

Achieving Clinical Excellence:

Three Steps to Superior Performance

Scott D. Miller, Ph.D.



Scott D. Miller, Ph. D. - Windows Internet Explorer
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Scott D. Miller, Ph. D.

A photograph of Scott D. Miller, Ph.D., a man with light brown hair and glasses, wearing a light-colored button-down shirt and a patterned tie. He is seated at a desk with his arms crossed, looking directly at the camera with a slight smile.

About Scott
Workshop Calendar
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The screenshot shows the homepage of the International Center for Clinical Excellence (ICCE). At the top, there's a navigation bar with links for 'Login / Sign up / Help', 'Home', 'Training', 'ICCE Trainers', 'Conferences', and 'Events'. Below the navigation is a large video player showing a man speaking. To the right of the video, there's a section titled 'ABOUT US' with a brief description of the center's mission to help professionals improve their effectiveness and efficiency. There are also sections for 'Our Foundations', 'Our Trainers', and 'Our Community'. On the left, there's a 'VIEW ALSO' section with another video thumbnail. On the right, there's a 'JOIN US' section for becoming a member, and a 'THE ICCE BLOG' section with recent posts. At the bottom, there's a 'Follow us' section with links to social media platforms like LinkedIn, Facebook, Twitter, and RSS.

INTERNATIONAL CENTER FOR CLINICAL EXCELLENCE

Advanced Intensive in Client Directed, Feedback Informed Treatment (FIT)

Through a combination of didactic presentations, skill building exercises and feedback, participants will learn:

- Empirical foundations of client-directed, feedback informed treatment (FIT)
- Evidence-based skills for improving client engagement in treatment services
- How to integrate real time outcome and alliance feedback into clinical practice
- How to measure and improve clinical effectiveness of individual clinicians, agencies, and larger systems of care

www.centerforclinicalexcellence.com

The International Center for Clinical Excellence is pleased to announce the first annual Advanced Intensive in Client Directed, Feedback Informed Treatment (FIT).

Chicago, February 8th - 11th 2011

Fee \$1,095



Achieving Clinical Excellence

The Facts

- In most studies of psychological treatments conducted over the last 30+ years, the average treated person is better off than 80% of those without the benefit of services;
- The average clinician achieves outcomes on par with success rates obtained in randomized clinical trials (with and without co-morbidity).

Duncan, B., Miller, S., Wampold, B., & Hubble, M. (eds.) (2009). *The Heart and Soul of Change: Delivering What Works*. Washington, D.C.: APA Press.

Minami, T., Wampold, B., Serlin, R., Hamilton, E., Brown, G., Kircher, J. (2008). Benchmarking for psychotherapy efficacy. *Journal of Consulting and Clinical Psychology*, 76, 116-124.

**What Works in Therapy:
An Example**

- Recent study:
 - 6,000+ treatment providers
 - 48,000 plus real clients
 - Outcomes clinically equivalent to randomized, controlled, clinical trials.

Kendall, P.C., Kipnis, D., & Otto-Salaj, L. (1992). When clients don't progress. *Cognitive Therapy and Research*, 16, 269-281.

Minami, T., Wampold, B., Serlin, R., Hamilton, E., Brown, J., Kircher, J. (2008). Benchmarking the effectiveness of treatment for adult depression in a managed care environment: A preliminary study. *Journal of Consulting and Clinical Psychology*, 76(1), 116-124.

Achieving Clinical Excellence

The Facts

- Since the 1960's:
 - Number of treatment approaches grown from 60 to 400
 - 0.0% "hot" topics in manualized or psychotreatments
 - 145 manualized treatments for 51 of the 397 possible diagnostic groups;

No Improvement

Beutler, L., Malik, M., Alimohamed, S., Harwood, T., et al. (2005). Therapist variables. In M. Lambert (ed.), *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* (5th Ed.). (pp. 227-306). New York: Wiley.

Miller, S., Hubble, M., & Duncan, B. (2007). Supershrinks. *Psychotherapy Networker*, 31 (6), 36-45, 57.

Duncan, B., Miller, S., Wampold, B., & Hubble, M. (eds.) (2009). *The Heart and Soul of Change: Delivering What Works*. Washington, D.C.: APA Press.

The Study of Expertise:
Sources of Superior Performance

Pop Quiz!

Achieving Clinical Excellence:
The Study of Expertise

- Compared to other mental health professionals within your field (with similar credentials), how would you rate your overall clinical skills and
- What percentage (0-100%) of your clients get better (i.e., experience significant symptom reduction/relief) during treatment? What percentage stay the same? What percentage get worse?

Please estimate from 0-100%. For example, 25% = below average, 50% = average, 75% = above average



Achieving Clinical Excellence: Sources of Inferior Performance

- Researchers Walfish, McAllister and Lambert surveyed a representative sample psychologists, psychiatrists, social workers, marriage and family therapists from all 50 US states:
- On average, clinicians rated themselves at the 80th percentile:
 - None rated themselves below average;
 - and effectiveness levels between disciplines;
 - Only 8% rated themselves lower than the 75th %tile;
 - 25% rated their performance at the 90th% or higher compared to their peers

Walfish, S., McAllister, B., Lambert, M.J. (in press). Are all therapists from Lake Wobegon? An investigation of self-assessment bias in mental health providers.



Achieving Clinical Excellence: Sources of Inferior Performance

?

- With regard to success rates:
 - The average clinician believes that 90% of their clients improved as a result of being in therapy while 10% stayed the same, 3% deteriorated);
 - The **fact** is that 90% of the quarter sampled believed that 90% or more improved!
 - Half reported that over 90% of their clients deteriorated while in their care (average 70%; best = 70%);
 - Therapists consistently underestimate deterioration and people at risk for dropping out of services (10 & 47%, respectively)

Walfish, S., McAllister, B., Lambert, M.J. (in press). Are all therapists from Lake Wobegon? An investigation of self-assessment bias in mental health providers.

Achieving Clinical Excellence: Sources of Inferior Performance

- Psychologist Paul Clement publishes front-page study of nearly 2000 different patients: failed to improve but 683 Cases falling into actually began to decrease! 84 different DSM categories.

**Outcomes from 40 Years of Psychotherapy
in a Private Practice**

Paul Clement (2008). Outcomes from 40 years of psychotherapy in a private practice. *American Journal of Psychotherapy*, 62(3), 215-239.

In this article, author Paul Clement describes his 40-year clinical experience. Using 22 years of clients treated at his private practice, he examined outcomes and rates of change. An analysis of outcomes from 11,000 individual sessions revealed that 11% were ineffective, while 30% showed improvement. The mean number of sessions was 10.5. The mean age of clients was 39.01 years old. Women made up 60.01% of the sample. Most participants were in the 20-40 age range. There was a significant association between the number of sessions and the rate of improvement ($p < .001$). For those who had 10 or fewer sessions, the rate of improvement was 40.6%, while for those who had 10 or more sessions, the rate of improvement was 44.4%. For those who had 10 or fewer sessions, the rate of improvement was 40.6%, while for those who had 10 or more sessions, the rate of improvement was 44.4%. The mean number of sessions per year was 10.01 (standard deviation = 10.01) and the mean age = 39.01. This was a relatively modest, combined measure of therapeutic outcome and duration. The mean number of sessions per year, although low for most, changed over time in a significant negative linear fashion ($p < .001$).

