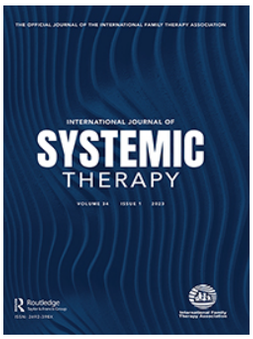

International Journal of Systemic Therapy

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/wjfp21

Recommendations for Self of the Therapist Training: a Modified Delphi Study

Rachael B. Goldberg, Michael E. Sude & Judith Bijoux-Leist

To cite this article: Rachael B. Goldberg, Michael E. Sude & Judith Bijoux-Leist (2023): Recommendations for Self of the Therapist Training: a Modified Delphi Study, International Journal of Systemic Therapy, DOI: 10.1080/2692398X.2023.2178250

To link to this article: https://doi.org/10.1080/2692398X.2023.2178250

INTERNATIONAL JOURNAL OF SYSTEMIC THERAPY
https://doi.org/10.1080/2692398X.2023.2178250

Recommendations for Self of the Therapist Training: a Modified Delphi Study

Rachael B. Goldberg PsyD[a], Michael E. Sude PhD, LMFT[a], and Judith Bijoux-Leist PsyD, LMFT[b]

[a]La Salle University, Philadelphia, Pennsylvania, United States; [b]West Chester University, West Chester, Pennsylvania, United States

ABSTRACT

Couple, Marriage, and Family Therapy (CMFT) and other psychotherapy literature acknowledge the importance of therapist self-awareness and self-knowledge and discuss many potential different ways to train the self of the therapist. However, there is no collective expert guidance in the current literature for self of the therapist training. Using a modified Delphi method, this study involved systematically surveying a panel of experts to gain consensus on some of the most important concepts, methods, benefits, and risks of self of the therapist training. The panel endorsed 112 items that focused on specific elements of self of the therapist work, benefits and risks of self of the therapist training, structure and setting of self of the therapist training, expectations for supervisors and trainers, and recommendations for ongoing self of the therapist work. Clinical implications for trainers and training programs are discussed.

ARTICLE HISTORY
Received 31 Oct 2021
Revised 1 Feb 2023
Accepted 3 Feb 2023

KEYWORDS
Self of the therapist; person of the therapist; family therapy; training; Delphi method

Individuals pursuing a career in psychotherapy are expected to master concepts of psychological disorders and diagnoses, therapeutic interventions, and ethical and cultural considerations. A great deal of literature focuses on treatment interventions and techniques that directly impact clients' prognoses, but relationships between therapists and clients are central to the course of therapy as well (Blow et al., 2007). The therapist represents a significant part of the therapeutic relationship, whether in individual therapy or couple and family therapy, and thus, a crucial component of becoming an effective therapist is the ability to develop self-knowledge and self-awareness (Edwards & Bess, 1998).

Current literature and professional trainings stress the importance of the therapist's "self" in the context of therapy, referred to as the "person" or "self of the therapist" (SOT). Broadly, SOT refers to a therapist's "person," which includes personal characteristics, social locations, and family of origin themes (Watts-Jones, 2010). Whereas early literature and theorists focused on how self of the therapist issues could be barriers in therapy, recent literature has

CONTACT Rachael B. Goldberg dr.rachael.b.goldberg@gmail.com La Salle University Philadelphia United States

focused on how the self of the therapist can be a therapeutic resource (Sude, 2018).

Though it can be applied throughout the mental health fields, the concept of SOT work emerged primarily from couple, marriage, and family therapy (CMFT) literature. Although Baldwin and Satir (1987) assert that the SOT always affects therapy, for decades, few individuals wrote and researched this topic (Baldwin, 2000; Blow et al., 2007). There is a significant body of literature on SOT, but it is primarily theoretical. Thus, training recommendations have not been research-informed until recently with an emergence of empirically based recommendations (Aponte & Kissil, 2014; Aponte et al., 2009; Lutz & Irizarry, 2009; Paris et al., 2006; Sude & Baima, 2021).

Edwards and Bess (1998) noted how 20th century SOT literature failed to address the connection between the therapist's self and the technique of utilizing oneself effectively. Similarly, in a study reviewing empirical and conceptual literature on the relationship between SOT to process and outcome in marriage and family therapy, Horne (1999) found that "empirical evidence for such a relationship was not persuasive" (p. 385). Thus, further research is needed examining alliances and process from the clients' perspective. As Horne (1999) notes, " ... Beginning a rigorous research agenda carefully examining the relationship of the self of the therapist upon outcome would at least constitute a much needed step toward self-definition and differentiation," (p. 400).

In recent years, however, research has focused on the benefits of SOT training such as an improved therapeutic presence (Apolinar Claudio & Watson, 2018); increased self-knowledge and self-acceptance of struggles and vulnerabilities, as well as an increased ability to access and use the "self" in therapy (Niño et al., 2015); improved elements of therapeutic relationships including empathy, managing countertransference, balancing alliances, and positive regard (Niño et al., 2016); and promotion of self-care for marriage and family therapy trainees (Kissil & Niño, 2017). In addition, several unique SOT activities were developed for CMFT training (e.g., Baima & Sude, 2020; Boston, 2007; Sude, 2015; Sude & Baima, 2021; Sude & Gambrel, 2016; Totsuka, 2014), and researchers also found that SOT work is necessary for developing cultural competence (e.g., Baima & Sude, 2020; Godfrey et al., 2006).

Despite these advances in empirical research and theory, there is still a lack of consensus on the essential elements and potential benefits and risks of self of the therapist training. Establishing guidelines for SOT training is a valuable endeavor, as understanding and integrating the self is a crucial component of becoming an effective clinician (Niño et al., 2016; Timm & Blow, 1999). The researchers sought to begin to fill this gap by utilizing a modified Delphi method (Dalkey & Helmer, 1963; Linstone & Turoff, 1975) to survey a panel of experts to establish a consensus on several elements of SOT training.

Literature Review

Origin of the Concept of Self of the Therapist

The notion of the self has been a source of fascination and inquiry for human beings throughout history. Kierkegaard and contemporary existential philosophers introduced the understanding of self through the lens of subjective human experience and interactions with the outside world and that has unarguably contributed to the interest of psychotherapists (Baldwin & Satir, 1987). Hardy (2018) described the self as multidimensional, context-dependent, and affected by all of one's relationships, one's context, as well as one's cultural identities. The self not only affects what we see in others, it organizes how we see ourselves and how we think others see us (Hardy, 2018). In the following sections, we will examine how CMFT literature discusses the therapist's use of self, as well as the methods of training the self of the therapist.

After World War II, the field of psychology transitioned from a deterministic and reductionistic view influenced by Sigmund Freud to a more humanistic approach, with a focus on human individuality, authenticity, and self-actualization (Baldwin & Satir, 1987). As family therapy theory and practice developed in the latter half of the century, several different approaches emerged, each framing the SOT in its own unique way. Murray Bowen introduced one traditional SOT approach that emphasized the differentiation of the self of therapists from their own families of origin. This differentiation typically occurs through therapists' engagement in their own individual therapy where they work on resolving their own family issues, so that they do not spill over into their work with clients dealing with similar issues (Winek, 2010).

Carl Whitaker and Virginia Satir addressed the importance of the self of the therapist. Whitaker believed that therapists must learn to be comfortable with their own inner emotional intensity, and to use their intuitive reactions to clients and any phenomena that might arise in the therapy room to help families progress in therapy (Napier & Whitaker, 1988). Satir (Baldwin, 2000) also addressed the importance of therapists connecting with their own thoughts and feelings and being present with them in therapy, as well as strongly advocated for the development of the therapist's self, encouraging therapists to explore personal and unresolved issues (Lum, 2002). Like Bowen, Satir believed that when family of origin issues are resolved, therapists can be fully present with their clients (Lum, 2002). Furthermore, Satir (Baldwin, 2000) focused on therapists' self-worth and suggested that the ways that therapists utilize power is connected to their self-worth. Notably, she was one of the first to theorize self of the therapist work as not only addressing personal issues, but also utilizing the therapist's self as a therapeutic resource.

Like Satir, the postmodern and feminist critique of family therapy was also concerned with the therapist's use of power. Feminist-informed family

therapists believe that the SOT is important for addressing issues of power, particularly related to gender and sociocultural inequities, and therapists may utilize their selves by sharing their own personal, cultural, and social perspectives (Cheon & Murphy, 2007). Similarly, narrative therapists discuss power dynamics in therapeutic relationships with clients, as well as emphasize critical reflexivity, which requires therapists to examine how they and client-families are influenced by dominant societal discourses (Cheon & Murphy, 2007).

