Transcript for Video 26. Deliberate Practice (4 Parts)

Reigniting Clinical Supervision (RCS)

26. Deliberate Practice (Part1of4)

Welcome to module 26 Reigniting Clinical Supervision. Today's lecture we will be talking about the topic on deliberate practice. You have probably heard this term in use quite a lot. And as a start, we're going to break it down into its four component parts and elaborate on each of this few on four separate video so that it will be clear and easily digestible for you. And it's kind of important for us to wrap our heads around this and not get too caught up with the terminology. [00:00:45] But first what is not deliberate practice... The first thing is it's not just clinical practice. It is also not you years of experience. More importantly it is not a particular method or technique that you use. I want to stress this because I think too often we get lost into kind of figuring out this idea of am I doing deliberate practice or not?

[00:01:14] Instead we should be thinking about it as a **frame**. And in this Frame, we're going to talk about these four components in deliberate practice. Before we get into that I want to make sure that we want to see deliberate practice in context of other variables, other elements that we look at in public health and in general. And this is important because recently there was quite a lot of debate going around about how deliberate practice does not matter as much as it seems well, maybe or maybe not.

[00:01:46] And we recently together with Scott Miller, Bruce Wampold and couple of other colleagues at ICCE, did a reanalysis of a study done by McNamara and colleagues. And it's going to be published soon. But I want to just show you in context what it looks like.

[00:02:03] We're going to look at some predictor variables and then we're going to look at what criterion variables that we are accounting for predictions and a percentage of it... That's accounted for so. The first obesity and impacting mortality is impacting us in less than 1%. It's pretty small, isn't it? But from a public health perspective, it's huge. We do a lot of things to kind of cut down issues regarding obesity because we know how much it impacts (us), but the variance it accounts for specifically was only less than 1%. Excessive drinking impacting mortality is 1.5 percent. There again, lots of "stop drinking" alcohol campaigns going on. Smoking as we know through the years that it impacts mortality by about 4%. Intelligence impacting the income that you earn in your work accounts for about 4% as well. Medical adherence, in fact, mortality accounts for about 5%. Finally, **deliberate practice on the performance be it sports, chess or psychotherapy accounts about 12%.** Taking that into account, that's a huge amount of contribution in terms of the outcome. Now... again. I'm not trying to say that deliberate practice is a particular technique that we're talking about. It's a frame we are using, all right?

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[00:03:44] Now we also did a study of psychotherapy. We ... examined the impact of solitary deliberate practice -- the amount of time invested by clinicians on their own to focus on ways to improve the outcome -- and we found this: the third quartile are people who are slightly below average performance across the years in clinical practice for estimate about eight years... This is the amount of dealer practice they have done (see video). Now you might be wondering why do we stop at eight years. The reason for this is because on average the pool of therapists that we were looking at in the UK had an average about eight years of clinical practice rather, which is why we stopped around there to make the estimates fair. Now once again, this blue line is the quartile for people who were slightly below average Next, these are the averages of what we call the second quartile. This is the amount of time they spent cumulatively across the years. And then we examined the highly effective therapist they spent way more time in deliberate practice.

[00:05:01] In fact, if you compare the top versus the second quarter, they spend nearly twice as much more time on deliberate practice. T the top versus the third spent more than six times. And you can see this distribution. Now, you might be wondering why didn't we include the fourth quarter, but that's because we have only had one participant who responded to our study and I thought it wasn't fair to include that in there.

[00:05:28] Now you see this trend and it's nothing new actually in the field of expertise and expert performance. Here's a sample in chess. Elo or other ratings that you give to chess players now, I'm not familiar with the world of chess and Grandmasters, but you can see the trend is very similar to that of ours.

[00:05:55] So, deliberate practice. We've got these four components that you have seen visually but I have not explained them yet. And in this video, I'm going to talk about one important piece and then in three separate videos you get to see the three separate parts.

[00:06:12] Let's start with the first that's the **role of a coach.**

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[00:06:18] Take a look at competitive sports behind every professional team or individual, there is a coach. Finding a good coach is a single most important aspect of improving your performance as a therapist. Your role as a supervisor is probably the most critical because you play a vital part in helping to identify first and foremost what to work on which we'll get to in a little bit.

[00:06:44] Now it may seem all to use the term coaching in psychotherapy as opposed to the traditionally defined term clinical supervisor. Our field will do well to apply useful aspects of coaching and teaching to the domain of clinical supervision. I frame coaching as more encompassing than clinical supervision; coaching includes coaching for performance and coaching for development.As you may recall from module 3. And feel free to go back there to look at that again, about the distinction between coaching for performance and coaching for development. But briefly here is the gist of what we talked about. On a micro level coaching for performance looks at traditional case-by-case discussions, improving the outcome of specific cases, focuses on the client.