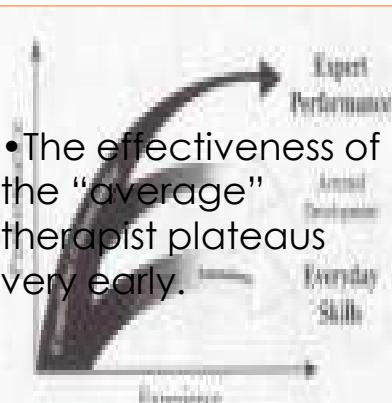
OUTCOMES FROM 40 YEARS OF PSYCHOTHERAPY IN PRIVATE PRACTICE

Clement, P. (2008). Outcomes from 40 years of Psychotherapy. *American Journal of Psychotherapy*, 62(3), 215-239.

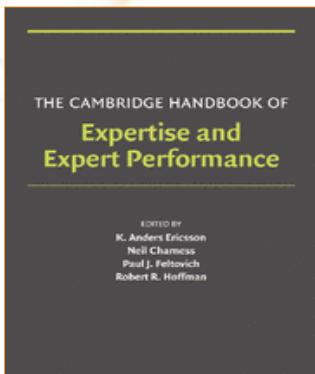
Practices. Professional Psychology, 25, 173-176.



Achieving Clinical Excellence: Sources of Inferior Performance



- The effectiveness of the “average” therapist plateaus very early.

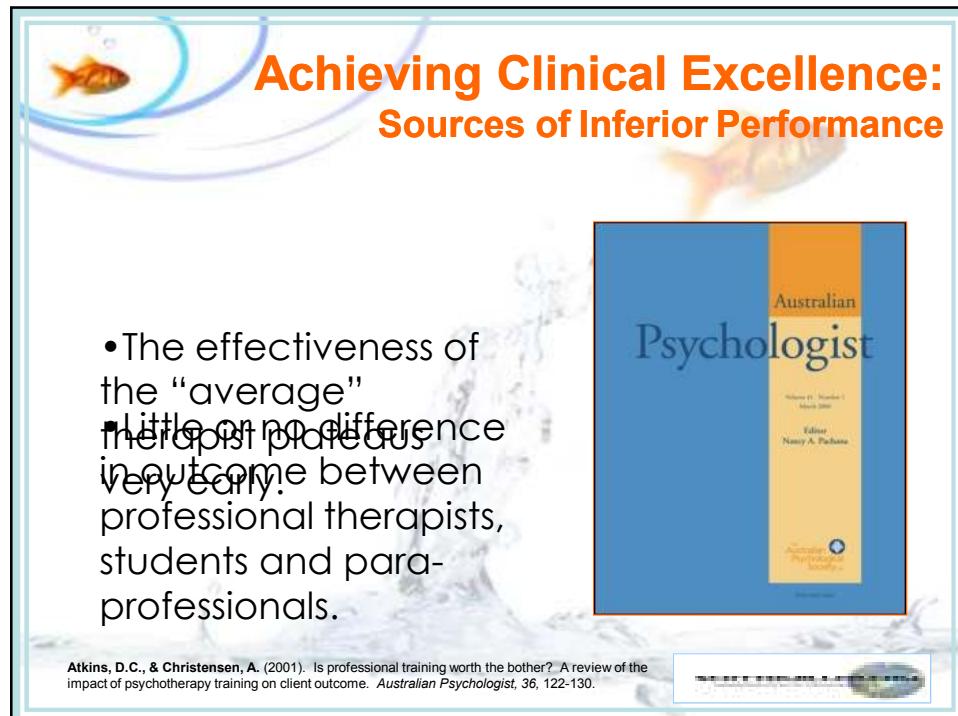


THE CAMBRIDGE HANDBOOK OF
**Expertise and
Expert Performance**

EDITED BY
K. Anders Ericsson
Neil Charness
Paul J. Feltovich
Robert R. Hoffman

Ericsson, K.A., Charness, N., Feltovich, P. & Hoffman, R. (eds.). (2006). *The Cambridge Handbook of Expertise and Expert Performance* (pp. 683-704). New York: Cambridge University Press.

**Achieving Clinical Excellence:
Sources of Inferior Performance**

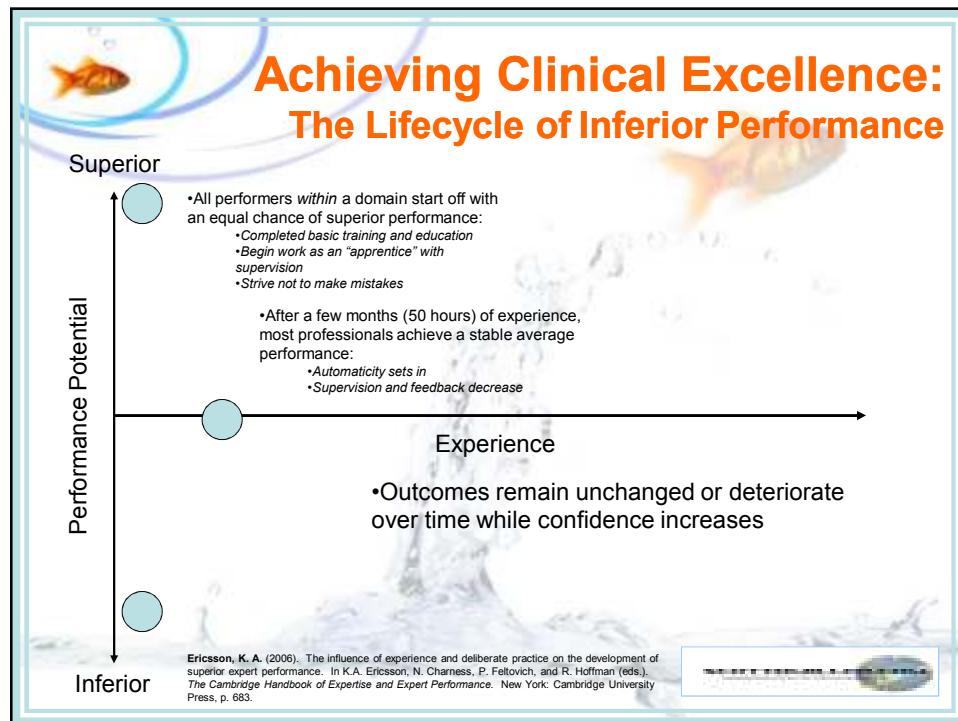


•The effectiveness of the “average” therapist plateau very early: little or no difference in outcome between professional therapists, students and para-professionals.

Atkins, D.C., & Christensen, A. (2001). Is professional training worth the bother? A review of the impact of psychotherapy training on client outcome. *Australian Psychologist*, 36, 122-130.



