COPYRIGHT AMERICAN PSYCHOLOGICAL ASSOCIATION

Tony Rousmaniere has a great ability to help therapists learn deliberate practice skills. Not only does Tony have an incredible grasp of the scholarly literature, but he also knows how to make it practical and actionable. This second edition of *Mastering the Inner Skills of Psychotherapy* is even better than the first. I don't know of another book that addresses ways for therapists to manage their internal reactions within a deliberate practice framework. I'm excited to recommend this to others!

–RYAN B. SEEDALL, PhD, LMFT, PROFESSOR AND DIRECTOR, MARRIAGE AND FAMILY THERAPY PROGRAM, UTAH STATE UNIVERSITY, LOGAN, UT, UNITED STATES

This second edition of *Mastering the Inner Skills of Psychotherapy* is a tour de force. Tony Rousmaniere is a master storyteller who leads the reader through his own very personal quest to become more than a "good enough" therapist. In the process, Rousmaniere reveals the secrets of deliberate practice in a down-to-earth, accessible, practical, and impactful manner. A must-read for therapists who won't settle for less than bringing forth the best of themselves in the challenging work they do.

–HANNA LEVENSON, PhD, CLINICAL PSYCHOLOGIST, SUPERVISOR, RESEARCHER; PROFESSOR EMERITUS, THE WRIGHT INSTITUTE, BERKELEY, CA, UNITED STATES

This book is a substantial contribution to the field of psychotherapy and is uniquely designed to foster deeper reflection and skill development among practitioners committed to mastering their craft. The inner skills of psychotherapy can be nurtured and developed through the deliberate practice exercises included in this essential manual. No other resource in our field today so effectively tackles the therapist as *a person* and addresses how to enhance our ability to tolerate painful and distressing affect in the room with our clients. *Mastering the Inner Skills of Psychotherapy: A Deliberate Practice Manual on Building Psychological Capacity, Second Edition* should be required reading for therapists of all levels of training.

–TRACY A. PROUT, PhD, LICENSED PSYCHOLOGIST, IMPACT PSYCHOLOGICAL SERVICES, FISHKILL, NY, UNITED STATES

COPYRIGHT AMERICAN PSYCHOLOGICAL ASSOCIATION

PRAISE FOR THE FIRST EDITION

Tony has written a clear, personal, and creative sort of "anti-manual"—a book that doesn't tell you it knows best but instead helps you develop according to your personal developmental threshold. Deliberate practice puts the person of the therapist squarely in center stage. I wish I had had this manual around during college.

–ALEXANDRE VAZ, DIRECTOR OF TRAINING, SENTIO COUNSELING CENTER & SENTIO MARRIAGE AND FAMILY THERAPY GRADUATE PROGRAM

Deliberate practice is hard work, but it is inherently engaging. Rousmaniere has articulated the steps in a very clear and manageable way. I have tried his exercises in several workshops, and the groups invariably have responded with excitement. This manual focuses on improving a specific subset of therapist competencies: staying attuned to and engaged with clients when something about the client or situation causes the therapist discomfort.

–RODNEY K. GOODYEAR, UNIVERSITY OF SOUTHERN CALIFORNIA AND UNIVERSITY OF REDLANDS

This book represents a source of essential practical wisdom that has a lot to offer to psychotherapists and members of allied professions at any stage of their career.

–JOHN McLEOD, EMERITUS PROFESSOR, UNIVERSITY OF ABERTAY DUNDEE; PROFESSOR, IICP COLLEGE, DUBLIN

By focusing training on where therapists experience discomfort in their therapeutic work, this manual provides valuable guidance in how to enhance therapists' competence. An important contribution to the literature on therapist training.

–MICHAEL HELGE RØNNESTAD, PROFESSOR, UNIVERSITY OF OSLO

COPYRIGHT AMERICAN PSYCHOLOGICAL ASSOCIATION

For any graduate students in training or experienced psychotherapists who have ever had secret worries about their own "personal stuff" impeding their work with clients (all of us!), try deliberate practice! This manual is a step-by-step program for facing and addressing these worries, first with simulated clients from films and later with video recordings of actual clients. Tony's authenticity and humility are nothing short of inspiring.