[00:07:34] Whereas from a macro perspective coaching for development is where you establish an ongoing learning and development plan for the individual, improving the therapist overall effectiveness. And the focus is on the therapist. So this is really crucial for us to wrap our head around. Your role is central to the big picture.

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26. Deliberate Practice (Part2of4)

Figuring out what to work on before proceeding to how to get better... is key. Now, we easily get lost trying to learn as much as we can and we often get overwhelmed when our efforts become diffused. Worse still, propagated by our default continuous professional development efforts, we are not working on things that have little or no leverage on improving outcomes whatsoever, things regarding specific techniques and methods which account for approximately zero to one percent of outcomes.

[00:00:34] Too often, we engage in clinical supervision on a case by case basis as we've talked about previously and there's often a lack of cohesion weaving in the therapist learning needs with a clinical case concern that is at hand. So as you recall coaching for performance coaching for development. So important to synergise them together.
[00:00:57] Now I encourage you to make the identified learning objectives highly visible for your supervisees. Now refrain from relying solely on the memory or your memory of what you're working on. Print it out write it out on a card put it next to your own coffee mug, if you are doing self supervision or for your supervisees recommend them to make it visible; dated let this card remind you of what's vital.

[00:01:24] Now, of course, it sounds awfully familiar to what we talked about in Making It Visibles (module 24)the module on making it visible. Revisit that. And you may also want to revisit the taxonomy for deliberate practice activities module 14 in this course where we break it down on key components that you should be working on to improve your performance.

[00:01:46] The final thing to remember is that if there's movement and development in their learning journey -- in your supervisee's learning journey, their individualized learning objective doesn't stay the same. That's why I'm suggesting for you to encourage them to date it. This process of i**dentifying what to work on needs to be repeated on a stipulated routine basis**. Don't leave it till next time. Automate this by setting a date in your calendar to review their learning objectives and for them also to set in their calendar and review. The timeframe of a month or so may be helpful for a start.

[00:02:25] So there we have it with two of the four pieces of deliberate practice. That's of the coach and a coach to help design learning objectives.

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26. Deliberate Practice (Part3of4)

Here is part three of the deliberate practice module 26, and we're going to talk about feedback now.
[00:00:11] Too often in the field of psychotherapy relevant feedback about our performance is lacking because psychotherapy can be such a private affair. We often lack the context to work collaboratively and improving our craft.
[00:00:27] Most of the time instead of seeking feedback from others about our work and the interaction process in therapy, we spend our time talking about cases and not analysing our game. K Anders Ericsson puts it really well. I want to share with you the quote in full on he says. "Most professionals such as **doctors, nurses, stockbrokers and accountants do not receive the constant pressure from performing in front of an audience** of paying ticket holders like actors musicians and athletes. The lack of scrutiny and perhaps feedback may be an important difference that explains why many doctors do not spontaneously adopt the best practice methods for treating their patients and spend a rather modest amount of time engaging in deliberate practice and effortful training to improve and maintain their skills. **The greatest obstacle for deliberate practice during work is the lack of immediate objective feedback**." ... That's Ericcson.

[00:01:37] When chest please engage in solitary examination of past chess games by masters, they are able to compare their own moves to those of the masters, first receiving immediate and specific feedback on the qualities of their moves. Athletes get virtually immediate feedback by the observerable will outcome itself. Feedback from coaches as well as delayed viewing of video recordings of the games.
[00:02:06] Such a feedback loop provides rich and contextual information about the performance which in turn helps to develop actionable steps towards their improvement.
[00:02:19] Education researchers, John Hatti and Helen Timperley offers a useful feedback model to enhance our learning. They suggest that in order for feedback to be effective there are three questions that must be answered. The first is
[00:02:37] 1. **Feed-up**, which is where am I going? What are the goals?
[00:02:41] 2. **Feed-back**: How am I going what progress is being made towards the goal and
[00:02:48] 3. **Feed-forward**: Where to next? What activities needs to be undertaken to make better progress?

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[00:02:56] So these three things feed-up feed-back and feed-forward.

[00:03:02] The feedback process occurs right at the start of the deliberate practice process, that is the identification of the learning objective as we talked about in the last video. Second the role of a coach as we talked about in the first video in this module is crucial to the mix. This is not to say that self-supervision is not possible. In fact, I highly encourage you to do so, but if you're starting out on using this type of outcome based approach in your work, it makes a lot of sense to have a coach or mentor to guide you. In order to answer the feedback question of how am I going, it is vital that you record your sessions. By doing so discussions that follow will be based on the actual review and then reflection of the process of therapy.

[00:03:54] Subsequently, coach and therapist can discuss the feed-forward process of identifying learning activities that can help to take steps towards Improvement in specific area.

