



Published in final edited form as:

*Psychotherapy (Chic)*. 2009 March ; 46(1): 42–51. doi:10.1037/a0015152.

## INFLUENTIAL PSYCHOTHERAPY FIGURES, AUTHORS, AND BOOKS: AN INTERNET SURVEY OF OVER 2,000 PSYCHOTHERAPISTS

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### Abstract

In a partial replication and extension of a survey conducted 25 years ago (Smith, 1982), over 2,400 North American psychotherapists completed a Web-based survey in which they identified prominent figures in the psychotherapy field who have most influenced their practice and the best psychotherapy books they had read in the past 3 years. There is a continued prominence to leaders of the field from 25 years ago but who are now deceased, notably the top-ranked Carl Rogers.

Three books on the top-10 list represent empirically supported therapies (ESTs); two are treatment manuals for an EST, and one is a self-help book derived from an EST that has itself been shown to be efficacious bibliotherapy. Differences between psychologist and nonpsychologist therapists in the choice of influential figures, authors, and books are negligible. Implications are discussed in terms of the contemporary context into which therapeutic innovations are disseminated, as well as the conditions that may be necessary for successful dissemination.

### Keywords

psychotherapy; evidence-based medicine; education; marketing

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Over 25 years ago, the *American Psychologist* published results of a survey of its members regarding trends in the psychotherapy field (Smith, 1982). In particular, 422 members of the American Psychological Association's (APA) Division 12 (Clinical Psychology) and Division 17 (Counseling Psychology) rank ordered the three psychotherapists they considered to be the most influential on the field and provided the title of one book that represented for them the "zeitgeist" in the psychotherapy field. Although there have since been other surveys of psychotherapists' adoption of particular psychotherapies, to date there has been no general replication of which psychotherapy figures and books are influencing clinicians current thinking and practice.

A major shift in the field has taken place since Smith's (1982) survey. Over the past two and a half decades, there has been extensive advancement in the scientific investigation of the

efficacy of psychotherapies, and endorsement and promulgation of these therapies through various guilds, national organizations, and institutions. Indeed, the APA also advocates for community psychotherapy practices to be more empirically based (APA Presidential Task Force on Evidence-Based Practice, 2006; Task Force on Promotion and Dissemination of Psychological Procedures, 1995). Evidence-based practice (EBP) represents a broad model encompassing (a) research evidence, (b) clinical expertise, and (c) the unique preferences, concerns, and expectations of the client (APA Presidential Task Force on Evidence-Based Practice, 2006; Spring, 2007). The research evidence component, referred to as *empirically supported treatments* (ESTs; Chambless et al., 1998, 1996; Chambless & Ollendick, 2001), is comprised of psychotherapies that have been found via randomized, controlled trials to be efficacious for a range of psychological disorders. At present, ESTs appear to be the most quantifiable aspect of EBP. Most recently, Chambless and Ollendick (2001) listed 72 ESTs for adults across 41 different disorders.

We undertook a study modeled in part after Smith's (1982) survey to identify currently recognized authorities and trends in the psychotherapy field. Given the lapse of 25 years, such a partial replication could also provide evidence whether or not empirically supported practices are viewed as influential by community practitioners, as well as provide more generally documentation of important changes in psychotherapeutics over time.

Although it is useful to track trends in psychotherapy among psychologists, it is also important to document the state of practice for psychotherapists in other disciplines. The U.S. mental health workforce is comprised of numerous core disciplines such as psychology, psychiatry, social work, psychiatric nursing, and marriage and family therapy (Robiner, 2006), with additional subcategories such as addiction, pastoral, and licensed professional counselors. Psychologists represent a minority of this workforce. There are likely differences in training, job descriptions, practice scope, and state laws on licensing for psychologists versus other psychotherapists. These differences may affect the way therapists practice, as well as whom they view as influential on their practice, and may indicate that different strategies are needed to effectively tailor dissemination and implementation efforts. Historically, training as a psychologist distinctively involved conducting and interpreting research, with "scientifically minded practice" being one of the core competencies (Assessment of Competency Benchmarks Work Group, 2007; Bieschke, Fouad, Collins Jr., & Halonen, 2004). Although other mental health care professions include research competence in their statements of standards and competencies (American Association for Marriage & Family Therapy, 2004; American Board of Examiners in Clinical Social Work, 2002; Council on Social Work Education, 2004), actual involvement in and exposure to critical appraisal of research are likely to be deemphasized in training programs (Ivey & Wampler, 2000; Wing, Cohen, & McGinnis, 2006).

