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Commentary on Sudden Gains and Sudden Losses in the Clients of a "Supershrink": 10 Case Studies

An Exceptional, Efficient, and Resilient Therapist: A Case Study in Practice-Based Evidence

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ABSTRACT

Hansen, Lambert, and Vlass (2015) offer a timely and insightful research study into the delivery of exceptional psychotherapy practice by a private practitioner name Eri. At the conceptual level, we raise points about terminology ("supershrink") and the operationalization of sudden loss, while in terms of research we draw links with models of very brief interventions and set the account within the paradigm of practice-based research. We argue that the report is an exemplar of practice-based research at the level of the individual practitioner. In relation to clinical practice, we comment on how Eri demonstrates resilience in her routine practice by maintaining a high degree of personal competence, not only towards herself (e.g., in her deliberate use of patient outcome measures) but also in the application of her clinical skills and the development of a working alliance bond with clients, evidenced particularly with patients achieving sudden gains. Consideration is given to the salient client factors that may or may not facilitate change and additional comment is made on how service-level designs could impact on the delivery of sufficient treatment depending on clients' needs.

Key words: practice-based research; therapist effects; sudden gains and losses; resilience; alliance; case studies; clinical case studies

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INTRODUCTION

The article by Hansen, Lambert, and Vlass (2015) encapsulates a multi-method, N=1 investigation into one intriguing phenomenon—sudden gains and its counterpart, sudden losses. The study offers a privileged insight into an exceptionally effective therapist and with corroborative evidence drawn from a sample of her patients. The study could be said to contribute to the practice community in two main ways: first, by increasing our understanding of how one therapist delivers particularly more effective practice, and second, by increasing

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appreciation of the unique features of patients who show better outcomes compared to those patients who show poorer outcomes.

In this commentary, we first consider a range of issues raised by the Hansen et al. case study in relation to various streams of research and provide some observations from our own research that resonated with us. We then consider aspects of the clinical account that have a bearing on this case study.

AN EXCEPTIONAL THERAPIST

One starting point is with definitions and terms, in particular that of "supershrink." As Hansen and colleagues state, the term was originally coined by Ricks in 1974. Over the ensuing 40 years, society has changed in its sensitivities to certain terminology. At a personal and professional level, the concepts of *super* beings and *shrinks* sit uncomfortably with us, other than as a historical point of reference to the work of Ricks. Our interest and research focus is on the *effective practitioner* (therapist) and all that is entailed in such an investigation. Two points come to mind, namely: what is it that we are investigating, and what do we call it? In terms of the former, it would seem to us that as therapists, we are always seeking to be effective—to be as effective as we can. In the instance of the therapist in the present case study (the third author, Erigoni Vlass, hereafter referred to as "Eri"), we have evidence of a highly effective therapist—a seeming master of the craft. However, neither the term "super" nor "shrink" seem to apply—not because Eri isn't effective, but because the term "supershrink" seems inappropriate within current psychological terminology. Accordingly, we adopt the simple term *exceptional therapist*, as determined by Eri's clinical outcomes.

SUDDEN GAINS AND SUDDEN LOSSES

As noted by Hansen et al., the definitions of sudden gains are varied and the operationalization adopted by the authors is perfectly defensible. A point of debate, certainly from a clinical perspective, is whether the operationalization of sudden loss is a mirror opposite of sudden gains. The calculation of what is a reliable change can be taken in either direction: a reliable gain or a reliable loss. Psychometrically (i.e., statistically), the calculations applied are identical except in opposite directions. The assumption is that clinically, as therapists, we would view either a gain or a loss of less than 14 points on the OQ-45 as not being reliable and therefore assign it to measurement error. So, if a client shows an improvement of 12 points, as a therapist we decide that it is not reliable and therefore don't assign it to the positive effect of the intervention. But, imagine then being presented with a client who shows a decrease of 12 points on the OQ-45: do we "ignore" this change with the same argument, namely that it could be due to measurement error? Given the potential role that feedback has with clients who are failing, it may be prudent to use a lower threshold for taking note of deterioration so that we can be more immediately responsive. Hence, our point is simple: while the definition of sudden gains seems appropriate, it may be questionable whether a sudden loss can be construed and operationalized as a mirror opposite.