–MYRNA L. FRIEDLANDER, PROFESSOR, UNIVERSITY AT ALBANY–SUNY

This highly readable and engaging manual is sure to be well-loved by beginning and seasoned therapists alike.

–SIMON GOLDBERG, ASSOCIATE PROFESSOR,
UNIVERSITY OF WISCONSIN–MADISON

Any therapist who ever feels overwhelmed dealing with a patient—and that may well be most all of us—can potentially benefit from deliberate practice. Short of having your own expert deliberate practice coach, there is no better way to get there than by reading this book and using its accompanying web materials.

–NAT KUHN, MD, AUTHOR OF *INTENSIVE SHORT-TERM DYNAMIC PSYCHOTHERAPY*;
LECTURER (PART-TIME) IN PSYCHIATRY, HARVARD MEDICAL SCHOOL;
AND PSYCHIATRIST/PSYCHOTHERAPIST IN PRIVATE PRACTICE

Dr. Rousmaniere takes therapists on a journey of self-discovery that is destined to awaken the better therapist inside all of us.

–NICHOLAS LADANY, PRESIDENT, SAN FRANCISCO BAY UNIVERSITY

COPYRIGHT AMERICAN PSYCHOLOGICAL ASSOCIATION

Tony Rousmaniere's book will help you become more effective, no matter what theoretical approach you use. . . . Research shows that the best therapists improve because they engage in deliberate practice. If you want to join their ranks, buy this book.

–JON FREDERICKSON, FACULTY, WASHINGTON SCHOOL OF PSYCHIATRY, AND AUTHOR OF *CO-CREATING CHANGE* AND *THE LIES WE TELL OURSELVES*

This manual (replete with principles, strategies, and exercises) is the latest of Rousmaniere's important contributions to this initiative and will certainly be appreciated by junior and senior clinicians from the various psychotherapy disciplines and traditions. A must-read!

–J. CHRISTOPHER MURAN, DEAN AND PROFESSOR, ADELPHI UNIVERSITY; PRINCIPAL INVESTIGATOR, MOUNT SINAI-BEHAVIORAL HEALTH CENTER; AND PAST PRESIDENT, SOCIETY FOR PSYCHOTHERAPY RESEARCH

This book is strongly recommended to both beginning and very experienced therapists. We all should try to become as good as we can. So buy and use this manual!

–JAN CARLSSON, SENIOR LECTURER, ÖREBRO UNIVERSITY

COPYRIGHT AMERICAN PSYCHOLOGICAL ASSOCIATION

Contents

Prologue to the Second Edition *vii*
Acknowledgments *xi*

Introduction: Building Psychotherapists' Psychological Capacity **3**

I. FOUNDATIONS OF DELIBERATE PRACTICE IN PSYCHOTHERAPY **15**

1. A Case Example **19**
2. What Is Psychological Capacity? **27**
3. Effective Stimuli for Deliberate Practice **33**
4. Principles of Building Psychological Capacity **41**
5. Training Safely **47**

II. DELIBERATE PRACTICE EXERCISES FOR INNER SKILLS **51**

Exercise 1. Noticing Discomfort **55**
Exercise 2. Redirecting Inner Attention **61**
Exercise 3. Noticing Discomfort While Staying Engaged **67**

COPYRIGHT AMERICAN PSYCHOLOGICAL ASSOCIATION

III. ADVANCED DELIBERATE PRACTICE EXERCISES FOR INNER SKILLS **73**

Exercise 4. Getting Back Into Capacity 77
Exercise 5. Expanding Psychological Capacity Using Interval Training 83
Exercise 6. Customizing Deliberate Practice 89

IV. TRAINING STRATEGY **95**

6. Tracking Progress 99
7. Overcoming Common Challenges 105
8. Growing Personally and Professionally as a Psychotherapist 113
9. Teaching Deliberate Practice in Coursework 121
Afterword: Looking Forward 135

Appendix A: Recommended Reading on Deliberate Practice *137*
Appendix B: Self-Regulation Techniques *141*
Appendix C: Deliberate Practice Exercise Form *143*
Appendix D: Sample Videos *145*
Appendix E: Customizing Deliberate Practice Exercise Form *147*
References *149*
Index *155*
About the Authors *159*