For therapists to be aware of and address power dynamics in therapeutic relationships, they need to be aware of their own power related to their social locations. Therefore, the SOT also includes attention to intersections of power and privilege between therapists and clients. Watson (1993) noted how traditional SOT training emphasized family of origin work over issues of power and privilege and encouraged supervisors to help trainees develop self-awareness of their own cultural perspectives and biases. Similarly, Ben-David and Erickson (1990) point to the therapist's ethnic self as an essential component of the SOT that engenders more empathy toward client-families, particularly when cultural differences exist. Furthermore, Kissil et al. (2013) discuss the importance of considering a therapist's own immigration in the context of SOT, or "being not from here." The authors make recommendations to immigrant therapists, clinical supervisors, and training programs regarding therapists' identity development as well as valuing one's culture of origin. Relatedly, McDowell et al. (2013) focus on the importance of therapists' social class and socioeconomic status as part of SOT training in family therapy education. McDowell et al. (2013) reported results of a survey of family therapy students who categorized their backgrounds as lower or working class. The student participants described their family therapy graduate programs as "middle-class centered" and ignoring classism and marginalization. The authors argue that if family therapy training programs do not pay more attention to the relevance of graduate students' socioeconomic status, institutions are at risk for continuing classism and ignoring an important aspect of the SOT (McDowell et al., 2013).

In addition to increasing self-awareness about therapists' social locations, Watts-Jones (2010); Watts Jones (2016) discusses how the "location of self" involves therapists self-disclosing about their social locations. In locating the self, therapists engage in a discussion with clients about similarities and differences in power and privilege related to ethnicity, class, gender, race, sexual orientation, religion, etc., and how it impacts therapy (Watts Jones, 2016; Watts-Jones, 2010). Therapists that engage in location of self believe that issues of social privilege and oppression affect self-worth and are just as important to the therapy process as relational patterns and issues (Watts Jones, 2016; Watts-Jones, 2010). Furthermore, locating self is part of a social justice stance that therapists take to utilize therapy to help clients heal from issues of sociocultural subjugation (Watts Jones, 2016).

Self-disclosure is just one way to utilize the self in therapy and is not limited to disclosures of the therapist's social locations. Garfield (1987) conveyed that even when therapists self-disclose appropriately, there are potential benefits and risks. Roberts (2005) explored the potential benefits and risks of therapists self-disclosing relevant personal experiences, and advised caution, consideration, and reflection. Additionally, D'Aniello and Nguyen (2017) proposed utilizing a decision wheel before self-disclosing so clinicians can consider the therapeutic purpose, benefits, and potential risks of all disclosures.

While therapists will make choices about self-disclosing thoughts and experiences, there is a constant internal process that occurs during therapeutic encounters with clients. Rober (2005) describes this process as the therapist's "inner conversation" or internal dialogue. Rober (2011) discusses how therapists can use their inner dialogues to manage powerful feelings that emerge during the session, and how to utilize these experiences in new, creative, and constructive ways. For example, Frediani and Rober (2016) studied early career family therapists' inner voices and found that novice therapists reported that their inner voice included self-criticism and irritation during session. Whereas some may consider this a concerning outcome, Frediani and Rober (2016) suggested that this awareness could be used to enhance the therapeutic alliance.

Self of the Therapist Training

Timm and Blow (1999) define SOT work as a willingness to engage in an introspective process wherein they examine personal issues and experiences, including family of origin issues that may impact therapy in both negative and positive ways. McDaniel and Landau-Stanton (1991) established one of the first integrated training approaches that included family of origin work and family therapy skills training. Although some expressed concerns about potential overlaps between SOT training and personal therapy, students were encouraged to use their discretion about which personal information to reveal within classes and training exercises. Additionally, when serious issues surfaced, students met privately with faculty and could be referred for outside therapy, if needed (McDaniel & Landau-Stanton, 1991).

The most well-known SOT training approach is the person-of-the-therapist training model (POTT), developed by Harry Aponte and colleagues. The POTT model assumes that therapists are wounded healers who are most effective when accessing and utilizing different aspects of their identity, expertise, and personal experiences (Aponte et al., 2009). Person of the therapist training increases trainees' abilities to attend to their cognitive and emotional responses and cultural identities, which helps them to utilize these aspects of self in purposeful ways that help clients toward their therapeutic goals (Aponte & Kissil, 2014; Aponte et al., 2009).

Research on the effectiveness of the POTT model has supported the intent of the training. Niño et al. (2015) conducted a qualitative study to examine the perceived professional gains of master's-level CMFT students during a 9-month POTT course. The researchers found that students experienced significant growth and change in areas related to self-knowledge and self-acceptance of struggles and vulnerabilities, and they also had an increased ability to access and actively use their selves in therapy (Niño et al., 2015). In another study focused on how POTT influences therapeutic relationships, Niño et al. (2016) discovered that POTT helps therapists to develop elements of positive therapeutic relationships such as empathy, management of countertransference, balancing multiple alliances, positive regard, and bond. Furthermore, Kissil and Niño (2017) studied how POTT can assist with self-care for therapists, and Apolinar Claudio and Watson (2018) found that POTT is effective in generating an intentional therapeutic presence that influences the therapist's "way of being" and "way of doing."

Two qualitative studies further elucidated the effectiveness of POTT and similar trainings. For example, Lutz and Irizarry (2009) documented aspects of their training in the POTT program at Drexel University. The authors describe training sessions and case examples in which students examined how their signature themes (i.e., psychological, relational, cultural, and personal challenges) influenced their work and how such issues might be intentionally applied to enhance their effectiveness as therapists (Lutz & Irizarry, 2009). For example, one trainee shared how recognizing her "internal impulses" (p. 375), related to her issues with her family of origin, cast light onto her clinical work with a particular family. Students presented cases including taped therapy sessions and participated in trainer-led exploration in front of the class. Trainees noted that the POT trainers use of hypothesis-led questioning modeled how to utilize this technique for more effective therapy with their clients. Lutz and Irizarry (2009) also addressed some of the challenges and benefits of participating in this training in an academic setting, including the fact that issues within their group led three students to resign from the training program. Lutz and Irizarry (2009) found the smaller group to be initially challenging but later empowering as the group members became closer and more trusting. As the training progressed, the authors noted that trainees explored their signature themes in more depth, acquiring further understanding about how these issues impact their lives and clinical work and how to address this impact. Some students decided to enroll in therapy as a result. Overall, Lutz and Irizarry (2009) described it as an invaluable training foundation that continuously influences their careers.

In another study, Paris et al. (2006) studied experiences of growth for MFTs inside and outside of the training environment. They found that the external personal sources of growth were "personal therapy, related work experiences, personal relationships, spiritual beliefs, and generic learning" (p. 50). The

specific ways in which the therapists reported growth included perspective taking or capacity for empathy; validation; awareness of one's own thoughts, feelings, behaviors; recognizing one's limitations or boundaries; confidence; skill building; knowledge building; and hopefulness or optimism. The sources of growth for training experiences included clinical experience, supervision experiences, personal reactions, and family theory. Participants reported on how they experienced growth as a result of expansion of consciousness and understanding, and that they strived to be congruent in their personal lives with how they acted as therapists (Paris et al., 2006). Participants also reported on the importance of supervision and teaming experiences in the way of receiving feedback to validate their personal reactions to clients (Paris et al., 2006).

Self of the Therapist Training Activities

In addition to the POTT model, there are several other SOT activities that authors suggest for use in CMFT training. For example, Hardy and Laszloffy (1995) proposed that trainees create a cultural genogram to examine how their cultural background shapes their cultural identity and to reflect on how to integrate their personal and professional identities as therapists. Hardy and Laszloffy (1995) note the following specific steps needed to prepare a cultural genogram: defining one's culture of origin, organizing principles and pride/shame issues, creating symbols, identifying intercultural marriages, and using cultural framework charts to compose the genogram. The activity culminates with trainees analyzing their cultural background and examining how this shapes their cultural identity and role as therapists, as well as discussing at least one critical incident from each stage of the cultural genogram formation process. Trainees are encouraged to reflect on what they learned and how to integrate the "goodness of fit" between their personal and professional identities (Hardy & Laszloffy, 1995).

Guided by Hardy and Laszloffy's (1995) work, Halevy (1998) recommended a "genogram with an attitude" that helps CMFT students recognize intergenerational transmission of cultural biases and gain self-knowledge. Halevy's (1998) activity has similar goals to Hardy and Laszloffy's (1995) activity but emphasizes students' ability to recognize intergenerational transmission of biases and gain self-knowledge in order to choose to modify their thinking and actions. Similarly, Totsuka's (2014) training exercise, "social GGRRAAACCEEESSS (SG)," the acronym for which was originally developed by Roper-Hall (1998) and Burnham (2012), encourages trainees' self-reflexivity, particularly as it pertains to the influences of social differences and the impact of social context on both trainees and their clients. Since second-order family therapists consider the therapist as part of the client-family meaning-making system, therapists must be aware of the impact of social contexts on

themselves and their clients. Totsuka's (2014) exercise involves identifying various parts of "Social Graces" (gender, geography, race, religion, age, ability, appearance, class, culture, ethnicity, education, employment, sexuality, sexual orientation, and spirituality), exploring how some became more privileged than others, as well as reflecting on personal privileges or lack thereof, and how they impact daily life.

Additionally, Baima and Sude (2020) describe an activity, the "Whole Name Exercise," that requests that trainees engage with the meaning of their names so that they can connect further with their cultural heritage. It is an SOT training strategy that aims to highlight the significance of family history and culture in the lived experiences of the participants. Participants respond to prompts such as: "Share your whole name – all the names that you have; the story of how you got your name; how your name has served you in your life so far," (Baima & Sude, 2020, p. 11). Baima and Sude (2020) note that this activity can be utilized to facilitate group-bonding, self-reflection, and promote values of equity and social justice. In a different study, Sude and Baima (2021) also encouraged the use of marriage and family therapy role-plays in SOT training and provide recommendations and examples of how to do so.

