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Title: "So I Feel Like I'm Getting It and Then Sometimes I Think OK, No I'm Not": Couple and Family Therapists Learning an Evidence-Based Practice

### **Abstract**

This research concerns itself with the experiences of couple and family therapists (CFT) learning about and using an evidence-based practice. The engagement with evidence-based practice is growing across many aspects of the mental health and health care systems. The evidence-based practice model is now being applied in a broad range of health and human service systems, including mental and behavioral health care, social work, education, and criminal justice (Hunsley, 2007). The dialogue about the role of evidence-based approaches in the practice of couple and family therapy and research literature about same is also evolving (Sexton et al., 2011; Sprenkle 2012). Interestingly, while the research delves into what are the best approaches with different populations and presenting issues, little research has explored the experience of CFTs themselves, particularly while learning and adopting an evidence-based practice.

Using a phenomenological approach called interpretive phenomenological analysis (Smith, Flowers, & Larking, 2009), this research explored the experiences of CFTs learning and using an evidence-based practice. The paper reports key issues, challenges, and areas for CFTs, educators, and supervisors. As researchers, educators, administrators, policy makers, and CFTs struggle with what works best with which populations and when, how best to allocate resources, how best to educate and support CFTs, and the complexity of doing research in real-life settings, this research has the potential to contribute to those varied dialogues.

**Keywords:** couple therapy; evidence-based practice; family therapy; Interpretative Phenomenological Analysis; learning

### **Key Points**

1. Evidence-based practices (EBPs) are an integral part of couple and family therapists' practice landscape.
2. Learning an EBP is an ongoing process that takes place over years and requires a variety of learning strategies and supports.
3. Learning an EBP can be an important means to support the development of couple and family therapists though cannot be the only resource that therapists use in their development.

### **Introduction**

Evidence-based practices have become a part of the research and clinical landscape for couple and family therapists (CFT) (Hunsley, 2007; Sexton & Datchi, 2014; Sexton et al., 2011) yet little is known about the experiences of CFTs learning an evidence-based practice (EBP) (Nel, 2006; Orlinsky & Rønnestad, 2005; Sandberg, Knestel, & Schade, 2013). The present study reports the findings from a phenomenological exploration of CFT's experiences while learning an evidence-based approach to working with couples and families. There are at least three important reasons for developing a better understanding of CFTs experiences of learning an EBP.

The first is the importance of the therapeutic alliance. Orlinsky, Rønnestad, and Willutzki (2004) note that over 1,000 research findings demonstrate a positive therapeutic alliance is one of the best predictors of outcome. The therapeutic alliance is a critical factor for therapy outcomes regardless of a therapist's theoretical orientation (Sprenkle, Davis, & Lebow, 2009). Second, is the person-of-the-therapist; Aponte et al. (2009) contend that the degree to which therapists commit to exploring the challenges in their lives and engage in personal growth and development is proportionate to the ability to relate to clients' efforts to deal with their challenges. CFTs' experiences with learning are part of the challenges they face in their lives. A

third reason for gaining a better understanding of CFTs learning an EBP is the importance of therapists providing a theoretically explicit rationale for change. Therapists' clarity about why clients are distressed and how therapy will help contributes to their credibility and confidence in treatment which in turn creates positive expectations for change. These factors contribute to couples and families participating in therapy which are factors associated with outcome (Frank & Frank, 1993; Wampold & Imel, 2015).

While CFTs themselves are a critical part of the therapeutic process and outcomes, little is known about their experiences while learning an EBP. Alexander, Sexton, and Robbins (2000) note that the evolution of EBPs "define the practical application of current intervention...the evolution of this movement is at the hub of several social, professional, and historic forces that are converging" (p. 23). Developing evidence-based practices is seen as a natural progression of our field, a maturing of sorts from anecdotal clinical reports to "conceptual and methodological sophistication" of CFT research and clinical practices (Sexton & Alexander, 2002). The challenges associated with integrating science into the practice of therapy through EBPs "have always been controversial, resulting in frequent, passionate, and at times divisive debates in the field" (Sexton et al., 2011, p. 378). Much of the debate has focused on the epistemological orientation of the research needed to establish EBPs (e.g. Elliott, 1998; Seligman, 1996; Slife, Wiggins, & Graham, 2005; Wendt, Jr., 2006) and the limitations of promoting a single therapeutic approach to deal with a clinical issue in all situations and contexts (e.g. Coulter, 2011; Gilgun, 2005; Malterud, 2001; Staller, 2006).

In the following paper, we will report on research with fourteen CFTs who were asked about their experience with learning and using an evidence-based approach to working with couples and families. Using a phenomenological approach called interpretive phenomenological

analysis (Smith, Flowers, & Larking, 2009), the focus of this paper is first on reporting the participants' experiences and next on exploring these experiences with the use of a phenomenological model of learning (Dreyfus, 2004). Both approaches to analyses are consistent with the methodology with the former preferred and noted as a hermeneutic of empathy (Smith, 2004) while using theory to explore experience is referred to a hermeneutic of suspicion (Ricoeur, 1970).