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PARADIGM OF PRACTICE-BASED EVIDENCE: AN N=1 CASE STUDY

The account provided by Hansen et al. (2015) is, first and foremost, an exemplar of practice-based evidence—hence our subtitle. In contrast to evidence-based practice, in which clinical trials inform routine practice, practice-based evidence builds from routine practice—the roots— upwards in order to build a knowledge base of what it is that effective therapists are doing (see Barkham, Stiles, Lambert, & Mellor-Clark, 2010). One defining hallmark of practice-based evidence is that it re-privileges the place of the therapist—that is, it places a focus on the therapist, their actions, and their responses. Hence, rather than construing the Hansen et al. article as 10 case studies, an alternative perspective is to view it as a single case study of one exceptional therapist.

TWO-PLUS-ONE (OR MORE) SESSIONS: AN EFFICIENT THERAPIST

One of the most striking observations about the 5 sudden gain, blue cases is that in 4 of them, the sudden gain changes occurred after the 1st session (see Table 4, p. 198, in Hansen et al., 2015). The capacity to bring about a major shift for a patient after just one session infers an efficient therapist and is reminiscent of the aims of a model of very brief therapy that one of us (MB) was involved in developing in the mid 1980s—the two-plus-one model of therapy (Barkham, Shapiro, Hardy, & Rees, 1999). Interestingly, it was a model we began using in single case studies in two distinct theoretical approaches—cognitive behavioral (Barkham, 1989) and psychodynamic-interpersonal (Barkham & Hobson, 1989).

The two-plus-one model required working with patients for 2 sessions (one week apart) and then a 3rd session 3 months later. The purpose of the 2 sessions was to provide the patient with sufficient therapy to experience that process change was possible. An analogy often presented to patients was of "turning the corner." The aim was not to resolve issues but often to "unstick" a patient who was stuck. It might be considered that the minimum model of therapy would be a single session. However, we reasoned that the model should comprise the minimum of each component in the architecture of therapy: a first session, an intersession period, and therefore a second session where the patient could return and report on the impact of the initial session. That is, the intersession period is fundamental for the process of change. And then a third session at a distant time (3 months) for the patient to use the learning but know they are working within a holding environment.

In terms of the process of change, in order to achieve an impact in two sessions we had to be focused with content and with challenging the patients. Reading the account of Eri's style resonates in some ways with the approach we adopted in this model of brief therapy, although the content differs.

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A RESILIENT THERAPIST

A further component and perhaps hallmark of Eri's approach that resonates with us is what we term her "resilience." This construct is defined as "characteristics that enable coping during and bouncing back subsequently from adverse situations" (Green, Barkham, Kellett, & Saxon, 2014, p. 45). We have measured this concept with the Connor-Davidson Resilience Scale (2003), which contains items such as "I give my best effort no matter what the outcome may be", an item related to a subscale of "personal competence, high standards, and tenacity". In work currently in progress, we have investigated the personal aspects of effective therapists, focusing on resilience and mindfulness. This research builds on earlier work in which we found that levels of therapist resilience differentiated more effective from less effective therapists (Green et al., 2014). The account suggests that Eri displays a persistence while working with her clients. She remains committed to balancing consistency in the application of two theoretical approaches and flexibility in adapting treatment to her clients irrespective of client variability or whether they displayed sudden gains or sudden losses. Her resilience is also reflected in her disciplined use of the OQ-45 at every treatment session.

The report of Eri suggests a therapist who displays at least five distinctive characteristics. First, she is consistent in her application of a combination of two theoretical approaches. Second, she is proactive in concrete ways, observable by her patients with her use of resources, referring patients where and when necessary. Third, she is accessible to patients given the breadth in applying a holistic approach that is likely to appeal to at least some aspects of almost all patients' understanding. Fourth, she provides a personalized approach with tailored resources. And fifth, she displays an attentiveness in actively drawing from quantitative data in a meaningful way, as well as remaining focused on patients' behaviors in order to adapt therapy as necessary. These five characteristics suggest effective practice; that is, practice that appears to create a context in which patients are given a sense of their therapist as being competent, consistent, and concerned, which then can typically foster hope and concurrently contribute to building an effective working alliance.