The self of the therapist is also relevant when selecting family therapy approaches, as therapists may choose an approach that best fits their worldview (Simon, 2006). Although more research is needed to examine the relationship between SOT training and family therapy practice, there is a foundation for this in the current literature. For example, in a study conducted by Anderson et al. (2011), the authors developed the Therapist-Use-of-Self Orientation Questionnaire (TUSO-Q) and found three different therapist use-of-self orientations: transpersonal, contextual, and instrumental. Additionally, Boston's (2007) "Therapeutic Groundhog Day" uses role-plays to facilitate students' exploration of their theoretical and philosophical orientation to family therapy. Other activities, such as "Talking about Vs. Talking With" are aimed at therapists addressing personal relationships to better understand their clients' relational struggles (Sude & Gambrel, 2016). In Sude and Gambrel's (2016) "Talking About Versus Talking With," trainees address differences between individual and relational therapy, as well as engage in SOT work surrounding a strained relationship. In dyads, one student shares their reflections on the relationship they selected, while the other asks clarifying questions, and offers validation ("Talking About"). After both trainees share, they discuss thoughts and feelings while imagining that the student partner is the individual in the relationship that they were speaking about ("Talking With"). After each trainee takes a turn, the instructor facilitates a discussion to process the students' experiences, their reflections on the identified strained relationship, and how the activity might enhance their understanding of the clients' perspective on relational therapy (Sude & Gambrel, 2016).

Like Boston's (2007) training activity, Rober's (2010) "Interacting-Reflecting" training exercise also utilizes role-plays but focuses on facilitating the trainee's dialogical skills such as respectful/constructive inquiry, or connecting the stories of the client, therapist, and supervisor, and constructive hypothesizing, or a process of moving back and forth between "knowing" and "not knowing" (Rober, 2002). This training exercise expands upon Rober's notion of the therapist's inner conversation. According to Rober (2010), the exercise intends to encourage a dialogue rather than teach a particular skill. In this group exercise, participants utilize metaphors to discuss the clients and supervisee, to encourage freedom and creativity of expression with a case in which they feel stuck.

In contrast to Rober's (2010) exercise that examines therapist-client interactions, Sude's (2015) "Acknowledgment, Naming, and Giving (ANG)" activity focuses on family therapy trainees' personal experiences in order to facilitate professional growth. The activity asks family therapy trainees to acknowledge (A) acts of destructive entitlement, name (N) the relationships directly affected by destructive behavior and give (G) to those relationships in trustworthy ways (Sude, 2015). The exercise is based on the notion of therapists as "wounded healers" (Aponte et al., 2009) and also considers how therapists may have hurt others. In addition, it emphasizes the importance of therapists processing their own emotional pain in order to effectively connect with others' pain and provides potential avenues for repairing personal relationships that have been harmed (Sude, 2015), Finally, some training programs even require trainees to attend family consultations as part of their personal and professional development (Woodcock & Rivett, 2007).

The Present Study

Literature portrays the self of the therapist as multifaceted and provides theory and research on SOT training. However, most of the existing research is based on self-report from trainees, and there is currently no collective expert guidance on any guidelines for SOT training. The present study implemented the Delphi method (Dalkey & Helmer, 1963; Linstone & Turoff, 1975) to generate a consensus on many different elements of SOT training by consulting a panel of experts.

Method

Delphi Method

This study utilized a modified Delphi method to obtain a consensus from a panel of experts (Dalkey & Helmer, 1963; Linstone & Turoff, 1975) regarding the definition of self of the therapist training. The Delphi method was created

by Dalkey and Helmer (1963) of the Rand Corporation to obtain expert consensus on issues related to the military and defense (Levine & Stone Fish, 1999; Linstone & Turoff, 1975). Since that time, researchers in a multitude of fields expanded use of the Delphi method (Dalkey & Helmer, 1963) to examine different issues, including those related to marriage and family therapy (Levine & Stone Fish, 1999). The Delphi method (Dalkey & Helmer, 1963) aims to generate a dialogue about ideas as opposed to only focusing on individual opinions (Stone Fish & Busby, 2005), and is based on the notion that the contribution of multiple experts is advantageous in tackling complex problems (Stone Fish & Busby, 2005).

The procedure, which is enumerated in the subsections below, includes a sampling of individuals knowledgeable about a specific topic (experts), and the administration of at least two questionnaires (Godfrey et al., 2006; Stone Fish & Busby, 2005). The first questionnaire features open-ended questions, eliciting responses that are then organized by theme and edited for redundancy. During the second round of questionnaires, these statements are disseminated and rated by participants on a scale to indicate agreement or disagreement. The results are then statistically analyzed to measure the degree of consensus. By utilizing anonymity (participants' identities were concealed from each other), controlled feedback (researchers summarized items generated by the panel and shared findings for feedback), and statistical procedures to collect and analyze the panel's responses (calculating medians and interquartile ranges), domineering voices and social pressures to conform can be avoided (Stone Fish & Busby, 2005). A dialogue of ideas occurs when participants read and evaluate their agreement or disagreement with responses of their peers. Whereas traditional Delphi studies typically include three rounds of questionnaires (Stone Fish & Busby, 2005), this study utilized two rounds of questionnaires to avoid participant fatigue and dropout, which could compromise the validity of the study (Godfrey et al., 2006). Including only two rounds (i.e., a modified Delphi study), is common practice in extant research on couple and family therapy, particularly for exploratory studies (Davey et al., 2011; Godfrey et al., 2006; Levine & Stone Fish, 1999). In fact, the value of utilizing three rounds has been questioned by previous researchers (Levine & Stone Fish, 1999). Although a third round might prompt participants' further reflection on their positions, panelists might also be tempted to realign their responses to conform with the majority view, also known as the "bandwagon effect" (Winkler & Moser, 2016).

Researchers

The first researcher identifies as a Jewish, heterosexual, cis-gender female, and is an early career clinical psychologist. The second researcher identifies as a Jewish, white, heterosexual, cis-gender male, and is a mid-career, associate

professor and COAMFTE-accredited master's program director. The third researcher identifies as a Catholic Afro Caribbean heterosexual, cis-gender female, and is a mid-career, full-time, staff psychologist, social justice coordinator, and assistant professor.

Participants

Panel selection is a vital component of the Delphi method (Dalkey & Helmer, 1963; Stone Fish & Busby, 2005). In developing criteria to define "experts," researchers followed the guidelines and precedent of prior published Delphi studies and book chapters on the topic (Baima & Sude, 2020; Davey et al., 2011; Godfrey et al., 2006; Stone Fish & Busby, 2005). The researchers sought an interdisciplinary panel of experts on SOT training that met the following criteria: (a) obtained a qualifying degree in the mental health field; (b) had at least two years of post-master's clinical experience; (c) regularly included self of the therapist work in education, training, and supervision provided, and (d) self-assessment of having advanced knowledge and/or experience in providing SOT training. Although expertise is often viewed synonymously with scholarship, the researchers expanded their perception of expertise to include professionals who may not be academicians engaged in scholarship (Baima & Sude, 2019).

Based on recommendations by Godfrey et al. (2006), the researchers aimed to recruit 10-15 panelists. Researchers identified potential participants via state-wide, national and international professional organization listservs, graduate and post-graduate training programs, and across disciplines such as general professional psychology, clinical psychology, clinical social work, couple and family therapy, as well as direct solicitation of authors that published on the topic of SOT training. Twenty-five potential panelists expressed interest in participating in the current study, and 18 panelists (72%) met the inclusion criteria and participated in the first phase of data collection. Of those 18 panelists, 11 individuals completed the second phase of data collection, and one additional panelist submitted a partial response, totaling 12 participants for round two (67%).

The panel consisted of 14 female (78%) and four male (22%) participants. Thirteen identified as MFTs (72%) whereas five identified as psychologists (28%). Sixteen panelists (89%) identified as White, one identified as Black, and one Hispanic/Latino, and panelists represented diverse religious and spiritual orientations. Ten participants (56%) had more than 20 years of post-master's clinical experience, and 11 panelists (61%) had at least six years of experience as SOT trainers. Thirteen panelists (72%) had published on the self of the therapist and 13 (72%) had also presented on the self of the therapist in the past ten years (See Table 1).

Table 1. Demographics.