**Achieving Clinical Excellence:
The Lifecycle of Inferior Performance**



Superior
Inferior

Performance Potential

Experience

- All performers *within* a domain start off with an equal chance of superior performance:
 - Completed basic training and education
 - Begin work as an “apprentice” with supervision
 - Strive not to make mistakes
- After a few months (50 hours) of experience, most professionals achieve a stable average performance:
 - Automaticity sets in
 - Supervision and feedback decrease
- Outcomes remain unchanged or deteriorate over time while confidence increases

Ericsson, K. A. (2006). The influence of experience and deliberate practice on the development of superior expert performance. In K.A. Ericsson, N. Charness, P. Feltovich, and R. Hoffman (eds.), *The Cambridge Handbook of Expertise and Expert Performance*. New York: Cambridge University Press, p. 683.

**Achieving Clinical Excellence:
The Lifecycle of Inferior Performance**

"The enemy of excellence is proficiency..."

Ericsson, K. A. (2006). The influence of experience and deliberate practice on the development of superior expert performance. In K.A. Ericsson, N. Charness, P. Feltovich, and R. Hoffman (eds.). *The Cambridge Handbook of Expertise and Expert Performance*. New York: Cambridge University Press, p. 683.

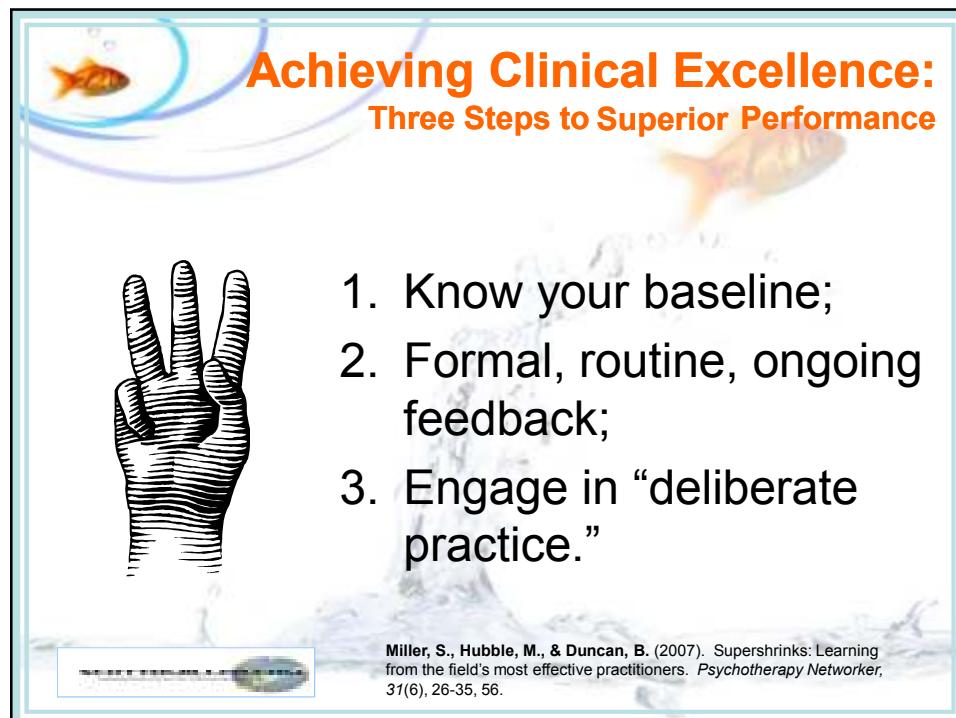
**Achieving Clinical Excellence:
The "Supershrink" Project**

Supershrink:
(n. soo-per-shink)
• Unusually talented person
• Widely beloved in real life;
(See virtuosos, expert, master)

Supershrink:
(n. soo-per-shink)
• Unusually talented person
• Widely beloved in real life;
(See virtuosos, expert, master)

William Andrews
Research Coordinator
HGI Practice Research Network

Ricks, D.F. (1974). Supershrink: Methods of a therapist judged successful on the basis of adult outcomes of adolescent patients. In D.F. Ricks, M. Roff, & A. Thomas (eds.), *Life History in Research in Psychopathology*. Minneapolis, MN: University of Minnesota Press.
Okishi, J., Lambert, M., Nielsen, S., Ogles, B. (2003). Waiting for supershrink. *Clinical Psychology & Psychotherapy*, 10(6), 361-373.



Achieving Clinical Excellence: Three Steps to Superior Performance

Step One:
Knowing your Baseline

ORS

Individually:
(Personal well-being)

Interpersonally:
(Family, close relationships)

Socially:
(Work, School, Friendships)

Overall:
(General sense of well-being)

Valid

I did not feel heard, understood, and respected.

We did not work on or talk about what I wanted to work on and the therapist's approach was not a good fit for me.

The therapist's approach is a good fit for me.

SRS

Relationship:

Goals and Topics:

Approach or Method:

Overall:

I felt heard, understood, and respected.

We worked on and talked about what I wanted to work on and the therapist's approach was a good fit for me.

Overall, today's session was a fitting session.

Outcome

Alliance

Download free working copies at:
www.scottdmiller.com

Outcome Rating Scale (ORS)

Name _____	Age (Yrs): _____	Sex: M / F _____
Session # _____	Date: _____	Who is filling out this form? Please check one: Self _____ Other _____ If other, what is your relationship to this person?

Looking back over the last week (or since your last visit), including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. If you are filling out this form for another person, please fill out according to how you think he or she is doing.

Individually: (Personal well-being)	Interpersonally: (Family, close relationships)	Socially: (Work, School, Friendships)
I-----I	I-----I	I-----I
• Give at the beginning of the visit;	• Client places a hash mark on the line.	• Each line 10 cm (100 mm) in length.
Overall: (General sense of well-being)	I-----I	
I-----I		

Scored to the nearest millimeter.
Add the four scales together for the total score



Child Outcome Rating Scale (CORS)

Name _____	Age (Yrs): _____
Sex: M / F _____	Session # _____ Date: _____

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good.

Me (How am I doing?)	Family (How are things in my family?)	School (How am I doing at school?)
I-----I	I-----I	I-----I
Everything (How is everything going?)	I-----I	

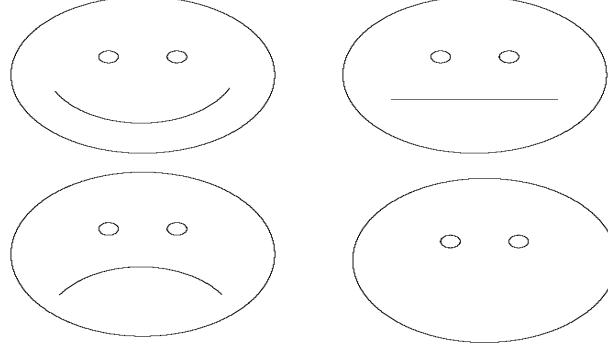
Institute for the Study of Therapeutic Change
www.talkingcure.com



Young Child Outcome Rating Scale (YCORS)

