Common Skills that Underlie the Common Factors of Successful Psychotherapy

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Key common factors across psychotherapy approaches are important to therapeutic effectiveness. We identify some common skills of the therapist that are specific to the psychotherapy role. Describing these common skills and contrasting them to the professional clinical and social roles helps to clarify our vision of the therapy role and to articulate its associated skills. Such descriptions assist faculty members who are training students who seek to learn the therapeutic role and skills.

KEYWORDS: psychotherapy training; common processes; common skills

COMMON SKILLS THAT UNDERLIE THE COMMON FACTORS OF SUCCESSFUL PSYCHOTHERAPY

This paper examines the skills that define the roles of therapist and client as distinct from those of social relationships and from other professional interactions. The skills we cite depend in large measure on our view of psychotherapy, and our view of psychotherapy is perhaps best expressed by the skills we believe are central to the maintenance of this unusual relationship. Other definitions of psychotherapy would emphasize different skills. Our purpose is twofold: By listing common skills, we hope to facilitate training in them. And by describing psychotherapy as a special—not social, not professional—relationship, we hope to encourage others to list the skills that underlie their conceptions of this relationship.

Common factors across therapies significantly contribute to psychotherapeutic effectiveness (Norcross, 2002; Rosenzweig, 1936; Weinberger, 2002). Therapeutic relationship variables include such factors as empathic engagement, collaboration on the goals of psychotherapy, and the connec-

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tion of what is done in psychotherapy with the mutual goals (Bordin, 1979; Castonguay & Beutler, 2006). While the skills of the therapist may be inappropriate in other social roles and contexts, particularly if they are emphasized or frequent, they are the building blocks of a successful therapist-client working alliance.

These role-defined skills of the therapist are particular to the relational context of psychotherapy and require significant training and rehearsal. Some are guided by standards of professional practice, while others hinge on the interpersonal conditions of psychotherapy. The application of these skills to other social role relationships may be experienced as overly intrusive, awkward, or as lacking in sensitivity and social grace. Therefore, learning to frame relationships is first among the skills needed by the therapist because the psychotherapeutic relationship is distinct from other kinds of relationships.

COMMON FACTORS AND THE THERAPEUTIC FRAME

The importance of the relational frame in defining and guiding the roles of therapist and client has been of ongoing interest in the psychotherapy literature (Bateson, 1954; Goffman, 1974; Bass 2007; Karson, 2008). When people interact, they attempt to define the interaction in a manner that benefits them. One important benefit comes from defining the situation in a manner that creates a role for oneself that one already knows how to play (Watzlawick, Bavelas & Jackson, 1967). Unfortunately, this same tendency produces much of the trouble that psychotherapy is designed to correct. When people wantonly define situations familiarly—that is, when they impose old patterns, schemas, or transference paradigms on new situations—they find themselves in familiar, but ineffective, roles. Psychotherapy helps by highlighting the client's definitional errors, and this highlighting is facilitated when the therapist sticks to a single, well-defined role relationship so that the client's departures stand out.

What is conveyed concretely and metaphorically between therapist and client develops and is developed by the relational roles that frame meaning and guide behavior. There are many ways to frame a relationship successfully, and many ways to make framing errors. A framing error is a definition of a situation that leads to the role one plays being discredited because the situation cannot support that role, for example, when a professor tries to be professorial among colleagues, not just with students. The ambiguity and novelty of psychotherapy invites clients to make framing errors and to learn how to resolve them (Goffman, 1974). In this

perspective, the content and process of relational interactions can only be understood by knowing the context within which they occur, and two important contexts are the therapist's and the client's definitions of the situation.

The *ground rules* (Langs, 1978) of the therapeutic relationship and the roles within it provide a frame within which the common processes of successful psychotherapy may develop. While the therapist's theoretical approach determines some aspects of the content and focus of therapy sessions, it is helpful to identify common rules of engagement (or relational frames) that promote the therapeutic alliance across therapies. Becoming aware of these common rules helps the beginning therapist contextualize and frame the therapeutic relationship. Similar to an actor adopting a theatrical role, knowing details about the therapeutic frame helps the actor (or in this case the therapist in training) direct her behavior to play the role (Karson, 2008). Contrasting the therapeutic frame against a social frame helps therapists learn what it is like to be a therapist by offering comparative information about a familiar relational frame and an unfamiliar one she is trying to adopt. Another important contrast is between the therapy frame and the professional frame. This contrast is brought to the foreground when, for example, the therapist's curiosity about suicidal fantasies or delinquent payments are replaced by a professional agenda. These necessary departures are part of psychotherapy but are distinct; similarly, a parent can clarify for a child the distinction between an authoritative relationship (when one is hyperconscious of being a parent who disciplines, models, provides, and guides) and a playful one (when one is absorbed in the interaction with the child).