Characteristic	*N*	Percentage	Characteristic	*N*	Percentage
Sex			**Age Range (years)**		
Female	14	78%	30-39	5	28%
Male	4	22%	40-49	2	11%
			50-59	2	11%
Race			60-69	4	22%
Black	1	5.5%	70+	5	28%
Hispanic/Latino	1	5.5%			
White	16	89%	**Education – Highest Degree**		
			Doctor of Philosophy	9	50%
Religious/Spiritual Identification			Doctor of Psychology	4	22%
African Methodist	1	5.5%	Doctor of Education	1	5.5%
Agnostic	2	11%	Master of Family Therapy	3	17%
Catholic	4	22%	Master of Education	1	5.5%
Christian	1	5.5%			
Jewish	3	17%	**Primary Professional Identification**		
Protestant	2	11%	Marriage/Family Therapist	13	72%
Spiritual	1	5.5%	Clinical Psychologist	5	28%
None	4	22%			
Post-Master's Clinical Experience (Years)					
1-4	1	5.5%			
5-9	2	11%			
10-19	5	28%			
20+	10	55.5%			
Experience as Self of the Therapist Trainer (Years)					
0	1	5.5%			
1-5	6	33%			
6-10	3	17%			
11-20	2	11%			
21+	6	33%			
Publications on Self of the Therapist Training					
0	5	28%			
1-5	7	39%			
20+	6	33%			
Presentations/workshops given on Self of the Therapist Training (in past ten years)					
0	5	28%			
1-5	5	28%			
6-10	1	5%			
10+	7	39%			

Procedure

The researchers contacted potential panelists via e-mail, providing background information about the study, the inclusion criteria enumerated above, and a link to complete a brief demographic questionnaire and Delphi Questionnaire One (DQI). Links to questionnaires were disseminated via e-mail and responses were collected via Qualtrics. As recommended by Linstone and Turoff (1975), the first questionnaire in this Delphi study featured open-ended questions. These questions, written by the authors, were based on SOT literature and prior published Delphi studies and book chapters. The open-ended questions asked participants

to provide as much information as they wished to share (Baima & Sude, 2019; Davey et al., 2011; Godfrey et al., 2006; Stone Fish & Busby, 2005). This study's DQI featured the following open-ended questions:

(1) What is the self of the therapist? How is it defined?
(2) What is self of the therapist training/work? How is it defined?
(3) How is self of the therapist work different from therapy?
(4) What are the potential benefits of self of the therapist work?
(5) What are the potential risks for a trainer or trainee?
(6) What training or experiences are necessary to be a qualified self of the therapist trainer?
(7) How is self of the therapist work similar and/or different in education, supervision, workshops, and other training experiences?
(8) How can self of the therapist work be integrated into these types of training?
(9) What are your thoughts about students/trainees having choices about doing self of the therapist work?
(10) What are your thoughts on similar or different expectations for self of the therapist training for professionals at different training levels (e.g., master's, doctoral, postgraduate, licensed professionals, etc.)?
(11) What type of ongoing self of the therapist work is necessary for trainers?
(12) Please list any other categories or statements you feel would add to an understanding of self of the therapist training.

After panelists completed DQI, the researchers consolidated the responses thematically and edited statements for redundancy, while maintaining panelists' original wording as closely as possible. Researchers reworded participant responses into statements that could be rated on a scale of agreement, and Delphi Questionnaire II (DQII) featured these statements that reflected a compilation of participant responses from DQI. The researchers asked panelists to respond on a 7-point Likert scale indicating the extent to which they agree with or deem statements important. The panelists were asked to rate items as (1) *strongly disagree*, (2) *disagree*, (3) *somewhat disagree*, (4) *neither agree or disagree*, (5) *somewhat agree*, (6) *agree*, or (7) *strongly agree*.

To identify the rates of agreement and consensus amongst panelists, researchers calculated medians and interquartile ranges (IQRs). The medians revealed the responses' central tendency, demonstrating where items land on the disagreement-agreement scale, and IQRs indicated the extent to which panelists reached consensus of agreement on a certain response item without being impacted by extreme scores. Items with a median of six or higher and IQRs of 1.5 or lower indicated endorsement among the expert panel (Stone Fish & Busby, 2005).

Results

Research suggests that the self of the therapist is a major contributing factor to therapy outcome (Blow et al., 2007), and it is therefore important to have expert guidance on SOT training. The expert panel endorsed approximately half (54%) of the items in DQII, reaching consensus on elements of SOT work, benefits and risks of SOT training, structure of SOT training, expectations for SOT supervisors and trainers, and ideas about ongoing SOT work.

Twelve of the original 18 panelists completed DQII by rating a total of 207 items for agreement. Of these items, 112 items (54%) were highly endorsed, and 95 items (46%) were rejected. One of the 12 panelists completed only half of DQII. The endorsed items from DQII, which were organized thematically for clarity and readability, are presented in Tables 2-6 along with the accompanying medians and IQRs.

Specific Elements of Self of the Therapist Work

Thirty-six items represented specific elements of SOT work. Four items addressed the use of self in therapy, 11 items addressed self-awareness and reflection, six items focused on awareness of personal relationships and experiences/issues, four items related to examining one's cultural context, and 11 items spoke to other elements of SOT training (See Table 2).

Experts endorsed many elements of SOT work such as promoting reflection and self-awareness about internal thoughts (Rober, 2005, 2011; Vandenberghe & da Silveira, 2013) and emotional reactions (Lum, 2002; Napier & Whitaker, 1988). The panel specifically addressed the importance of self-awareness of beliefs, feelings, bodily sensations, behaviors, and biases, and how these could be resources and barriers in treatment (Timm & Blow, 1999). Panelists also agreed that SOT training requires discussion of personal issues and relationships (Sude, 2015; Sude & Gambrel, 2016), and special attention was given to family-of-origin issues (Lum, 2002; McDaniel & Landau-Stanton, 1991).

Although four items referred to a therapist's "use of self" as a form of SOT, panelists did not agree on items that specifically named ways to use self. Self-disclosure has received some attention in SOT literature (e.g., D'Aniello & Nguyen, 2017; Roberts, 2005; Watts Jones, 2016; Watts-Jones, 2010), and was mentioned in one endorsed item that described it as valuable for rapport while also potentially risky (Cheon & Murphy, 2007; Garfield, 1987; Rober, 2005; Roberts, 2005; Watts-Jones, 2010). Other uses of self, such as utilizing past experiences to enhance empathic attunement and intentionally relate to clients (Apolinar Claudio & Watson, 2018; Sude, 2018) were not specifically mentioned. It is possible that asking about specific uses of self directly in DQI would have produced more items for the panel to rate.

Table 2. Specific Elements of Self of the Therapist Work.

Item	Median	IQR
Self of the therapist work involves learning how to use one's self as a therapist:		
The self of the therapist helps therapists develop the use of their bodies as an instrument of perception, far beyond simply understanding clients' words and body language.	6	1
Self-disclosure is particularly difficult to navigate. Clients need to feel that you are human to feel a genuine connection, but it is challenging to gauge how much to share in order to build rapport.	6	1
In self of the therapist workshops, therapists are oriented to what it means to use self in therapy.	6	0
Developing the insight and skills to effectively use the self in therapy is an integral part of therapist development.	6	1
Self-awareness and reflection are a crucial part of self of the therapist work:		
The self of the therapist is the concept through which therapists can come to understand how their personal experiences influence their professional work.	6.50	1
The self of the therapist includes an awareness of the therapist's beliefs, feelings, and behaviors, as well as biases or blind spots that may impact their work with clients both positively and negatively.	7	1
The self of the therapist is therapists' awareness and willingness to reflect on who they are.	7	1
The self of the therapist means knowing, recognizing, and acknowledging one's triggers and preferences while also keeping them separate from clients.	6	1
The self of the therapist requires the therapist to be mindful of oneself in session and reflect on how one presents in the therapy room.	6	1
The self of the therapist is the therapist's awareness of their own bodily responses (physiological, mental, emotional) to what is discussed in therapy.	6	1
Self of the therapist training is an ongoing process of therapists reflecting on who they are and what they bring into the therapeutic relationship.	7	1
Self of the therapist training involves an evolving knowledge of self, including strengths, weaknesses, blind spots, and wounds.	7	1
Self of the therapist training is an ability to develop self-awareness and insight into how aspects of self are reflected or triggered in therapy with clients, as well as supervision.	6.50	1
Self of the therapist training involves helping the therapist recognize when they might be reacting to client characteristics that remind them of themselves or make them feel stuck.	6	1
Self of the therapist training provides opportunities for self-exploration.	6	1
Self of the therapist work involves an awareness of one's personal relationships and experiences/issues:		
The self of the therapist is heavily formed and influenced by the major relationships in the therapist's life, including one's family history and significant life events.	6	1
Self of the therapist training entails the therapist recognizing their own attachment style(s), family of origin issues, and current issues in order to remain emotionally regulated during sessions with clients.	6	1
In self of the therapist work, we discuss personal issues as they pertain to the individual's development as a professional.	6	1
Self of the therapist training involves consideration and discussion of one's own personal issues in the development of clinical skills.	6	1
The self of the therapist is all that the person brings to the therapeutic encounter including their experiences, relationships, family of origin, level of differentiation, emotional intelligence, biases, and psychological development, and how these impact work with clients.	7	1
The self of the therapist is framed within the Intersystem Approach which includes an attachment theory construct.	6	1
Examining culture is an important aspect of self of the therapist training:		
Self of the therapist training includes being aware of how one's own religious and cultural experiences could affect clients.	6	1
Self of the therapist training needs to include getting to know the psychological, spiritual, cultural, and social aspects of self, along with personal life experiences. One needs to become comfortable with that knowledge of self and be able to identify it, understand it, and work through it within the professional context.	6	1
The self of the therapist is a blend of cultural competency and awareness of countertransference.	6	1
The self of the therapist is awareness of the therapist's cultural context.	6	1
The following elements are necessary for self of the therapist training:		
In self of the therapist training, trust, vulnerability, and authenticity with one's supervisor are important.	7	1
When integrating self of the therapist work into different types of training, one should explain the risks and benefits and obtain informed consent.	6	1
In self of the therapist training, one should emphasize the human qualities of the therapist.	7	1
Self of the therapist training can be process oriented.	6	1

(*Continued*)

Table 2. (Continued).