This study had three specific aims. The first was to assess the current state of the psychotherapy field in terms of perceived influential figures and most popular books and authors and compare this to findings from the Smith (1982) survey. The second was to determine whether the top-10 books are ones that describe forms of therapy that qualify as empirically supported treatments. The top-10 books identified in the current study were therefore compared with the list from Chambless and Ollendick (2001) to see how many of the therapies described in these books had achieved EST status. The third was to ascertain whether there were differences between psychologists and nonpsychologists on perceived influential figures and most popular books and authors.

## Method

### Participants

Study participants were readers of a psychotherapy magazine, the *Psychotherapy Networker* (PN), which received the esteemed National Magazine Award, honoring excellence in the magazine industry, and was named by the Chicago Tribune as one of the 50 Best Magazines in America. The PN is recognized as an approved provider of continuing education by numerous national professional organizations and state boards, including the APA and the Association of Social Work Boards.

A total of 2,902 participants consented to participate in the Web-based study. One gave invalid responses and was excluded. One hundred sixty-two consented to participate in the study but did not actually view any of the survey items and thus were deleted. Of the remaining 2,739 psychotherapists who provided responses to the Web-based survey, those living outside of the United States and Canada (92; 3%) were removed from further analysis because of potential differences in formal training, licensure, and circumstances of practice. Because a goal was to compare psychologists and nonpsychologists, 148 of the remaining 2,647 participants (2,581 were American and 66 Canadian) were excluded because they did not specify their primary discipline (e.g., psychology, social work, etc.) and could not be classified into one of the two groups intended for analysis (i.e., psychologists and non-psychologists). Furthermore, because the primary focus was on practicing clinicians, an additional 40 participants who were students were excluded, leaving the final sample of 2,459 participants.

Table 1 provides detailed description of participant demographics. The mean age was 51.22 ( $SD = 9.99$ ). Three fourths of the sample were women, and white clinicians constituted the majority. Social workers were the largest group by discipline ( $n = 878$ ; 36%), followed by professional counselors ( $n = 551$ ; 22%), psychologists ( $n = 411$ ; 17%), marriage and family therapists ( $n = 409$ ; 17%), and others (e.g., certified drug/alcohol counselors, pastoral counselors;  $n = 210$ , 8%). Although the majority of participants (52%) were in independent practice and a significant number (21%) worked in various outpatient psychiatric/mental health clinics, the remaining worked in a variety of diverse settings that were considered “other,” such as outpatient substance abuse clinics, inpatient psychiatric units, social service agencies, and correctional facilities.

### Measure

The *Psychotherapy Practices Survey* was constructed using a systematic, iterative process.<sup>1</sup> The data in this article come from demographic information and responses to two open-ended questions: (a) “Of all the prominent figures in the field of psychotherapy over the past 25 years, who are the contributors who have most influenced the way you practice today? Please list up to five”; and (b) “What are the best psychotherapy books that you have read in the past 3 years? List up to five.”

### Procedure

The data for this study were collected between September 2006 and April 2007. Participation was solicited via direct e-mail invitations to participate sent to a convenience sample consisting of approximately 22,000 people, that is, 40% of the 55,000 readership whose e-mail addresses the editor of PN had on file. Two individualized e-mails were sent to the readership by the editor 2 months apart. The e-mail directed participants to a secure Web site in which they were able to read and offer consent and complete the survey. One

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<sup>1</sup>This survey is available upon request to the first author.

feature of survey administration was that participants could start the survey and later return to finish it if completion was not possible in one sitting.