COMMON SKILLS UNDERLYING COMMON FACTORS

1. Set and Maintain Relationship Boundaries

Every relationship is defined by its roles and rules, and trainees have already mastered some very complicated relationships, such as the relationship with a parent's new partner or that with a roommate's sibling. Every psychotherapy relationship is defined by professional and ethical standards, by the approach of the therapist, and by the personal agendas of the participants. The therapist must operate within the parameters of the relationship as it is defined and must learn to comment on departures from these parameters. Too often, relationship boundaries are maintained by "pulling rank" on the client, which paradoxically breaches the definition of the relationship that the therapist is trying to maintain.

Vignette:

Having just come home from a night of bar hopping with friends, Tina pages both her friend, Doria, and her therapist, Dr. Sampson, at 3:00 A.M. When each of them returns her calls, she says, "I felt totally invisible. Everyone else was hit on, but not me. I'm such a loser. I feel like killing myself!" Tina's speech is slurred and she dissolves into tears.

Social role:

Doria says, "It's 3:00 in the morning, are you okay?"

Tina explains the situation again and they talk for 30 minutes about the details of her night.

Doria continues: "It's not worth killing yourself over. I need to get some sleep, Tina. Look, it just wasn't your night. You're terrific. You'll meet someone. You need to get some sleep too. I'll give you a call tomorrow."

Psychotherapist role:

Dr. Sampson says, "This seems to feel urgent and hard to handle, Tina, but it puts us in a lose–lose situation. If we talk about all this now, it communicates that you can't handle these painful feelings safely. But if we wait until our next session, it could communicate that I don't care about you or that you can definitely handle your feelings safely."

Dr. Sampson switches into the professional mode and does a safety assessment, and later addresses whether Tina's apparent need for more than the therapy contract provides is making it difficult for her to use and savor what is available. If Tina agrees to wait until the next session, Dr. Sampson can stay in a therapeutic frame and, in the next session, interpret Tina's attempt to turn their relationship into one that is more action-oriented than interpretive, more rescuing than collaborative. Dr. Sampson, might, for example, raise the question of whether a regular romance would satisfy Tina, or whether Tina would need to test a boyfriend for special efforts that, if not provided, spell rejection.

2. Attend to and Regularly Comment on the Interpersonal Interaction

Talking about what is going on is emphasized in many theoretical models of treatment. Identifying and discussing the back and forth of relational processes (feelings, thoughts, and reactions to each other) in the moment are opportunities to deepen therapist-client engagement, extinguish unwanted reactions to personal closeness (Karson, 2008), enhance understanding and awareness, promote change in clients' relational experiences and personal meanings, and teach conflict resolution via metacommunication. In everyday social relationships, such a focus may be experi-

enced as intrusive, irritating, or even patronizing. A highly desirable therapist behavior, however, it requires sensitivity, emotional and cognitive presence, and honesty.

Talking about what is going on is particularly challenging when the therapist experiences a relational bind—a bind in which responding is necessary, but any response communicates something negative about the client or the therapist's feelings about him. These are situations in which any response may lead to conflict or be unpleasant, but responding is unavoidable. Therapists often need to approach these relational binds with clients by articulating their dilemma. One strategy for learning to meta-communicate is to master the "lose-lose" comment.

Vignette:

The next day, Tina first went to lunch with her friend and then attended her psychotherapy session. To both her friend and therapist she relayed a similar message: "What a night! Are you angry with me that I called you so late? I was really upset and just needed to talk with someone."

Social role:

Doria replies, "I'm pretty exhausted too, but it's okay. I know you were upset. Let's get some lunch. . . . and some strong coffee." Doria wondered if she really could continue this friendship. It's the second time Tina has called her in a crisis, and Doria has just about "had it," but to discuss this openly would be tactless.

Psychotherapist role:

Dr. Sampson says, "Your question puts us in a lose-lose situation. If I agree that you should have called me, then I seem to be communicating that you can't make it through the night without me; if I indicate annoyance, then I seem to be communicating that I don't care about your well-being." When Tina responds, "You always hide behind the therapist role," Dr. Sampson can talk about what is going on. "When I act in character, you seem to assume that I'm insincere and just playing a role, as if I'm only genuine when I'm upset." In a cognitive-behavioral treatment, this can be phrased as a belief of Tina's about people in general.

