the least support data behind it than the any of the other characteristics that we discussed. And, and it has a, uh, effect size somewhere between point three and point 4 or 5. Pretty small right. And we thought about leaving it out because it's kind of not terribly well defined, unlike other characteristics are it's kind of a I know it when I see it kind of a thing.

Prof. Peter Sobota [00:20:29] Mhm.

Dr. Theresa Moyers [00:20:30] So we thought really hard about leaving it out, but really we were compelled to leave it in because we asked ourselves this question what good is empathy if the client doesn't perceive it to be genuine. What good is acceptance? What good is feedback? What good is trying to evoke the client's own strengths and contributions? If you're perceived as being false or playing a role or not. Not really wanting to do those things so.

Prof. Peter Sobota [00:21:01] Or parroting something you heard at a training in a book. Yeah.

Dr. Theresa Moyers [00:21:05] And that was so compelling to us that we decided, okay, we're going to believe genuineness in and, you know, talk about the limits of the data that we have for it, but also describe it as something we think is really critical and needs a lot more research behind it.

Prof. Peter Sobota [00:21:22] Yeah. And again, thank you for talking about that. And I'm impressed that you were actually even able to operationalize genuineness to the degree that you did. Because the reason I'm so curious about this is that beginning when I was a practitioner, but since I been working with students, you know, for 22 or so years, I began to ask people who had been to therapy or people who I met in therapy environments and who were successful. Mhm. And I did my you know, this is not even remotely scientific, but I would say.

Dr. Theresa Moyers [00:22:00] Like, why do you.

Prof. Peter Sobota [00:22:01] Think you were successful. Like what happened. What worked. What do you attribute your success. You know beyond your own efforts of course. And it was really interesting. They didn't even know what discipline their therapist was. Of course they don't care. They didn't say how experienced they were. They didn't say, you know, if they had, you know, an M.D., Ph.D. and their study. None. They didn't even know it, let alone even want to quantify it. But they said things like, I was successful, I'm pretty sure, because I genuinely thought my therapist actually really cared about me. That actually the things I told them seemed to affect them. Hmm. And I really got the sense, and this is the word that kept coming up. This is why I asked you and got so excited when you talked about genuine this. Is that many of them use this word. My counselors seemed to genuinely care about what happened to me. I felt it.

Dr. Theresa Moyers [00:23:14] I knew they.

Prof. Peter Sobota [00:23:14] Didn't always agree with me, but they always accepted my point of view and let me try it. Mhm. And it was all those intangibles so-called intangibles. Mhm. That seem to matter most to clients. Yeah, that's what they meant. So thanks for letting me tell that story. But it's exactly what I thought of when you were talking.

Dr. Theresa Moyers [00:23:42] No kidding. And if you would ask patients with medical doctors, they would say the same thing. You know, probably it's the same thing with, I don't know, lots of people that we interact with dentists and other people as well. And the fact that those are intangible things, what that means is we haven't done our homework yet, right? We haven't attached data to those phenomena that allow us to be able to measure it and to be able to evaluate it, perhaps even manipulate it in a clinical trial. Right, in a way that we we can have more confidence in it instead of just being sort of like, wow, this is something I observed. And I think it's really important we can do with.

Characteristics of therapists, the same thing that we do with treatment technologies, which is to manipulate them experimentally to see whether or not they impact outcomes.

Prof. Peter Sobota [00:24:39] Yeah. That's wonderful because there's there's an ability to warm there, right? You're not like, I was joking before. You're either born this way or not. Well, no.

Dr. Theresa Moyers [00:24:51] Yes.

Prof. Peter Sobota [00:24:54] That was one of the things I was going to ask you about. Let's just assume that people are born this way or not. Can people, in your opinion, learn something like empathy?