Name: _____	Age (Yrs): _____
Sex: M / F: _____	Session #: _____ Date: _____

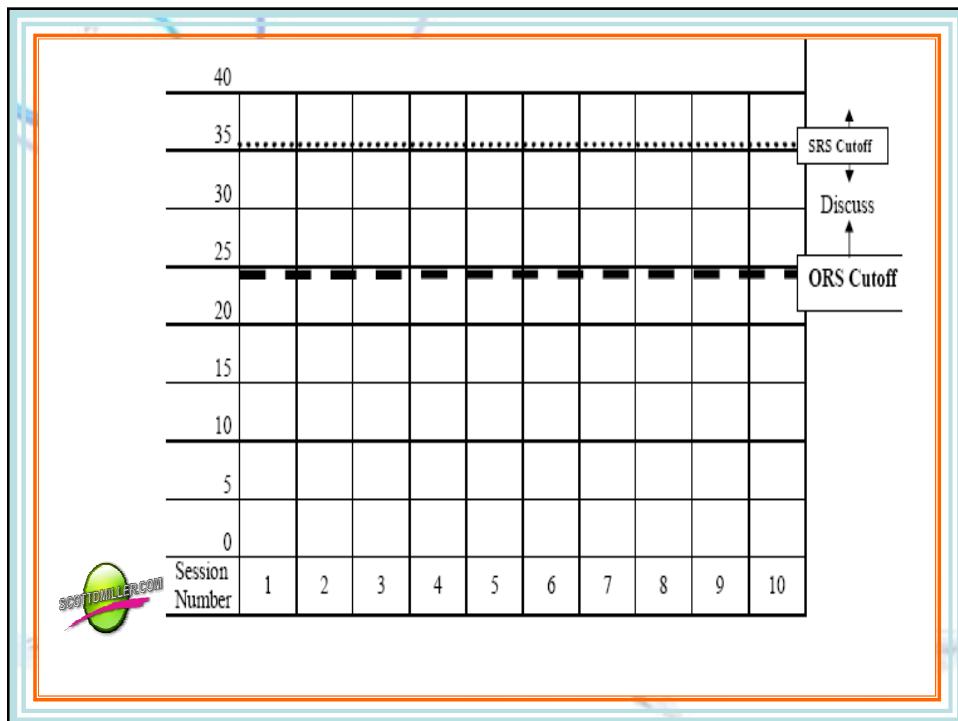
Choose one of the faces that show how things are going for you. Or, you can draw one below that is just right for you.



Institute for the Study of Therapeutic Change
www.talkingcure.com

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Effect Size Calculators

Calculator Calcula's size de efecto en correlación, r_{effect} .

- [means and standard deviation](#)
- [independent groups, effect sizes and d](#)

For a discussion of these effect sizes see [Effect Size](#).

Calculate d and r using means and standard deviation

Calculator size de efecto en correlación, r_{effect} , según las medias y desviaciones estándares de los grupos tratamiento y control.

$$\text{Cálculo: } r_{\text{effect}} = \frac{(M_1 - M_2)}{S_{\text{pooled}}} = \frac{(M_1 - M_2)}{\sqrt{S_1^2 + S_2^2 / 2}}$$

$$r_{\text{effect}} = \frac{(M_1 - M_2)}{\sqrt{S_1^2 + S_2^2 / 2}}$$

Nota: Si $M_1 > M_2$, el resultado de la media diferencia es la diferencia entre las medias.

Group 1	Group 2
M_1	M_2
S_1	S_2
<input type="button" value="Calcular"/> <input type="button" value="Borrar"/>	
<input type="button" value="Calcular r"/> <input type="button" value="Borrar r"/>	

<http://web.uccs.edu/lbecker/Psy590/escalc3.htm>

Step One: Knowing your Baseline



MyOutcomes

A user-friendly, Web-based tool for monitoring and improving outcomes for individual health treatment.

What is MyOutcomes?

- An interactive Web-based application that administers the National Outcome Management System (NOMS)
- Monitors and improves treatment effectiveness by providing information on treatment outcomes and the therapeutic alliance
- Provides the practitioner and manager of an automated outcome management system without extensive initial expense or user burden

Features of MyOutcomes:

- Identifies in real time clients who are at risk for negative or null outcomes
- Provides empirically based suggestions to increase the likelihood of success
- Aggregates data into reports on provider, program, and agency effectiveness for supervision, administration, and payment purposes

Benefits of MyOutcomes:

- Proven valid and reliable in peer-reviewed studies
- 2-minute length boosts compliance and allows easy integration into treatment
- Has been shown to double treatment effect size

ABOUT | POLICY | Terms and Conditions
© 2002 MyOutcomes, Inc.

MyOutcomes

User Signed In: JHG

0052

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

Your input is important. There is no such thing as "bad news" on these forms. Your therapist is eager for your feedback because it enables a better fit of the services to your preferences, and therefore improves your chance for success.

Individually
 (Personal well-being)

Interpersonally
 (Family, close relationships)

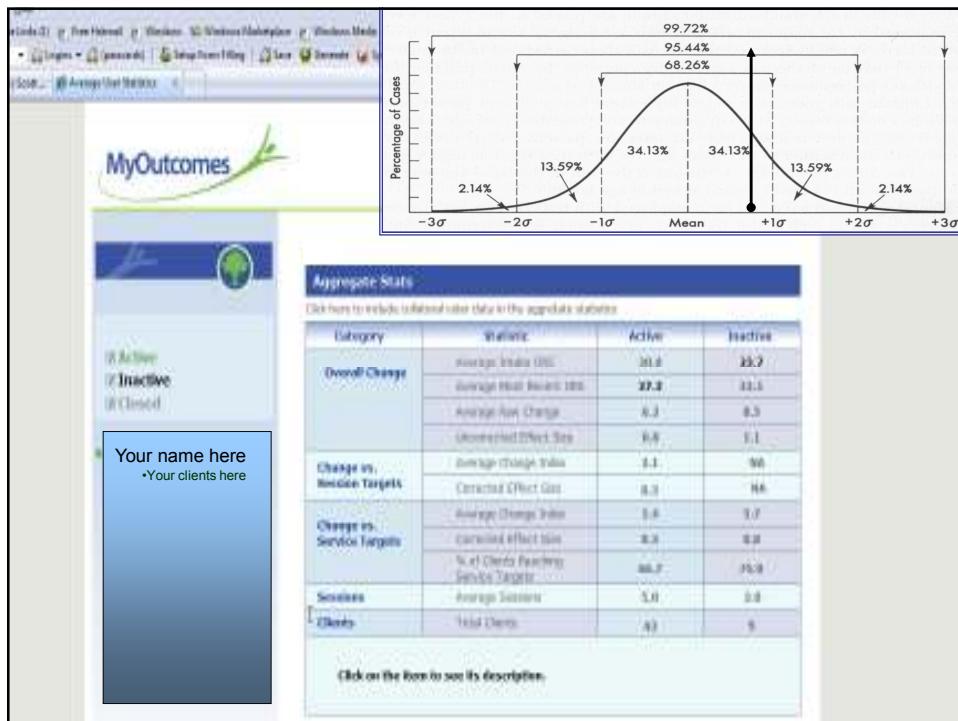
Socially
 (Work, school, friendships)

Overall
 (General sense of well-being)

✓

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Achieving Clinical Excellence: The “Supershrink” Project

Supershrink:
(n. soo-per-shrīngk), slang

- *Unusually effective and talented psychotherapist;*
- *Widely believed to exist in real life;*

(See *virtuoso, genius, savant, expert, master*)



William Andrews
Research Coordinator
HGI Practice Research Network

Ricks, D.F. (1974). Supershrink: Methods of a therapist judged successful on the basis of adult outcomes of adolescent patients. In D.F. Ricks, M. Roff, & A. Thomas (eds.), *Life History in Research in Psychopathology*. Minneapolis, MN: University of Minnesota Press.
Okishi, J., Lambert, M., Nielsen, S., Ogles, B. (2003). Waiting for supershrink. *Clinical Psychology & Psychotherapy*, 10(6), 361-373.