COPYRIGHT AMERICAN PSYCHOLOGICAL ASSOCIATION

INTRODUCTION

Building Psychotherapists' Psychological Capacity

This manual proposes a new approach to psychotherapy training, one that is based on two findings from psychotherapy research. First, some of the most important skills for psychotherapists (also known as therapists) are *relational skills*, including attunement, empathy, and responsiveness (Anderson et al., 2009; Boswell & Castonguay, 2007; Hatcher, 2015; Norcross & Lambert, 2019). Relational skills are necessary for all major models of psychotherapy. Indeed, research suggests that therapists' relational skills have more than ten times the impact on the outcome of psychotherapy than the psychotherapist's choice of a model or adherence to a model (Wampold & Imel, 2015).

Second, psychotherapists' relational skills are limited by their psychological capacity to stay attuned to clients while the psychotherapist experiences discomfort. For example, a psychotherapist may experience discomfort when clients are angry or suicidal or when clients describe trauma. This can cause the psychotherapist to detach, change the subject, or even argue with their clients. Termed *experiential avoidance*, this process has been identified as a major barrier to success across a wide range of psychotherapy models, from cognitive behavior therapy to psychodynamic psychotherapy

https://doi.org/10.1037/0000482-001
Mastering the Inner Skills of Psychotherapy: A Deliberate Practice Manual on Building Psychological Capacity, Second Edition, by T. Rousmaniere and J. Jin
Copyright © 2026 by the American Psychological Association. All rights reserved.

COPYRIGHT AMERICAN PSYCHOLOGICAL ASSOCIATION

(e.g., Bennett-Levy, 2015; Eubanks-Carter et al., 2015; Greenberg, 2011; Hayes et al., 2004; Hembree et al., 2003).

Many excellent guides have been written on how psychotherapists can improve their psychotherapy-related interpersonal skills. However, precious little guidance has been provided on how psychotherapists can build their psychological capacity to use these skills, particularly when helping clients that the psychotherapist finds provocative or interpersonally challenging. The goal of this manual is to fill this gap by providing a training program to improve psychotherapists' psychological performance. Before we review the training program, however, we will discuss what it looks like when a psychotherapist doesn't have sufficient psychological capacity to be effective. This is best illustrated by a case I (Tony) had a few years into my training as a psychotherapist.

A CASE OF INSUFFICIENT PSYCHOLOGICAL CAPACITY

I was working with a male African American client in his early 20s (details of clinical cases in this book have been modified to protect client privacy). My client started psychotherapy with chronic anxiety, recurring waves of depression, and angry outbursts. He had a tough upbringing, including neglect by his mother and physical abuse by his father. In early grade school, he was given a diagnosis of oppositional defiant disorder and mandated therapy and psychiatric medication, which had been unhelpful. Since graduating high school, he had cycled through unfulfilling relationships and dead-end jobs. However, he was also smart, perceptive, and motivated. He wanted to turn his life around and attend college. I liked the client and felt invested in his success.

In our psychotherapy, I used an empirically supported treatment that I had studied carefully and knew how to perform competently. We bonded quickly in the first few sessions as we explored my client's goals, strengths, and symptoms. However, we hit a roadblock around the sixth session when the client told me that he started using opiates he bought from a friend to self-medicate his anxiety. I was surprised by his disclosure and did not react well. I know I reacted poorly because I later reviewed the video of the session with my supervisor. The video showed that after the client disclosed his drug use, I got flustered and gave him a minilecture about the dangers of opiate addiction.

The client replied, "But you encouraged me to talk to a psychiatrist. How is this different?"

COPYRIGHT AMERICAN PSYCHOLOGICAL ASSOCIATION

I retorted, "Do you want to add drug addiction to your challenges?"

The client stared at me for a moment and then replied with a raised voice, "It's the same drug, but it's only okay if the doctor says so?"

I replied, "I know you've had bad experiences with medications before. However, that was a long time ago. Your friend doesn't have medical training. Are you never going to trust a psychiatrist?"

My client's body tensed up and his eyes narrowed as he looked at me. His voice was raised even higher, "Why should I trust the psychiatrist?"

I took a big breath, looked away for a moment, and then said, "Okay, I can see you're getting angry, so let's talk about something else. Did you try the homework we discussed last week?" My client scowled and went silent.