Dr. Theresa Moyers [00:25:08] Oh heck yeah. So I think well, okay, so the and this actually kind of circles around to the third part of the book. Remember I told you there were three parts of the book. So the first is about, you know, therapist matter. The second part is here are the things that the data support about therapist mattering. And then the third part of the book is and here's what you can do to get better at those things. Right. And we talk about how you can get better just if you're practicing with yourself or how you can get better if you're practicing with other people, or how you can get better if you're in a system that will respond and allow you to make some changes in it. Things like that. So how a person gets better at something like empathy could be at an individual level, where they start paying attention to a skill that conveys empathy, like reflective listening, and they decide to get better at that. Mhm. But. I mean, just to circle back a little bit. You know. People are born, I think, with a strong talent for empathy. Right. And it's not surprising that they would be because most talents that human beings have or or abilities that humans have are in a normal distribution in the population. Right? So curiosity about other people and the ability to take the perspective of another person is probably normally distributed in a population, and most people are pretty good at it. Some people are really good at it, and some people are really not very good at it. Right? I think about it as a rubber band. You're born with a certain empathy rubber band, right? It's a certain sides. You get that when you're born, but because it's a rubber band, it can stretch. So you can be born with a small empathy rubber band, but you can stretch that son of a gun by having certain kinds of experiences. And if you have a great big rubber band, maybe you don't need to stretch it that much, and you don't need to have those particular experiences for it to be better. And it's likely that not all therapies skills overlap and are the same. Like if you're a person that's good at curiosity about others and you have that naturally, it doesn't necessarily follow that you're going to have acceptance or the ability to have direction or things like that, right? So there's probably something to work on in there for sure. And how you become more empathic is you either work on the internal component of having a lot of life experiences and immersing yourself in the life experiences that your clients have, and knowing more about them and paying attention when people are speaking to you and opening your heart to that, and having experiences in your own life that are deepening and help you to become more aware of the internal experiences that happen to people when they encounter difficulties in their life. Yeah, or you practice an external skill like reflective listening, which is just something that you can do by listening to your own therapy tapes, practicing with other people, getting feedback from other people. And it turns out that when you practice that external skill, it actually creates a different experience inside of you. So one of the ways I think you can become more empathic as a therapist is to practice reflective listening, because doing that will actually expand that inner curiosity that you have if you if you do it. Well.

Prof. Peter Sobota [00:28:34] Absolutely. Yeah. And what I think is like super encouraging about all the things that you're saying is. I'm really hoping that a lot of the people who will eventually listen to this are people who haven't been baked into the same old, same old yet, who haven't, you know, been trained in in the so-called traditional ways who are still kind of finding their way because there's all sorts of permission here. Maybe you won't agree with this, but there's all sorts of permission with this knowledge to almost. Be a person. Before you kind of top that off with therapeutic skills and training and degrees and tons of experience that. Many of these characteristics that make effective therapists seem to be very similar to the things and the characteristics that make a pretty good friend with a different outcome, of course, and with a different intent. But it's it's that relational aspect that seems so crucial and that ability people like when you pay attention to them. Mhm. When you accept them. So I don't know what you think about that. Feel free to disagree if you like.

Dr. Theresa Moyers [00:29:58] I don't know the answer to that question. It's kind of interesting like it. And it kind of leads to who should we be training, right. Who should we be selecting to train?

Prof. Peter Sobota [00:30:08] Wow.

Dr. Theresa Moyers [00:30:09] Wow. Maybe having life experiences is one of the things that helps you to be a better therapist. But I don't know. I don't know the answer to that.

Prof. Peter Sobota [00:30:19] Well, all I know is when when I started being a clinician, I was probably 25 or 26, and most of the people who I was working with were older than I. And what I love about the my stuff from the beginning is, you know, you've always been clear that people are the experts in their own lives. So I learned a lot from being curious. With the people who I was supposedly helping. Mhm. And I think that makes sense from a lot of the things that, that you've been saying.

Dr. Theresa Moyers [00:30:58] So you have that internal curiosity and you're in a situation where you can naturally explore that, you know, with people and interactions with them. It sure makes sense to me that you would be perceived as a more empathic therapist by your clients.

Prof. Peter Sobota [00:31:14] Yeah.

Dr. Theresa Moyers [00:31:15] So let me.

Prof. Peter Sobota [00:31:16] Ask. I'm pretty sure we have been discussing this, but I really want to make this explicit for the people. Who care to learn and who are learning about this. How can I say this when you're empathic, when you're genuine, when you're accepting all nice things? How does that help people who are trying to change?

Dr. Theresa Moyers [00:31:45] And I would add to that list.

Prof. Peter Sobota [00:31:47] Go! Yeah.