This study was approved by the Columbia University-New York State Psychiatric Institute Institutional Review Board (IRB). Because there is no single response rate for online surveys, Eysenbach (2004) recommended reporting response metrics such as the view, participation, and completion rates. Because of IRB requirements to ensure confidentiality, neither tracking cookies nor Internet Protocol (IP) checking were used, and thus it was not possible to identify the number of unique visitors to the Web site necessary to calculate the view rate. The only number that could stand in for participation rate is the number of registrations on the Web site divided by the number of individuals who were sent e-mails. Thus, at least 13% of those who were sent e-mails consented to participate in this study. This estimate of the participation rate, however, is based on the unlikely assumption that every PN subscriber who was sent a direct e-mail invitation visited the site and could be counted as a unique site visitor. Thus, it is likely an underestimation of the true participation rate of persons who were exposed to the survey and actively chose to participate or refuse, because the number of those who actually read the e-mailed invitation is likely to be substantially lower. The rate of completion, a ratio of participants who completed the survey to those who consented, which is related to attrition rate, was 72%.

## Results

### Demographic and Practice Characteristics Differences Between Psychologists and Nonpsychologists

Comparisons between psychologists and non-psychologists on several demographic and practice variables are presented in Table 1. To counteract Type I error, the significance levels were conservatively set at .01, two-tailed. The groups significantly differed in their gender composition, but the association was small (Cramer's  $V = .10$ ,  $p < .001$ ). Based on the odds ratio (OR = 1.80), psychologists in this sample were 1.8 times more likely to be male than nonpsychologists. On average, psychologists graduated earlier and had more years in clinical practice than nonpsychologists, although the effect sizes were small, that is,  $d = .20$  and  $d = .45$ , respectively (Cohen, 1988). Significant differences were also found between psychologists and nonpsychologists with regard to work setting, that is, a higher percentage of psychologists compared with nonpsychologists were in independent practice (64% vs. 50%). However, the association was also small (Cramer's  $V = .13$ ,  $p < .001$ ). In addition, the two groups differed in professional degrees held by their members with psychologists more likely to hold doctoral-level degrees compared with nonpsychologists. This association was large (Cramer's  $V = .76$ ,  $p < .001$ ).

### Influential Figures

Table 2 lists the top-10 influential figures endorsed by the total sample, provides separate frequencies and percentages for psychologists and nonpsychologists, and presents the results of group comparisons. The average number of nominations per influential figure, that is, the number of times the name was mentioned, was 7.6 ( $Mdn = 1$ ), ranging from 1 to 570 (Carl Rogers).<sup>2</sup> Of the 1,117 names, 825 (74%) were mentioned only by one or two participants, while only 5% of the names received more than 20 votes. Moreover, the top-10 names together were mentioned by 34% of participants. Thus, a few influential figures in the

<sup>2</sup>The intermediate results from this dataset were shared with the editor of PN, who used them to publish an article marking changes that occurred in the influential figures since an opinion survey published in the first issue of PN in 1982. That sample included all PN readers who responded in September through December of 2006 (Simon, 2007). That article contained the order of the top influential figures, not the number or the percentage of participants endorsing each figure, nor did it contain group comparisons.

psychotherapy field are indeed “very” influential, because many people converged in selecting them.

Four of the prominent figures in the psychotherapy field identified here were also on the top-10 list from the Smith (1982) survey (i.e., Carl Rogers, Aaron Beck, Albert Ellis, and Milton Erickson). The remaining six individuals on Smith’s list received markedly lower numbers of votes in the present survey: Fritz Perls (14th on this survey with 133 nominations), Sigmund Freud (15th with 126 votes), Jay Haley (16th with 122), Donald Meichenbaum (40th with 40), Arnold Lazarus (77th with 16), and Joseph Wolpe (202nd with 4).