### **Therapist Learning and Development**

One body of research that has explored the development of therapists over time is the work of Jennings and Skovholt (1999) who researched the cognitive, emotional, and relational characteristics of master therapists. Continuing the research longitudinally, Skovholt and Starkey (2010) describe the cognitive characteristics as including a "voracious appetite for learning" (p. 126), emotional characteristics of master therapists include a "fine tuned self-awareness" (p. 126), while relational characteristics allowed for "a proficient ability to intensively engage clients" (p. 126). While Jennings and Skovholt's (1999) research about the cognitive, emotional, and relational domains of master therapists gives us clues about what contributes to therapist development, there are shortcomings noted in the research literature regarding their approach to therapist development.

The challenge with conflating data about so called master therapists is that it "produces a fictional ideal that may never be found in any practitioner" (Orlinsky, 1999, p. 12). Another shortcoming is the need to isolate the learning about therapy from other aspects of the therapist's life. Is it truly developmental if other aspects of a person's life are not explored? As Holloway (1987) questioned, how do we recognize the developmental aspects of therapists' learning outside of the supervisee role, when they are in the CFT role, when they are students, and in

other roles of a CFT's life? Another possibility for exploring the participants' experiences with learning could have been to use a cognitive or rational approach.

A cognitive approach to learning that focuses on a step-by-step process for integrating something new and the rules that need to be learned offers a clear map that appears easy to follow. Cognitivists attempt to simulate the problem-solving in computers and artificial intelligence (Flyvberg, 2001). These models work well when tasks are well-defined with clear solutions. The challenge for CFTs, however, is that couples and families or solutions for their problems are rarely well-defined, linear, and have simple solutions. This approach to learning sees people as "problem-solving beings who follow a sequential model of reasoning consisting of elements-rules-goals-plans" (Flyvberg, 2001, p. 14). This cognitive process may be of use at certain stages of learning a new EBP such as developing an understanding of the theory of change or the sequence of interventions for a new clinical approach.

Raylene (a participant in this research) provided an example of this limitation as she discussed an important contribution to her learning of Emotionally Focused Therapy (EFT):

Well what our study group turned into which was much more useful, was us talking about our own attachment and our own attachment history. And our own personal challenge in trying to get this EFT down and what was happening inside of us internally and what was happening in our own relationships, that was more helpful than any of the training. And not that the training hasn't been helpful, but now that I've got the internal map, through my own personal experience, now all of that cognitive stuff makes sense [laughter].

For Raylene, the focus was not on returning to practicing a skill or analysing it, but to feel it by literally letting it sink into her own life, relationships, and understanding of herself and with colleagues learning the same therapy approach. Departing from a rationalist approach, Raylene

found a way to focus on developing an “internal map”. This departure from rationalist approaches is an important distinguishing feature in the Dreyfus (2004) model of skill acquisition and an important reason why it was a useful means to explore the experiences of the participants in this research project.

### **Dreyfus’ model of the human learning process**

*Our task is to broaden our reasoning to make it capable of grasping what, in ourselves and others, precedes and exceeds reason* (Merleau-Ponty, 1960, p. 122).

The challenge for this research was to find a phenomenological means to explore how the participants made meaning of their experience. The Dreyfus model of skill acquisition (Dreyfus, 2004; Dreyfus & Dreyfus, 1979) became a useful epistemological tool to explore participants’ experiences; Interpretative Phenomenological Analysis allows for the researcher to engage a hermeneutic of suspicion (Ricoeur, 1970) by using theoretical perspectives from outside to shed light on the phenomena. The Dreyfus model of skill acquisition will be explored more in depth and be used to further reflect about the participants’ experiences in the results section.

The Dreyfus model of skill acquisition is a descriptive phenomenological account of the development of skill over time. It is not about measuring competencies or ascribing abilities to the skills or talents of a practitioner. The model suggests that a learner be open to an experiential approach to learning, be responsive over time, and recognise whole situations in terms of past concrete experiences. Gobet and Chassy (2008, 2009) have critiqued the Dreyfus model of learning noting that Dreyfus was a phenomenologist and did not develop empirical data to support his theory. The Dreyfus model has been chosen because, as Flyvberg (2001) outlines, “it is especially useful for understanding the linkage between knowledge and context” (p. 9). Further, it recognises the different phases or stages that learners experience and provides a useful

means for organising the research participants' successes, challenges, and comments about what contributed to their learning an EBP. Flyvberg (2001) writes that "detailed phenomenological studies of human learning indicate that people pass through several phases or levels in the learning of skills, where 'skills' are understood to range from the technical to the intellectual" (p. 10). The participants in this research project similarly experienced different stages of skill acquisition and, combined with the need to provide an interpretive account (Smith, 2011), the researchers chose Dreyfus' model as a key means to explore the data.

### **The Present Study**

In sum, this study addressed three questions: (a) what influences a couple and family therapist to explore and use an evidence-based CFT practice?; (b) what do couple and family therapists experience when learning about an evidence-based CFT practice?; and (c) what do couple and family therapists experience when adapting and using an evidence-based practice in their day-to-day clinical work? The qualitative research was guided by the use of Interpretative Phenomenological Analysis (IPA). The aim of IPA is to use a double hermeneutic to make meaning of participants' experiences while recognizing it is not fully possible to do so (Smith, Flowers, and Larkin, 2009). The double hermeneutic includes the researcher questioning and exploring the experience and to make meaning of the participant's meaning making process. IPA "represents an epistemological position, offers a set of guidelines for conducting research, and describes a corpus of empirical research" (Smith, 2004, p. 40). The key elements of IPA are that: it is an inductive approach; participants are experts on their own experience and are recruited because of their expertise in the phenomenon being explored; researchers analyse data to identify what is distinct (idiographic study of persons) while balancing that with what is shared in the sample; and the analysis is interpretive, grounded in examples from the data, and



plausible to the participants, supervisors, and general public (Smith, Flowers, and Larkin, 2009). Much of the early research using IPA was in the health psychology field (Smith, 2011) and the introduction of IPA has made phenomenological research more accessible for those who do not have a philosophical background (Willig, 2008).