Dr. Theresa Moyers [00:31:48] To having direction. Being able to have a direction and a goal focused, uh, interaction with your client, which is, you know. Very important. Empathy alone, I think, isn't going to do it. I'm also being able to give feedback and information in a particularly useful way to clients. Is one of the skills. And evoking from them is one of the

skills. And so each of those skills, each of those therapist characteristics slash skills. Right. Because they're they're both right. They're an internal characteristic plus an external skill. Has a different contribution or a different mechanism. And sometimes people need more of one thing than they need of another. Right. So like sometimes people really are offended by a therapist that is super empathic. And what they really need is somebody who has more direction or somebody who has more genuine ness. Right? Um, sometimes people don't really like a genuine therapist, that's all. You know, all who they are all the time during the session. And what they really need is a little more formality and a little bit more direction and a little bit more information from the person. So I would say it's not just one thing that works. It's a therapist that can shift fluidly between those characteristics and skills, and probably a bunch that we don't know anything about. Um. The reason we picked these ones is because that's where the data were in the literature. We're not saying that there aren't other ones or other important ones. Those are the ones that we happen to have some science for. Yeah. You know.

Prof. Peter Sobota [00:33:37] When we were talking even about having this conversation on the podcast, I think we were in this area about just like extreme following versus guiding versus, oh, you know, overt directness. And you said something that I thought was really interesting. You correct me if I have it wrong, but you said if a person was struggling and and you knew as their clinician that this might be the only shot you get with them.

Dr. Theresa Moyers [00:34:08] Yes.

Prof. Peter Sobota [00:34:09] You are simply not going to just compassionately accept, yes, that they were stuck, that you were going to kind of empty your toolbox.

Dr. Theresa Moyers [00:34:21] Yes.

Prof. Peter Sobota [00:34:22] Did I get that half right?

Dr. Theresa Moyers [00:34:24] Half right.

Prof. Peter Sobota [00:34:24] Yeah. Okay. Good.

Dr. Theresa Moyers [00:34:26] What I think is that some of the relational component and the therapist skills are really about building, putting money in the bank with your client, right? That's what we do, is we engage them and we put money in the bank. And then what we have to do is we have to spend that money on something. And that's what effective, empirically supported treatments are for. That's what we should spend our money on. Right. And so we're not there to just make deposits and keep building up our balance in the bank. I don't want my therapy with the client to end with a great big balance in the bank. I want to make sure I've spent every cent of that on science based interventions that will help that person move down the road. I want to have a bank account pretty close to empty when I'm done, because that means I've spent my engagement with that client in the service of something that I know will help them. And I'm not just relying on therapist characteristics to get the job done, to get across the finish line.

Prof. Peter Sobota [00:35:38] And to be clear right now, when you're talking about this idea. You're not talking about just giving advice without being asked.

Dr. Theresa Moyers [00:35:50] No. But at the same time, if you've got a mouse phobia, I want you to have exposure therapy and response prevention. I want you to have that. And

I feel like if I don't use the engagement that I have with you in order to point you in the direction of what I know is an efficacious therapy, then I haven't done as good a job as I could have. Now, maybe I can't do that in one session, because sometimes people you know are distrustful and they don't engage quickly, and it's going to take a little time to get that person involved and motivated in order to be able to use that kind of a, of a technology like exposure response prevention. But maybe if the client engages right away, I will be able to, in the first session, at least talk about those things as being an important something that I think is important in their ability to get better. Hey, I think this is important. What do you think? Right. Mhm. So as long as I understand that that's where I'm going, then I'm all right. If I take longer or if I take shorter, I might be doing that for good reasons. As long as I don't get lost and wander around and think, okay, well, the only thing I really have to do here is be empathic or be accepting or, you know, have great evoking because there may really be a role, but there probably is a role for expertise in the problems that the client's bringing to me.

Prof. Peter Sobota [00:37:21] Mhm. Thanks. Can I throw out a couple more words in this context?

Dr. Theresa Moyers [00:37:25] Yeah.

Prof. Peter Sobota [00:37:27] Persuasion.

Dr. Theresa Moyers [00:37:30] No.

Prof. Peter Sobota [00:37:31] I don't want to get into. Is that a good thing or a bad thing? Because I think the answer's probably somewhere in the middle.

Dr. Theresa Moyers [00:37:37] Um.

Prof. Peter Sobota [00:37:38] But my hunch is that you're not going to be coercive. I'm just going to. I'm going to lay that out.

Dr. Theresa Moyers [00:37:43] Oh, well, does that ever work? Right now? Well.

