

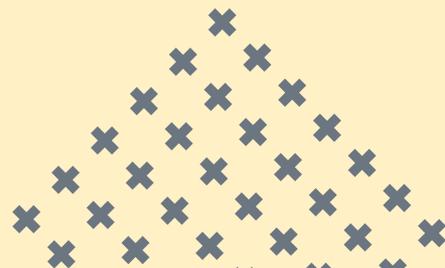


NovoPsych
The new standard in psychometric testing

IMPOSTER SYNDROME AMONG MENTAL HEALTH CLINICIANS

How to handle (and harness) professional self doubt

Presented by NovoPsych
www.novopsych.com.au
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ABOUT ME: Dr Nathan Castle

CURRENT JOB:

Clinical Psychologist

Evaluation Officer

WHY DO BOTH?

I can provide therapy as a Clinical Psychologist, then learn from my clients data and my unique practice-based evidence on how I can improve

MY BELIEF:

As professional helpers we are integral to a healthy society and we can always do better at this job

NovoPsych: www.novopsych.com

Get in touch: Nathan@novopsych.com

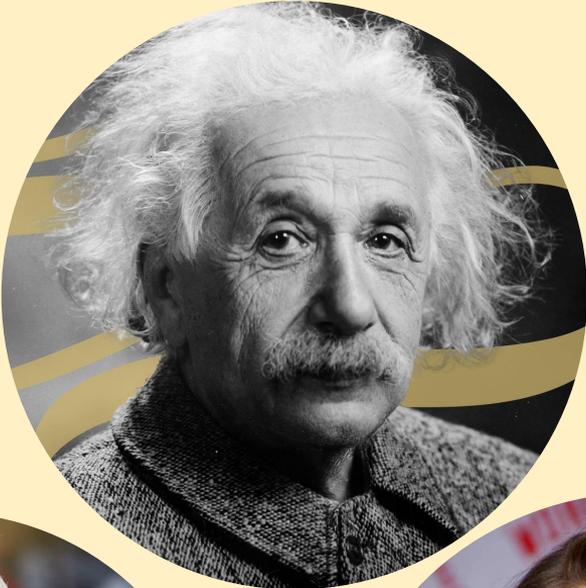


LEARNING POINTS

- A method for identifying your own imposter syndrome (Professional Self-Doubt Scale)
- Learn to hone in on your beliefs around professional skills (The Counselling Self-Estimate Inventory)
- Understand how professional self-doubt interacts with client outcomes
- Learn ways to engage in professional self-care and develop a health professional identity around your effectiveness
- Feedback Questionnaire
- Question & Answer



SUCCESS



QUESTION

Who here thinks the therapy they provide is worth the recommended fee of \$267 per session?



RESULTS FROM ATTENDEES WHO COMPLETED THE PROFESSIONAL SELF-DOUBT SCALE ON NOVOPSYCH

Our metrics on the back end show us

Professional self-doubt ranges from 5th to 99th percentile.

Average was 96th percentile
People attending are motivated due to higher PSD

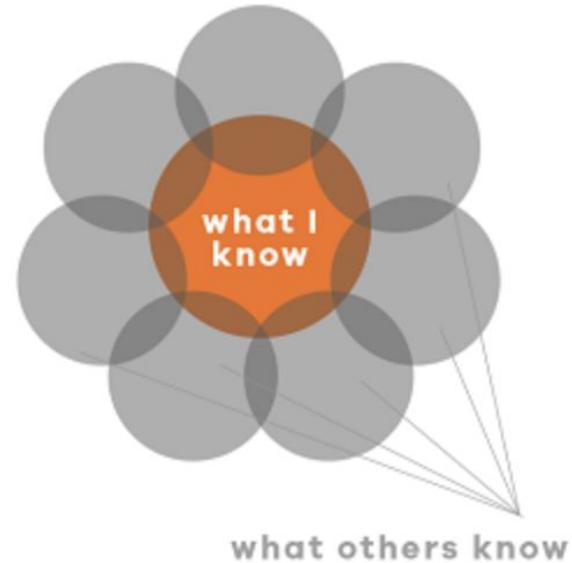


IMPOSTOR SYNDROME

IMPOSTOR SYNDROME



REALITY



PROFESSIONAL SELF DOUBT

Professional Self Doubt is the opposite stance to the “Expert Stance”

An Expert needs to act confidently and accurately to maintain their position. The side effect of this is that there is less slow, reflection about the evidence. The consequence being it becomes hard for an Expert to separate what they do know and what they don't know.