Item	Median	IQR
Self of the therapist work is similar to supervision in that one's supervisor should help you gain insight into who you are and what you bring to the therapeutic process.	6	1
Self of the therapist training is closely related to mentorship/supervision about becoming a helping professional.	6	1
Self of the therapist training involves learning how to determine when and how to intervene through the medium of the therapeutic relationship.	6	1
In self of the therapist training, one should always ask how the experience of being a therapist affects the therapist as a person.	6	1
Self of the therapist supervision forms the living environment where trainees obtain the guidance, direction, and support to use what they learned in training into effective practice with their clients.	6	1
Self of the therapist training involves the development of self-efficacy.	6	1
Reading or hearing about others' self of the therapist work can be helpful in one's own self of the therapist training.	6	0

Benefits and Risks of Self of the Therapist Training

Experts reached consensus on 24 items regarding potential benefits and risks of SOT training. Eight items addressed benefits of SOT training such as increased insight, and eight items discussed risks such as triggering therapists' unresolved issues. Eight additional items described ways in which SOT training is similar to and different from personal therapy (See Table 3).

The researchers specifically requested that panelists address benefits and risks of SOT training. The panel endorsed similar benefits to other research on SOT training (e.g., Kissil & Niño, 2017; Niño et al., 2015) such as producing more effective therapists, increased self-awareness, improved client outcomes, and greater balance and well-being for therapists. One risk endorsed by the panel of experts is that SOT training could potentially trigger emotional harm. However, panelists did not discuss specifics about how trainers can either avoid causing emotional harm or manage student distress once it occurs (see, Sude, 2015; Sude & Gambrel, 2016 for guidance on handling student distress).

Structure and Setting of Self of the Therapist Training

Twenty-one items related to the structure and setting of SOT training. Items addressed topics such as methods of integrating SOT training and formats of group discussions, facilitating SOT work through experiential activities and readings, as well as settings for SOT training including university training programs, workshops, and supervision (See Table 4). The panel endorsed several items that distinguished SOT training from therapy by its focus on how exploration and utilization of self is always connected back to one's clinical work and role as a therapist (Aponte, 1994; Aponte et al., 2009). The panel agreed that personal therapy could complement SOT training, and that SOT trainers could suggest personal therapy. Some training programs do request that students attend therapy (Woodcock & Rivett, 2007).

Table 3. Benefits and Risks of Self of the Therapist Training.

Item	Median	IQR
Benefits of self of the therapist training include:		
The benefits of self of the therapist work are effective therapy, better outcomes for the clients, and greater balance and well-being for the therapist.	6	1
One benefit of self of the therapist training includes increasing the therapist's ability to focus on the client without personal distractions.	6	1
Self of the therapist training gives the therapist the capacity for a deeper substantive focus on the client and the fulfillment of empathy, positive regard, respect, and congruence.	6	1
Self of the therapist training benefits clients because they will not be misunderstood or pigeon-holed based on the therapist's lack of understanding or awareness.	6	1
One of the benefits of self of the therapist training is that, by understanding oneself better, one is better able to understand, appreciate, but not be overwhelmed by another's pain.	6	1
Self of the therapist training helps therapists become more aware of their own biases and predispositions which allows them to reflect and perhaps change their views.	6	1
Self of the therapist training helps therapists to learn boundaries and limits.	6	1
Countertransference is not good or bad; it happens to everyone and it's good to talk about with trusted others.	6	1
Risks of self of the therapist training include:		
Trainees might lack a readiness to change aspects of the self that are uncovered by self of the therapist training.	6	1
Self of the therapist training can lead to difficult experiences that the trainee might not be open to exploring.	6	1
Self of the therapist training could open unhealed wounds or unresolved issues for the trainee.	6	1
Self of the therapist training can reveal unknown and repressed biases that may be emotionally disturbing.	6	1
Self of the therapist training could trigger a need for therapeutic intervention unforeseen by the trainee.	6	1
A potential risk of self of the therapist training is that there are risks for re-traumatization or other emotional harm.	6	1
Self of the therapist training can be challenging because we often skate around our own issues and prefer the role of "helper" rather than looking at ourselves.	6	1
There is a risk that the trainee might have to rethink fundamental truths.	6	1
Self of the therapist training compares to therapy in the following ways:		
Self of the therapist work is not therapy per se; it is undertaken in connection with clinical material and is always related back to what is going on in the clinical work.	6	1
There can be some overlap between self of the therapist work and therapy, as becoming more self-aware of one's biases, limitations, etc. will be useful both for the person in his or her own life and as a clinician.	6	1
Self of the therapist work is an opportunity to take the insights gained from therapy and knowing oneself, to understand how aspects of the self impact one's therapy with clients.	6	1
Self of the therapist work is different from therapy because it is an awareness and understanding of how the therapist's experiences are impacting the work they are doing with a client.	6	1
Therapy is the work that a person does to get to know themselves including how they think, feel, and behave and how all of these activities influence each other. Self of the therapist work takes therapy a step further by developing a person's ability to understand how their thoughts, behaviors, and experiences influence the way they conceptualize and treat clients.	6	1
It is important to consider that being willing to examine oneself does not mean that one will be fully healed, but will be fully aware.	7	1
If supervisees are triggered by a client or need to work through some unresolved issues from the past, they should be encouraged to seek their own therapy.	7	1
In self of the therapist training, therapists/supervisees should sometimes be encouraged to discuss personal issues with their own therapists.	6.50	1

Self of the Therapist Training for Trainers and Supervisors

The panel also endorsed several items related to the structure and setting of SOT training. Twenty-two items reflected expectations of SOT training for trainers and supervisors. Some expectations related to academic and professional requirements, experience as a therapist and a trainer, the abilities to self-reflect

Table 4. Structure and Setting of Self of the Therapist Training.

Item	Median	IQR
The structure and setting for self of the therapist training includes:		
Self of the therapist training typically involves personal discussion and group processes with mentors, supervisors, and peers.	6	0
Self of the therapist training includes discussing cases as a group and thinking about our own feelings and the feelings of the client(s) to better conceptualize the case.	6	1
Self of the therapist work can be integrated into different types of training by creating safety in each setting.	6	1
Self of the therapist training begins in graduate school in each course that an instructor assigns reading, writing assignments, projects, and discussions that seek to increase a student's recognition and awareness into who they are as a person and as a therapist.	6	1
Academic training should include a focus on the importance of the self of the therapist.	7	1
Experiential learning can occur in all self of the therapist training experiences.	6	1
An introduction to self of the therapist work should be required within academic and professional training organizations.	7	1
Self of the therapist training can include the therapist's own therapy, supervision, as well as mindful reflection of work with clients.	6	1
Self of the therapist work should be integrated in all different types of training.	6	1
Self of the therapist training should be integrated at a programming level. Schools should include it in their curriculum.	6	1
Some self of the therapist training formats may be introductory with basic information, whereas others can be a moderated experience or intensive depending on the experience of the educator/supervisor or trainers.	6	1
Self of the therapist work can be integrated into different training experiences through reflective activities or assignments.	6	0
Small groups or individual work in supervision is the best place for self of the therapist work; the more intimate the setting, the more likely someone is to fully engage in the process.	6	1
It would be inappropriate to say that all workshops and other training experiences must have a self of the therapist component and it can depend on the training, the setting, the topic, and the overall expectations (for example, whether there is enough time as well as whether the trainings are more experiential or didactic).	6	1
Self of the therapist training can be integrated into different types of training by including more relevant literature as part of required reading.	6	1
Self of the therapist work can be integrated into training experiences by adding a portion that focuses on therapists' own biases and experiences, which would help them become more aware of themselves as tools in the therapeutic relationship.	6	1
Experiential exercises and thoughtful questions can direct therapists to an exploration of self in response to the material presented in self of the therapist training.	6	0
There are common elements amongst different formats of self of the therapist training.	6	1
The level of intensity of self of the therapist training could increase as a therapist becomes more experienced with self-exploration and how emotional experiences impact the therapeutic relationship.	6	0
In order to ensure that therapists become more skilled at using the self of the therapist as they progress through the various stages of development, self of the therapist training should be a required part of continuing education.	6	1
Self of the therapist training is a beneficial tool that should be strongly encouraged in clinical training.	7	1

and emotionally attune, staying up on new trends and literature in SOT training, as well as the need for consultation (See Table 5). Experts suggested that SOT work could be integrated into a variety of training settings. Some items indicated that SOT training should be required, contrasting with existing literature urging choice in engaging in SOT work (Sude, 2015; Sude & Gambrel, 2016). Some items highlighted the importance of doing SOT work in intimate settings and creating safety within group discussions. This adds to existing literature suggesting cohort-based SOT work (Niño et al., 2016) and considering how and where other SOT work exists in training when planning SOT activities and assignments

Table 5. Self of the Therapist Training for Trainers and Supervisors.

