

Learning to Relate

The Relational Gap in Clinical Psychology Education &
How to Make Up for it

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Main Ideas

1. All psychologists need to learn and develop relational skills.
2. Learning the craft of developing therapeutic relationships is virtually absent from clinical and counseling psychology PhD programs.
3. How the relationship is understood and used is central to how therapy is practiced. Learning relational psychotherapies requires very different training than what most graduate programs offer.
4. Start developing your relational skills in graduate school through three strategies.

What makes a relationship therapeutic?

1. Therapist and patient are attached
2. Patient trusts the therapist and feels safe to speak openly and vulnerably
3. Therapist focuses exclusively on helping the patient
 - Inherent asymmetry in power and focus
 - Patient seeking help, therapist giving help
 - Patient exposing self, therapist largely unexposed

Problem:

Asymmetrical quality of relationship makes trust and safety more difficult for the patient.

Therapeutic Frame:

A Tool for Relational Safety

- The boundaries of the relationship
- Shows the therapist is reliable
 - What the therapist says they will and won't do
 - Keeping promises demonstrates relational safety and earns trust
- Elements of Therapeutic Frame:
 - Conventions around therapy sessions
 - Same time and space for weekly sessions
 - Beginning and ending sessions on time
 - Confidentiality
 - Fee, no-show, cancellation policies

Enforcing relational boundaries sometimes brings intense feelings and conflict.

Navigating these feelings in a therapeutic manner takes great care, consideration, and skill.



Relational Theory and Technique

- What makes for a **“good fit”** between therapist and patient? Why is it necessary? How do we determine it? Can it be developed if not immediately there?
- **How does a therapist think about and use their feelings** in psychotherapy?
- How does a therapist **tailor what they say** to optimize the chances of it being useful to the patient?
- What, if anything, **can/should a therapist disclose about their personal lives** to their patient?
- When, how, and why do we **give advice** to a patient?