EXPERT THERAPISTS

Fixed Mindset

Beliefs are “fixed” on what works for certain clients

SKILL: Say “client not therapy ready”

Model Collection

“Collect” many different training models

SKILL: Tell others you’re certified!

Ask but don’t ask

Ask clients, “Does this fit?” or “How was the session?”

SKILL: Tell others you never get improvement feedback from clients

VS

EFFECTIVE THERAPISTS

Error-centric Mindset

Reflect on the moments that didn’t go well in therapy

SKILL: Routinely measure

Scientist Mindset

Try & disconfirm your beliefs and practices

SKILL: Have others review your work

Feedback Mindset

Ask for session feedback where a client can surprise you

SKILL: Use alliance measure

PROFESSIONAL SELF DOUBT SCALE

The Professional Self-Doubt scale (PSD) assesses the level of uncertainty a therapist has in their ability to help patients.

The PSD scale includes nine items about how confident and competent the therapist feels, including phrases like; “Unsure how best to deal effectively with a patient,” and “Afraid that you are doing more harm than good in treating a patient.”

So what does this mean?



NovoPsych

Client Information	
<i>Client Name</i>	Nathan Castle
<i>Date of birth (age)</i>	21 May 1985 (36)

Assessment Information	
<i>Assessment</i>	Professional Self Doubt Scale (PSD)
<i>Date administered</i>	20 September 2021
<i>Assessor</i>	Dr Nathan Castle
<i>Time taken</i>	1 minutes 8 seconds

Results			
	Average (0-5)	Trainee Percentile	Experienced Percentile
Professional Self Doubt	1.78	60.9	78



PROFESSIONAL SELF DOUBT INTERPRETATION

Percentiles approaching 99

May indicate pervasive self doubt

Percentiles 50 to 90

Moderately high levels of professional self doubt (PSD) predict better patient outcomes and may be used as an antidote to inaccurate self-appraisal (Nissen-Lie, Monsen, Ulleberg, & Rønnestad, 2013; Nissen-Lie et al., 2017). High PSD scores are associated with higher patient alliance evaluations and therapeutic change (Nissen-Lie, et al., 2015). Among therapists, PSD, especially when coupled with self-compassion, has shown to be positively related to patient progress in treatment (Nissen-Lie et al., 2013)

Percentiles below 10

Particularly low scores in the context of training or supervision may be indicative of defensiveness, nervousness about unfavourable supervisor evaluation or concern that the scale is being used as a measure of professional competence. It is therefore important to interpret results in light of the trust established between assessor and respondent and the context in which it was administered.



ADDRESSING PROFESSIONAL SELF DOUBT WITH CLIENT FEEDBACK

Using outcome measures with clients allows their voice to be heard. Their feedback will give direct feedback as to whether they are improving or getting worse. No need for doubt when you have the facts!

Therapists with higher professional self-doubt are associated with being slightly more effective but are more likely to feel less effective!



OLD SCHOOL VIEWS OF WHAT IMPROVES CLIENT OUTCOMES THAT HAVE BEEN DEBUNKED BY RESEARCH

- 1) Supervision
- 2) Continuing Professional Development (CPD)
- 3) Therapists personal therapy
- 4) Clinical experience
- 5) Access to outcome measure feedback (without discussing with client directly)

SO WHAT FACTORS MAKE A DIFFERENCE? LARGELY INDIVIDUAL THERAPIST FACTORS

Erekson, D. M., Janis, R., Bailey, R. J., Cattani, K., & Pedersen, T. R. (2017). A longitudinal investigation of the impact of psychotherapist training: Does training improve client outcomes?. *Journal of Counseling Psychology, 64*(5), 514.