### **Method**

The qualitative study described here used data from interviews with CFTs about their thoughts and feelings regarding learning and using an evidence-based approach to working with couples or families.

### **Participants**

The target population for this research was CFTs who hold at least a Masters degree in a mental health field, such as counselling, psychology, social work, or marriage and family therapy, and who have, or were in the midst of, learning and using an evidence-based couple or family therapy practice. For inclusion, the EBP they were learning or using had to have a treatment manual, CFTs had to have received training and supervision specific to the EBP they discussed, and the EBP had to have a theory of change to which participants showed fidelity. Participants were recruited via professional listservs, snowball sampling, email, and direct requests from the research team. After the study was granted ethical approval by the university, individual interviews with the therapists occurred either face-to-face or via Blackboard Collaborate. BlackBoard Collaborate is an on-line learning software system used by the university that provided ethical approval. Among other functions, one can conduct, record, and save an interview in this system. The research was completed at a Canadian university and BlackBoard is hosted in a Canadian city and was not directly exposed to the effects of the USA

PATRIOT Act. Also, using BlackBoard satisfied the university's policy Protection of Personal Information from Access Outside Canada.

In total, 14 CFTs were interviewed ranging in age from 32 to 65 years old. This was the total number who responded to the recruitment strategies that met the study criteria. Five participants were marriage and family therapists, three counsellors, three were social workers, two psychologists and one a psychiatrist. Their clinical experience ranged from one to 40 years. The therapy approaches participants discussed included EFT (Johnson, 2004), Attachment-Based Family Therapy (Diamond, Diamond, & Levy, 2013), Gottman Couples Therapy (Gottman, 1999), Imago Couple Therapy (Hendrix, 1988), and the Social Ecological Approach (Ungar, 2011). The participants here shared many of the learning components that now seem to be prevalent in being recognized as knowledgeable or proficient in an EBP. A number of programs have been set up to train and certify CFTs in a specific therapeutic approach (for examples see <http://www.iceeft.com> or <http://pro.imagorelationships.org> or <https://www.gottman.com>). Each program involves didactic training with an expert in the approach, additional experiential workshops, approved supervision specific to the therapeutic approach, and a review of live or video/audio therapy sessions by an approved supervisor. All of the participants in this research project had extensive training in the approach they discussed which included more than five days of didactic and experiential training and one-on-one as well as group supervision specific to the EBP they were learning. Eight of the 14 participants were "certified" in the approach they discussed.

### **The Researchers' Locations**

Bronfenbrenner (1979) suggested that meaningful analysis of research findings is easier when researchers participated in similar roles and if they are members of the subculture from which the

research participants come. The first author came to this research as a licensed Marriage and Family Therapist and someone who is trained and certified in evidence-based approaches to working with couples and families. He also trains and supervises others who are learning an evidence-based couple or family therapy approach and teaches couple and family therapy courses in a graduate program. This paper is based on his doctoral dissertation. The second and third authors are both university-based researchers who supervised and were part of the dissertation committee. The second author is also a couple and family therapist while the third author has extensive experience with phenomenological approaches to research, particularly IPA.

### **Procedures**

Data were collected through interviews with CFTs guided by semi-structured questions that were sufficiently flexible to allow participants to discuss their experiences in-depth related to the topic of the study. As recommended by proponents of the methodology, questions were “prepared so that they [were] open and expansive; the participant...[was] encouraged to talk at length” (Smith et al., 2009, 9. 59). Sample questions included: Can you tell me about a CFT evidence-based approach that you have learned about? What influenced your decision to learn about that CFT approach? Were there clinical issues that you were dealing with that led you to explore that approach specifically? What was your experience of learning that CFT approach? Can you tell me about what you enjoyed/ found challenging about learning that new CFT approach? What metaphor would you use to describe the process of learning that EBP? Has learning that new approach affected your clinical practice? What do you see as the role of evidence-based CFT approaches in the future of your clinical practice? The interviews lasted 60-100 minutes and were audio-recorded and transcribed verbatim and further reviewed by the researchers to capture the specific text of the interview as well as the intonation, utterance and

other components of speech which may lend itself to further interpretation. The interview data were supplemented by the researchers' reflexive engagement with the participants and related research literature (Willig, 2008).

### **Data analyses**

Data were analysed using IPA; the inductive procedures of IPA are intended to assist the researcher to develop an initial insider's perspective on the phenomenon (Reid, Flowers, & Larkin, 2005). The participants' interviews were analyzed using the six-step process outlined by Smith et al. (2009). The first step was the reading and re-reading of the transcripts and noting anything of interest within a transcript. Secondly, initial noting at three levels which are the participant's content, linguistic interpretations, and conceptual comments. Next, we developed emergent themes followed by a search for connections across emergent themes, identifying and exploring oppositional items, identifying contextual or normative elements, and identifying the purpose a theme may play in a CFT's life. The fifth step was to move on to the next interview and repeat the first four steps. Finally, we began to look for patterns across interviews and identify the most important things to say about participants. In general, IPA moves from the particular to the shared, from the descriptive to the interpretive, it maintains a commitment to understanding the participant's point of view, and has a psychological focus on personal meaning making in particular contexts.