Item	Median	IQR
Recommendations for self of the therapist trainers/supervisors include:		
Trainers should have a minimum amount of formal education and training through workshops, conferences, research, classes, or continuing education credits required.	7	1
A training for self of the therapist trainers is an important experience for beginning trainers/ educators.	7	1
To be a qualified self of the therapist trainer, one must have developed the ability to articulate, communicate, and have the methodology and skills to train aspiring therapists in the use of self.	6.50	1
Trainers should be familiar with the literature on self of the therapist training.	7	1
A good starting place for integrating self of the therapist work into training is making a commitment to do so.	6	1
Self of the therapist trainers should keep in touch with applications of research and new trends in treatment.	7	1
Instructors and supervisors must believe in the usefulness of self of the therapist training.	7	1
Regardless of a therapist's degree level, one must have a sense of who the learner/supervisee is and how they want to develop further.	6	1
Trainers must have experience addressing family of origin issues.	6	1
Trainers need to learn how to stay emotionally regulated, despite what arises in therapy sessions with clients.	6	1
Trainers need to have their own personal and professional experience with a self of the therapist trainer, whether didactic, narrative, or experiential.	6	1
The supervisor must have done self of the therapist work in order to not be triggered and project personal material into the supervision process.	6	1
Trainers should have personal experience with their own therapy.	7	1
Trainers should have professional experience as a therapist.	7	1
Trainers should have professional experience providing clinical supervision.	7	1
Supervisors should be open to the exploration of the self of the therapist and at times, guide the therapist toward this process.	7	1
Trainers need to have a commitment to ongoing reflection.	6	1
Trainers needs to continue to be open to new information about how one's self impacts therapeutic outcomes.	7	1
Self of the therapist trainers should engage in consultation and peer supervision.	6	1
Engaging in ongoing self of the therapist training enhances self of the therapist trainers' work as a trainer, supervisor, teacher, and therapist.	6	1
Self of the therapist trainers should engage in ongoing self-examination.	7	1
Ongoing self of the therapist training for trainers is helpful in promoting self-care and checking countertransference.	6	1

(Sude, 2015; Sude & Gambrel, 2016). In terms of specific types of SOT learning, the panel endorsed items suggesting an integration of experiential activities and relevant readings in academic curricula.

Continuing Self of the Therapist Work

Finally, experts agreed on nine items related to SOT work as a continuous lifelong journey, similar to developing cultural sensitivity. These items discussed the value of constant growth through SOT training throughout one's career, as well as recommendations for how that training can change as therapists gain more experience and ability to utilize self (See Table 6). Finally, according to this study's expert panel, therapists and SOT trainers would benefit from ongoing SOT work. The panel identified some general qualifications for SOT trainers such as having SOT training experiences of their own, as well as the ability to gauge where individual trainees are in terms

Table 6. Recommendations for Ongoing Self of the Therapist Training.

Item	Median	IQR
Self of the therapist training is a continuous lifelong process:		
All therapists-in-training should engage in self-exploration and self of the therapist work.	6	1
Self of the therapist training is essential for all therapists, not just trainers.	6	0
Self of the therapist training should be an essential part of all therapist training that is modeled on working through the therapist-client relationship.	6	1
Self of the therapist training should begin in the trainee's first year and continue throughout a person's professional life.	6	1
Consulting with another trusted professional in a deep, meaningful manner would be helpful in the process of self of the therapist training.	6	1
Expectations for self of the therapist training should be commensurate with other academic expectations at each level of training.	6	1
Self of the therapist training should be available to all levels of mental health professionals and should take into consideration the trainee's level of expertise and experience.	6	1
The level of intensity of self of the therapist training could increase as a therapist becomes more experienced with self-exploration and how emotional experiences impact the therapeutic relationship.	6	0
Everyone should do self of the therapist training because throughout our careers, we are always peeling away layers and learning new things about ourselves.	6	1

of their own SOT growth. Related to ongoing SOT training, panelists suggested that SOT work could change with time and experience, possibly intensifying as therapists gain more awareness of and ability to use self.

Discussion

The results of this study are a springboard for further questions about SOT training. As noted above, the panelists, a majority of whom identified as marriage and family therapists, named several specific elements of SOT work including but not limited to self-awareness and cultural context (see Table 2). Questions remain about how these elements work together. For example, how does a therapist's awareness of their privilege and power within therapeutic relationships and society at large impact how one uses the self? Is a therapist more likely to use the self when they feel more privileged or less? If a therapist and the client family or couple share a cultural community, how does that impact the therapist's ability and desire to connect with clients in that dimension of relational work? How do elements of one's cultural heritage or trauma impact that decision? Does this change when aspects of the therapist's identity are disclosed for them? When and how do therapists address privilege and oppression, and do they discuss their identities and personal experiences? Regarding personal experiences, for example, if a therapist is involved in an abusive personal relationship, how do they use that experience when working with a couple facing similar concerns? How does that impact the therapeutic experience? Also, how does the therapist manage when they relate to one person in the couple/family more than another? Will the therapist ultimately end up "siding" with one specific family member? Furthermore, regarding self-awareness and self-reflection as important elements of SOT work, how

does this work differ during and in-between sessions? How does the therapist use the "inner conversation" (Rober, 2005, 2011) at different times, and how specifically can it serve as a barrier or resource? Which kinds of issues and experiences feel most relevant therapeutically and which are most difficult to use? Future studies on SOT training might further examine these elements.

The results of this study suggest that SOT training can aid therapists' personal and professional growth and can be integrated into several different family therapy training environments (see Table 4). However, experts warned that SOT training also has the potential to do emotional harm to trainees if done without proper training and preparation. Of note, panelists identified an even number of benefits and risks to SOT training (see Table 3). Although Roberts (2005) discusses benefits and risks of self-disclosure specifically, guidance is needed about the benefits and risks of SOT training in general. For example, how do trainers weigh risks and benefits when it comes to pushing trainees beyond their comfort zone? How are those decisions impacted by the multifaceted identities of the trainer and trainee? How are ruptures between trainee and trainer avoided and/or repaired? Can elements of "inner conversation" work (Rober, 2005, 2011) be applied to SOT training and if so, how (e.g., what inner conversation occurs for trainers when engaged in SOT training)? What would create the most safety in each setting? For example, if during SOT training, a trainee is exploring signature themes of struggling with self-worth due to a history of several physically abusive couple relationships, or infidelity for example, how might they and the trainers manage the emotions evoked by such a discussion? How might that impact their work with a couple facing the same struggles?

Though some literature suggests potential safety precautions for SOT training (Sude, 2015; Sude & Gambrel, 2016), they are mere suggestions without empirical exploration. With a clearer understanding of how to weigh risks and benefits of SOT training, trainers and trainees can create a sound structure to the work and discern when different contexts are most appropriate (e.g., small vs. large classes, individual vs. pairs, group activities vs. paired activities). Additional research is needed regarding the specific risks for programs and trainers that facilitate SOT training, such as the potential for lawsuits or negative teacher/supervisor evaluations if students experience emotional distress. Trainers and training programs might aim to determine if the training environment is appropriate for SOT work (Sude, 2015; Sude & Gambrel, 2016), as well as how trainers use power in asymmetrical training relationships with trainees when determining if SOT work is appropriate (Aponte, 1994; Sude & Gambrel, 2017). Trainers also need to prepare to handle potential trainee emotional distress, as well as preemptively decide about which choices trainees will have in SOT work (Sude, 2015; Sude & Gambrel, 2016). Academic programs might utilize the items in Table 3 to anticipate difficulties that could arise in SOT training and attempt to address these issues in advance. Such

issues include the sensitive content of the training as well as the relational dynamics amongst supervision groups, graduate cohorts, professional organizations, and personal relationships (Baima & Sude, 2019).

Panelists discussed various academic, professional, and personal expectations for SOT trainers and supervisors (See Table 5). These items require further exploration. For example, how does one establish a standard for this intimate and risky work? How can one evaluate a therapist's ability to self-reflect and emotionally attune? Are there several core competencies of SOT training that should be identified, similar to the Marriage and Family Therapy Core Competencies (MFT-CC)? How can one discern whether SOT training can teach particular competencies? Perhaps future research could aim to identify the most important competencies and what might be the most realistic to focus on when offering workshops or certifications. Future research can focus on specific qualifications for SOT trainers, and how SOT work can be adapted for therapists of different experience levels (e.g., master's vs. doctoral trainees, licensed clinicians, trainers, etc.). Additionally, future research could focus on specific sequences of SOT training or specific activities and readings to be used. Given the many competing competencies and skills that trainers and supervisors are expected to cover, their job is certainly not simple.