Note that while the authors provide some description of Eri, we found that we were interested in learning more about the extent and nature of the experience she has had as a therapist. In particular, whether she engages in deliberate activities external to treatment sessions to inform her practice, such as peer supervision with her colleagues and related professional development.

Eri's patients, both those assigned to the blue (successful outcome) and red (unsuccessful outcome) groups are reported to have been impressed by her "way of being," with one client commenting on her "spiritual nature." In our current work in progress, one emerging finding reveals an association between therapist mindfulness and effective practice. It would be valuable to learn how Eri would describe in detail her state of being while in sessions with clients.

Hansen et al. report that Eri is open and rapidly adaptive in adjusting techniques depending on her clients' needs, a notion akin to the process of responsiveness in which behavior

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is influenced by emerging context (Stiles, Honos-Webb, & Surko, 1998). Eri's responsiveness suggests a mindfulness-related state of being attentive and aware in the present moment. A unique feature of mindfulness is its capacity to facilitate psychological freedom, to liberate the individual from habitual behaviors and/or personal biases. In light of the above, we propose that it would be important to learn more about exceptional therapists like Eri in terms of their inner experience during therapy, including qualities of mindfulness and resilience.

ERI AND HER CLIENTS

Another unique feature of the Hansen et al. (2015) study is that it enables more direct inferences to be made in relation to comparisons between clients. This is because, unlike most studies, there are less confounds given only one therapist working within a specific general practice setting. The authors, having completed the analyses, however, hypothesized that sudden gains were attributable to the setting (e.g., restricted therapy duration) and qualities of the therapist, with limited hypotheses relating to client characteristics. Sudden gains or setbacks were described as occurring during sessions. It is noteworthy that the OQ-45 was administered at the beginning of every therapy session. The timing of questionnaire administration suggests that sudden gains are likely to have been facilitated by Eri from prior sessions. However, there is a time lag outside of treatment sessions where sudden-gain clients may have been more proactive and persevered in applying Eri's recommendations.

CLIENTS EXPERIENCING SUDDEN GAINS AND SUDDEN LOSSES

In respect to clients experiencing sudden gains and sudden losses, it is possible that three sources of data bear some consistency or relationship. First, the authors reported that, in contrast to sudden-loss clients, sudden-gain clients showed significantly higher levels of working alliance regarding higher agreement with the therapist on goals and tasks in therapy. Second, responses by sudden-gain clients were said to differ from those experiencing sudden losses in respect to sub-themes on clients' personal responsibility for change and their attitude about the "painful" change process associated with therapy. And third, Eri provided recurrent descriptions on sudden-gain clients as being motivated, resilient, and able to manage their emotions. In contrast, descriptors of sudden-loss clients included poor interpersonal abilities (as identified by the OQ-45) and difficulties with emotion management. Combining these three sources together, we suggest that the sudden-gain clients, when forming a firm agreement with the therapist on their goals and tasks, were prepared to take personal responsibility and were prepared to face the struggles (i.e., the pain) associated with their agreement. This attitude, in turn, was manifest in the clients' motivation and resilience to get through their difficulties, as observed by Eri. In contrast, we also suggest that sudden-loss clients, who showed notably lesser agreement on goals and tasks and who similarly expressed ambivalence about taking responsibility, were less prepared to persevere through the change process.

Eri described that "the OQ-45 identified the interpersonal domain as the most common problematic client variable for Robert, as for the other non-responders" (Hansen et al, p. 168). This observation that sudden-loss clients showed consistently high scores on the OQ-45

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Interpersonal Relations subscale might carry two implications. First, given the interpersonal nature of psychotherapy, it might be that interpersonal difficulties or limitations that accompany the presentation of clients who subsequently experience a sudden loss may interfere with their ability to utilize therapy. Second, it might be that sudden-gain as opposed to sudden-loss clients may have had relatively more interpersonal support in place that enabled them to potentially reinforce their efforts to implement recommended changes in their daily lives. This would correspond to the point raised above regarding sudden-gain clients being more proactive and persevering in carrying out therapeutically recommended tasks.