3. Wonder about Behaviors that Would Otherwise go Unquestioned

Many of the client's behavioral and emotional expressions during the psychotherapy session may be pointed out by the therapist. Observing and sensitively bringing up client behaviors, emotions, traits, and conflicts is part of the therapeutic task and typically not a focus of other social relationships. For example, actions that may otherwise be understood as

common courtesy (for example, gift giving) may be talked about in terms of the client's feelings, thoughts, and personal meanings. Bringing up observations that others might tend to avoid, such as the client's nervousness or failure to make eye contact, or conflict between affect and content, requires significant therapist skill to facilitate engagement instead of client withdrawal. Social tact typically requires us to ignore behavior that discredits another person's performance, so that in social situations, it is not polite to wonder out loud about others' attempts to cover up departures from their roles. Psychotherapy teaches clients that discrediting information may be embarrassing but far from being mortifying, it teaches that there are some intimate roles where, because one is fully accepted, one need never be discredited. By demonstrating the viability of the therapeutic relationship—even when potentially discrediting information is tactlessly noted—the therapist comments and yet remains welcoming and curious. A corollary skill would be to attend to and to comment on what was not said.

Vignette:

A week after the early-morning page, Tina is late for a lunch date with Doria. She is also late for her psychotherapy session. Bringing a bouquet of flowers and a card to each of them, Tina says, "Thank you for being there for me the other night. I really appreciated your concern."

Social role:

In response to Tina's gift, Doria says, "These are beautiful, thank you. We should order. I have to get back to work soon." Doria continues to think she wants to limit contact in this friendship, but to discuss her reactions to Tina's intensity would automatically accept a level of intensity that Doria doesn't want and the kind of friends who are authorized to broach sensitive topics may not be the kind of friend that Doria wants to be.

Psychotherapist role:

Dr. Sampson says, "Let's explore your idea about giving me flowers at this time and the thoughts and feelings behind it." Having explored in the last session the meanings related to paging her after hours, Dr. Sampson consults with Tina about this gift in the context of that event. She might emphasize again how Tina seems to think that only out-of-frame expressions are genuine. Depending on the goals of therapy (for example, changing the self versus finding a mate), this could lead to ideas about why she is single, since Tina might reject conventional overtures as inauthentic.

4. Expect Financial, Not Relational, Reciprocity

All psychotherapy relationships unfold in at least two frames, the professional and the therapeutic. The professional frame is activated when the therapist and client are deciding whether to work together and when events arise that require a professional response, such as threats of suicide, reports of child abuse, and some invitations to breach ethical boundaries. Gratification in the professional frame—payment for services—allows the professional frame to be set aside for the therapeutic frame. Within the therapeutic frame, the therapist focuses on the needs of the client. Therapists, then, must learn how to ask for money, how to receive it without guilt, how to discuss it within the therapeutic frame when its meaning is at issue, and how to talk about within the professional frame when payment problems arise.

Vignette:

Tina tends to forget to pay her debts and bills on time. She has owed money to her friend, Doria, for some concert tickets that were purchased. Tina also is one month late in paying Dr. Sampson's bill.

Social role:

Doria asks, "Can't you pay me back yet? I really need the money."

Psychotherapist role:

Dr. Sampson says, "I've noticed you're behind in paying your bill. What's up with that?" Dr. Sampson and Tina discuss the potential meanings related to payment (therapy frame). They also work on a plan for Tina to become current (professional frame). Dr. Sampson may interpret Tina's nonpayment as a way of avoiding therapy by keying the professional relationship. But first, Dr. Sampson checks whether the nonpayment is a communication within the therapy frame. For example, it may mean that Tina caught Dr. Sampson not paying attention during a session and she is responding by not paying money. If so, Dr. Sampson can invite Tina to maintain the therapy frame by expressing verbally her reactions to the lapse.

5. Ask Questions about the Other Person's Intimate Life without Discussing Yours

Within this defined role, therapist skill is required to facilitate sensitive exploration of the most intimate areas of the client's life. Topics, such as sex and money, that would be taboo in some other social relationships, are important in a therapeutic relationship where the point is to be fully and empathically known or where the data is simply needed for problem solving. When a client sees divulging private information as an embarrass-

ing lowering of status, therapists often feel they must reciprocate, but this just hardens the sense that private information is humiliating, or the therapist would not be compelled to share as well. We distinguish historical information about the therapist from what the therapist is feeling in the moment. The latter may often be shared usefully as data regarding the client's effect on the therapist.