Prof. Peter Sobota [00:37:47] It doesn't stop most of us from.

Dr. Theresa Moyers [00:37:48] Doing it, though. Right. Like, if I could be coercive. And it would to get a person to do, you know, exposure with a mouse because I have a mouse phobia, I might do it, but it's not going to work. Right. Therapy isn't a totalitarian regime where you can just make people do whatever you want. You have to collaborate with them. It's a bad idea. Has zero usefulness to say. Okay, well, I'm going to win this by coercing people.

Prof. Peter Sobota [00:38:18] And. To go back to, you know, addictions treatment. That was kind of like, in many ways the hallmark of, I think, why a lot of that well-intended work fell flat. It was very coercive. With elements of social control too, with people coming in. Yeah.

Dr. Theresa Moyers [00:38:38] I'm a I'm a heretic in the field of addictions treatment because I really am opposed to coerced or legally mandated treatment for substance use disorders. I really it really worries me, and it worries me for a lot of reasons. One is because I think, um, the data to support coerced treatments are helpful only until the

coercion ends. Right. And then and then it's a different ballgame. And so is that really the best? If with all the money we spend on coercing treatment, is that really the best we can ask ourselves is that it is that it works until we quit monitoring them and then it doesn't work anymore?

Prof. Peter Sobota [00:39:17] Yeah. And that but that that's not even change. That's more like compliance. That's like doing time, you know, to get people to give you alone. I don't think people really change like the once it's over. They're not taking anything with them.

Dr. Theresa Moyers [00:39:33] Well, okay. And, uh, I agree with you. And so why? Why bother? Because it's very expensive for us to do that. And, you know, not to mention the the weird position it puts us in. We can become kind of an arm of the courts and the legal system instead of being, uh, a real refuge, uh, having something different to offer people. As I say, there are two sides of this, and I hear very clearly. Therapists who argue in favor of legal coercion and say, look, you know, it's a great alternative to putting people in jail. I get that. Uh, I'm just really worried that we're not actually accomplishing what we think we are.

Prof. Peter Sobota [00:40:17] Yeah, I would tend to agree with you, because then we become an extension of that system rather than a different kind of response to the problem. And I think a lot of people who are mandated who enter treatment systems. They expect to be treated poorly. They come looking for that. And sometimes, unfortunately, we give it to them. And I think that's the worst response.

Dr. Theresa Moyers [00:40:46] You know, you and I are about. We're about one minute from being tarred and feathered by the.

Prof. Peter Sobota [00:40:51] Yeah, yeah, yeah. I've already had that experience, unfortunately. Yeah, yeah. But yeah. So let's move away from that because okay. It's getting unpleasant. Okay. Fair enough. The notion of tarring and feathering.

Dr. Theresa Moyers [00:41:06] It's unpleasant because it's apparently there's truth on either side of that dilemma. Right? There's truth in the statement. We shouldn't just follow people in jail. We shouldn't just punish people. We should offer them alternatives. Right. Because that model I'm saying, well, you know, you get a DUI and then bam, you go to jail right away. That doesn't seem to work too well either. No. Right. So there's really not a strong wind in, in my opinion, on either side of this argument. Which is what makes it so unpleasant, is because it's kind of sad, actually.

Prof. Peter Sobota [00:41:41] And to come a little full circle. Most of that kind of treatment, if that's even what you want to call it, has very little to do with all of these. Affective characteristics of affective psychotherapists. Because you're not doing really any of that in most cases.

Dr. Theresa Moyers [00:42:03] You know, I would say. I'm not sure I agree. I see a lot of therapists working in treatment centers where treatments are straight up coerced, straight up mandated. The person you know, it's like they got a jail cell on one side and they got a therapist chair on the other, and they got to choose, right. And I call that coerced treatment. And, you know, they end up with a therapist that has a lot of these characteristics that we talk about and knows a little bit about what they're doing. And I think their experience is probably dramatically better than someone who.

Prof. Peter Sobota [00:42:36] I yeah, I think.

Dr. Theresa Moyers [00:42:37] Somebody who has doesn't have those skills. And I'm going to put my money on that therapist every single time, even though their treatment is coerced.