The Excellence Challenge



Will you begin measuring the effectiveness of your work?



**Achieving Clinical Excellence:
Three Steps to Superior Performance**



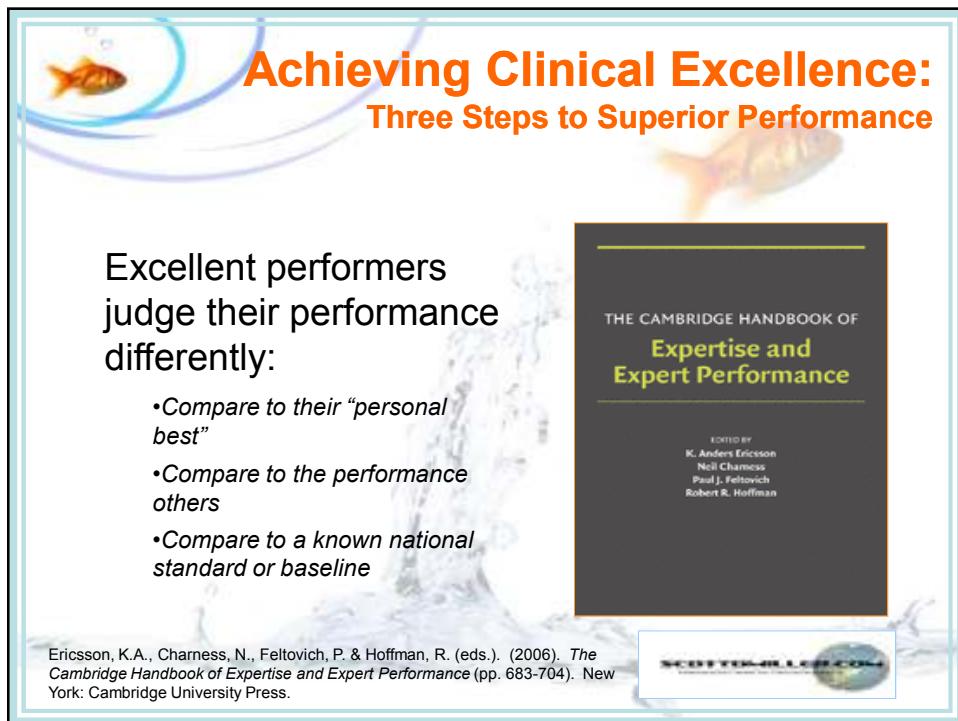
Step 2
Formal, Routine, Ongoing Feedback

“Therapists typically are not cognizant of the trajectory of change of patients seen by therapists in general, what is known, they have little opportunity of comparing their treatment outcomes with those obtained by other therapists.”

Wampold, B., & Brown, J. (2006). Estimating variability in outcomes attributable to therapists: A naturalistic study of outcomes in managed care. *Journal of Consulting and Clinical Psychology*, 73 (5), 914-923.



**Achieving Clinical Excellence:
Three Steps to Superior Performance**



Excellent performers judge their performance differently:

- Compare to their “personal best”
- Compare to the performance others
- Compare to a known national standard or baseline

**THE CAMBRIDGE HANDBOOK OF
Expertise and Expert Performance**

EDITED BY
K. Anders Ericsson
Neil Charness
Paul J. Feltovich
Robert R. Hoffman

Ericsson, K.A., Charness, N., Feltovich, P. & Hoffman, R. (eds.). (2006). *The Cambridge Handbook of Expertise and Expert Performance* (pp. 683-704). New York: Cambridge University Press.



Step Two:
Formal, Routine, Ongoing Feedback

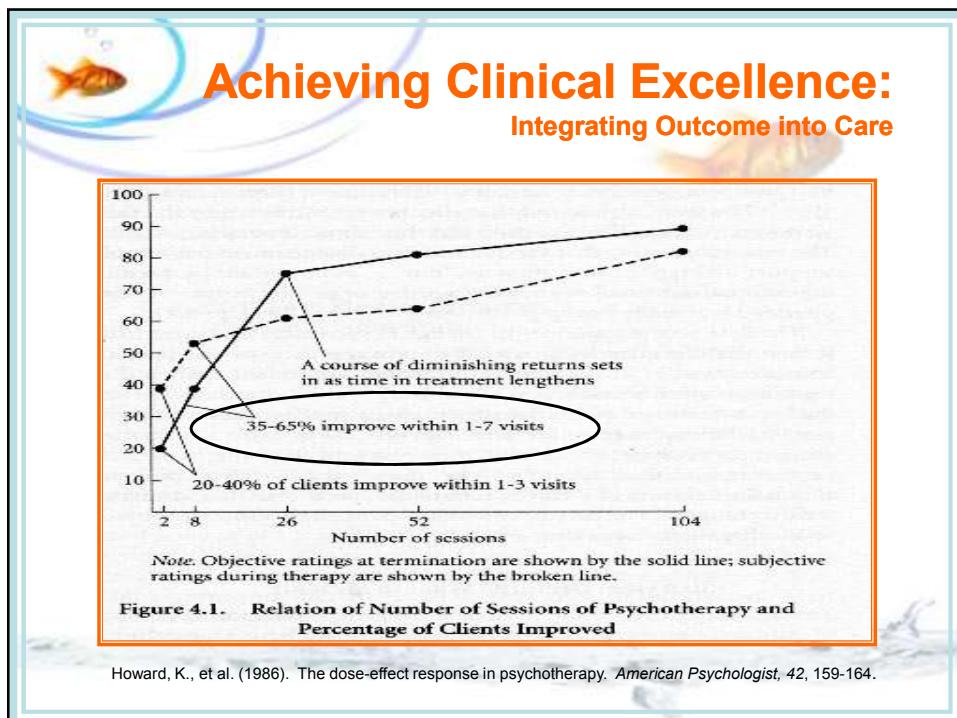
Session Number	Initial Score	Previous Score	20% Progress	50% Progress	70% Progress	Actual Score
1	20.2	20.2	20.2	20.2	20.2	20.2
2	28	28	28	28	28	28
3	28	28	28	28	28	28
4	28.5	28.5	28.5	28.5	28.5	28.5
5	28.5	28.5	28.5	28.5	28.5	28.5
6	24	24	24	24	24	24
7	24	24	24	24	24	20

