

## Why Experiential Training?

With thorough explanations of how to drive a car, scuba dive, ride a bicycle, fly an airplane, sky dive would you attempt such tasks? Probably not!

With a thorough explanation in how to play tennis, play a musical instrument, paint a picture, etc. would you be prepared for the task? Of course not.

What is missing is the bridge from understanding "how" to becoming effective in the skill of performing the how. That bridge consists of training, feedback, and ongoing adjustment of skills to become competent in the task. This generally occurs between a learner and a coach/trainer/mentor/master, etc.

In graduate school most masters and doctoral students receive thorough explanations in the process of psychotherapy while receiving very little training in the actual task of doing psychotherapy. Yet, these students are placed in situations of doing therapy long before they have developed even minimal competence. Imagine driving a car on the freeway before learning the operation of the accelerator, brakes, steering, etc. The result would likely be a disaster.

And yet with only a thorough explanation in how to do psychotherapy (as taught in masters and doctoral programs), students see clients when they have little or no training in doing the task of psychotherapy. The missing link is training, feedback, adjustment of skills, and a coach to watch (directly) and offer feedback as to what the therapist is doing well and not so well. As humans we are poor observers of our own behavior and do not have the sophistication to be able to offer ourselves high levels of feedback.

Experiential training fills the gap from "knowing how" to "doing it" effectively and competently. Simple repetitive practice (called experience) in the absence of corrective feedback can result in one developing many ineffective and even harmful "skills." Repetitive practice that trainees and interns receive in placements will lead to development of habits that may or may not be effective. Repetitive practice can lead to bad therapy as well as good therapy. The difference is whether the learner is able to implement what is good and reduce what is not good in his/her responding skills. This can only be accomplished when repetitive practice is combined with a seasoned coach/expert offering feedback and guiding the process.

While training sessions offered at many placements are helpful, they usually are in the form of new content. For example, there might be training on suicide assessment, working with couples, assessing borderlines, etc. but these trainings, while offering good content, are not able to offer effective practice. The concepts may be “understood” but are not integrated behaviorally.

Clinical supervision is subject to the same problem. Supervision mostly consists of case consultation where the supervisee discusses the case, and the supervisor offers wisdom about how to proceed. Talking about therapy (for the most part) improves understanding but does not improve skill. Unless the supervisor adds an experiential component and identifies and trains the supervisee in what the supervisee is “doing” well and not well, the supervisee is likely to continue to “do” whatever he/she does with clients whether that “doing” is effective or ineffective.

Practice with a trainer/coach/mentor (experiential training) is one of the few ways skills are developed in a competent way. Would you choose to see a surgeon or dentist who had great academic credentials and a thorough understanding of the procedures and who had many years of experience, but was never trained with someone watching his/her work and giving immediate and direct feedback on that work? I wouldn't. We can become very “skilled” and proficient at bad habits.

Experiential training provides the opportunity to identify and develop therapeutic skills and to identify and reduce habits that are non-therapeutic. Research has clearly indicated that psychotherapy is for better or worse, and those therapists who have become “skilled” at bad habits (most often without recognizing those bad habits) are unknowingly part of the “for worse” group of therapists. Experiential training is designed to help therapists learn and integrate, behaviorally, the skills of therapy so that they become part of the “for better” group of therapists.