Vignette:

Tina reports in detail the domestic abuse she witnessed as a child. When arguments began in her household growing up, she would hide in the backyard.

Social role:

Doria says, "My parents used to throw things at each other when they were mad. It was awful. I can really relate to how that feels."

Psychotherapist role:

Dr. Sampson says, "The picture is one of either escalating conflict—until it gets ugly—or hiding from it."

Tina says, "Haven't you ever hid from conflict?"

Dr. Sampson has a variety of options. The therapeutic options identify Tina's question as a behavior that must be understood in the context of the therapy, not as a simple request for information. Dr. Sampson might say, if the question strikes her as a move toward closeness, "Ah, but sometimes, like at this very moment, you address conflict directly. What's different about this moment that allows you to do this?" Or, if the question seems challenging, Dr. Sampson might say, "That feels like an escalation, like an argument heating up between your parents. Are there other options?" Or, "We seem to have activated your belief that memories of abuse are embarrassing. If I were to tell you about my own experiences, it would seem to implicitly confirm that belief." Or, if Tina thinks that Dr. Sampson cannot understand her unless she, too, has hidden from conflict, Dr. Sampson can ask what she has done recently to make Tina feel misunderstood.

6. Respond to Expressions of Anger and Disappointment with Curiosity Rather than Taking It Personally

While negative emotional expressions toward the therapist may evoke a sense of discomfort, the therapist takes an empathically curious stance toward the client's experience, wondering about its components and genesis. Responding personally and affectively takes the focus off the task at hand—exploring the client's personal meanings and reactions. Personal responses also reduce the generalization of what is learned in psychotherapy to other

relationships. This was seen in the client who said to her therapist of her contempt for others, "You're on my side, so I need to be nice to you."

Vignette:

Tina's friend, Doria, and her therapist, Dr. Sampson, both scheduled out-of-town vacations for the same week. Tina is angry because Doria did not invite her to go along. Tina is also angry at her therapist for leaving for a week. She says to each of them, "It's a really bad time for me to be without support." In each instance, Tina does not make eye-contact, appears to be pouting, sits in silence, and will not answer questions.

Social role:

Doria is frustrated by Tina's behavior and says, "I'm sorry you're so upset. I just need to get away. This isn't about you!"

Psychotherapist role:

Dr. Sampson says, "I'm not sure why I specified that it was a vacation. But I think that using that word conveyed the impression that I need a vacation from you. What was *that* like?"

7. Attend to the Interaction While Noting One's Personal Reactions

The importance of the therapist's personal reactions to furthering understanding of the client and the therapeutic relationship cannot be overstated. It is in these reactions that subtle, nonverbal communications, role relationships, and systemic patterns can be discerned. The required skills are to remain observant, responsive, and present with clients, while simultaneously noting private thoughts and feelings evoked by the interaction. An analogous skill set would be watching a broadcast and reading the news crawl at the bottom of the screen simultaneously (Goffman, 1974).

Vignette:

Doria and Dr. Sampson both notice they feel angry with Tina for making it hard to go on vacation without worrying about her. Both feel put-upon by Tina's neediness, anxiety, and self-absorption, but Doria avoids anger while Dr. Sampson pursues it.

Social role:

Doria says, "Look, this is getting pretty weird. You're being really clingy, and I'm not sure I can take this anymore." This is how Doria justifies herself and pushes Tina away.

Psychotherapist role:

Dr. Sampson attends to her anger at Tina, allowing a fantasy to unfold of herself lying on the beach, with Caribbean waves gently lapping, and

with no contact with the outside world. Dr. Sampson says, "It seems like the cancellation of the session has activated the imagery of domestic conflict coupled with retreat to the backyard. It seems like we're struggling over who gets to retreat and who has to stay with the conflict. Maybe that's why I told you it was a vacation, to claim the backyard spot. Maybe that's why you're trying to make sure I take some conflict with me. Maybe there's another path."