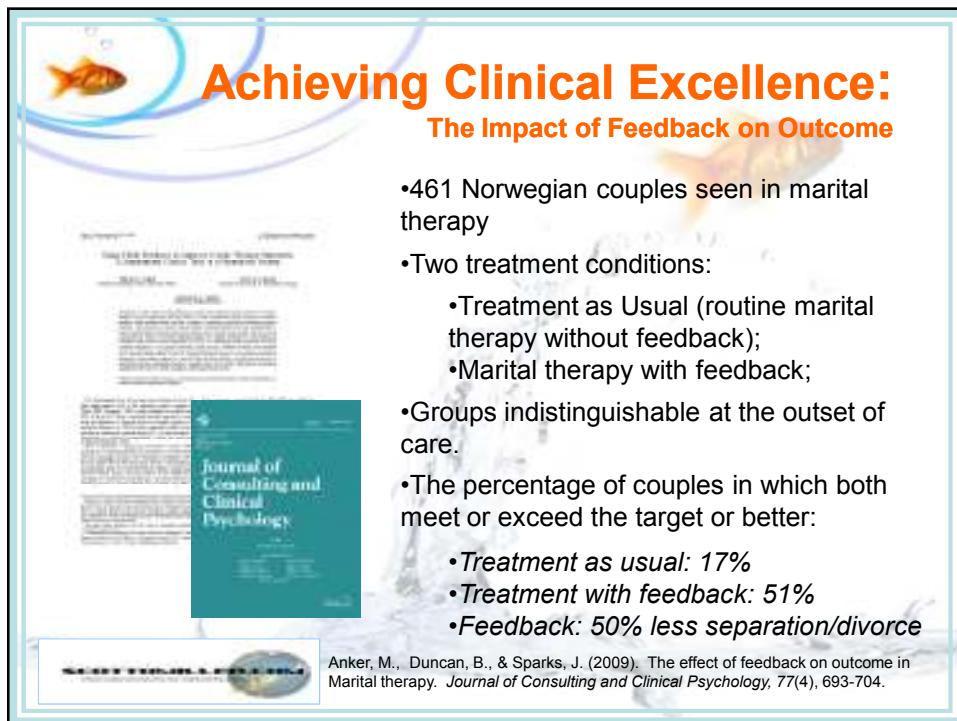
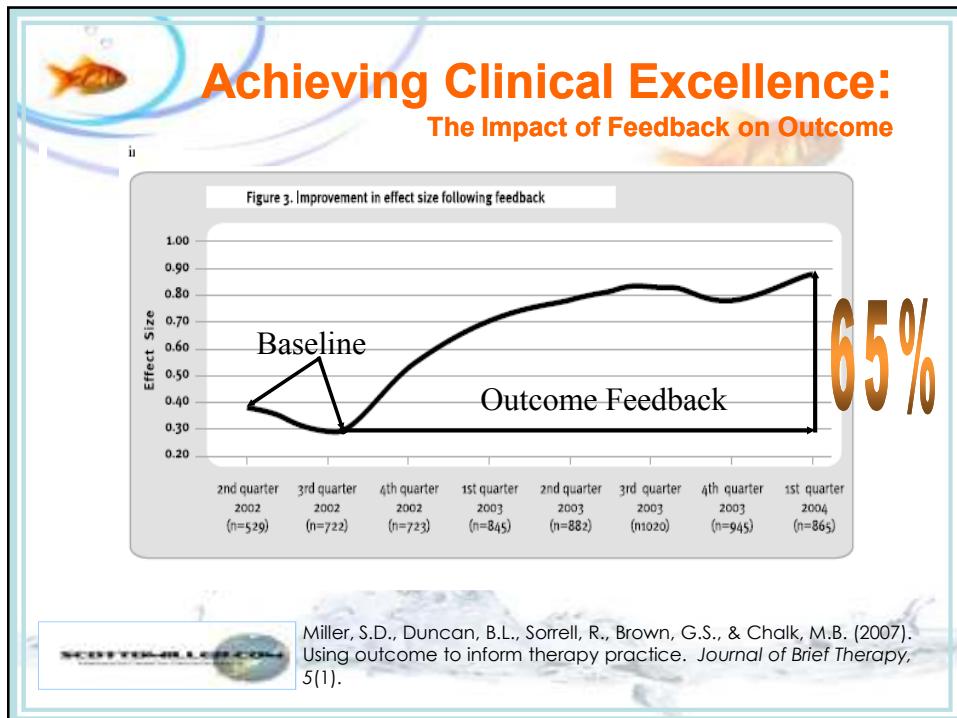
Feedback Message:

- You are reporting no progress since your last visit.
- Given your progress, explore: (1) if you want more of the same services; or (2) if you want to change the amount, the type, or the provider of services.

Achieving Clinical Excellence:
Integrating Outcome into Care

- In 1906, 85 year old British Scientist Sir Francis Galton happens on a weight judging competition at a nearby County fair.
- People paid a small fee to enter a guess.
- Discovers that the average of all guesses was significantly closer than the winning guess!





Achieving Clinical Excellence:
Integrating Feedback into Service Delivery



“Wendy”

Miller, S.D., Hubble, M.A., Duncan, B.L. (Nov/Dec, 2007). Supershinks: Learning from the field's most effective practitioners. *The Psychotherapy Networker*, 31(6), 26-35, 56.

Achieving Clinical Excellence:
Creating a “Culture of Feedback”

Outcome Rating Scale (ORS)

Name _____	Age (Yrs): _____
ID# _____	Sex: M / F _____
Session # _____	Date: _____

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

- When scheduling a first appointment, provide a rationale for seeking client feedback regarding outcome.
 - Work a little differently;
 - If we are going to be helpful should see signs sooner rather than later;
 - If our work helps, can continue as long as you like;
 - If our work is not helpful, we'll seek consultation (session 3 or 4), and consider a referral (within no later than 8 to 10 visits).

Achieving Clinical Excellence:
Creating a “Culture of Feedback”

I WANT YOU
TO PRACTICE!

Creating a
“Culture of
Feedback”

Achieving Clinical Excellence:
Creating a “Culture of Feedback”

After your therapist introduces the ORS, please say:

- Actually, I think my problem will take long time to resolve or this form does not apply to me.
- One of my biggest fears is being evaluated, I think I'm going to have a panic attack.

I WANT YOU
TO PRACTICE!

The Excellence Challenge



Will you formally seek and use feedback to guide service delivery?

Achieving Clinical Excellence: Three Steps to Superior Performance



“Successful people spontaneously do things differently from those individuals who struggle...the performers engage in **Practice** – a skillful activity designed to improve individual target performance.”

Step Three:
Engaging in Deliberate Practice

Brown, J., Lambert, M., Jones, E., & Minami, T. (2005). Identifying highly effective psychotherapists in a managed care setting. *The American Journal of Managed Care*, 11, 513-520.

Collier, C. (November 2006). Finalword: The expert on experts. *Fast Company*, 116.

**Achieving Clinical Excellence:
How Deliberate Practice Works**

• Research indicates that performers (math, science, sports, chess, etc.) reliant on general cognitive strategies or inference methods behave expertly on almost *no* tasks;

• Similarly, available evidence shows that training clinicians in "evidence-based," manualized therapies, diagnosis, *and even the alliance* has little if any impact on outcome.

Duncan, B., Miller, S., Wampold, B., & Hubble, M. (eds.) (2009). *The Heart and Soul of Change* (2nd ed.). Washington, D.C.: APA Press.

**Achieving Clinical Excellence:
Deliberate Practice**

"Unlike play, deliberate practice is not inherently motivating; and unlike work, it does not lead to immediate rewards...and [actually] generates costs."

