

Does Practice Always Make Perfect? A Study of Whether Psychotherapists Treating Older Adults Become More Efficient as They Gain More Experience

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Abstract

The current longitudinal study investigates the effects of practice on the outcome of psychotherapy for elderly persons. It follows 4 psychologists for the first 143 clients of their professional lives to explore whether increased practice leads to better outcomes for their clients. The participating psychologists routinely monitor the effect of their work with different psychometric outcome measures and receive weekly supervision. The clients consist of 267 primarily elderly persons above the age of 65, who receive psychotherapy to improve their overall well-being. Well-being is measured with the WHO-5 Well-being Index. Regression analyses, with outcome improvement functioning as the dependent variable, were calculated as pre-treatment scores subtracted from post-treatment scores. There was no significant effect of the chronological rank of clients on the overall effect of treatment. Hence, no practice effects were found in terms of increased well-being. Variations in effect did not change either. However, the psychologists used significantly fewer sessions to achieve the same effect as time went on, as there was a significant effect of the chronological rank of clients on the number of sessions. Though significant, the size of this effect was small. Results are discussed in the light of the literature on expertise and expert performance, and possible ways to increase the effect in psychotherapy with elderly persons are suggested.

Keywords: Psychotherapy, Elderly Persons, Practice Effect, Well-Being

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Introduction

Psychotherapy is regarded as a highly efficient treatment across many different types of psychological disturbances (APA, 2012). In most arenas of life, practice tends to improve performance considerably. Surprisingly, this does not generally seem to be the case for psychotherapists (Goldberg, Rousmaniere, Miller, Whipple, Nielsen, Hoyt & Wampold, 2016). For some reason, they do not appear to improve in terms of efficiency as time goes by - at least not unless they deliberately attempt to improve, for instance by applying systematic effect monitoring (Chow, Miller, Seidel, Kane, Thornton & Andrews, 2015). Some researchers have found that new psychotherapists display a significantly larger standard deviation compared to more experienced psychologists (Hougaard, 2019). This difference represents a larger variation in the outcome of treatment, which could be explained by the less experienced psychologists being less systematic. To our knowledge, the effects of practice has not yet been studied in psychotherapists working with older clients.

Methodology

The current longitudinal study investigates the effects of practice on the outcome of psychotherapy for elderly persons. It follows 4 psychologists for the first 143 clients of their professional lives to explore whether increased practice leads to better outcomes for their clients. Further, we investigate whether the number of sessions change as the psychologists gain more experience. The participating psychologists routinely monitor the effect of their work with different psychometric outcome measures and receive weekly supervision. The clients consist of 267 primarily elderly persons above the age of 65, who receive psychotherapy to improve their overall well-being. Well-being is measured with the WHO-5 Well-being Index which is a brief 5-item self-report inventory (Johansen, 1998; Topp, Østergaard, Søndergaard, & Bech, 2015). The following five statements are rated on a 6-point Likert scale with 0 indicating "At no time" and 5 indicating "All of the time": 1. *"I have felt cheerful and in good spirits"*, 2. *"I have felt calm and relaxed"*, 3. *"I have felt active and vigorous"*, 4. *"I woke up feeling fresh and rested"* and 5. *"My daily life has been filled with things that interest me"*. The respondents are asked to indicate for each of the five statements which is closest to how they have been feeling over the last 2 weeks. The WHO-5 raw score is calculated by totaling the answers to the five statements, ranging from 0 to 25, with 0 representing the worst possible level of well-being and 25 representing the best possible level. To obtain a well-being percentage score ranging from 0 to 100, the WHO-5 raw score is multiplied by four. Thus, the overall WHO-5 scaled scores range from 0 to 100, with 0 being the lowest possible level of well-being and 100 being the highest possible level. Scores of 50 and above are considered to indicate normal well-being. Scores of 35 or lower indicate severe stress and a great risk of depression (Danish National Board of Health, 2017). Regression analyses with outcome improvement functioning as the dependent variable, were calculated as pre-treatment scores subtracted from post-treatment scores. To account for individual differences in skill, the dependent variable was mean centered for each psychologist. The independent variable is the chronological rank for each client for each psychologist. As the investigated psychologists work within a deliberate therapeutic praxis, which utilizes systematic outcome monitoring, we expect to find a significant, but small, effect of practice on the outcome of treatment. Furthermore, variation in the outcome of treatment is expected to decrease as the psychotherapists gain more experience.