8. Minimize Distractions from Your Own Life

While personal reactions to the therapy material inevitably arise during the course of the therapeutic interaction (and may be used productively), cognitive presence and emotional attunement require absence from the distractions of the therapist's unrelated personal issues. Being a therapist does not include immunity from stressful life events or emotional difficulties. Therapist skill in identifying and taking steps that assist in managing personal life problems that might otherwise impede professional effectiveness is critical. While managing life problems may take the form of overcoming or alleviating them (in personal therapy, for example), there are times this may not be possible, at least not quickly possible. Management in these instances may require a great deal of practice in honing skills, isolating unrelated personal issues from therapeutic interactions, and directing attention to promoting presence and attunement. Also, behaving well, both while in sessions and out, helps therapists experience less defensiveness about their private reactions to clients because they have less fear of getting "found out." In sessions, contempt for a client or sexual feelings for a client cannot be disguised—these reactions depart from the therapist role, usually because the role is difficult to learn. Outside of sessions, therapists, like parents, are advised not to do anything whose discovery would embarrass them—and they are advised not to be embarrassed by behaviors that they condone as natural.

Vignette:

Doria and Dr. Sampson are both feeling unappreciated by their partners, and both have colleagues who are openly flirting with them. Doria has flirted back to see where it will lead. Dr. Sampson has discussed her dissatisfaction with her partner. Tina tells each of them about a married, but separated, man she met recently and says, "I think he's the one!"

Social role:

Doria says, "Good for you. Tell me all about it."

Psychotherapist role:

Dr. Sampson recognizes her personal confusion and sets it aside in favor of understanding the situation from Tina's point of view. "It sounds like you're conflicted about his marital status." While Dr. Sampson might still hear the conflict if she were actively considering an affair, would she be able to approach the conflict neutrally? Wouldn't she tend to minimize the man's marital state?

9. Stop Thinking about Other People Categorically

Whether the category is diagnostic, racial, sexual, or ethnic, categories invite stereotyping, and responding to the category rather than to the person places limits on our perspective and experience of relationships. But we are trained from infancy to think of people according to the category we place them in, and we are further trained in psychotherapy to do likewise, especially with diagnosis, ethnicity, and race. Therapists must become acutely aware of their stereotyped reactions in order to experience the client and interaction as fully as possible.

Vignette:

Tina and her new boyfriend, Jaime, identify as Mexican-American. Jaime was called a very bad name by the new boyfriend of his wife, from whom he is separated. Jaime just walked away from the confrontation. Tina tells Doria and Dr. Sampson that her family thinks Jaime is unmanly because of his reaction.

Social role:

Doria says, "What kind of Chicano lets a man talk to him that way? I think there might be something wrong with him."

Psychotherapist role:

Dr. Sampson says, "What are *you* looking for in a man? What does his refusal to get into a fist fight mean to *you*?"

10. Seek Feedback

Just as we are tactful in ignoring the discrediting behaviors of others, we expect tact in others to ignore discrediting behavior in ourselves. But how can we get better at relating if we do not seek feedback? This does not mean asking for feedback from someone with less power in the therapeutic relationship (the client) as to how he or she "liked" the therapy provided. It means that the therapist actively monitors the client's reactions to everything done in the session as evidence for how the therapy went. It means presenting work to colleagues and supervisors to improve, rather than to justify, what we do.

Vignette:

Tina feels that Doria is making unwarranted assumptions about Chicanos, and that Dr. Sampson is ignoring the topic.

Social role:

Tina says to Doria, "You sound like you think all Chicanos are the same."

Doria gets defensive and says, "I was just giving you my opinion."

Tina concludes that Doria doesn't want to talk about this.

Psychotherapist role:

Tina says to Dr. Sampson, "You can't pretend the cultural expectations don't exist."

Dr. Sampson says, "If I emphasize your individuality, am I denying your culture?"

Tina says, "But why emphasize one or the other?"

Dr. Sampson says, "Good point. I felt like I had to say something about Jaime's manliness, but I should have been open to all sorts of meanings of the event. For example, Jaime's walking away could mean that he is no longer emotionally invested in his wife, and you might have all sorts of reactions to that."

CONCLUSION

Every therapeutic approach defines a relationship that is different from a social relationship and different from a clinical psychology or professional relationship. Just as listing objectives can help any worker learn a job, the role described for the therapist will involve skills, the delineation of which should facilitate training. The skills we describe for therapists comprise our definition of this unique role relationship and should pertain to many other definitions of psychotherapy. We hope to spur other training faculties to describe their vision of the psychotherapy relationship by articulating the skills that define the role of therapist.

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