My supervisor paused the video and asked me, "Can you hear the defensive tone in your voice?"[1] I cringed and nodded my head.

"What happened?" asked my supervisor.

I reflected for a moment. "I think I felt scared for him."

My supervisor replied, "Sounds like you had a wave of uncomfortable and complex feelings. How about we list them? You, of course, don't have to disclose anything that feels too personal.[2] But exploring your reactions may help you understand how you get defensive."

Although I was apprehensive, I saw his point and nodded in agreement. He picked up a pen and started a list on a piece of paper. "First, you felt fear for his well-being?"

"Yes," I replied. "I also felt worried that he would get angrier and have an outburst."

My supervisor wrote down "fear" and asked, "Any other reactions?"

I looked away for a moment and then replied, "Yes, I felt frustrated that we'd made good progress for a few sessions, and now he might risk it all for drugs."

My supervisor wrote down "frustration." He then looked carefully at me. "I notice you look down as you notice your frustration," he said, "Could you also feel some guilt?"

---

[1]This case is a good example of the unique value of videos for clinical training. My process notes or a transcript of this session would not have revealed the defensive tone in my voice, which was a key element that led to the rupture in our relationship.

[2]My supervisor may have been aware of research showing that over 80% of supervisees withheld important information in supervision, with a "negative perception of supervision" being the most common topic withheld (Ladany et al., 1996; Mehr et al., 2010).

COPYRIGHT AMERICAN PSYCHOLOGICAL ASSOCIATION

I sighed heavily and replied, "Yes, I feel guilty for being intimidated by his anger. He's been labeled as an 'angry Black man' since he was a young child, and now I, his White therapist—I'm treating him the same way."

My supervisor wrote "guilt." He may have heard my voice soften, because he asked, "So you also care for him?"

"Yes," I replied.

"The positive feelings can feel the most vulnerable," he said, writing down "care."

I felt frustrated with myself. I had studied the treatment model thoroughly and knew that I was not providing it competently. I said, "I really don't know why I reacted that way."

My supervisor replied, "You understand the treatment model in your mind, but you can lose it when you have strong reactions to clients. This is normal. We all do it."

I didn't like what he was saying, but I knew it was accurate. I nodded in agreement. My supervisor continued, "Even worse than forgetting the treatment model, you lost your attunement and empathy for the client. This is not surprising; research has shown that empathy requires that you be able to tolerate psychological discomfort."[3]

With a helpful smile, my supervisor handed me the paper with the list of my feelings that I couldn't tolerate. "His life has given him plenty of reasons to be angry, and you've given him one more. He may have more vulnerable feelings under this anger. However, you can't help him get to the bottom of it all unless you can build your capacity to stay self-reflective when you have strong emotional reactions in therapy. You don't need to agree with everything he says, but you do need to be able to stay attuned to him rather than get defensive, especially when there is a rupture between you two, or when you feel uncomfortable. Do you want to learn how to do this, so you can help this man?"

I hesitated. I hate to admit it, but I briefly considered ways to get out of working with this client. I could have labeled him as angry or unmotivated, like many of his previous psychotherapists. I could have transferred him to another psychotherapist or even suggested that he was inappropriate for treatment.

However, I knew that this client wasn't the only one with whom I got defensive or argumentative. For the rest of my career, was I going to transfer every client who made me uncomfortable? (Note that it is sometimes appropriate to refer clients that make the psychotherapist uncomfortable.) In my rough

[3]See Elliott et al. (2011) and Hatcher (2015) for a review of this research.

COPYRIGHT AMERICAN PSYCHOLOGICAL ASSOCIATION

estimation, I had this problem with at least half my clients.[4] This included, for example,

- an anxious woman who frequently told me her thoughts about committing suicide but refused to tell me if she had a plan to do so
- an older man whose depression about his adult son's suicide seemed unending
- a woman who had been sexually abused as a child, had chronic unhealthy relationships, and had recently told me that she was attracted to me.

I wanted to help these clients, but I didn't know how to tolerate the discomfort they caused me.

I took a deep breath and said to my supervisor, "Okay, how can I learn this?"

He said, "The good news is that it is possible to improve your capacity to stay attuned with your client and be self-reflective while experiencing uncomfortable feelings. I can show you some good books to read about this. But, most important, you must get many, many hours of experience working with clients you find challenging."