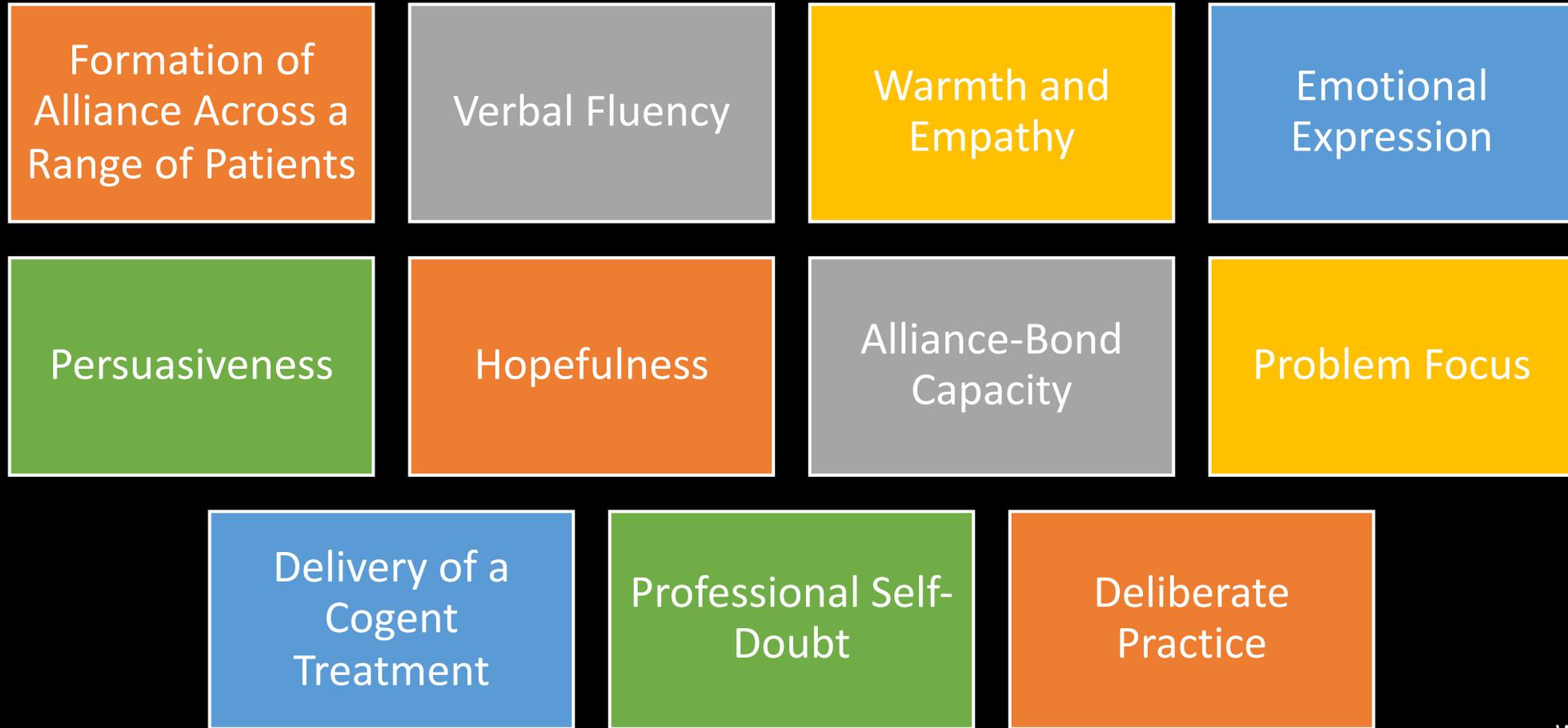




Developing therapeutic relationships is a craft that must be learned and practiced regardless of natural relational talents.

And regardless of clinical specialization.

Characteristics and Actions of Effective Therapists



So Why No Relational Skills Course?

It's Complicated

- American cultural preference toward extreme individualism and independence lead to devaluing of anything relational
- Capitalism
 - Valuing efficiency and cost-effectiveness over quality
 - Academic and grant-related incentives for researching time-limited psychotherapies
- Academic psychology's preference toward objectivity and disregard for subjectivity
- Clinical expertise is largely absent in clinical psychology faculties
- Inertia