### **Results**

Among the key themes that emerged in this study was the *supports and challenges in learning an EBP*. The results are organized by content guided by a phenomenological approach to learning (Dreyfus, 1982, 2004; Dreyfus & Dreyfus, 1979, 1986) rather than the prompt questions. The participants' experiences will be presented in the context of Dreyfus' (2004) five

levels of the human learning process beginning with the novice stage through to the expert stage. These stages are not discreet but overlap though the data will be presented in separate stages to provide a sense of therapist development over time. Participants' responses are reported to illustrate the supports and challenges while learning an EBP and all names have been changed.

*“This is really interesting theory, I wonder how it works in practice?”*

Novice is the first stage of skill acquisition and is instructor driven with a focus on rules for action. A therapist would experience a problem or presenting issue for the first time as well as the possibilities for how to respond to that presenting problem. During her masters, Louise, a participant with a background in counselling, reflected that “you know compared to, as a graduate student where you're reading it, it's all just theory to you, just like oh this is really interesting theory, I wonder how it works in practice right?”. In this phase of learning the focus is on facts and characteristics of therapeutic techniques that are context independent (Flyvberg, 2001).

Though the majority of participants were experienced therapists (eight or more years), many reported that while learning an EBP they felt like they were new again or a novice. For example, Cassandra described how she initially tried to integrate a new approach to working with couples by reading about it and reviewing training videos. Realizing she could not integrate the new approach in this manner she sought further supports for her learning and after two years of training and supervision she could “really help couples” and went on to describe how she still felt “like there's plenty to learn”. George discussed the ways he would get stuck or caught with families in his early adaptation of a new approach to working with families despite years of previous training. He described how “when I started out I remember I'd just get sucked in in the early stage and just get lost” with the families he was working with. George noted the

importance for his practice to integrate a model for working with families. He described how “when I started out and both in individual and family pieces...you know clearly not following models, very vague, and I think the minute that you become more defined about what you’re doing, that in itself is really helpful”. Kathy described a sense of feeling “shaky” when she started to learn a new approach to working with couples. She had worked with couples and families for a number of years in a community organization then left to start her own private practice at which point she started to learn a new approach to working with couples. Kathy described how “when you’re first learning it it’s sort of you know, you’re not sure but you’re sort of on shaky wheels, you’re not sure where things fit in”.

During this phase of learning, novices are judged and judge themselves by how their skills follow the rules (Flyvberg, 2001). This phase of learning begins with the “instructor decomposing the task environment into context-free features that the beginner can recognize without the desired skill” (Dreyfus, 2004, p. 577). One important element for learning an evidence-based practice is the treatment manual. In essence, at the novice stage of learning, it becomes the rule book. This becomes the description of what the practice is, how it is done right, what the skills are, and so on. Jessica talked about referring back to the treatment manual as her source of what was the right thing to do as follows:

So I feel like I’m getting it and then sometimes I think OK, no I’m not, I need to refer back to it to find out where I’m at. Because it is a very directive type approach and so, you want to make sure that you are following the intent of the theory so I refer back a lot. Constantly seeking for whether she was following the rules as laid out in the treatment manual, Jessica was reassured by having the resource as a guide. While Jessica benefitted from reading

the treatment manual and referring back to it, not all participants described reading as a helpful process in their learning as a novice.

Raylene, for example, described how in learning a new approach she benefitted more from an experiential process that focused on exploring her own experience with the concepts being introduced and making sense of it for her own life first. Raylene described her attempts to read the treatment manual as follows:

I tried reading. Reading is not my best way of learning, especially if it's not a story, if it's dry reading. Like most of the, you know theoretical books are kind of dry. It's tedious for me to get through and so I have to make myself do it.

While Raylene did not appear to benefit from reading the treatment manual, other participants discussed another way that the treatment manual functioned for them.

George, for example, found the treatment manual very helpful to focus on understanding what was happening with the family, and more importantly, helped to focus family therapy trainees in their work. He described using one with trainees and having them locate themselves within this set of rules:

...you know the stages of executive functioning of the therapist...it breaks that down into little steps, that was really useful. So we would try to get people to use that as a basis for understanding what kind of intervention was needed, or helping training therapists to identify what they were doing and where it sat in the level of complexity of therapeutic interventions.

As a trainee and a trainer, George found the rules as outlined in the treatment manual helpful in structuring learning at this stage. Dreyfus (2004) describes that at the novice stage, rules are

given to determine actions like a computer program. This focus on rules however ultimately impedes learning.