THE CAMBRIDGE HANDBOOK OF EXPERTISE AND EXPERT PERFORMANCE
K. Anders Ericsson
Neil Charness
C. K. Hare
Albert C. Hoffman

Engage in deliberate practice includes: coming "automaticity"; tracking, reviewing, detecting, comparing baseline or national standards; including weekends; maximum, with periods of rest in between;

Ericsson, K.A., Krampf, R., & Tesch-Römer, C. (1993). The role of deliberate practice in the acquisition of expert performance. *Psychological Review*, 100, 363-406.



**Achieving Clinical Excellence:
Engaging in Deliberate Practice**

• Researchers Anderson, Ogles, Lambert & Vermeersch (2009):

- 25 therapists treating 1100+ clients;
- Variety of demographic variables;
- Measure of interpersonal skills (SSI).

• Domain-specific interpersonal knowledge tested by using therapist responses to challenging therapeutic interactions:

- Four problematic therapeutic process segments;
- Multiple challenging interpersonal patterns (e.g., angry, dependent, confused, blaming, controlling, etc.).

Therapist Effects: Facilitative Interpersonal Skills as a Predictor of Therapist Success

Timothy Anderson, Benjamin M. Ogles, and Candace L. Patterson
Ohio University

Michael J. Lambert
Brigham Young University

David A. Vermeersch
Loma Linda University

This study examined sources of therapist effects in a sample of 25 therapists who saw 1,141 clients at a university counseling center. Clients were seen in individual sessions averaging 50 minutes each session. Therapists' facilitative interpersonal skills (FIS) were assessed with a performance task that measures therapists' interpersonal skills by rating their responses to challenging therapeutic interactions. In client-therapist interactions, therapists considered the Social Skills Inventory (SSI) and the FIS were assessed. Therapists' responses to challenging interactions were available. To test for the presence of therapist effects and to examine the relationship between therapist effects and FIS, we used multilevel modeling. Of demographic predictor variables, only age accounted for therapist effects. The analysis with age, FIS, and SSI as predictors showed that only FIS was significant in predicting therapist effects, suggesting that a portion of the variance in outcomes between therapists can be accounted for by differences in their facilitative skills with clients. © 2009 Wiley Periodicals, Inc. *J Clin Psychol* 65: 755–768, 2009

Keywords: therapist effects; therapy outcome; interpersonal skills; effectiveness

Anderson, T., Ogles, B., Lambert, M., Vermeersch, D. (2009). Therapist effects: Facilitative interpersonal skills as a predictor of therapist success. *Journal of Clinical Psychology*, 65(7), 755-768.

Achieving Clinical Excellence: Engaging in Deliberate Practice

• Researchers Anderson, Ogles, Lambert, & Vermeersch (2009):

- 25 therapists treating 1100+ clients;
- Variety of demographic variables;
- Measure of interpersonal skills (SSIS).

• Domain-specific interpersonal knowledge tested by using therapist responses to challenging therapeutic interactions:

- Four problematic therapeutic patterns segments;
- Multiple challenging interpersonal patterns (e.g., angry, dependent, confused, blaming, controlling, etc.).

Considerable differences in interpersonal knowledge as a Predictor of Therapist Success: The Case Between Clinicians

Timothy Anderson, Benjamin M. Ogles, and Candace L. Patterson
Oklahoma University

Age, gender percentage of work time spent conducting therapy, theoretical orientation not correlated with outcome.

General interpersonal skills not correlated with outcome; only domain-specific interpersonal knowledge predicted outcome.

Keywords: therapist effects, therapy outcome, interpersonal skills, Psychopathology, treatment outcome

Anderson, T., Ogles, B., Lambert, M., & Vermeersch, D. (2009). Therapist effects: Facilitative interpersonal skills as a predictor of therapist success. *Journal of Clinical Psychology*, 65(7), 755-768.

Session Rating Scale (SRS V.3.0)

Name _____	Age (Yrs): _____
ID# _____	Sex: M / F
Session # _____	Date: _____

Please rate today's session by placing a hash mark on the line nearest to the description that best fits your experience.

Relationship

I did not feel heard, understood and respected. [-----] I felt heard, understood and respected. [-----]

Goals and Topics

We did not work on or talk about what I wanted to work on and talk about. [-----] We worked on and talked about what I wanted to work on and talk about. [-----]

Approach or Method

The therapist's approach is not a good fit for me. [-----] The therapist's approach is a good fit for me. [-----]

Overall

There was something missing in the session today. [-----] Overall, today's session was right for me. [-----]

• Give at the end of each session;

• Each line 10 cm in length;

• Score in cm to the nearest mm;

• Discuss each visit but always when:

- The total score falls below 36.
- Decreases of 1 point.

Child Session Rating Scale (CSRS)

Name _____	Age (Yrs): _____
Sex: M / F	
Session # _____	Date: _____

How was our time together today? Please put a mark on the lines below to let us know if how you feel.

Listening

I did not always listen to me.  I listened to me. 

How Important

What we did and talked about was not really that important to me.  What we did and talked about were important to me. 

What We Did

I did not like what we did today.  I liked what we did today. 

Overall

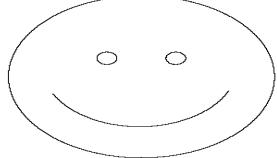
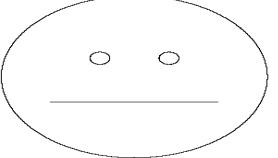
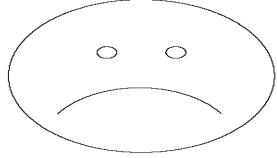
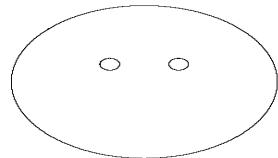
I wish we could do something different.  I hope we do the same kind of things next time. 

Institute for the Study of Therapeutic Change

Young Child Session Rating Scale (YCSRS)

Name _____	Age (Yrs): _____
Sex: M / F	
Session # _____	Date: _____

Choose one of the faces that shows how it was for you to be here today. Or, you can draw one below that is just right for you.