Two Paradigms of Psychotherapy

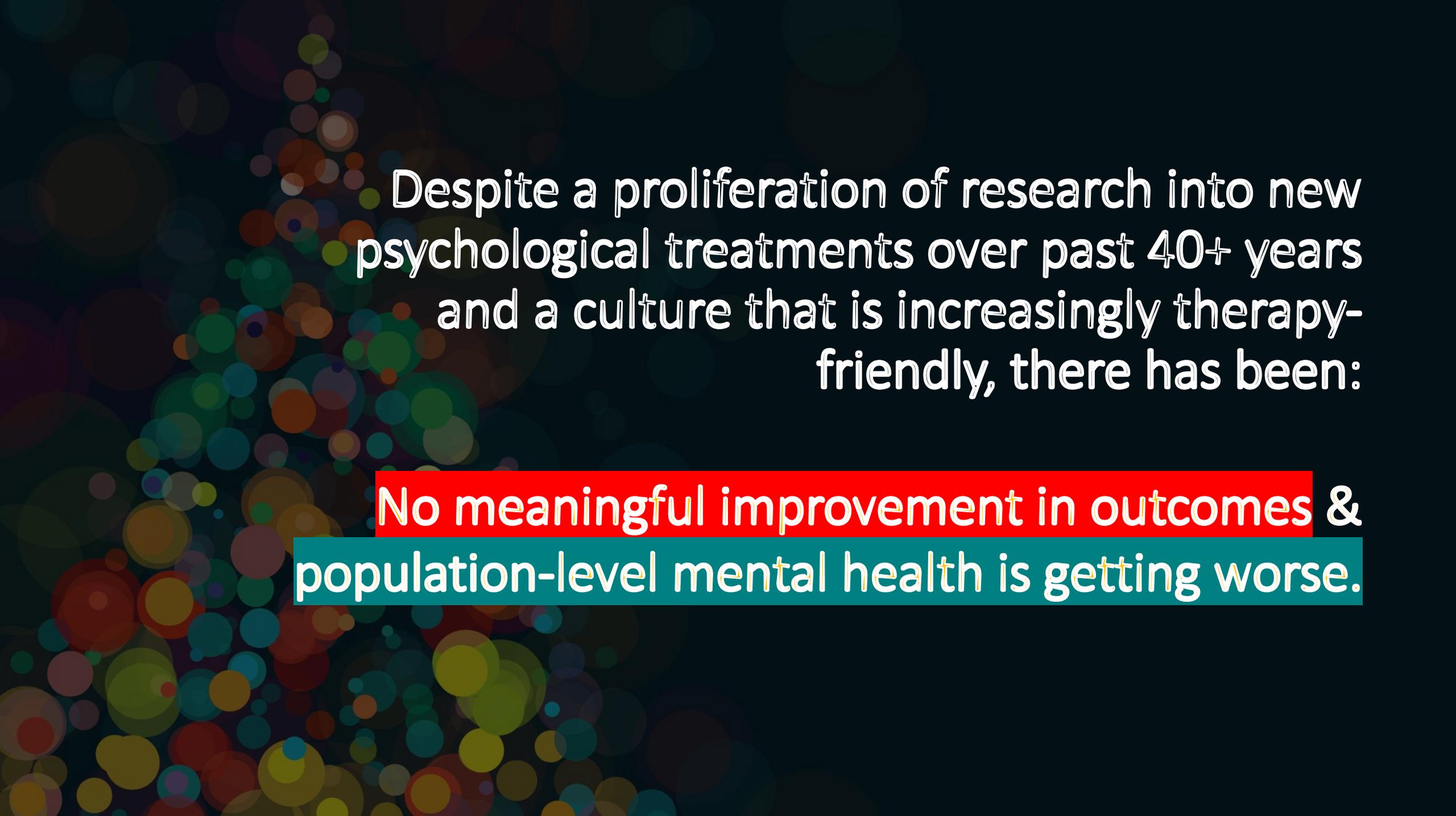
An update to the outdated model of theoretical orientations

2 Therapists with 10 Patients Each
Same Treatment

Avg Outcomes Post-Treatment
Therapist A: +3
Therapist B: +15

State of the Science of Psychotherapy

1. Psychotherapy is an effective and efficacious psychological treatment (Smith & Glass, 1977)
2. No strong, consistent evidence about *how* psychotherapy works (Cuijpers et al., 2019).
3. No bona fide psychotherapy has strong, consistent empirical evidence of superiority over any other psychotherapy in treating virtually any form of psychopathology (**Dodo Bird Verdict**; Wampold & Imel, 2015).
4. The therapeutic relationship is more predictive of outcome than the type of psychotherapy (Wampold & Imel, 2015).
5. The person of the therapist matters more in predicting outcomes than type of psychotherapy (Wampold & Imel, 2015).

The background of the slide is a dark, textured surface covered with numerous overlapping circles of various colors, including shades of green, blue, orange, and purple, creating a bokeh effect.

Despite a proliferation of research into new psychological treatments over past 40+ years and a culture that is increasingly therapy-friendly, there has been:

No meaningful improvement in outcomes & population-level mental health is getting worse.

The way psychotherapy is traditionally taught – through learning 1 or more theoretical orientations (or treatments) and practicing 1 or more – **does not reflect contemporary scientific evidence**, encourages unhelpful partisanship and misunderstandings, is distant from real world practice, and **stifles innovations that could improve outcomes.**

An Alternative to Theoretical Orientations

If we studied approaches to psychotherapy based on the type of relationship crafted by the therapist, we might observe that most psychotherapies largely follow one of the following paradigms:

1. **Symptom & Skills-Focused Psychotherapy**
2. **Developmental-Relational Psychotherapy**

Knowing how to work within *both* paradigms is more useful than knowing how to do multiple treatments within a single paradigm