As novices develop and learn some rules for a given skill, “performing the skill becomes so complex and demands so much concentration that it impedes continued improvement of performance” (Flyvberg, 2001, p. 11). Cassandra realized she reached that point when she mentioned that “that that’s part of like yah oh my God I need training, oh my God I need supervision”. The realization that there’s more to integrating a new therapy approach into one’s practice than learning a few rules is an important step though not always an easy one. While discussing a shift from previous skills trainees had used in therapy, George reflected about the challenges he noticed and that “you know had difficulties for people to give up what they were doing and move on”. George pointed to the need for a learner to risk giving up what they had previously been doing at this stage. While developing an awareness of the need to explore beyond a few rules lead some participants to also consider the self of the therapist. Raylene stated it as “you can learn technique but if you don’t really understand it inside your own being, you’re not going to get it”. The realizations noted by Cassandra, George, and Raylene and the development of skill acquisition in general, leads to the next phase of the Dreyfus mode—advanced beginner.

*“I think I am really improving my clinical skills”*

During the advanced beginner stage of skill acquisition, performance moves “to a marginally acceptable level only after the novice has considerable experience in coping with real situations” (Dreyfus & Dreyfus, 1986, p. 22). The advancement happens because of real life experience and the learner begins to recognize relevant elements in different situations. At the advanced beginner stage, “rules for behaviour may now refer to both the new situational and the



context-free components” (p. 23). Some participants in this research project discussed the scramble to learn more rules as Ken mentioned in relation to his training in EFT:

What I did is they have, well you know they have the initial manual, then the workbook, so I went through all of that. I went through the Hold Me Tight and then after each of the supervision sessions, whether it was the two group ones or the individual, I would go over the tapes and then I would make my notes from the tapes. So I got all of the sessions kind of, they’re not transcribed word for word but mostly the ideas, the really critical learnings so I did that as well.

Alternatively, there is an understanding that not all situations can be encompassed by these rules, that there is also a need to look at situation specific variables and the person of the therapist.

Raylene put it this way:

So the way that I really, I’m still in the process of learning it, but I’ll tell you after a year of immersing myself in it and having my own internal personal revelation open up until that happened, I didn’t really get it, I didn’t get it.

Raylene’s realization that her skill acquisition cannot be all rule bound required specific supports. She described what assisted her through that process:

It was personal supervision helped. It was all about personal because the cognitive stuff I mean, you know, that part I’m already good at, that’s not what was getting in my way.

What was getting in my way was my own personal stuff. So the personal supervision where I felt comfortable exploring that and the supervisor felt comfortable exploring that.

The importance of the role of supervision was noted by all participants at different stages of skill acquisition and for different purposes.

For Mary, who was a therapist in a clinical trial of an approach to working with families, the constant review and supervision required for clinical trials afforded her important developmental opportunities. She described the benefits of supervision for her practice as follows:

But it is about having live supervision, continuous live supervision, and having had so much attention that I think I am really improving my clinical skills. I'm getting a lot of feedback about how I'm doing in the therapy room. I get the opportunity to discuss with my supervisor, very thoroughly the cases and the strategies, and to plan for each case.

Being part of a research project on the effectiveness of an EBP, Mary noted the advantage of having a set number of sessions as a norm for clinical trials.

It's sixteen weeks, we cannot extend that encounter with a client. And that has forced me to really pay attention to what are the things that I consider that are more effective in therapy and to invest my time and my energy in doing that. And so that really has sharpened me, and for that I'm very grateful.

The scrutiny and support of supervision as well as the need to complete therapy within a set period of time provided a focus that Mary described as both helping her to constantly learn the rules that govern the skills as well as begin to explore situational aspects of her work with families.

Having resources to explore beyond the rules was noted by other participants as well. Jessica for example, would refer to a variety of literature as a means to discover clinical insights. She described it as follows:

I go back and read over the literature, other kind of case studies and just seeing, try and see what other therapists are doing when they come up with some of these client issues that I'm seeing. It reaffirms that the model that I'm being trained in is, is what I want. Jessica's review of the literature had the added benefit of reminding her that this was the model she wanted to learn. At the advanced beginner phase of skill acquisition, "personal experience via trial-and-error is more important than context-independent, explicit, verbally formulated facts and rules" (Flyvberg, 2001, p. 12). This trial and error experience requires both the willingness to risk on the therapists' part and appropriate supports.

At this stage of learning, many participants talked about ongoing supervision or workshops geared towards advanced aspects of a therapeutic approach. Dreyfus (2004) described that at this stage, "instructional maxims can then refer to these new situational aspects, recognized on the basis of experience, as to the objectively defined nonsituational features recognizable by the novice" (p. 577). Learning "can be carried on in a detached, analytic frame of mind" (p. 577) with the notion of needing to continue to attend to and expand knowledge of the rules and a growing awareness that "experience seems immeasurably more important than any form of verbal description" (Dreyfus & Dreyfus, 1986, p. 23). Now participants also begin to develop a sense of the therapeutic approach they are learning as a framework that can serve a number of purposes.

To illustrate, Sally's experience of learning an ecological approach to working with families helped her to re-conceptualize her clinical work as well as consider the families she was working with in new ways. She described it as follows:

So, the social-ecological approach gave me the framework for seeing that's where I'm stuck. We need to go back, we have not really come up with a solid contract. I think

before in my practice, I would have kept going through, 'ok, you have to keep doing anxiety reduction, you have to do meetings with the school, you have to do behavioural...' - you know. Whereas with this, I'm like 'we're not all on the same page'. So it's just reframed me.