I smiled at my supervisor and nodded my head while thinking to myself, "Are you nuts?" As I pictured myself heading back to session with this client, I shuddered. It wasn't the client that worried me—I liked him a lot—but the image of me sitting with him and being unhelpful for hour after hour felt dreadful. Furthermore, the plan that most of my clinical skills would accrue from face-to-face experience with clients seemed as ridiculous as a pilot learning to fly with real passengers in the plane or an athlete going to the Olympics without getting in shape first.

I asked my supervisor, "Is there any way to speed up the process?"

He smiled and replied, "Yes. Do your own therapy."

"Ugh," I thought immediately. My supervisor didn't know it, but I had already been in my own psychotherapy for years.

TRAINING FOR PSYCHOTHERAPISTS

We invite the reader to think back to a competitive sport you played when younger. If you didn't play a sport, think of a musical instrument you learned or any other skill you wanted to acquire through serious training, like dance, chess, martial arts, or acting. Now imagine yourself telling your coach or

[4]In retrospect, this may be one reason why half of my clients were not improving in psychotherapy (Rousmaniere, 2024).

COPYRIGHT AMERICAN PSYCHOLOGICAL ASSOCIATION

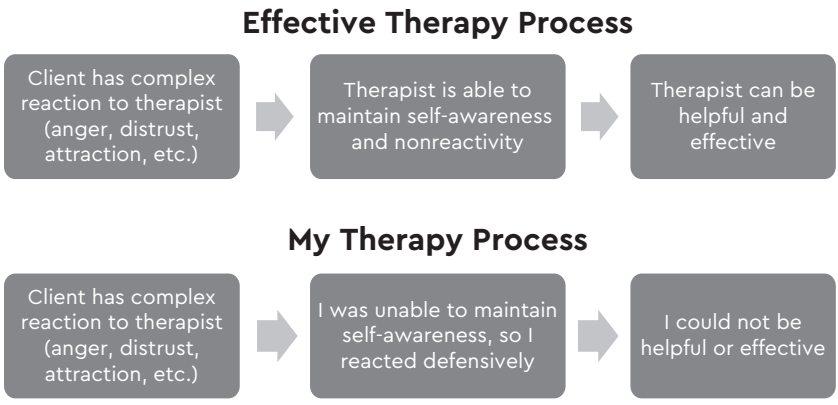
teacher, "I really love this sport/instrument/activity. In fact, I want to get good enough to perform professionally when I'm older. However, I just don't have time to practice. Instead of practicing, is there a way that I could attain a professional level of skill by reading a lot of books about it, writing some papers about it, and then playing a lot of games/doing a lot of performances?" If you had said this, how would your coach or teacher have responded?

Professional training for most fields goes far beyond cognitive learning. It requires building trainees' capacity to perform at advancing levels of difficulty. Professional performance in most fields requires augmented physical and psychological strength and endurance, acquired through many hours of deliberate practice.

What about psychotherapists? While psychotherapy does not require physical endurance, psychotherapists need as much or more psychological and emotional capacity as any other profession. They must sit for hours, eye to eye, with clients in severe distress who are desperate for help, sometimes at risk of self-harm or suicide. They must stay intimately connected to the client's complex internal world while they watch the therapist carefully for any moment of misattunement. If psychotherapists have the psychological strength, they can be helpful even when they have uncomfortable reactions. Unfortunately, in the incident above, I (Tony) was not able to do this. Figure 1 sums up how my approach differed from a more effective psychotherapy process.

The importance of psychotherapists' capacity for psychological and emotional self-awareness has been endorsed for over 100 years, by leaders of virtually every psychotherapy model, from psychoanalysis to client-centered therapy to systemic therapy to third-wave cognitive behavior therapy

FIGURE 1. Effective Psychotherapy Versus My Psychotherapy Process



COPYRIGHT AMERICAN PSYCHOLOGICAL ASSOCIATION

models. It has been called self-reflective capacity, metaemotional capacity, metacognitive capacity, and therapist mindfulness, as well as managing countertransference and managing experiential avoidance (e.g., Bennett-Levy, 2015; Eubanks-Carter et al., 2015; Frankl, 1988; Freud, 1910/1958; Greenberg, 2011; Hayes et al., 2004; Hembree et al., 2003; Perls, 1973; Rogers, 1961; Yalom, 1980. For a review, see Rousmaniere, 2024). However, most of this research has focused on how to help psychotherapy clients develop their psychological capacity while little is said about how psychotherapists are meant to increase their own capacity.