Goldberg, S. B., Rousmaniere, T., Miller, S. D., Whipple, J., Nielsen, S. L., Hoyt, W. T., & Wampold, B. E. (2016). Do psychotherapists improve with time and experience? A longitudinal analysis of outcomes in a clinical setting. *Journal of counseling psychology, 63*(1), 1. *NB. This provides evidence for point 4 & 5 as therapists had feedback*

Moe, F. D., & Thimm, J. (2021). Personal therapy and the personal therapist. *Nordic Psychology, 73*(1), 3-28.

Watkins Jr, C. E. (2011). Does psychotherapy supervision contribute to patient outcomes? Considering thirty years of research. *The clinical supervisor, 30*(2), 235-256.



THERAPIST VARIABLES & CLIENT OUTCOMES

Treatment model use (CBT/ACT/DBT/Psychodynamic) has less than a <1% impact on client outcome

The therapeutic alliance, or bond, between therapist and client accounts for 5% of client outcome

Therapist factors contribute to 5-9% of client outcome!
This includes professional self-doubt

Duncan, B. (2010). On becoming a better therapist. Washington, DC: APA Press

Lutz, W., Leon, S. C., Martinovich, Z., Lyons, J. S., & Stiles, W. B. (2007). Therapist effects in outpatient psychotherapy: A three-level growth curve approach. *Journal of Counseling Psychology*, 54, 32–39.

Wampold, B. E. (2005). Establishing specificity in psychotherapy scientifically: Design and evidence issues. *Clinical Psychology: Science & Practice*, 12, 194–197.



CLIENT OUTCOMES



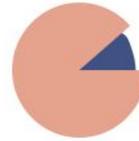
61%

**Significant
Improvement**



16%

No Change



24%

Deterioration

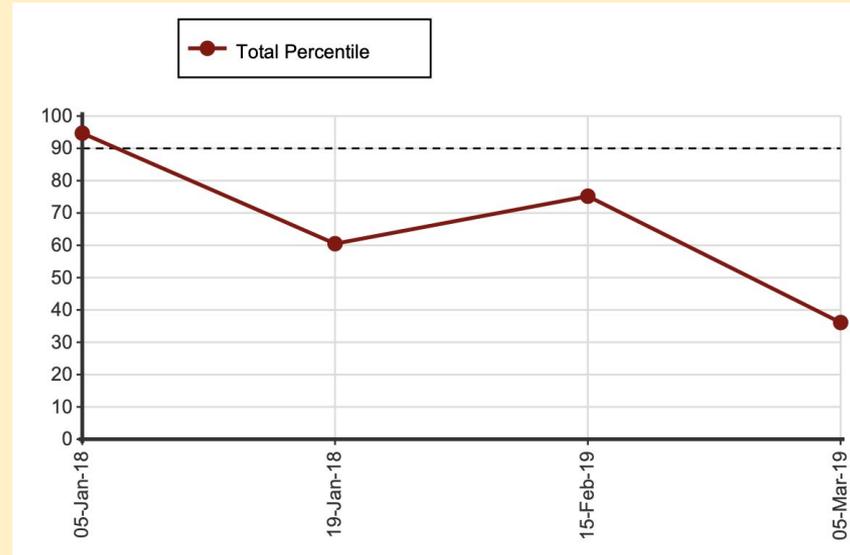
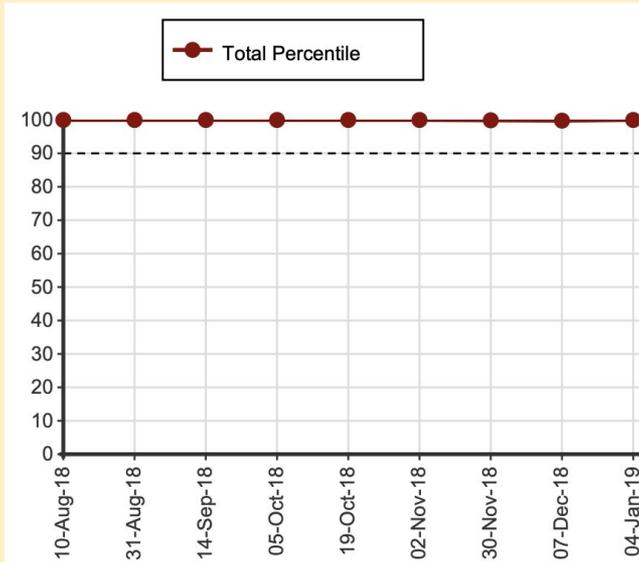
KEY LEARNING

Staff have provided the biggest impact to client stress and above compared to when not in a pandemic!