Panelists agreed that the self of the therapist includes cultural competency, awareness of one's cultural context, and how one's own religious and cultural experiences could affect clients (Ben-David & Erickson, 1990; Cheon & Murphy, 2007; Hardy & Laszloffy, 1995; Kissil et al., 2013; Totsuka, 2014; Watson, 1993; Watts Jones, 2016; Watts-Jones, 2010). Although elements of the therapist's cultural or spiritual self were only addressed by a few endorsed items, extant literature cites the need for SOT work to develop cultural competency (Baima & Sude, 2020; Baldwin & Satir, 1987; Godfrey et al., 2006; Hardy, 2018; Hardy & Laszloffy, 1995; Sude & Baima, 2021; Watson, 1993). The lack of endorsed items around culture could be a consequence of the minimal racial diversity in the expert panel. Like the second author, most panelists identified as White, and the element of whiteness may lead white therapists to minimize the significance of the therapist's social locations (Watts Jones, 2016; Watts-Jones, 2010). It is likely that the lack of racial and gender-identity diversity represented in the sample impacted the content of responses in both DQI and DQII, specifically in terms of SOT training and cultural context. Future studies might consider additional recruitment methods to obtain a more diverse participant sample to include multiple perspectives, as well as focus specifically on how to train the self of the therapist from a multicultural or social justice lens. Ironically, research shows that SOT work is essential for white therapists to understand whiteness (Baima & Sude, 2019), and future research can focus on what types of SOT training experiences may be necessary for therapists to develop cultural competence. Trainers might

strongly consider paying attention to elements of social locations for therapists and clients when doing SOT training.

This study's findings evoke questions about how to integrate SOT training goals noted in Tables 2, 4 and 5 while considering the benefits and risks in Table 3. We hope that this study prompts further exploration of effective training approaches. However, the current study has compelling implications for those engaged in SOT training. Results suggest that pursuing both formal and informal methods of enhancing self-awareness and reflection are crucial in utilizing one's self as a therapist, and that there are a variety of professional settings in which to do this work. The results also imply a series of expectations for SOT trainers, including active engagement in ongoing learning, as well as risks and benefits for this personal work that must be considered.

The results of this study can be applied to the development of academic curricula, creating and assessing learning objectives, guiding supervision that aligns with MFT core competencies and relational/systemic therapy, developing assessment measures, and heightening self-awareness and growth. Additionally, the results may serve as a foundation upon which to conduct further research about SOT training. It is our hope that this study can help training programs and professional organizations to begin to establish guidelines and best practices for SOT training, continuing education, as well as expectations for training SOT trainers. The benefits of SOT training are evident, but specific methods and styles of SOT work need further exploration.

Limitations

Delphi studies contain several limitations (Stone Fish & Busby, 2005), some of which were manifest in this study. The task of seeking a panel of experts can lend itself to a fairly small sample size. In this study, 18 participants completed DQI and only 12 of those participants completed DQII. Therefore, the statements included and endorsed in DQII are representative of specific expert opinions and excluded a broader professional demographic that might offer differing opinions. Also, although the authors broadcasted participation requests in a variety of professionally relevant settings (see Participants section), any recruitment efforts are naturally limited and therefore many perspectives were inadvertently excluded. As noted in the previous section, the participant sample lacked diversity in racial and gender-identity. Further research is required to include more voices in the understanding of SOT training.

Also, in a study with multiple phases, participant attrition is common. As noted above, only 12 of the original 18 participants participated in DQII, despite multiple reminders. DQII included 207 items, which some participants may have found too time-consuming to complete. Thus, valuable input from expert panelists is missing in these results. Moreover, some Delphi studies include a third questionnaire in which the results of DQII are provided to

participants, who are asked to rate items for agreement once again. Although excluding DQIII in favor of a modified Delphi study proved successful, a third round of data collection with additional specificity in item endorsement may have enriched the results by facilitating participants reaching further consensus and consolidating implications and suggestions for training. A third round can also be used to examine the non-endorsed results and seek qualitative feedback, such as in Baima and Sude (2019). However, as noted previously, a third round could also evoke participant-fatigue or influence participants to align their opinions with the seeming majority (Winkler & Moser, 2016).

Furthermore, one must consider the criteria used to determine who qualified as an "expert" in this study. As noted in the Methods section of this paper, the researchers sought to include individuals who regularly use SOT work in education, training, and supervision, even if they have not published on the topic. Participants proved knowledgeable and insightful about SOT training, met all inclusion criteria, and reported years of experience with SOT training, thereby qualifying as experts according to this study. However, it is important to note that inclusion criteria requiring scholarship and publication on SOT training might generate different results.

Finally, research on SOT training, including this study, is all from the perspective of therapists. Currently, there is no research from clients' perspectives regarding the effectiveness of SOT training on therapists' competence or abilities to form and develop a therapeutic alliance. Future studies might consider examining clients' perspectives when evaluating elements of SOT training and its effect on clinical work.

Disclosure Statement

No potential conflict of interest was reported by the author(s).

References

Anderson, S. A., Sanderson, J., & Kosutic, I. (2011). Therapist Use-of-Self Orientations Questionnaire: A Reliability and Validity Study. *Contemporary Family Therapy*, *33*, 364–383. https://doi.org/10.10007/s10591-011-9146-6

Apolinar Claudio, F., & Watson, M. F. (2018). Perceived impact of the person of the therapist training model on Drexel University Master of Family Therapy postgraduates' clinical work. *Journal of Family Psychotherapy*, *29*(1), 58–70. https://doi.org/10.1080/08975353.2018.1416236

Aponte, H. J. (1994). How personal can training get? *Journal of Marital and Family Therapy*, *20*(1), 3–15. https://doi.org/10.1111/j.1752-0606.1994.tb01007.x

Aponte, H. J., & Kissil, K. (2014). "If I can grapple with this I can truly be of use in the therapy room": Using the therapist's own emotional struggles to facilitate effective therapy. *Journal of Marital and Family Therapy*, *40*(2), 152–164. https://doi.org/10.1111/jmft.12011

Aponte, H. J., Powell, F. D., Brooks, S., Watson, M. F., Litzke, C., Lawless, J., & Johnson, E. (2009). Training the person of the therapist in an academic setting. *Journal of Marital and Family Therapy*, *35*(4), 381–394. https://doi.org/10.1111/j.1752-0606.2009.00123.x

Baima, T., & Sude, M. E. (2019). What White Mental Health Professionals Need to Understand About Whiteness: A Delphi Study. *Journal of Marital and Family Therapy*, *46*(1), 62–80. https://doi.org/10.1111/jmft.12385

Baima, T., & Sude, M. E. (2020). The Whole Name Exercise: A Self of the Therapist Activity to Support Culturally Attuned and Inclusive Communities in MFT Training. *Journal of Family Psychotherapy*, *32*(1), 1–22. https://doi.org/10.1111/jmft.12011

Baldwin, M. (Ed.). (2000). *The use of self in therapy* (2nd) ed.). The Haworth Press.

Baldwin, M., & Satir, V. (1987). *The use of self in therapy*. The Haworth Press.

Ben-David, A., & Erickson, C. A. (1990). Ethnicity and the therapist's use of self. *Family Therapy: The Journal of the California Graduate School of Family Psychology*, *17*(3), 211–216. https://doi.org/10.1111/j.1467

Blow, A. J., Sprenkle, D. H., & Davis, S. D. (2007). Is who delivers the treatment more important than the treatment itself? The role of the therapist in common factors. *Journal of Marital and Family Therapy*, *33*(3), 298–317. https://doi.org/10.1111/j.1752-0606.2007.00029.x

Boston, P. (2007). Therapeutic groundhog day: Exploring the impact of the theory/approach on the self of the therapist. *American Journal of Family Therapy*, *29*(4), 338–341. https://doi.org/10.1111/j.1467-6427.2007.00397.x

Burnham, J. (1993). Systemic supervision: The evolution of reflexivity in the context of the supervisory relationships. *Human Systems*, *4*, 349–391.

Burnham, J. (2012). Developments in Social GRRRAAACCEEESSS: Visible – Invisible and voiced – Unvoiced. In B. Krause (Ed.), *Culture and Reflexivity in Systemic Psychotherapy: Mutual Perspectives* (London, UK: Karnac) (pp. 139–160).

Cheon, H., & Murphy, M. (2007). The self of the therapist awakened. *Journal of Feminist Family Therapy*, *19*(1), 1–16. https://doi.org/10.1300/J086v19n001

Dalkey, N., & Helmer, O. (1963). An experimental application of the Delphi method to the use of experts. *Management Science*, *9*(3), 458–467. http://dx.doi.org/10.1287/mnsc.9.3.458

D'Aniello, C., & Nguyen, H. N. (2017). Considerations for intentional use of self-disclosure for family therapists. *Journal of Family Psychotherapy*, *28*(1), 23–27. https://doi.org/10.1080/08975353.2017.1283147

Davey, M., Duncan, T., Kissil, K., Davey, A., & Stone Fish, L. (2011). Second order change in marriage and family therapy: A web-based modified Delphi study. *The American Journal of Family Therapy*, *39* (2), 100–111. https://doi.org/10.1080/01926187.2010.530929

Edwards, J. K., & Bess, J. M. (1998). Developing effectiveness in the therapeutic use of self. *Clinical Social Work Journal*, *26*(1), 89–105. https://doi.org/10.1023/A:1022801713242

Frediani, G., & Rober, P. (2016). What novice family therapists experience during a session . . . A qualitative study of novice therapists' inner conversations during the session. *Journal of Marital and Family Therapy*, *42*(3), 481–494. https://doi.org/10.1111/jmft.12149

Garfield, R. (1987). On self-disclosure: The vulnerable therapist. *Contemporary Family Therapy*, *9*(1), 58–78. https://doi.org/10.1007/BF00890264