Two Relational Paradigms of Psychotherapy

Developmental-Relational

- Psychoanalysis
- Psychodynamic Psychotherapies
- Humanistic Psychotherapies
- Existential Psychotherapy

Symptom & Skills-Focused

- Behavioral Therapies
- Cognitive Therapies
- Cognitive-Behavioral Therapy
- Acceptance and Commitment Therapy
- Dialectical Behavior Therapy
- Eye Movement Desensitization and Reprocessing (EMDR)

Symptom & Skills-Focused

- **Therapeutic action** occurs within the specific intervention
- **Goals** typically focus on symptom relief
- Tendency toward **one-person psychology**
- **Duration** is typically shorter-term (weeks/months)
- **Desired outcome** oriented toward medical goals

Symptom & Skills-Focused

- **Therapist's task** is to help the patient alleviate symptom(s) or help change a behavior
- Therapist and patient often take on **relational roles** similar to those of teacher/student, coach/client, and mentor/mentee
- Therapist **leads conversation** and often chooses session topics
- **Therapist may talk as often or more** than the patient
- **Talking about the therapeutic relationship** is only necessary for maintaining an adequate working alliance

Symptom & Skills-Focused

- **Best suited for patients** interested solely (or primarily) interested in symptom remission or learning and using coping skills
- **Particularly useful for** managing psychological symptoms

Developmental- Relational

- **Therapeutic action** occurs within therapeutic relationship
- **Goals** typically focus on psychological development
- Tendency toward **two-person psychology**
- **Duration** is typically longer-term (years)
- **Desired outcome** oriented toward humanistic goals

Developmental- Relational

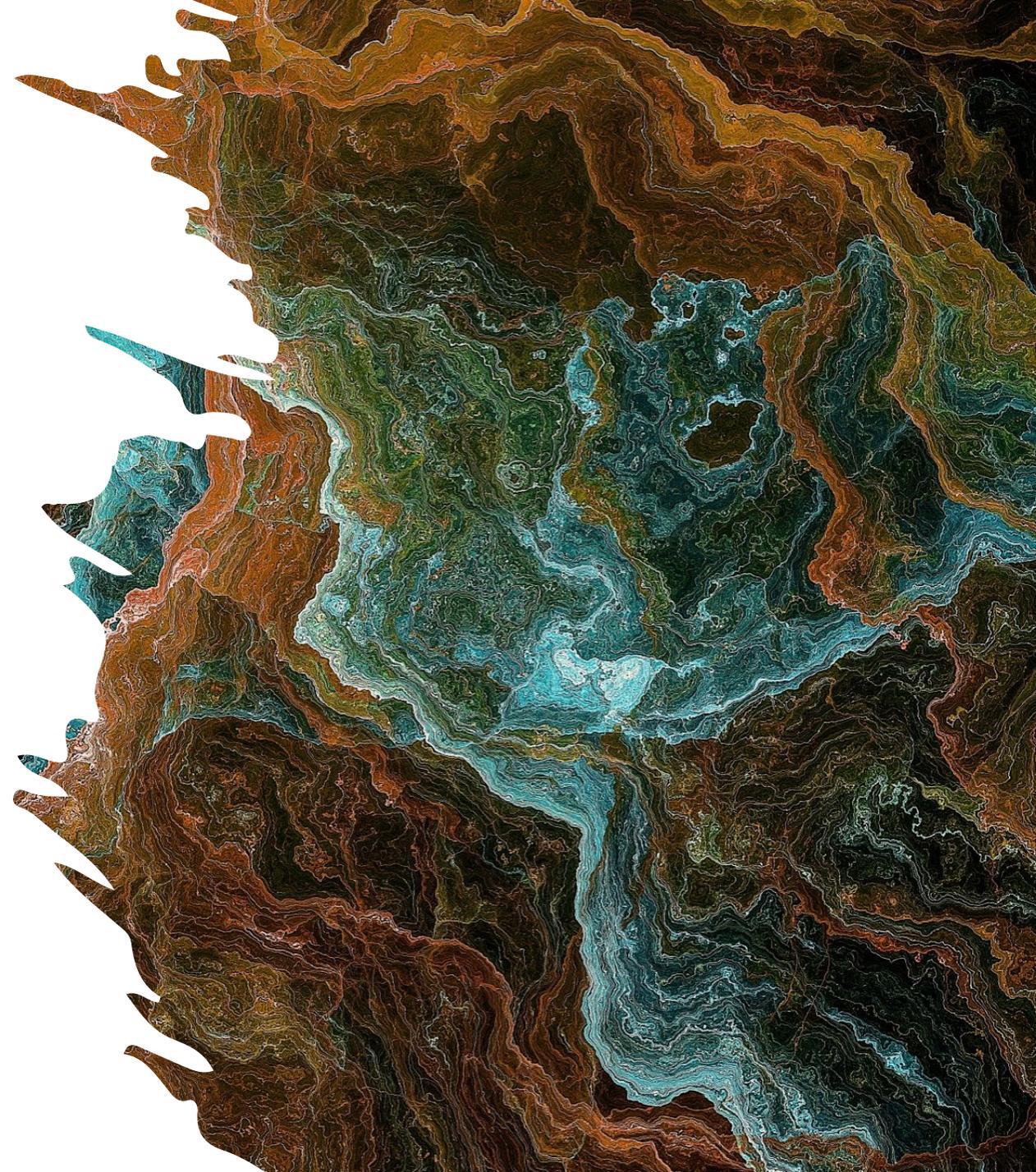
- **Therapist's task** is to help the patient talk as openly and freely (i.e., without self-censoring) as possible
- Therapist avoids intentionally taking on any **relational role** that impinges upon the patient's ability to talk as freely and openly as possible (e.g., teacher/student).
- Patient **leads conversation** and chooses session topics
- **Therapist talks far less** than the patient, mostly listens
- **Talking about the therapeutic relationship** is central to the treatment