Psychologists and nonpsychologists significantly differed in their endorsement of half of the top-10 influential figures, although the associations were negligibly small. Thus, Aaron Beck was endorsed twice as often by psychologists (OR = 2.00, Cramer’s  $V = .07$ ,  $p < .001$ ), whereas Salvador Minuchin (OR = 1.71, Cramer  $V = .03$ ,  $p < .01$ ), Virginia Satir (OR = 2.94, Cramer’s  $V = .05$ ,  $p < .001$ ), Murray Bowen (OR = 1.90, Cramer’s  $V = .03$ ,  $p < .01$ ), and Carl Jung (OR = 1.97, Cramer’s  $V = .03$ ,  $p < .01$ ) were endorsed approximately two to three times more frequently by nonpsychologists.

## Books

Participants nominated 2,239 books. The average number of endorsements per title was 2.1 ( $Mdn = 1$ ), ranging from 1 to 86 for the highest endorsed book (*Cognitive Behavioral Treatment of Borderline Personality Disorder* by Marsha Linehan). As with the nominations for influential figures, results were highly skewed, with the top-10 books being endorsed by 465 participants. Table 3 provides a ranked list of the top-10 books as endorsed by the total sample and provides separate frequencies and percentages for psychologists and nonpsychologists. Because psychologists did not differ significantly from nonpsychologists with regard to any of the top-10 books, the results of group comparisons were not included in the table.

None of the books nominated in this survey were on the Smith (1982) list. Three books on this top-10 list represent empirically supported therapies (Chambless & Ollendick, 2001), meaning there is direct test of the efficacy of the intervention being discussed. Two of the books, *Cognitive Behavioral Treatment of Borderline Personality Disorder* (Linehan, 1993a, 1993b) and *Motivational Interviewing* (Miller & Rollnick, 2002) are textbooks or treatment manuals describing in detail ESTs (Chambless & Ollendick, 2001) and a third, *Feeling Good: The New Mood Therapy* (Burns, 1999) is based on an EST (cognitive-behavioral [CBT] model for depression; Chambless & Ollendick, 2001) and itself has been found to be an efficacious bibliotherapeutic tool (Scogin, Jamison, & Gochneaur, 1989).

## Authors

Two hundred forty-two participants wrote just the author name, thereby making it impossible to identify the exact book titles of the books read. To counteract this issue, the endorsement of authors was analyzed as well. The average number of votes per author was 3.6 ( $Mdn = 1$ ), ranging from 1 to 153 (John Gottman). Out of 926 nominated authors, 704 were selected only by one to two participants and together received 21% of all votes, whereas the top-10 authors together were endorsed by 835 participants (25%).

John Gottman was on the top of the list with 153 votes (18%), followed by Irving Yalom (137 votes; 16%), Daniel Siegel (134; 16%), Marsha Linehan (90; 11%), Francine (82; 10%), Susan Johnson (63; 8%), David Burns (47; 6%), Harriet Lerner (45; 5%), Harville Hendrix (43; 5%), and concluding with William Miller and Stephen Rollnick (41; 5%).

None of the authors nominated here were on the Smith (1982) list. Psychologists and nonpsychologists again differed significantly only with regard to Irving Yalom, although the association was very small (Cramer's  $V = .06$ ,  $p < .001$ ). Based on the OR (OR = 1.90), psychologists were 1.9 times more likely to endorse Yalom than nonpsychologists.

## Discussion

Several patterns in the field of psychotherapy emerge from this partial replication and extension of the Smith (1982) survey. One finding is that although there is overlap in terms of four of the prominent influential figures in the field of psychotherapy (i.e., Carl Rogers, Aaron Beck, Albert Ellis, and Milton Erickson), there is virtually no overlap in the nominated authors or books. This may indicate that there is a staying power to the influential figures, whereas the influence of books and authors may be more transient and dependent on current needs of clinicians and on sustained marketing, as discussed below.