Godfrey, K., Haddock, S. A., Fisher, A., & Lund, L. (2006). Essential components of curricula for preparing therapists to work effectively with lesbian, gay, and bisexual clients: A Delphi Study. *Journal of Marital and Family Therapy*, *32*(4), 491–504. https://doi.org/10.1111/j.1752-0606.2006.tb01623.x

Halevy, J. (1998). A genogram with an attitude. *Journal of Marital and Family Therapy*, *24*(2), 233–242. https://doi.org/10.1111/j.1752-0606

Hardy, K. V. (2018). The self of the therapist in epistemological context: A multicultural relational perspective. *Journal of Family Psychotherapy*, *29*(1), 17–29. https://doi.org/10.1080/08975353.2018.1416211

Hardy, K. V., & Laszloffy, T. A. (1995). The cultural genogram: Key to training culturally competent family therapists. *Journal of Marital and Family Therapy*, *21*(3), 227–237. https://doi.org/10.1111/j.1752-0606.1995.tb00158.x

Horne, K. B. (1999). The Relationship of the Self of the Therapist to Therapy Process and Outcome: Are Some Questions Better Left Unanswered? *Contemporary Family Therapy*, *21*, 385–403. https://doi.org/10.1023/A:1021916500482

Kissil, K., & Niño, A. (2017). Does the person-of-the-therapist training (POTT) promote self-care? Personal gains of MFT trainees following POTT: A retrospective thematic analysis. *Journal of Marital and Family Therapy*, *43*(3), 526–536. https://doi.org/10.1111/jmft.12213

Kissil, K., Niño, A., & Davey, M. P. (2013). Doing therapy in a foreign land: When the therapist is "not from here" *American Journal of Family Therapy*, *41*(2), 134–147. https://doi.org/10.1080/01926187.2011.641441

Levine, L. B., & Stone Fish, L. (1999). The integration of constructivism and social constructivist theory in family therapy: A Delphi study. *Journal of Systemic Therapies*, *18*(1), 58–83. https://doi.org/10.1521/jsyt.1999.18.1.58

Linstone, H. A., & Turoff, M. (Eds.). (1975). *The Delphi method: Techniques and applications*. Addison-Wesley.

Lum, W. (2002). The use of self of the therapist. *Contemporary Family Therapy*, *24*(1), 181–197. https://doi.org/10.1023/A:1014385908625

Lutz, L., & Irizarry, S. S. (2009). Reflections of two trainees: Person-of-the-therapist training for marriage and family therapists. *Journal of Marital and Family Therapy*, *35*(4), 370–380. https://doi.org/10.1111/j.1752-0606.2009.00126.x

McDaniel, S. H., & Landau-Stanton, J. (1991). Family of origin work and family therapy skills training: Both-and. *Family Process*, *30*(4), 459–471. https://doi.org/10.1111/j.1545-5300.1991.00459.x

McDowell, T., Brown, A. L., Cullen, N., & Duyn, A. (2013). Social class in family therapy education: Experiences of low SES students. *Journal of Marital and Family Therapy*, *39*(1), 72–86. https://doi.org/10.1111/j.1752-0606.2011.00281.x

Napier, A., & Whitaker, C. A. (1988). *The family crucible: The intense experience of family therapy*. HarperCollins.

Niño, A., Kissil, K., & Apolinar Claudio, F. (2015). Perceived professional gains of master's level students following a person-of-the-therapist training program: A retrospective content analysis. *Journal of Marital and Family Therapy*, *41*(2), 163–176. https://doi.org/10.1111/jmft.12051

Niño, A., Kissil, K., & Cooke, L. (2016). Training for connection: Students' perceptions of the effects of the person-of-the-therapist training on their therapeutic relationships. *Journal of Marital and Family Therapy*, *42*(4), 599. https://doi.org/10.1111/itnft.12167

Paris, E., Linville, D., & Rosen, K. (2006). Marriage and family therapist interns' experiences of growth. *Journal of Marital and Family Therapy*, *32*(1), 45–57. https://doi.org/10.1111/j.1752-0606.2006.tb01587.x

Rober, P. (2002). Constructive hypothesizing, dialogic understanding, and the therapist's inner conversation: Some ideas of knowing and not-knowing in the family therapy session. *Journal of Marital and Family Therapy*, *28*(4), 467–478. https://doi.org/10.1111/j.1752-0606.2002.tb00371.x

Rober, P. (2005). The therapist's self in dialogical family therapy: Some ideas about not-knowing and the therapist's inner conversation. *Family Process*, *44*(4), 477–495. https://doi.org/10.1111/j.1545-5300.2005.00073.x

Rober, P. (2010). The interacting-reflecting training exercise: Addressing the therapist's inner conversation in family therapy training. *Journal of Marital and Family Therapy*, *26*(2), 158–170. https://doi.org/10.1111/j.1752-0606.2010.00192.x

Rober, P. (2011). The therapist's experiencing in family therapy practice. *Journal of Family Therapy*, *33*(3), 233–255. https://doi.org/10.1111/j.1467-6427.2010.00502.x

Roberts, J. (2005). Transparency and self-disclosure in family therapy: Dangers and possibilities. *Family Process*, *44*(4) 467–478. https://doi.org/10.1111/j.1545-5300.2005.00041.x

Roper-Hall, A. (1998). Working systemically with older people and their families who have'come to grief.' In: P. Sutcliffe, G. Tufnell, & U. Cornish Eds. *Working with Dying and Bereaved: Systemic Approaches to Therapeutic Work*. 177–206. Macmillian.

Simon, G. M. (2006). The heart of the matter: A proposal for placing the self of the therapist at the center of family therapy research and training. *Family Process*, *45*(3), 331–344. https://doi.org/10.1111/j.1545-5300.2006.00174.x

Stone Fish, L., & Busby, D. M. (2005). The Delphi method. In: D. H. Sprenkle & S. M. Moon (Eds.), *Research methods in family therapy* (pp. 469–482). The Guilford Press.

Sude, M. E. (2015). The acknowledgment, naming, and giving (ANG) activity: A systemic self of the therapist training exercise. *Journal of Systemic Therapies*, *34*(1), 1–15. https://doi.org/10.1521/jsyt.2015.34.1.1

Sude, M. E. (2018). Person of the therapist in couple and family therapy. In J. Lebow, A. Chambers, & D. Bruenlin (Eds.), *The encyclopedia of couple and family therapy*. Springer 1–15. https://doi.org/10.1007/978-3-319-15877-8_1058-1

Sude, M. E., & Baima, T. (2021). Training the self of the therapist through marriage and family therapy role-plays. *International Journal of Systemic Therapy*, *32*(1), 23–40. https://doi.org/10.1080/2692398X.2020.1825909

Sude, M. E., & Gambrel, L. E. (2016). Talking about versus talking with: An experiential self of the therapist exercise for family therapy training: Talking about versus talking with. *Journal of Family Therapy*, *38*(3), 435–442. https://doi.org/10.1111/1467-6427.12121

Sude, M. E., & Gambrel, L. E. (2017). A contextual therapy framework for MFT educators: Facilitating trustworthy asymmetrical training relationships. *Journal of Marital and Family Therapy*, *43*(4), 617–630. https://doi.org/10.1111/jmft.12224

Timm, T., & Blow, A. (1999). Self-of-the-therapist work: A balance between removing restraints and identifying resources. *Contemporary Family Therapy*, *21*(3), 331–351. https://doi.org/10.1023/A:1021960315503

Totsuka, Y. (2014). "Which aspects of social GGRRAAACCEEESSS grab you most?" The social GGRRAAACCEEESSS exercise for a supervision group to promote therapists' self-reflexivity. *Journal of Family Therapy*, *36*(1), 86–106. https://doi.org/10.1111/1467-6427.12026

Vandenberghe, L., & da Silveira, J. M. (2013). Therapist self-as-context and the curative relationship. *Journal of Contemporary Psychotherapy*, *43*(3), 159–167. https://doi.org/10.1007/s10879-012-9230-8

Watson, M. (1993). Supervising the person of the therapist: Issues, challenges, and dilemmas. *Contemporary Family Therapy*, *15*(1), 21–31. https://doi.org/10.1007/BF00903485

Watts-Jones, T. D. (2010). Location of self: Opening the door to dialogue on intersectionality in the therapy process. *Family Process*, *49*(3), 405–420. https://doi.org/10.1111/j.1545-5300.2010.01330.x

Watts Jones, T. D. (2016). Location of self in training and supervision. In K. V. Hardy & T. Bobes (Eds.), *Culturally sensitive supervision and training: Diverse perspectives and practical applications* (pp. 16–24). Routledge.

Winek, J. L. (2010). *Systemic family therapy: From theory to practice*. SAGE.
Winkler, J., & Moser, R. (2016). Biases in future-oriented Delphi studies: A cognitive perspective. *Technological Forecasting and Social Change, Elsevier*, *105*(C), 63–76. https://doi.org/10.1016/j.techfore.2016.01.021
Woodcock, J., & Rivett, M. (2007). Bringing the self into family therapy training: Personal and professional consultations with trainee families. *Journal of Family Therapy*, *29* (4), 351–354. https://doi.org/10.1111/j.1467-6427.2007.00400.x