Conclusion

It turned out that there was no significant effect of the chronological rank of clients on the overall effect of treatment, $R^2 = .000$, $F(1,265) = 0.088$, $p = .767$. The final predictive model was: Effect of treatment = $.789 + (-0.010 * \text{Chronological Rank})$. Hence, no practice effects were found in terms of increased well-being. As can be seen in the scatterplot (figure 1), variations in effect did not change either. However, the psychologists used significantly fewer sessions to achieve the same effect as time went on, as there was a significant effect of the chronological rank of clients on the number of sessions, $R^2 = .034$, $F(1,265) = 9.240$, $p = .003$. The final predictive model was: Number of sessions = $7.729 + (-0.011 * \text{Chronological Rank})$. Though significant, the size of this effect was small.

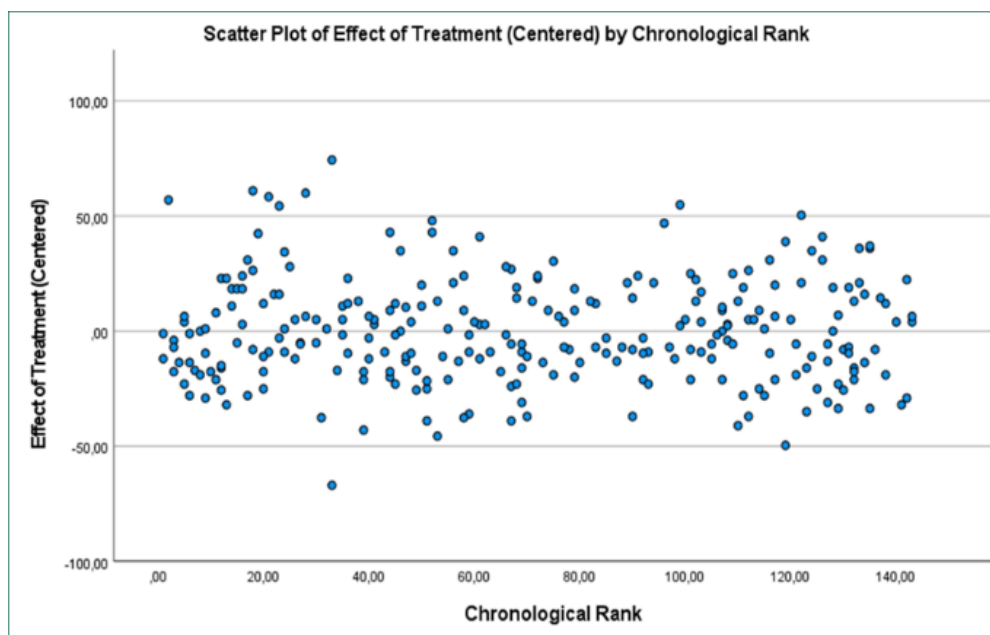


Figure 1 Treatment effect across time (increasing experience)

The psychologists at the Center for Quality of Life have demonstrated that psychotherapy is highly effective even when the psychologists are relatively inexperienced, demonstrating increases from a mean score of 33.89 to a mean score of 57 on the WHO-5 Well-being Index (Larsen, Mortensen & Vedel, 2020). Based on previous studies, we hypothesized that our psychologists, who receive systematic supervision, would show minor, but significant, improvements and that the variation in effect would decrease. Both hypotheses were falsified as no effect increase was found and the variation remained stable. However, the psychologists used significantly fewer sessions to achieve the same effect as time went on. The literature on expertise and expert performance shows that the amount of time spent specifically targeted at improving therapeutic skills is a significant predictor of client outcomes. Further, being a highly effective therapist requires more effort in reviewing therapy recordings alone (Chow, Miller, Seidel, Kane, Thornton & Andrews, 2015). Hence, a way forward for the psychologists in the Center for Quality of Life could be to focus more on improving effects in supervision sessions or alternatively to have group sessions for the psychologists specifically aimed at improving the effect of their psychotherapeutic efforts. Further, more time could be allocated to review therapy recordings individually. In the future we plan to implement such initiatives and follow up to see whether this will improve efficiency.

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