Another important finding is the failure to find meaningful differences between psychologists and nonpsychologists in their nominations of influential figures or books and authors. The absence of differences should not be mistaken for homogeneity of the two groups, which likely do differ in many respects, including but not limited to the scopes of practice, reimbursement patterns, and training. Nevertheless, the data may be taken to suggest that similarities between psychologist and nonpsychologist therapists may outweigh the differences, especially in the way all clinicians practice and think about therapy. This may be in part because both groups draw upon the same pool of knowledge of psychotherapeutic interventions. If the groups are confirmed to be similar in this respect, it may be that dissemination efforts do not need to be tailored to different disciplines. Whether or not both groups differ in their use of and skill in delivering therapy practices is an interesting further line of investigation.

## Influential Figures

There is continued prominence of those who lead the field years ago but who are now deceased. Smith's (1982) results on influential figures are remarkably similar to results from the current study, particularly with Carl Rogers coming out on top on both. Although there are approximately 200 organizations and training centers dedicated to researching and applying the principles developed by Rogers (Kirschenbaum & Jourdan, 2005), his prominence on this list may be seen as surprising. Although Rogers was the most highly endorsed influential figure by almost 200 votes, none of Rogers' books made the top 10. Rogers' nomination may be indicative of the importance attached to relationship factors in psychotherapy with which he is identified. In addition, Rogers' continued influence may be explained by the fact that his journal articles and chapters have continued high citation rates (Goldfried, 2007). Perhaps one of the most influential articles ever written on psychotherapy was Rogers (1957) article on the necessary and sufficient conditions for personality change (Goldfried, 2007). Furthermore, Rogers' persistent influence, despite the diminished importance to books he authored, might be an example of what sociologists term obliteration by incorporation (Merton, 1949), meaning that Rogers' ideas are so widely accepted and common knowledge in the psychotherapy field that his books are no longer cited.

Only 4 of the 10 influential figures on the current list are still living (i.e., Beck, Minuchin, Yalom, and Gottman). At least 2 of the 10 influential figures can clearly be viewed as espousing a CBT model (i.e., Beck and Ellis). Three of the influential figures who were on Smith's list but have left this top 10 (i.e., Wolpe, Lazarus, and Meichenbaum) can be viewed as proponents of earlier cognitive or behavioral approaches that have been absorbed into the CBT model. These findings appear to further attest to the continued strength and impact of the CBT tradition and are consistent with other research showing CBT's prominence. For

example, in a cross-sectional survey of a probability sample of all accredited training programs in psychiatry, psychology, and social work, CBT was among the most widely disseminated evidence-based treatments (Weissman et al., 2006). In addition, in an examination of trends in clinical psychology over a 40-year time span to present, Norcross, Karpiaak, and Santoro (2005) illustrate the rise of CBT.

### Books and Authors

The top two authors were also on the most influential psychotherapy figures list (i.e., Gottman and Yalom). Five of the authors are originators or major proponents of therapies that are empirically supported: (a) Marsha Linehan: dialectical behavior therapy; (b) Francine Shapiro: eye movement desensitization and reprocessing (2001); (c) Susan Johnson: emotion-focused couples therapy (2004); (d) David Burns: cognitive-behavioral therapy; and (e) William Miller and Stephen Rollnick: motivational interviewing (Chambless & Ollendick, 2001). In addition, although Gottman's approach to therapy has not been examined via randomized, controlled trials and thus does not meet EST status *per se*, in his book he discusses a research-based approach to treat couples issues (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998; Chambless & Ollendick, 2001). Thus, perhaps the gap between psychotherapy research and practice is not as far as once seemed.

These results may reflect possible trends in the mental health field (Norcross, Hedges, & Prochaska, 2002), that is an increase in interest toward evidence-based treatments, and growth of interest in highly specialized rather than generalist treatments targeting specific populations/disorders, (e.g., borderline personality disorder, depression, substance abuse, etc.). However, although clinicians report being influenced by EST books and authors, it does not necessarily mean they are using evidence-based practices with their clients. In fact, most of the surveys conducted on the use of ESTs show that clinicians are not using these treatments (Becker, Zayfert, & Anderson, 2004; Mussell et al., 2000). Perhaps clinicians are interested in treatments with some empirical support and use them judiciously or when the situation is warranted.