Sally's choice to describe part of the change as it "reframed me" suggests that she's not only acquired rules for new skills but is able to adjust her work to match the situation. Sally's statement about being reframed is likely more reflective of a later stage of skill development though it is worth mentioning the shift she experienced between applying the rules of the skills to beginning to think about the context. There comes a time in a CFT's practice and in skill acquisition, however, where "the number of recognizable elements, which an individual sees in a concrete situation, becomes overwhelming" (Flyvberg, 2001, p. 12). This can lead to the next stage of skill acquisition which Dreyfus and Dreyfus (1986) termed competence.

*"I have a sense of o.k. this is what you know"*

At the competent stage of skill acquisition, a therapist "sees a situation as a set of facts" (Dreyfus & Dreyfus, 1986, p. 24) and the focus is on sorting a decision making process which is part of the EBP. At this stage, therapists learn from their own experience, other therapists, reading, training, and supervision how to apply decision-making processes. Flyvberg (2001) writes that "selecting a plan is not simple, and not without problems for competent performers. It takes time and requires deliberation" (p. 13). Unlike the novice stage, couple and family therapists are now personally involved in the action at the competence phase of skill acquisition. Jessica captures this struggle to sort a decision making process when she mentioned that "I struggle, I think about it a lot".

At the competence stage of skill acquisition, learners will continue to seek rules for different situations and begin to realize that there are more situations and circumstances than one can track. Participants experienced discomfort adjusting to and becoming comfortable with the therapeutic approach as a means to understand and conceptualize. As Jessica said, “the challenges is that it’s, it feels like there’s only one way to do it, so you’re really kind of compelled to follow through and once you look at a couple from that attachment-based lens, it’s hard not to”. She describes being rule bound when she mentioned there is “only one way to do it” and at the same time found herself understanding that she was developing a new lens for viewing her work with couples. It was with a sense of excitement that she recognized her growing skill acquisition. Jessica went on to say that “I mean because I’m really getting much better at recognizing couples and the patterns, and habits I see it in my own relationships, I really do feel that it really explains a lot”. Here Jessica describes a sense of beginning to recognize situation and context.

Other research participants shared a similar experience of feeling more secure and stronger in their work with a sense of competence in their skill acquisition. Sally for example described getting a “framework for how to do it” and this allowed her to experience herself as “more effective for sure, and I’m not floundering [laughs]. Just kind of doing it ad hoc”. Sally went on to describe her experience of developing a framework as:

It gives, it makes you feel like you’re on more solid ground with what you’re doing. When I’m going into do the clinical piece, you feel stronger I guess, in what you’re doing, knowing that this is backed up by theory, and, and evidence-based. So, you feel, you feel, just, you know, more effective and stronger walking into it. And, I guess in some ways I’m a little pushier [laughs].

Sally's experience of herself as being more effective allowed her to be "pushier" in therapy which for her meant attending more to the therapeutic tasks she was learning. Sally learned in training that these therapeutic tasks were effective and evidence-based which supported her capacity to approach the work in that manner. Likewise, Louise noted about developing a sense of herself as competent and understanding the skills she was learning, "it just helps me to, maybe it grounds me, you know there's a sense of, o.k. I think I have a sense of what we're dealing with here". Experiencing herself as competent, Louise felt like "I know, I'm on a road and I feel like I'm going somewhere. As opposed to, [laughter] you know when you're starting out it's just like o.k., let's go and see where we end up".

Participants discussed a number of different strategies that assisted them in developing a sense of competence in their skill acquisition. Cassandra talked about when she felt stuck, "when I'm like what do you do when you're at an impasse, I use the workbook cause I feel that that's got a lot of the interventions". Interestingly, Cassandra made a point of mentioning that she does not go back to the treatment manual and uses the workbook instead. Louise on the other hand refers to a variety of source materials including the treatment manual and research articles. Louise mentioned that "I think that all the reading helps me to do that because it gives me a framework and it helps me to understand what's happening for them, more than it would if I didn't have that". Louise creates a dialogue between herself, the reading, and her clients, constantly reflecting. Louise describes that process as:

It gives me a framework when I come back to the session you know. So I'm listening maybe for different things or I'm just able to [pause] like it's a lens, I guess it's a framework, it's a lens, it just helps me to go o.k. right. I know, I have a better sense of what's happening and I love that piece.

Like Louise, other research participants made reference to a framework or a map or signposts as they were developing and began to experience themselves as competent.

A number of research participants also talked about the desire to be effective with couples and families as an important motivator in their learning. For many there was an evolution where they realized that to be competent at the therapy approach they were learning and improve their efficacy with couples and families, they needed to be more proactive and thoughtful about their learning. Cassandra described her evolution as follows:

And so, so I got serious and I thought well if I really want to start creating change for couples, I'm just going to do this, come hell or high water, and so I did the externship and then pretty quickly thereafter got signed up in a core skills and went through a full round of core skills, and found a supervisor as well and started working with her, started taping all of my sessions.

For Cassandra, that two year process left her feeling competent about the EBP she was using and clear that she had more to learn. This is an important part of beginning to transition to the next phase of the Dreyfus model of skill acquisition.