Given this reality, how are psychotherapists supposed to build their capacity for the psychological demands of psychotherapy? The field offers two strategies to tackle this formidable task. First, psychotherapists are expected to build capacity through many hours of work performance. This is like asking an athlete to get fit by playing lots of games or a musician to tune their ear by doing a lot of performances. Work performance will help—and may be sufficient for amateurs—but it is not nearly adequate to build capacity to perform at a professional level.

When work performance is deemed insufficient, psychotherapists are told to get their own psychotherapy. To be clear, we are fans of psychotherapy for psychotherapists. We have done a lot of our own psychotherapy and will do more in the future. Personal psychotherapy can be very effective for increasing a psychotherapist's psychological capacity in their life overall. However, there are significant limits to using personal psychotherapy for building psychological capacity for the specific demands of professional work as a psychotherapist (see Chapter 7 for a review of this topic).

A BETTER WAY

Could there be a better way for psychotherapists to acquire psychological capacity? To explore this question, we will now look to other fields. Most professions have developed specific exercises that help trainees acquire the capacity necessary for professional performance. For example, professional rock climbers practice climbing routes while wearing heavy backpacks, so they will feel more comfortable on real routes. Pilot trainees spend hours intentionally stalling their plane, so they can practice recoveries. Musicians rehearse challenging pieces endlessly, so they will sound effortless during the actual performance. Consider CPR training workshops for novices, which always include practice performing CPR to prepare participants to provide CPR *in vivo*. If these fields have found reliable exercises to build capacity, there's a good chance that the profession of psychotherapists can too.

COPYRIGHT AMERICAN PSYCHOLOGICAL ASSOCIATION

However, psychotherapy is unique and, arguably, harder than many other fields. Psychotherapists delve deeply into psychological and emotional turmoil; their work involves an improvisational, interpersonal performance that blends rigorous science with intuitive art. Psychotherapists must adaptively attune to each of their clients, who are infinitely varied in their goals, challenges, and strengths. Thus, it is safe to assume that psychotherapists will need to develop their own capacity-building exercises specifically for psychotherapy.

WHAT I WISH I HAD LEARNED IN GRADUATE SCHOOL

I (Tony) was fortunate to attend an excellent graduate training program with well trained and good-hearted professors. I learned the major theories of psychology, many empirically supported models of treatment, and the laws and regulations of professional practice. I also gained experience from many, many hours of face-to-face psychotherapy with real clients. However, I now see that this model of training—the standard for the field, as dictated by all major mental health professional associations—has a major blind spot: It lacks exercises for building therapists' psychological capacity for professional performance.

When I first discovered my own psychological capacity limits, I thought that something was wrong with me. When my supervisor suggested that I get my own psychotherapy to fix this problem, I unfortunately interpreted his advice as confirming an illness or pathology in me. However, I have since come to see that there was nothing wrong with me. Is there something wrong with a trainee athlete who gets out of breath during a challenging game? Is there something wrong with a musician who can't hear the difference between very subtle notes? Of course not. The problem was not in me but rather in the field's traditional approach to clinical training.

If I could go back in time to when I was a beginning psychotherapy trainee, there are four lessons I would tell myself.

1. The work of doing psychotherapy is psychologically hard for the psychotherapist. To be helpful and effective with a broad range of clients, therapists must develop a higher level of psychological capacity, in the same way that athletes must develop advanced fitness.

2. This psychological capacity must be acquired experientially. Academic learning such as coursework, lectures, and books can help trainees understand this process, but they do little to help trainees develop psychological capacity.

COPYRIGHT AMERICAN PSYCHOLOGICAL ASSOCIATION

3. The traditional methods of acquiring psychological capacity have been through (a) working many hours as a psychotherapist and (b) going to one's own psychotherapy. However, these processes are limited in effectiveness and thus can lead to prolonged discomfort in therapists and inadequate services for clients.[5]
4. The good news: experiential deliberate practice exercises can help build a psychotherapist's psychological capacity. These exercises can improve the quality of the pyschotherapist's work, the treatment they provide to clients, and the psychotherapist's satisfaction with and enjoyment of their work.