THE GIFT

When you consistently measure client progress you can understand two core things:

- 1) Accept that not everyone gets better
- 2) You can be proud of your results whilst simultaneously having professional self doubt and take ownership on who requires something different in therapy to get better



COUNSELLING SELF-ESTIMATE INVENTORY

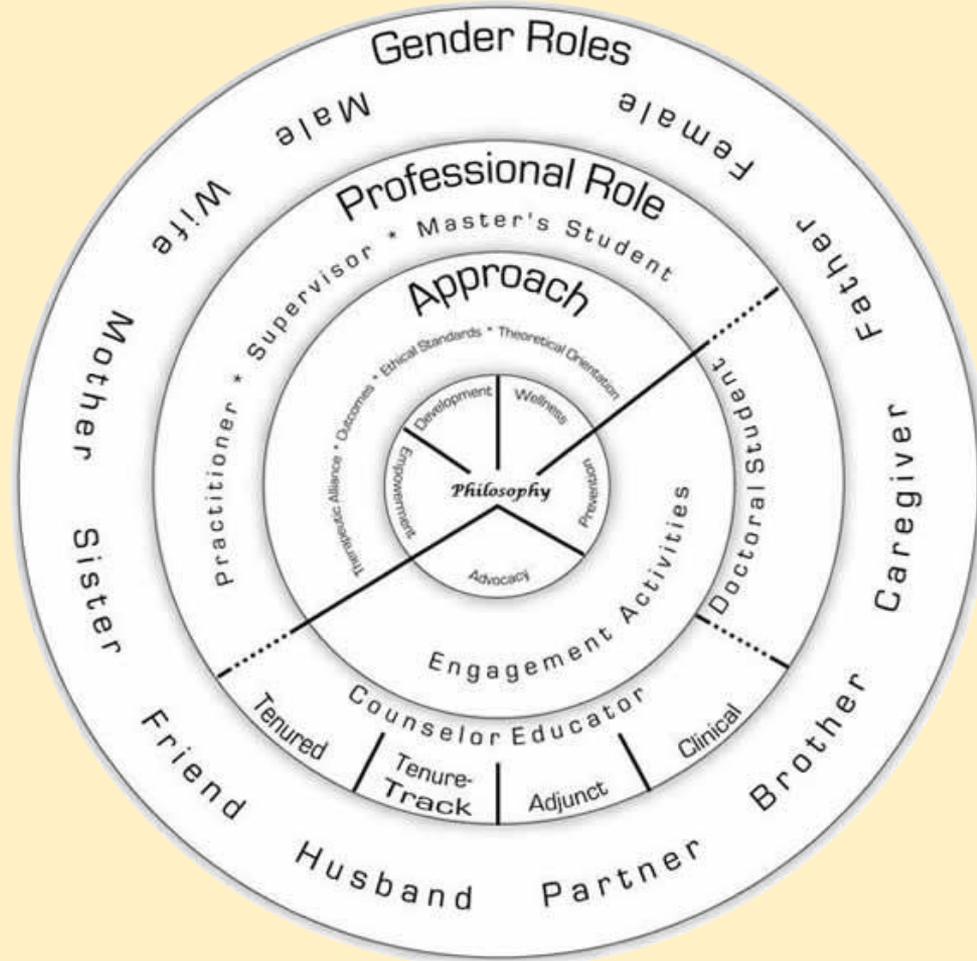
The Counselling Self Estimate Inventory (COSE) is a 37-item self-report questionnaire designed to measure a clinician's self-efficacy in areas of:

- (a) performance of micro skills
- (b) developing an awareness of the process
- (c) working with challenging clients
- (d) developing cultural competence
- (e) awareness of self-values.