It is interesting to speculate about what else makes for a highly endorsed book or author. First, all of the highly endorsed books have an edition in print less than 20 years old. All of the authors on the top-10 list have Web sites that bear their names (Gottman, Yalom, Siegel, Lerner, and Hendrix) or of their respective therapies or institutes (Linehan, Johnson, Burns, Hendrix, and Miller and Rollnick). This is consistent with what decades of systematic study of diffusion of innovations across many different contexts have found, that "innovations do not sell themselves" (Rogers, 1995, p. 7). It is also noteworthy that few of the books on the top-10 list or even top 25 are strictly speaking treatment manuals. Although such manuals may be necessary for treatments to be initially validated or cross-validated in new populations, they may be insufficient for dissemination of the therapy to front-line clinicians (Addis, 1997). Finally, a number of the authors, notably Irving Yalom and Harriet Lerner, appear to be excellent storytellers who richly bring their approaches and patients to life. These books are likely also notably enjoyable to read.

Practicing psychotherapists are largely influenced by books much more than research journal articles (Beutler, Williams, & Wakefield, 1993; Cook, Schnurr, Biyanova, & Coyne, *in press*). Thus, dissemination of empirically supported psychotherapy books is likely one important tool that warrants continuing and expanding efforts. In this survey, Linehan and Miller-Rollnick may be the quintessential originators of ESTs who have written detailed textbooks that are on the top-10 nominated book list.

## Limitations

Our survey and that of Smith (1982) differed in key ways. Namely, we surveyed a broad range of over 2,400 clinicians through the readership of the Psychotherapy Networker, whereas Smith sampled 422 members of APA's Divisions of Clinical Psychology and Counseling Psychology. Only a minority of our sample was psychologists, but the number of psychologists approximated Smith's (1982) total sample size. Smith's survey was predominately male (85%), while ours was predominately female (76%). In addition, the questions were worded slightly differently. Despite these differences in sampling and exact wording of surveyed items, the overlap in influential figures from 25 years shows that there is some comparability and our findings may be indicative of trends in the field of psychotherapy.

Of the psychologists in Smith's (1982) study, 87% had PhD, 11% had a EdD, and 1% had a master's degree. Of the 411 psychologists in our sample, 65% PhD, 22% PsyD/EdD, 11% have master's degrees, and 2% had other or undeterminable degrees. Eighty-five percent of the psychologists in Smith's sample were male, while 34% of our psychologists were male. Sixty-nine percent of Smith's psychologists were older than 45, while 74% of our psychologists were in this age category. Over 40% of Smith's psychologists predominately spent their time teaching, while 20% were in independent practice. In our sample, 94% of psychologists were primarily involved in provision of direct service to clients, with 5% having a primary role in supervision or administration and only 1% having a primary role in research or evaluation. Although the psychologist samples were comparable in a number of regards, ours contained many more women and many more whose primary role was provision of care to clients.

The biggest limitation of this study is the unknown view and participation rates and thus the generalizability to the actual clinician population can be questioned. This is a problem common to Web-based survey research, which can be used efficiently to accumulate a large sample, but often with unknown generalizability. Because the demographic data for the PN readership was not available, we could not compare the characteristics of our sample to the demographics of the PN readership, and thus provide empirical substantiation to the absence of systematic bias, and to compare our sample to the general clinician population. Even if we did have these data, it would nevertheless have been difficult to determine the representativeness of our sample because of a lack of clearly defined normative data on the actual population of psychotherapists. However, similar to a study by Orlinsky, Botermans, and Ronnestad (2001), our dataset may have better captured the constitution of psychotherapy field than studies targeting specific professional populations. Future studies, however, might be designed with a built-in possibility of tracking unique site visitations (tracking cookies or IP addresses), keeping in mind that this may limit confidentiality and reduce participation rate.

