INTRODUCTION

Is There a Future for Therapists?

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This journal has a longstanding commitment to mental health service improvement. It has published many papers that address this issue through reforms to systems of care or provision of more effective treatment (Bickman 2013). So far, we have paid relatively little attention to the prospects of service improvement through enhancing the effectiveness of the therapists providing the services. When there has been a focus on therapists, it has mostly been in the context of training therapists to provide interventions likely to be effective. In other words, the focus has been on the effectiveness of the intervention, rather than the effectiveness of the person providing the intervention.

In this issue, the focus is squarely on the therapist—not as a conduit for treatment but rather as a possible agent of treatment, independent of intervention. We think that this is timely for several reasons.

The first reason is that the high hopes that have been historically held out for improvements in systems of care and evidence-based treatments have largely failed to be realised. Improvements to systems of care can and do improve user access and user satisfaction with services. However, there is little evidence that the system of care has much impact on clinical or disability outcomes (Bickman and Fitzpatrick 2002). Moreover, this conclusion has not changed in recent years. There has been no “explosion” of new research findings that leads us to believe that this approach will provide

any new insights that will transform this level of intervention into something that will have any profound effects on clinical outcomes without a significantly new research orientation and supportive findings (Cook and Kilmer 2012).

At the level of treatment, despite the proliferation of interventions classified as evidence-based or empirically supported, the advantages of such interventions over treatment as usual in real world clinical settings has been disappointingly small (Wampold et al. 2010). Furthermore, there remarkably little difference between the effectiveness of any bona fide psychological intervention, when it comes to outcomes for common psychosocial conditions such as anxiety or depression (APA 2012). This may also be the case of disability related outcomes such as employment. This has led to a widely held view that all therapies rely on common factors for effectiveness, with the implication that developing new therapies is not a reliable pathway to improved user outcomes. While there has been some progress in better understanding how to implement evidence based treatments with more fidelity, the proliferation of new treatments seems unlikely to bear much fruit.

The second reason for our emphasis on the therapist is that there is at least some evidence to indicate that therapist behaviour in service delivery probably influences user outcome, regardless of the type or kind of intervention. There is now a large evidence base, including several meta-analyses, that suggests therapeutic alliance has a robust, if modest, association with of treatment outcome (Horvath and Symonds 1991; Martin et al. 2000). Alliance is an interpersonal phenomenon and not solely therapist determined but it is likely that therapist behaviour is contributing to alliance and therefore outcome (Del Re et al. 2012). There is also a growing evidence base that suggests that therapists who receive routine feedback regarding client progress make better clinical decisions and that client outcomes are

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probably better as a result (Tam Huiyi and Ronan, in press; Bickman et al. 2011; Shimokawa et al. 2010). We hasten to point out that both alliance research and feedback research have been subject to a variety of methodological challenges, especially in real-world settings, and there is some debate as to the true effect size of mediators such as alliance or feedback. However, the evidence suggests that therapist behaviour can impact on outcomes and it is possible that there are many other relevant dimensions of therapist behaviour that we have yet to discover. Most importantly there is interest in exploring approaches to improving therapist performance.

The third reason relates more to policy considerations. The training, recruitment and employment of therapists forms a significant component of the total cost of provision of mental health services. At the training level, there is a strong focus on teaching therapists to become technically proficient and delivering interventions. Interpersonal and communication skills are by no means disregarded but these are taught without much evidence as to what (if anything) distinguishes the interpersonal and communication skills of a more effective therapist from those of a less effective therapist. In fact, it not clear if such skills can be taught. There is no evidence that therapists with more training are more effective (Goldberg et al. 2016). Indeed, we have limited knowledge as to the extent to which some therapists are more effective than others. At the recruitment level, we tend to rely on qualifications, experience and references, without much empirical guidance as to what kind of training, what kind of experience or what kind of personal qualities are associated with effective service provision. In other words, there is an awful lot of guesswork or presumed knowledge when it comes to both training, recruitment and supervision. Once a therapist is employed, it is difficult to know whether he or she is effective because we don't know what qualities make for effectiveness, rarely collect the kind of client outcome data that would, in principle, enable inferences about effectiveness and even if we did have the data, would have difficulty drawing inferences because we have little way of knowing to what extent client outcomes are a function of therapist characteristics, treatment characteristics or client characteristics.

Finally, we are entering an era of increasingly sophisticated self-help services, making it possible for service users to engage in a range of evidence-based treatments without a therapist (Bennion et al. 2017). In some countries, including the UK, the Netherlands and Australia, governments are actively funding and promoting self-help as either an adjunct or an alternative to therapist delivered mental health services. While there is a growing body of clinical trials, including meta-analyses, establishing the efficacy of self-help in treatment of high prevalence mental health conditions (eg Andersson et al. 2014), there is

limited evidence as to whether such interventions are as effective as therapist delivered interventions beyond the clinical trial environment. However, the evidence already available raises important questions about the future of therapists. We need to know to what extent therapists add value to self-help, in general, and whether there are specific treatments, treatment groups or demographic groups that require the contribution of a therapist. While it may seem remote at the moment, when the therapist workforce has been steadily expanding in much of the world, it is possible to contemplate a time in the future when therapists have gone the way of bank tellers. Such a possibility has huge implications for workforce planning that flow through to the universities and other training institutions that are currently engaged in the training of therapists.

In this special issue, you will find research reports and commentaries that address one or more of the issues outlined above. Some address research methodology in this challenging area and some focus on substantive research questions. The special issue does not aim to provide definitive answers to the questions raised in this very challenging area of research. However, it does provide a snapshot of current thinking and presents findings from recent studies. We hope that, if nothing else, it inspires further research and provokes stakeholders and policy-makers to pay more attention to issues that, hitherto, have either been consigned to the “too hard” basket or overlooked altogether. While it does not fully answer the question that we, provocatively, ask in the title to this introduction, it does suggest that we cannot be complacent. There is no basis for simply assuming that therapists are a vital component in treatment of psychological problems and there is much work to be done to determine how therapists can best contribute to effective treatment.

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Compliance with Ethical Standards

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