These estimates can guide us to areas to work on



PROFESSIONAL IDENTITY REGARDING EFFECTIVENESS



SELF-CARE STRATEGIES: WHAT TO FOCUS ON

- 1) Be proud of yourself that professional self-doubt provides you the gift of learning & curiosity
- 2) Consciously remind yourself of your strengths as well
- 3) Write a “I DID” list if feeling low or stressed
- 4) Surround yourself with curious and forever learning colleagues
- 5) Question your approach never your value
- 6) Get supportive supervision



IMPLEMENTATION SUMMARY: TIPS ON HOW TO PUT INTO PRACTICE

TIP 1: IF IN DOUBT CHECK WITH YOUR CLIENT

1. Ask your client what one thing from the session could be done less to make it a better session

TIP 2: BE CURIOUS AND QUESTION YOUR APPROACH NEVER YOUR VALUE

1. Ensure that professional self-doubt is about your approach with a client and not about your professional identity as a whole

TIP 3: IF FEELING BURNT OUT, REACH OUT!

1. Colleagues, mentors or supervisors can all help here.
2. Remember, 70% of professionals experience crippling professional self doubt at some point in their career





FEEDBACK LINK

<https://novopsych.com.au/feedback>

**Actionable
Feedback**

FEEDBACK

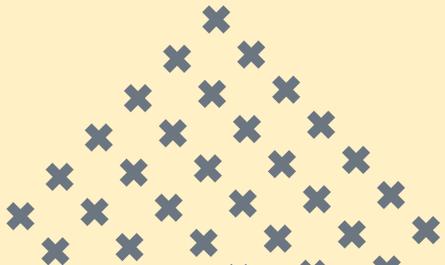
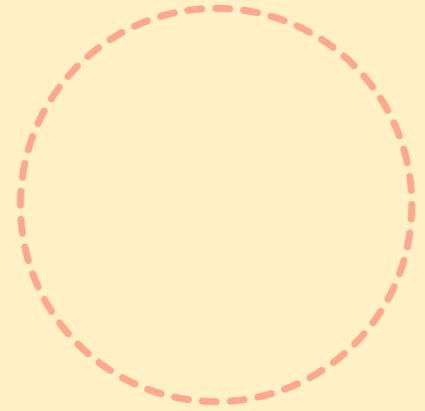




QUESTIONS?

Ask away!

*Question & Answer time is
sometime the most
educational*

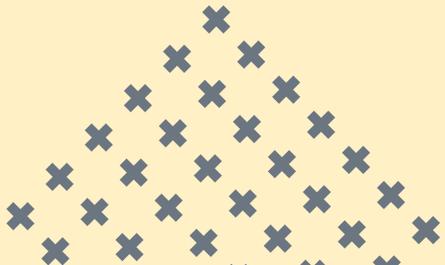
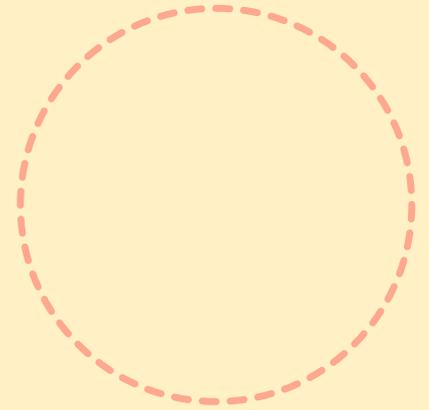




INVITATION

Data enhanced supervision

You can find it here on the
website





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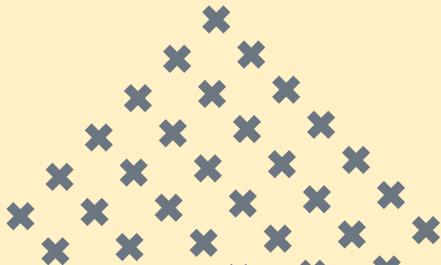
THANKS!

If you want to claim this as Active CPD, please stay online for a brief questionnaire to test your knowledge

Do you have any questions?

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ACTIVE CPD KNOWLEDGE QUESTIONNAIRE