Research evidence suggests that when more severe clients are in therapy, differences between therapists on effectiveness are more evident (Saxon & Barkham, 2012). The logic is that when therapists treat more challenging clients, therapists' skills and abilities may be sufficiently tested to then be able to better identify more effective therapists. In the current study, pre-treatment scores of all clients were above the clinical threshold. However, scores of sudden-gain clients were relatively higher compared to sudden-loss clients. As might be expected of effective therapists, Eri's more severe clients were reported to show an impressive degree of improvement. Eri's sudden-loss clients, however, had lower pre-treatment disturbance levels and showed limited improvement. The authors reported that these latter clients displayed more enduring personality-disordered symptoms. These may not have been measured or interpreted as part of client pre-treatment severity scores. Perhaps client severity needs to be interpreted not only according to primary symptoms but also more enduring characteristics that are likely to contribute to clients' degree of reactance and therapists' experiences of clients as being challenging.

Differences noted between sudden-gain and sudden-loss clients included scores on the OQ-45 (i.e., interpersonal domain), the WAI (i.e., WAI-Tasks and WAI-Goals), personality-disordered symptoms, match to therapy culture, motivation, emotional regulation, and resilience. These highlight the significant contribution of clients' differences to their treatment outcome, evidence that has been identified in research. For example, a meta-analysis found 13% of client outcome variability to be associated with psychotherapy outcome, leaving approximately 87% to be accounted for by client differences and extra-therapeutic elements (Wampold, 2001).

While Eri is exceptional in facilitating client improvement, attention might also turn to the service level. As mentioned above, Hansen et al. hypothesized that sudden-gain clients experienced this phenomenon partly due to the restrictions on the number of sessions allowed in Eri's professional service setting. This same arrangement, however, may have worked in a contrary manner for sudden-loss clients. Clients who display reactance, functional impairment, and low motivation have been found to benefit from more intensive therapy (Norcross, 2010). This is also supported by evidence from the seminal National Institute of Mental Health Treatment of Depression Collaborative Research Program. Blatt, Sanislow, Zuroff and Pilkonis (1996) found that more effective compared to less effective therapists reported that they expected therapy to involve more sessions before therapeutic change became evident. Notably these findings were identified across trained, experienced therapists who provided treatment in one of four conditions, with manual use with adherence checks.

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The manner in which the information about Eri's cases is presented by Hansen et al. raises two limitations. First, the limited use of the therapist's client descriptions and therapy process, and second, the limited examination of the client as an active contributor to his/her own change. Related to the first issue, the authors cautioned that Eri's descriptions might be biased given the possible influence of clients' responses to therapy. Perhaps it is useful also to appreciate that therapists, as participants with significant experience in formulating clients' presentations, are thereby likely to have insights into themselves and their clients, which researchers may be able to apply in interpreting clients' experiences.

The first issue is possibly linked to the second issue, namely that greater utilization of therapists' reports may have some bearing on how researchers view the role of clients. Eri reports a principle where she holds clients in control of their own change and she later provides descriptions of clients that include some of their strengths and limitations. In our research, there is an indication that more effective therapists similarly reported placing importance on his/her clients' ability to overcome their own difficulties. Some researchers have emphasized the need for clients to be recognized for their proactive role. For example, Bohart and Tallman (2010) authored a chapter titled "Clients: The Neglected Common Factor," while Bergin and Garfield (1994) called for a change in the existing view of clients, stating that therapists depend on clients' resources. Given the focus of the current study on the therapist, lesser emphasis is likely to be given to client differences. The current study, however, has the potential to provide a valuable insight into client differences given that clients constituted the primary explanatory variable with one constant exceptional therapist.

In summary, Hansen and colleagues' study extends the current literature on therapist effectiveness. In contrast to a growing number of studies that examine samples of therapists, the current study dwells deeply into the day-to-day workings of one exceptional, efficient, and resilient therapist and provides findings applicable to therapists and researchers alike.

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