[00:04:07] Two additional points about feedback in psychotherapy. We do not necessarily learn from feedback about our performance. At the same time, learning may not necessarily result in improving performance in the short term, which is why systematic session by session feedback about client progress is vital to ensure the success of therapeutic work, but it does not help us learn and improve all the time. So let's make a distinction with two things. The first one is what we call **Performance feedback**. Instead, feedback about how we learn is critical to successful professional development in a long run and I will call this **learning feedback**. So performance feedback about the stuff that we talked about in outcomes about the session by session client progress. Whereas learning feedback is about how we're learning. Learning feedback helps you and your supervisees perform better. Performance feedback helps you to monitor the impact of your learning. So performance feedback is like the school board in sports competition. It shows you in your opponent's this course while the scoreboard is useful, it is very difficult to try and learn and perform at the same time. This might explain why in a variety of fields including ours we consistently find that experience does not equate to competency. Learning feedback in contrast refers to your learning goals typically designed in collaboration with your coach as we've talked about.

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For learning feedback to be effective the coach/supervisor focuses on the immediate objective at hand without criticising learner and breaks the feedback into manageable chunks. And thus enables the clinician to reach beyond their current comfort zone. A basketball player for example receives immediate performance feedback when shooting the ball. It either goes in or it does not go into the basket. Now to improve learning feedback must take place before and after the game. The coach reviews video recordings and works with the player to identify small errors and develop specific skills, whether it's the way the person moves the wrist, person jumps or (how)the person holds the ball. Similarly a psychotherapist receives immediate performance feedback about the quality of the relationship when using a standardised alliance tool in the therapy at the end of a session.

[00:06:49] So by reviewing audio and/or video recordings with your supervisor therapists have the opportunity to receive learning feedback about the performance, which is why I spent a couple of modules talking about the use of the impact grid and recording your sessions. **Learning typically takes place off-court rather than in the game**. What you do off-court outside of the game matter a lot more than we think.

[00:07:19] So coming back to where we are at with the deliberate practice framework about feedback. It's really critical that you have the role of a coach designing individualised learning together in collaboration with you providing feedback in your learning and performing loop.

[00:07:38] Now if psychotherapy continues to be a closed-door enterprise which lacks the level of scrutiny and objective feedback for therapies to improve their work, we won't go very far. We need to deprivatise the practice and learning of psychotherapy, only then can we push our clinical effectiveness to the next level.

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26. Deliberate Practice (Part4of4)

So we've covered three out of four in the framework of deliberate practice. The final one is **successive refinement.**

[00:00:09] So why doesn't clinical practice make us better therapist? After all, doesn't it take time to get good at something? Well, it turns out that it is very clear that **clinical practice is not deliberate practice** as we mentioned at part 1 of deliberate practice.

[00:00:28] It does take time to get good but time doesn't get us good. Psychotherapy is one of the few professions in which practice actually means the real thing. It's important not conflate clinical practice with deliberate practice. While actual clinical practice is necessary, It is not sufficient to develop skills in the craft.

[00:00:52] Clinical practice is not practice in a learning sense. It is the accumulation of all efforts to be helpful. It's the performance of all that effort we put in so that we can be helpful to a wide variety of people. On the other hand deliberate practice is aimed at improving skills in a well defined manner. The returns of investment are not often immediately. Rarely monetarily rewarding,at least in the short term, but it's designed to improve the quality of your clinical practice.

[00:01:30] Mere repetition of how you can conduct your sessions is not successive refinement. Practice doesn't make perfect. It makes permanent. Successive requires successive refinement is an iterative process of correction and recalibration that is guided by your specific learning objective. This is the **how-to improve once we identified the what-to improve**, fleshed out by the well-defined learning goal, specific feedback provided by a person like you (the supervisor/coach). This dynamic process helps you to monitor the impact of the target of refinement based on the feedback.

[00:02:10] In psychotherapy, once the therapist and a coach map out a clear and unambiguous path for deliberate practice, they can adopt a broader vision to monitor not just the level of performance which is the outcome, but also how the therapist is implementing and refining what he or she is learning. So this echoes back to what we talked about in learning feedback.
[00:02:37] There you have it. Right in this image (see video), you can tell, central to the unfolding and the movement of deliberate practice is you. You play such an important role which is why I devote so much effort into developing this course for you.

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[00:02:58] Two more things before we end. The first: **The enemy of excellence is proficiency.**

[00:03:06] You may have heard this before it's one of those sort of quotes that get passed around the Internet isn't it? But I like to stress the point, that it is about **counteracting automaticity.** Counteracting that plateau that we get to, just going through a work in clinical practice automatically. We need to counteract this we need to get a contract that so that we become conscious again and learn with a **beginner's mind** on what we need to focus on and take that path.

[00:03:38] Finally in the words of Austin kleon, who is an artist. I love these two books called Show Your Work and the other one is earlier work of Steal Like an Artist. He says this, "**Everyone wants to be the noun but not the verb.**" Don't get lost in the noun of the term deliberate practice. Instead do the work. Show up for doing the work before and after therapy with a person like your coach and you as a coach help your supervisees become the verb.