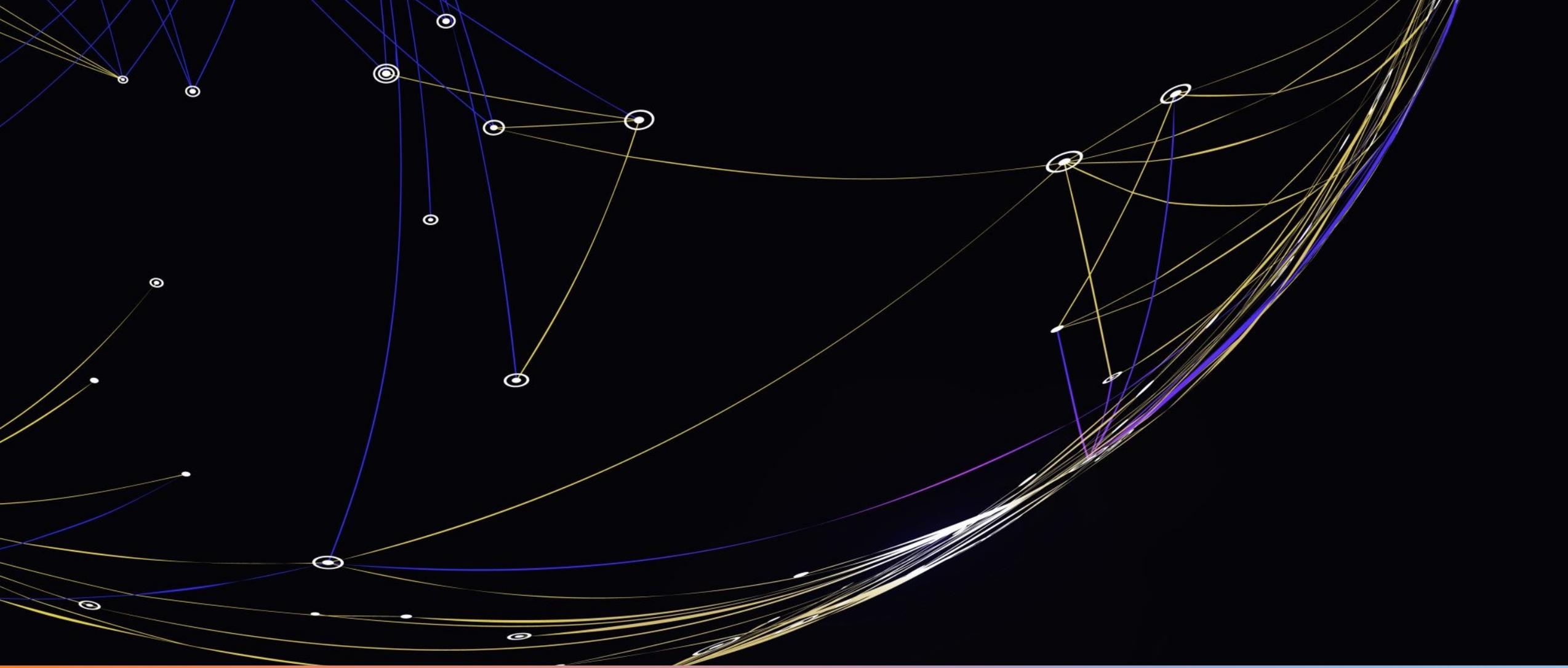
Developmental- Relational

- **Best suited for patients** interested in psychological development and growth beyond symptom remission
- **Particularly useful for** interpersonal and personality difficulties

The relational craft needed for each paradigm are different and, at times, conflicting.

Every clinical psychologist should be trained in both, not just one, in order to better serve the needs of the public.





Three Ways to Develop Relational Skills in Grad School

My Top Three Clinical Influences during Grad School and Early Career

1. Personal Psychotherapy or Psychoanalysis

2. Supervision

3. Course Work & Reading

Personal Psychotherapy

- Knowing oneself very well is essential to excelling as a psychotherapist and psychologist
- All of us, without exception, can use help with our suffering
- Must be a therapy of depth, insight, and relationship
 - Time-limited, non-exploratory approaches won't suffice for the purpose
 - Ideally see a senior clinician, or at least someone who has 5 years post-grad experience and substantial training (supervision, didactics)
 - Consider psychoanalysis – the most in-depth and intensive psychotherapy



Brief Comments on Supervision & Study

- **Supervision**
 - Advocate for spending at least 75% of time discussing clinical material/issues
 - Supervision is like therapy: it requires a good relational fit