Dreyfus and Dreyfus (1986) write that “up to this point the learner of a new skill...has made conscious choices of both goals and decisions after reflecting upon various alternatives” (p. 27-28). This model of decision-making is “detached, deliberative...[and] the only one recognized in much of the academic literature on the psychology of choice” (p. 28). The problem eventually becomes that there are too many choices and too many contexts and more importantly slows learning. Flyvberg (2001) writes that the use of “analytical rationality tends to impede further improvement in human performance because of analytical rationality’s slow reasoning and its emphasis on rules, principles, and universal solutions” (p. 15). There comes a

point where “bodily involvement, speed” (p. 15) are required for developing a sense of proficiency in skill acquisition. For CFTs this may also involve a sense of recognizing there are more possible combinations of presenting issues, relationships, and variables in therapy than can ever be learned. As learners experience themselves as competent and continue to develop, they become proficient, the next level of the Dreyfus model of skill acquisition.

*“Right now, it is becoming second nature”*

The proficient performer “will be deeply involved in his[/her] task and will be experiencing it from specific perspective because of recent events” (Dreyfus & Dreyfus, 1986, p. 28). While the research participants in this project had less experience with both this stage of learning and the next stage referred to as expertise, there was some reflection about the experience of feeling proficient. The deep involvement by learners at this stage of skill acquisition involves both analytical decision making and intuition. Dreyfus and Dreyfus (1986) refer to intuition as the “understanding that effortlessly occurs upon seeing similarities with previous experiences” (p. 28). They use intuition and know-how interchangeably and describe intuition as “the product of deep situational involvement and recognition of similarity” (p. 29). One research participant captured the notion of intuition well. Raylene described her process of feeling more proficient as:

I’ve got it, it’s like I got it. It’s like oh this is what secure attachment is. Oh this is what it feels like...I have that map now, it’s not just a cognitive concept. I have a direct experience of it in my body, and so now I know the terrain. So I’ve learned [EBP] from the inside out.

Raylene’s knowing from the “inside out” reflects an intuitive knowing that “is neither wild guessing not supernatural inspiration, but the sort of ability we all use all the time as we go about



our everyday tasks” (Dreyfus & Dreyfus, 1986, p. 29). Raylene recognized that it is not a set of rules, facts, or a rational decision making process that she was using in her work with couples though they all contributed to her learning. A proficient performer begins to experience key features of a situation that will stand out while others fade away.

Flyvberg (2001) described how choices are made “via spontaneous interpretation and intuitive judgment the memory of these situations generates plans corresponding to plans which have worked before” (p. 16). George described this process as being able to manage his own affect and thoughts while better serving families he is working with. He described it as:

So ah, you know getting to the point where you manage your own affect and manage your own cognitive understanding of what’s going on, come to a kind of new level of understanding and use that to move the family forward without compounding the problem or becoming involved in it. To me it was really quite a powerful experience. It is as a proficient performer that therapists are more likely to experience the power of their work as “proficient performers tend to be deeply involved in their actions” (p. 16). George describes the place proficient performers tend to find themselves at where they are both intuitively organizing and understanding the task and still thinking analytically about what to do (Dreyfus & Dreyfus, 1986). In the proficient stage of skill development, a learner will gradually replace theory of skill as represented by rules and principles with situational discriminations. Proficiency can “develop if, and only if, experience is assimilated in this embodied, atheoretical way” (Dreyfus, 2004, p. 179).

Mary described this evolution of her practice while discussing her use and reference to the treatment manual. As part of a clinical trial, Mary had to attend to the specifics of the model

she was learning more so than most learners. Now feeling more proficient, Mary described how that changed in relation to her use of the treatment manual as follows:

... this specific model has five very clear stages, so I know now that, what are the goals of each stage, what are the markers of each stage so I don't have to go back to the manual that much now. But at the beginning I did more, more o.k. I knew this is stage three with this client, so let me go and review what is stage three, what am I supposed to, to get myself into that mode. Right now, it is becoming second nature in that sense so I don't have to refer...to the manual that much.

With her understanding becoming "second nature", Mary recognizes herself as proficient in the therapy approach. The next stage of skill acquisition, expertise, is characterized by effortless performance.

*"Because now I know the terrain"*

Clarifying the difference between a proficient and expert performer, Dreyfus (2004) describes it as "the ability to make more subtle and refined discriminations is what distinguishes the expert from the proficient performer" (p. 180). Not only recognizing situations intuitively, a proficient performer reaches a level where situations are recognized "synchronically and holistically" (Flyvberg, 2001, p. 17). The expert stage of skill acquisition does not mean that a therapist will not deliberate about the best course of actions. As Dreyfus and Dreyfus (1986) write however, "this deliberation does not require calculative problem solving, but rather involves critically reflecting on one's situations" (p. 32). Experts still make mistakes and still face unexpected circumstances at this stage of skill acquisition; however, problems are not seen in a detached, analytical manner. Using intuition to "draw directly on one's own experience –

bodily, emotional, intellectual – and to recognize similarities between these experiences and new situations” (Flyvberg, 2001, p. 21).

Five of the participants who had been working as therapists for over 25 years recognized this expertise and how they have experienced it with the model they were discussing for this research project or in the past. Ken for example, could draw on his past experience of learning another therapeutic approach. He described a process where he had learned this other approach and

then utilizing that for the next five, six years, so the whole process takes maybe you know eight years altogether, you know type of thing. By the time you really learn it, really master it and can teach it, get certified and all that stuff and then integrate it into the rest of you know what I’ve known already.