Prof. Peter Sobota [00:42:45] More agreement than I thought. Maybe at the at the very beginning. Yeah. Given what you've been learning and what we've been talking about. And what I've always liked about the the my folks, I'll call them, is that not only were they doing the work. They were always measuring the work. Yep. And even more I think interesting and I think admirable is they really. Began to study. How do you learn how to do this and how do you effectively train people? Because I just remember when I started doing my training here in the Buffalo area. I met a lot of people who came to like a three or a six hour training, like a one day thing on me, and that was supposed to impact their practice. And I know that you and the Me folks have some opinions about what are the best ways not only learn, am I, but to learn these effective characteristics and capacities. My question is, what do you think are effective ways of training therapists? In these skills. How do people learn this best? You've talked about this earlier, but again I want to make this explicit.

Dr. Theresa Moyers [00:44:15] Well. And here there are a lot of data to help us out, right? Because we've done a lot of training studies in motivational interviewing, like this is what it takes to to train people to do it. And. The couple of things we've learned. One is that one shot workshops typically produce. They produce gains, but they're very short term gains. And so they last probably not even six weeks right. Mhm. I know this for a fact. You can have Bill Miller teaching a workshop, two day workshop. At the end of that workshop, people will have very substantial gains in their basic in Y skills. You measure them six weeks later and those skills are gone.

Prof. Peter Sobota [00:44:56] Yeah.

Dr. Theresa Moyers [00:44:57] For the majority of people, there's a minority of people who get any kind of learning. Geez, they pick up a book about me and they read it and they're like. Fast learners, the easy acquirers, right? They need so little and they do so well. And you know, those people are super interesting. I'd like to know more about who they are. I certainly wasn't me. So one short workshops typically short term gains. They don't stay. And by the way that's true of other therapeutic methods as well. Am I isn't unusual in this way to. So the second thing that helps is getting enrichments to your training. So great. You've had some initial training, either a workshop or you've had some instruction, or you've had some introduction to the method. And then following that, you actually have enrichments of your training. And what kind of enrichments are we talking about too, that we know about in our treatment research are getting feedback. So submitting a work sample, a sample of yourself trying to do this and then having that evaluated in an objective fashion and getting that feedback, getting those numbers, getting that evaluation of what you're doing. And we have ways of doing that in motivational interviewing, measuring what you've done and giving you that feedback. That's helpful. And what else is helpful is a consultation where you bring a client problem to a consultation with somebody. You talk about it, you practice a skill, a critical part of the consultation process, and then you make a plan for what you're going to do the next time. So those are sort of consultations. And we know that receiving either of those things increases your benefit, and receiving both of them gets you the biggest gains. And also the biggest impact on client behavior. When we measure your work samples, right. Getting

both of those. So those are some of the things that we know. About how to train people in motivational interviewing. And by the way. Training people in motivational interviewing follows the same rules as training people to be therapists, which is everything we think predicts how good you're going to be. It turns out, not your personality. Doesn't predicting your age or experience how you were trained? None of that makes any difference in how well you learn. Motivational interviewing. Hmm. I'll say one more thing. Yeah. Which is that there are some people who never seem to get better at motivational interviewing. No matter how much enrichment and training they get. And so I'm convinced that there are some people that motivational interviewing is just not for them. And I'd be I'm I have lots of ideas about why that's so. But I don't know. I don't really know. And I were so curious about that. Like, what makes somebody. Not ever going to be good at me. And, you know, probably the same thing is true of CBT or 12 step facilitated therapy or, you know, or personal therapy or any of the other, you know, empirically supported treatments we could talk about. There's a subset of people that that don't do that. That's just not right for them.

Prof. Peter Sobota [00:48:03] Mhm. Yep. Makes sense. All right. Now let's even get a little more macro here. Okay. Talked about individual practitioners how to train them. The last idea that I wanted to talk with you about is what are the implications of everything that we've been talking about. When it comes to kind of challenging the status quo in our systems of care or in our treatment systems. Based on everything you've been talking about. How do we go about. Over time, clearly transforming and building systems of care that reflect these ideas. And yeah, go ahead. I'll show.

Dr. Theresa Moyers [00:48:51] You first. You first. I want you to finish.

Prof. Peter Sobota [00:48:54] I think I pretty much was, but how do we build systems of care and treatment systems where people who want to practice this way and who want to be effective will get support, and they'll continue to learn, and it will be something that is not the luck of the draw, but you. If you enter the system, you're going to get this kind of high quality standard of care.