The phrasing of particular questions, of course, may influence the results that were obtained. For example, the wording of the influential figures question may have lead to a restricted range of responses. Namely, asking participants for the most influential figures over the past 25 years may have caused participants to exclude individuals who published over 25 years ago. This may account for why persons such as Sigmund Freud or Joseph Wolpe did not make the top list. Another example is the stipulation that the book have been read in the past 3 years may exclude books that have been read previously, but remain influential on a therapists' practice. Ideally, future surveys should attempt a broad sampling of sources from which participants are recruited, with differences among those sources being undoubtedly relevant to understanding how to target the dissemination of innovations in practice.



## Implications

The results of this study may have several important implications. First, contrary to heated debates that have characterized the evidence-based movement (e.g., Persons, & Silberschatz, 1998; Westen, Novotny, & Thompson-Brenner, 2004), which suggest that clinical research has little to no impact on practice, it appears as those front-line clinicians are influenced by prominent figures, books, and authors that have empirically support or make claims of being research-oriented. Second, some front-line clinicians may have limited time or lack scientific literacy skills to understand randomized controlled trials (Cook & Coyne, 2005). Thus, authors of evidence-based treatments may want to consider writing more readable or popularized version of their treatments rather than technical manuals. This is consistent with other research that has found that while original reports of empirical evidence has little influence on the practice of mental health providers, significant mentors, books, training in graduate school, and informal discussions with colleagues are most influential on current practice (Cook et al., in press). Third, psychotherapy is now practiced by a wide and diverse mental health workforce, and more information is needed in regards to patients treated and practice patterns used. To conduct such research and to have conduits to disseminate EBPs, a unified registry of psychotherapists would be a significant contribution to the field.

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**TABLE 1**  
Demographics and Practice Settings by Mental Health Practitioners: Differences Between Psychologists and Nonpsychologists

Variable	Total sample (N = 2,459)		Psychologists (N = 411)		Nonpsychologists (N = 2,048)		Group differences statistic
	N	%	N	%	N	%	
Gender	2,459	100.0	411	16.7	2,048	83.3	$\chi^2 = 26.02^{***}$
Female	1,858	75.6	270	11.0	1,588	64.6	
Male	592	24.1	139	5.7	453	18.4	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Age	51.22	9.99	52.2	10.25	51.00	9.92	$t = 2.35$
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	
Ethnicity	2,459	100.0	411	16.7	2,048	83.3	$\chi^2 = 3.86$
White	2,248	91.4	372	15.1	1,876	76.3	
Black	41	1.7	6	0.2	35	1.4	
Hispanic	77	3.1	19	0.8	58	2.4	
Other	93	3.8	14	0.6	79	3.2	
Primary discipline <sup>a</sup>	2,459	100.0	411	16.7	2,048	83.3	
Psychologist	411	16.7	411	16.7	0	0.0	
Social worker	878	35.7	0	0.0	878	35.7	
Professional counselor	551	22.4	0	0.0	551	22.4	
Nurse	22	0.9	0	0.0	22	0.9	
Marriage and family therapist	409	16.6	0	0.0	409	16.6	
Psychiatrist	14	0.6	0	0.0	14	0.6	
Other	174	7.1	0	0.0	174	7.1	
Most advanced professional degree	2,453	100.0	409	16.7	2,044	83.3	$\chi^2 = 1432.06^{***}$
PhD/PsyD/EdD	490	20.0	361	14.7	129	5.3	
MSW/MA/MS	1,746	71.2	43	1.8	1,703	69.4	
MD/DO	18	0.7	1	0.0	17	0.7	
Other	199	8.1	4	0.2	195	7.9	
Work setting	2,379	100.0	403	16.9	1,976	83.1	$\chi^2 = 41.46^{***}$
Outpatient primary care or medical clinic	112	4.7	30	1.3	82	3.4	
Outpatient psychiatric or mental health clinic	489	20.6	60	2.5	429	18.0	

Variable	Total sample (N = 2,459)		Psychologists (N = 411)		Nonpsychologists (N = 2,048)		Group differences statistic
	N	%	N	%	N	%	
Private practice	1,246	52.4	256	10.8	990	41.6	
Other	532	22.4	57	2.4	475	20.0	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Time since graduate training	14.58	10.18	17.2	10.44	15.20	10.09	$t = 3.80^{***}$
Years in practice	15.22	9.90	18.83	10.29	14.48	9.65	$t = 7.79^{***}$

<sup>a</sup>  $\chi^2$  was not computed because this variable was used to divide the sample into comparison groups (psychologists vs nonpsychologists).