Ken was very familiar with his eight year cycle of learning having been through it a few times in his 40 year career. He described a level of skill acquisition that becomes “so much a part of him that he need be no more aware of it than he is of his own body” (Dreyfus & Dreyfus, 1986, p. 30). At the expert stage of skill acquisition, intuition is alongside rationality and complementary to it, and sometimes above it.

With a progression in skill acquisition, learners seek to integrate more of themselves in their learning and the same process of skill acquisition took place for the research participants in this project. Kathy described how

it’s been, I don’t know, 10, 12 years since I did this studying. So that’s why I’m saying, begin to utilize that or incorporate the different things that I know...and, but I think it’s being able to make the space for you to do what you need to do and I think, I think any theory if you become skilled enough, you can do that.

Over time and being “skilled enough”, Kathy recognized she could embody the practice and do what she needed to do. Other research participants, particularly those who are engaged learners, found the potential for experiencing themselves as experts in a therapeutic approach was exciting.

Louise reported the possibilities demonstrated and mentioned by her supervisor that caused her to consider continuing to develop, seeing her development as an ongoing process. She described it as follows:

It’s been really fun again through my supervisor, seeing what’s you know what’s out there. Thinking oh o.k. so it’s not just a matter of you get certified and you go off to your lonely corner, and you know but that there’s lots more. So yah so that’s been fun to think that it doesn’t end, and why would it but you know it is fun to think that. And I will because, because ah because I’m a lifelong learner.

While characterizing herself as a “lifelong learner”, it was seeing and hearing the possibilities from a supervisor that provided the opportunity to see herself as such. Raylene similarly experienced herself in a new way, with new possibilities. In discussing her inside out understanding of the therapy approach she was learning, she described a sense of knowing the “terrain. And it’s just going to keep unfolding for me and it’s incredibly exciting. I feel like my heart has opened up and shown up in a way that it never fully had before”. Raylene embodies what the Dreyfus model makes central, which is incorporating new knowledge and making it instinctive. As Dreyfus and Dreyfus (1986) describe, “at this point not only is a situation, when seen as similar to a prior one, understood, but the associated decision, action, or tactic simultaneously comes to mind” (p. 32). Having a sense of the progression of learning and what

the potential is for a couple and family therapist provides important insight into the developmental process while learning an evidence-based practice.

The Dreyfus model suggests that experiential learning is central to that process and requires an engaged learner rather than a technician skilfully applying expertise in techné (Angier, 2010). George captures this when he said “well, I guess ah, I just see myself as a lifelong learner, I don’t really think of myself as having been a trainee and I’m now something else, you know”. The learner who remains open and responsive within the Dreyfus model can develop “an attuned, response-based practice” (Benner, 2004, p. 190) and “recognise whole situations in terms of past concrete experiences” (p. 190). The Dreyfus model was chosen because of the understanding of the linkage between knowledge and context, the developmental nature of the model without being rationalist, and the opportunity to offer an interpretation of research participants’ experiences.

Limitations for this study include the small sample size and the participants were self-selected which impacts the generalizability of the findings. The focus in IPA is analytical saturation as opposed to sampling saturation (Smith, 2011). The analytical process for this research included a review by the second two authors of the first author’s analytical work. With the first author involved in the interviews and all three authors with the analysis of the data, we attempted to ‘bracket’ or suspend existing knowledge of the field and during interviews employed the same interview schedule focused on broad areas and the same inductive approach. Further research could explore the experiences of CFTs: all learning the same EBP; from different genders, cultures, or professions learning an EBP; and what impact learning an EBP has on the self-of-the therapist.

## **Conclusion**

As reflected by the experiences of participants in this study, there is a paradox in training couple and family therapists in an evidence-based practice. The paradox for an EBP approach to the practice of couple and family therapy may be that fidelity to the application of techniques as outlined in a treatment manual may impede therapist development over the long term unless context and situation are considered and therapist intuition is nurtured. As Flyvberg (2001) writes about the Dreyfus model, the “model specifies that what is needed in order to transcend the insufficient rational perspective is explicit integration of those properties characteristic of the higher levels in the learning process which can supplement and take over from analysis and rationality” (p. 23). Some of the properties noted by research participants included an inside out learning, trial and error, context, need for supervision and support to deal with personal issues that arise, years of experience, the opportunity to practice, and Flyvberg would add “judgment...common sense, [and] intuition” (p. 23). The research participants here developed both a sense of their own capacity with a particular approach to working with couples or families as well as an internalized sense of themselves as capable. Both the thought of “I know how to do something” and the internalized sense that “I am a capable therapist” were discussed by participants who became proficient or an expert in the model they were learning.

This capacity allowed research participants to reflect back and acknowledge where they struggled in their learning and as they advanced in their skill acquisition, they could use a sense of lack of understanding to guide their exploration and problem solving. As the Dreyfus model predicts, research participants experienced themselves as having integrated the model they were learning as they developed and were better able to case conceptualize as well as situate themselves in their work. This grasp of the situation allows couple and family therapists to move from rule-based thinking to an intuitive understanding of their work (Dreyfus & Dreyfus, 1986).

This intuitive grasp is based on training, supervision, and experience and “not based on extrasensory powers or wild hunches” (Benner, 2004, p. 190). At this stage, therapists foreground and background different aspects of the situation based on their experience and training. The participants here developed a sense of the possibilities within the practice they were learning with a variety of ongoing supports as well as supervision.

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