Dr. Theresa Moyers [00:49:21] Right? And this is, by the way, the next book that we're working on now is like, okay, if you have these effective therapists, then what can you do to leverage their impact in systems? Right. Yeah. And I'll just tell you that the things that I'm going to be talking to you about are not my ideas, their or Bill's ideas. They have been espoused by other people. We didn't make them up. The first one, I would say, is to stop making our initial contacts with clients about assessment. We have a model that we need to assess people and figure out what's wrong with them and what their psychopathology is, in order to figure out what the best treatment for them is. And first of all, I'm not even sure that's true, because I think a lot of the ways people change don't have a lot to do with their psychopathology. But okay, let's say it does, right? It still doesn't address the fact that we have to engage people before we can brutalize them with assessment, because that's what assessment usually is, is it's a pretty brutal experience for somebody that's already kind of tender. Um, so I would say that in an outpatient setting, we ought to devote at least the first two, maybe three sessions to engaging and motivating that client to change. Mhm. A second thing that I would see is that we need to we need to get rid of the idea that therapists should do their work without being observed. I want to go back to surgeons. Right. What surgeon would ever say you know what. What happens in the operating room is magic. And if you watch me, it can't happen, right? Yeah. We would. That would be bizarre to us. And yet we hear that from therapists all the time. If you watch it, if you evaluate it, then the magic can't happen, right? The door has to be closed. We need to get rid of that idea that we've got to close the door, and we need to allow therapy to be a much

more observed thing by our peers, by people who are experts, by people who can give us feedback and help us get better by our clients. You know, by by having clients routinely and regularly give feedback about the therapy sessions. I mean, the data are very strong that that improves therapy outcomes. So that's a clear, uh, change that we advocate for. And the third thing I'll talk about is even, you know, sort of even more removed from the therapist, which is we need a way of giving therapists outcome data about their clients treatment systems need to start paying attention to follow up. And the fact that we don't do that. Yes. Is I like like if I could change one thing, it would be that we would have routine follow up of our clients. And in the effective therapist look, we talk about how some some ways that therapist can make that happen for themselves. But really we need systems that are willing to invest in that kind of absolutely routine follow up that clients will get. And what we'll find when we do that is what many of the research, the big data research studies have shown already, which is that some therapists are more effective than others. And that's kind of threatening to us as therapists. We kind of don't want to know that. It's like making a very nervous, like, you know, in here, you and I are sitting in academia and our ivory towers. You know, this doesn't impact us. But hey, there's therapists on the front line who are saying, I don't I don't want that. I don't want to be evaluated and accountable for that. But yeah, the and, you know, but all I will say is that's the way surgeons used to think, but they don't think that way anymore. Right? And we need to know who are the really good therapists in our settings. And more importantly than that, who are they good with? Because of the big data, studies about therapists show us that therapists are usually good better at treating some kinds of clients than others. And so it may be more nuanced than saying, okay, well, who's the best? You know, rank ordering our therapists is one thing. We can do that. But when you look at what problems are therapists good at, it's very likely some therapists are good at some problems and not so good at other problems, which allows us to sort of give people a case mix that optimizes their skills.

Prof. Peter Sobota [00:53:39] Okay. I love the the kind of big system focus because I have met people and students who I think got it, if you will. You know, they they they were good at it and they had the right intentions and they had many of these capacities that we've been talking about here for a while. But they were in a system that not only sometimes didn't value it, but literally challenged what they were doing. It spit them out. And I think that's why people need to move up in treatment settings and, and into positions of leadership and influence and all that. But that can be a lonely ride when you are the person to two people. And you're fighting a battle, maybe with your supervisor or your director on a daily basis about being nice to your clients. And this is the stuff that makes no sense.

Dr. Theresa Moyers [00:54:39] Yeah. And, you know, I hear all say we therapists have that in common with many other occupations and professions, and particularly those in the medical field. Right. So I keep going back to them. Surgeons would complain of the same thing, right? They have a high a dedication to a high level of quality in what they do. But the system often conspires against them and to have the best outcomes that they could. Yeah. Right. So in that way, we could take a lesson from our our peers in other patient care areas.