 - Consider seeking extra supervision outside main supervisor if necessary
 - **Study**
 - Read what is of interest to you outside (and sometimes inside) of school
 - Listen to podcasts, audiobooks, videos about psychotherapy process
 - Read case studies and clinical theory – it is usually more useful in practice than reading empirical clinical research
 - When reading empirical research, focus on systematic reviews, meta-analyses, and case studies
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Suggested Further Learning

Beginning Relational Therapy Texts

[Schopenhauer's Porcupines: Intimacy And Its Dilemmas: Five Stories Of Psychotherapy](#) by Deborah Luepnitz, PhD

[Therapeutic Communication: Knowing What to Say When](#) by Paul Wachtel, PhD

[Psychoanalytic Psychotherapy](#) AND [Psychoanalytic Diagnosis](#) by Nancy McWilliams, PhD, ABPP

Shedler, J. (2022). That was then, this is now: Psychoanalytic psychotherapy for the rest of us. *Contemporary Psychoanalysis*, 58(2–3), 405–437. <https://doi.org/10.1080/00107530.2022.214903>

Relational Videos and Podcasts

Video: [The Psychodynamic Diagnostic Process: Nancy McWilliams](#)

Video: [How Long Does Therapy Take?](#)

Podcast: [Between Us: A Psychotherapy Podcast](#)

Podcast: [Three Associating: Adventures in Relational Psychoanalytic Supervision](#)

Video: Couples Therapy on Showtime