\*\*\*  $p < .001$ .

**TABLE 2**  
 Top Influential Figures by Mental Health Practitioners: Differences Between Psychologists and Nonpsychologists

Name	Total sample (N = 2,459)			Psychologists (n = 411)			Nonpsychologists (n = 2,048)			Group differences $\chi^2$
	N	%	% of N	N	% of N	% of psychologist sample	N	% of N	% of nonpsychologist sample	
Carl Rogers <sup>a</sup>	570	19.7	3.4	98	20.7	20.7	472	16.3	19.5	0.01
Aaron Beck <sup>a</sup>	398	13.8	3.9	114	24.1	24.1	283	9.8	11.7	37.46 <sup>**</sup>
Salvador Minuchin	324	11.2	1.2	36	7.6	7.6	288	10.0	11.9	9.16 <sup>*</sup>
Irving Yalom	268	9.3	2.0	57	12.0	12.0	211	7.3	8.7	2.95
Virginia Satir	264	9.1	0.6	18	3.8	3.8	246	8.5	10.2	21.10 <sup>**</sup>
Albert Elli <sup>a</sup>	260	9.0	1.5	43	9.1	9.1	217	7.5	9.0	0.13
Murray Bowen	218	7.5	0.8	22	4.6	4.6	196	6.8	8.1	8.24 <sup>*</sup>
Milton Erickson <sup>a</sup>	216	7.5	1.2	34	7.2	7.2	182	6.3	7.5	0.40
John Gottman	200	6.9	1.2	34	7.2	7.2	166	5.7	6.9	0.02
Carl Jung	175	6.0	0.6	17	3.6	3.6	158	5.5	6.5	7.28 <sup>*</sup>
Total top 10	2,893	100	16.4	473	100	100	2,419	83.6	100	

<sup>a</sup> Also on Smith (1982) influential list.

\*  $p < .01$ .

\*\*  $p < .001$ .

**TABLE 3**  
 Top-10 Books by Mental Health Practitioners: Differences Between Psychologists and Nonpsychologists

Book	Total sample (N = 2,459)			Psychologists (N = 411)			Nonpsychologists (N = 2,048)		
	N	%	N	% of N	% of psychologist sample	N	% of N	% of nonpsychologist sample	
<i>Dialectical Behavior Therapy</i> text and/or manual by Marsha Linehan	86	18.5	18	3.9	22.0	68	14.6	17.8	
<i>The Developing Mind</i> by Daniel Siegel	73	5.7	18	3.9	22.0	55	11.8	14.4	
<i>The Gift of Therapy</i> by Irving Yalom	53	11.4	15	3.2	18.1	38	8.2	9.9	
<i>The 7 Principles for Making Marriage Work</i> by John Gottman and Nan Silver	43	9.2	7	1.5	8.4	36	7.7	9.4	
<i>Parenting From the Inside Out</i> by Daniel Siegel	44	9.5	5	1.1	6.0	39	8.4	10.2	
<i>Motivational Interviewing</i> by William Miller and Stephen Rollnick	41	8.8	8	1.7	9.6	33	7.1	8.6	
<i>Getting the Love You Want</i> by Harville Hendrix	34	7.3	2	0.4	2.4	32	6.9	8.4	
<i>Feeling Good: The New Mood Therapy</i> by David Burns	36	7.7	4	0.9	4.8	32	6.9	8.4	
<i>Trauma and Recovery</i> by Judith Herman	29	6.2	3	0.6	3.6	26	5.6	6.8	
<i>The Body Remembers</i> by Babette Rothschild	26	5.6	3	0.6	3.6	23	4.9	6.0	
Total	465	100	83	17.8	100	382	82.2	100	