Prof. Peter Sobota [00:55:15] Yeah. And just again, to emphasize, you know, how do you overcome that? Well, you don't often win a power struggle, but sometimes you can win a data struggle if you if you're measuring what you're doing, which as you said, most places, I mean, I hope it's different in New Mexico, but I mean, out here in Western New York, I'm going to get in trouble for this too. But I think there are a lot of settings that literally don't measure their effectiveness and what they do at all.

Dr. Theresa Moyers [00:55:48] Well, it's tricky, right. And it's and it's expensive. So. You really have to transform the way you think about care in order to be willing to do that. And I think it's coming. I really do think that's coming, because therapy is too expensive and potentially too powerful to not be doing that. But it's sure not here yet. And it's not different in New Mexico. My friend.

Prof. Peter Sobota [00:56:14] Hmhm. Oh, no, that's too pessimistic of a note to end on. We got to find something else. I'll take a shot at it. We could acknowledge what you and I just said, but I think we also have to be fair, is what I think about what was going on in a lot of settings 30 years ago, 25 years ago. We've come a long, long, long, long way. You can't pick up a text anymore without seeing references or chapters related to me through the stages of change. Harm reduction and client centered approaches. We're getting there.

Dr. Theresa Moyers [00:56:55] Not only that. I mean, I think you're absolutely right. A focus on natural change and how do we facilitate a natural change process? Because that's the way most people change, right? Like that's a huge area of growth and optimism that we can focus on. How do we get better at helping people change themselves, instead of thinking that we need to make that, that we have to hold them by the hand and take them along? Right. That's that's that that makes me tremendously optimistic.

Prof. Peter Sobota [00:57:22] There's so much to learn from those folks, too. I know, I know, I met people in my personal life. Who referred to themselves, for example, as recovering from an addiction. That's how they describe themselves. So I said, you know, how did you do that? Did you go to AA your and a or.

Dr. Theresa Moyers [00:57:40] Here's what they tell you. I know exactly what they said. Are you ready? Yeah. They said I just made up my mind.

Prof. Peter Sobota [00:57:45] Yeah, exactly. Yeah. And but that's not supposed to happen here.

Dr. Theresa Moyers [00:57:49] I know, That's. That's actually that's the last frequent way that people change. I know the addictive behavior. Right. So I'll say one other thing that should engender a sense of optimism, which is that the more we struggle as a society with the. Inequity and stigma and health disparities. And income in equivalence. And how really the social fabric of our society is really failing us right now. Right. The more it becomes clear. I think not only to us therapist types. You know, who could have maybe guessed that this was going to happen? But the more it's becoming clear that when we don't invest in mental health treatments and substance use treatments, we pay a price for it. Socially, we're paying it, paying dearly for it, you know, now, and it's just going to get worse. And so eventually I'm optimistic because I think eventually the the lesson will become very clear. We have to invest in a mental health safety net and a substance use safety net. We have to do that because otherwise we all pay the price for that.

Prof. Peter Sobota [00:59:06] Absolutely. Absolutely. All right. So let's end there. Okay. I think that's the challenge in front of us. Terry, thank you so much for taking the time. I know you have like about seven other things to do rather than to do a podcast here in the in the middle part of December.

Dr. Theresa Moyers [00:59:25] Oh my gosh, it's been such a pleasure. So fun.

Prof. Peter Sobota [00:59:28] I agreed, and I am looking forward and hoping that not only do folks listen to this, but academic types, people who build syllabi and things like that, we'll see that, you know, you don't have to have a whole bunch of reserve articles. You can have links to a very informative podcast that can have a nice little impact on your practice, and minimally get you thinking about how you do what you do.

Dr. Theresa Moyers [00:59:57] So we would make a great stimulus for discussion group, wouldn't we? I would hope. Yeah, I think so.

Prof. Peter Sobota [01:00:04] I would hope. Thanks again Terry.

Dr. Theresa Moyers [01:00:06] All right. Thank you Peter.

Prof. Peter Sobota [01:00:09] Thanks again to Doctor Theresa Moyers for taking the time to join us on our podcast, the Quietly Effective in Social Work podcast crew is our technology and website guru, Steve Sterman. Nick Desmet, our GA production assistant and guest coordinator. Say hi Nick.

Dr. Theresa Moyers [01:00:27] Hey everybody.

Prof. Peter Sobota [01:00:29] And me, Peter's about. Tell us what you think about our episodes on our website. Drop us a line. Tell us how you think we're doing at in social work.org. See you next time everybody.