DELIBERATE PRACTICE DEFINED

What exactly is deliberate practice? According to Ericsson and Lehmann (1996), *deliberate practice* refers to "the individualized training activities specially designed by a coach or teacher to improve specific aspects of an individual's performance through repetition and successive refinement" (pp. 278–279). Deliberate practice in psychotherapy is based on these evidence-based learning principles from the science of expertise. Similarly, this involves observing one's performance as a psychotherapist with an expert psychotherapist, soliciting specific feedback on areas of clinical growth from the expert, setting incremental learning goals based on these areas of growth, using exercises that involve repetitive behavioral rehearsal of a new skill to meet the learning goals, and continuing this process with ongoing observation of performance and monitoring of client-reported outcomes (Rousmaniere, 2024).

In this manual, we have adapted the principles of deliberate practice to help psychotherapists master the inner skills of psychotherapy. Psychotherapists may sometimes notice discomfort that inhibits their work. This manual introduces deliberate practice exercises to help psychotherapists practice these inner skills and build psychological capacity. Instead of simply reading about this process or expecting their psychological capacity to grow as they put in more hours as a professional, the psychotherapist will notice their psychological capacity expanding as they engage in these exercises.

---

[5]Experience working as a therapist is obviously a critical element of training to be a therapist. Likewise, doing your own psychotherapy can be valuable for your development as a therapist (e.g., Geller et al., 2005). We believe there should be a range of additional methods that can augment and enhance the psychological and emotional capacity of both beginning and more experienced therapists. (See Chapter 8, this volume, for more on this topic.)

COPYRIGHT AMERICAN PSYCHOLOGICAL ASSOCIATION

ABOUT THIS MANUAL

This manual is organized in four parts.

1. Part I reviews what is psychological capacity and why it is important for psychotherapy. We describe how psychotherapists can build psychological capacity by mastering the inner skills of psychotherapy. This training uses principles of deliberate practice. We outline guidelines on how to train safely and avoid burnout as well.
2. Part II has three introductory deliberate practice exercises for the inner skills of psychotherapy. These skills will help how a person shows up as a psychotherapist. Whether the psychotherapist is just starting or has thousands of hours as a clinician, these exercises will increase the psychotherapist's attention and help them stay connected with clients.
3. Part III is the next step that has three advanced deliberate practice exercises for the inner skills of psychotherapy. These exercises are appropriate for both trainees and advanced clinicians to build their psychological capacity but should be done after they have built their foundation with the exercises in Part II.
4. Part IV delves deeper into training strategies that will enhance deliberate practice.

We have also included several Appendixes at the end of the manual to provide psychotherapists with resources to help build their psychological capacity.

In addition, this manual aims to give psychotherapists a practical plan to build their psychological capacity efficiently, so they can be a more effective psychotherapist and enjoy their work more. This plan is intended to work across all psychotherapy models, client populations, and levels of psychotherapist development, from beginning trainees to experienced clinicians. It can also be used in graduate training and supervision while maintaining important boundaries to protect the privacy of trainees.

WHO SHOULD READ THIS MANUAL?

The exercises presented in this manual will be helpful for psychotherapists at all levels of experience. They will help empower trainees and increase their confidence; they will help early career psychotherapists make the challenging transition to independent practice. They will also help psychotherapists with

COPYRIGHT AMERICAN PSYCHOLOGICAL ASSOCIATION

2 or 3 decades of experience to build capacities they wish they had acquired in graduate school.

Note that many experienced psychotherapists notice that their capacity to work with challenging cases does not automatically accrue with years of experience. In fact, psychotherapists often learn to work around limits in their psychological capacity. This eventually forms what we call a "clinical glass ceiling" that limits the development of psychotherapists' skills. This may be one reason why decades of research have largely shown that psychotherapists do not reliably become more effective with experience (for a review, see Rousmaniere et al., 2017, Chapters 1–4).

In summary, this manual is for all psychotherapists who deeply desire to improve their effectiveness. If you, as a psychotherapist, dare to acknowledge the limits of your clinical effectiveness and are curious to explore new methods to build your psychological capacity, then this manual is for you.