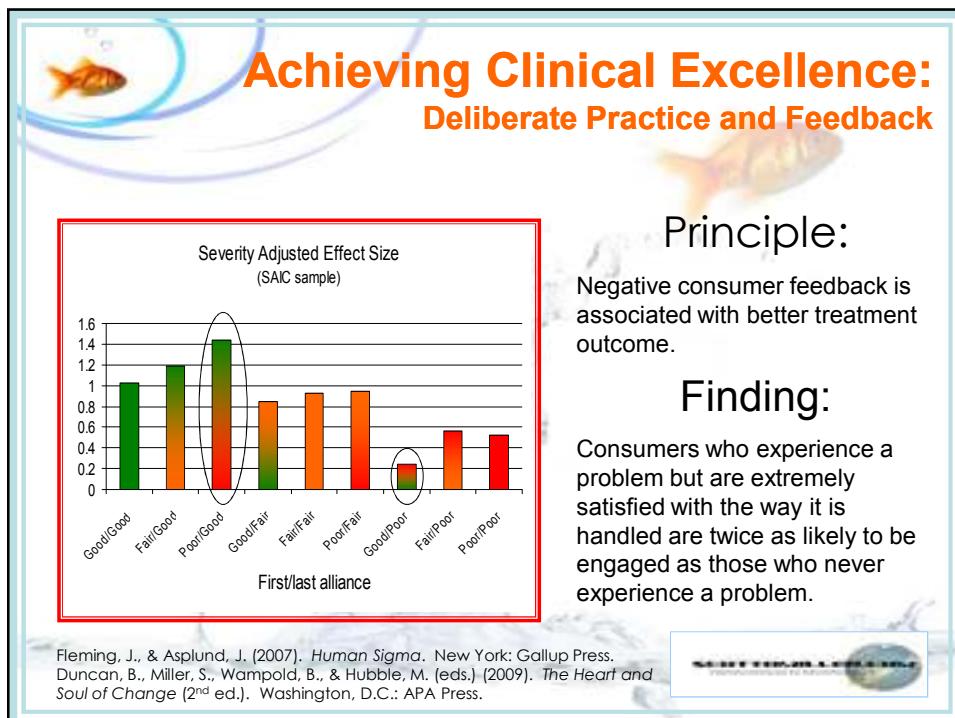





Institute for the Study of Therapeutic Change
www.talkingcure.com

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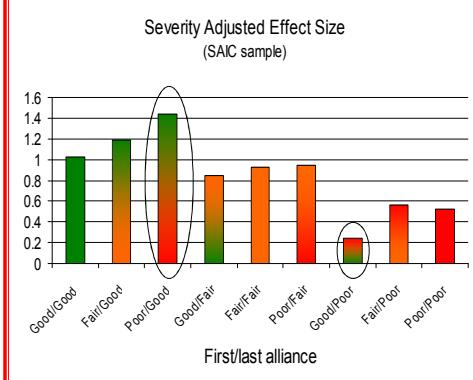
Achieving Clinical Excellence: Deliberate Practice and Feedback



Principle:
Negative consumer feedback is associated with better treatment outcome.

Finding:
Consumers who experience a problem but are extremely satisfied with the way it is handled are twice as likely to be engaged as those who never experience a problem.

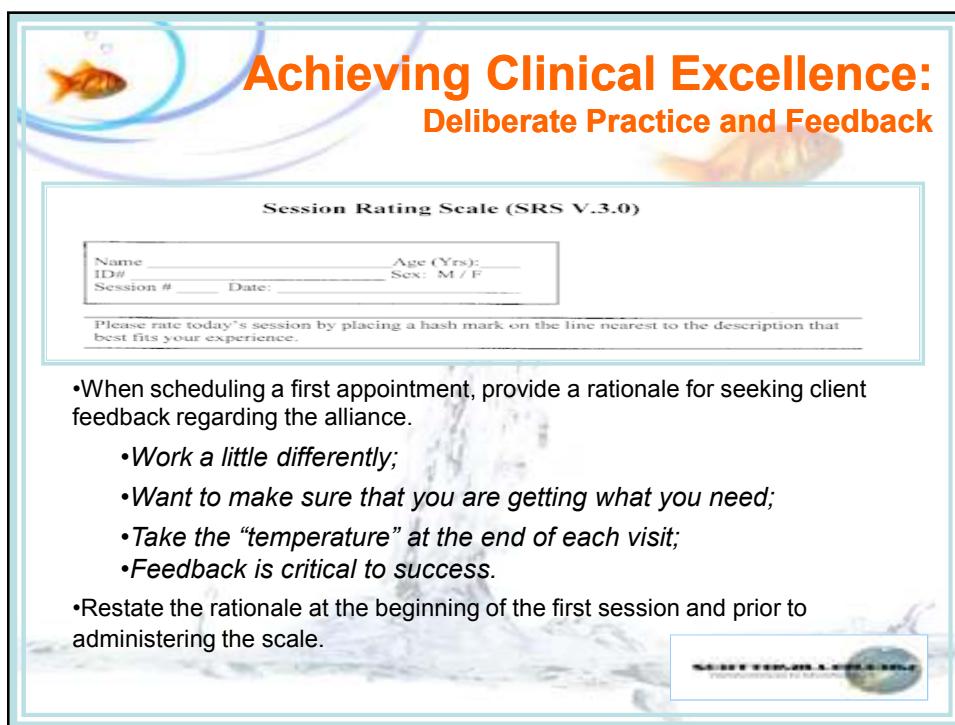
Severity Adjusted Effect Size
(SAIC sample)



Alliance Category	Severity Adjusted Effect Size (SAIC sample)
Good/Good	~1.1
Fair/Good	~1.2
Poor/Good	~1.3
Good/Fair	~0.8
Fair/Fair	~0.9
Poor/Fair	~0.9
Good/Poor	~0.2
Fair/Poor	~0.5
Poor/Poor	~0.5

Fleming, J., & Asplund, J. (2007). *Human Sigma*. New York: Gallup Press.
Duncan, B., Miller, S., Wampold, B., & Hubble, M. (eds.). (2009). *The Heart and Soul of Change* (2nd ed.). Washington, D.C.: APA Press.

Achieving Clinical Excellence: Deliberate Practice and Feedback



Session Rating Scale (SRS V.3.0)

Name _____	Age (Yrs): _____
ID# _____	Sex: M / F _____
Session # _____	Date: _____

Please rate today's session by placing a hash mark on the line nearest to the description that best fits your experience.

- When scheduling a first appointment, provide a rationale for seeking client feedback regarding the alliance.
 - Work a little differently;
 - Want to make sure that you are getting what you need;
 - Take the “temperature” at the end of each visit;
 - Feedback is critical to success.
- Restate the rationale at the beginning of the first session and prior to administering the scale.

Achieving Clinical Excellence:
Deliberate Practice and Feedback



“Wendy”

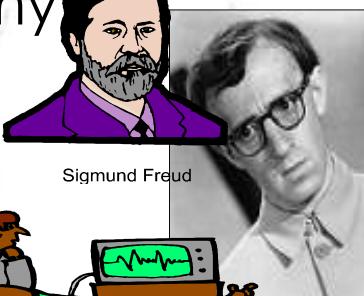
Miller, S.D., Hubble, M.A., Duncan, B.L. (Nov/Dec, 2007). Supershrinks: Learning from the field's most effective practitioners. *The Psychotherapy Networker*, 31(6), 26-35, 56.

Achieving Clinical Excellence:
A Clinical Example



Hey, step into my
shoes...

A Case Example



Sigmund Freud

Service Presentation Format:

1. Name:	
2. Age:	59
3. Gender:	Male
4. Ethnicity:	Caucasian
5. Relationship status:	Single, Never married
6. Employment status:	Not working
7. Referral source:	Self, internet
8. Service start date:	4 years of age
9. Current level of care:	Outpatient
10. Reason for seeking care	Anxiety, somatization, agoraphobia, multiple phobias

**Achieving Clinical Excellence:
A Clinical Example**

Relationship: 9
 I did not feel heard, understood, and respected.

Goals and Topics: 9.2
 We did not work on or talk about what I wanted to work on and talk about.

Approach or Method: 5.1
 The therapist's approach is not a good fit for me.

Overall: 8.7
 There was something missing in the session today.

Total = 32

Attention:

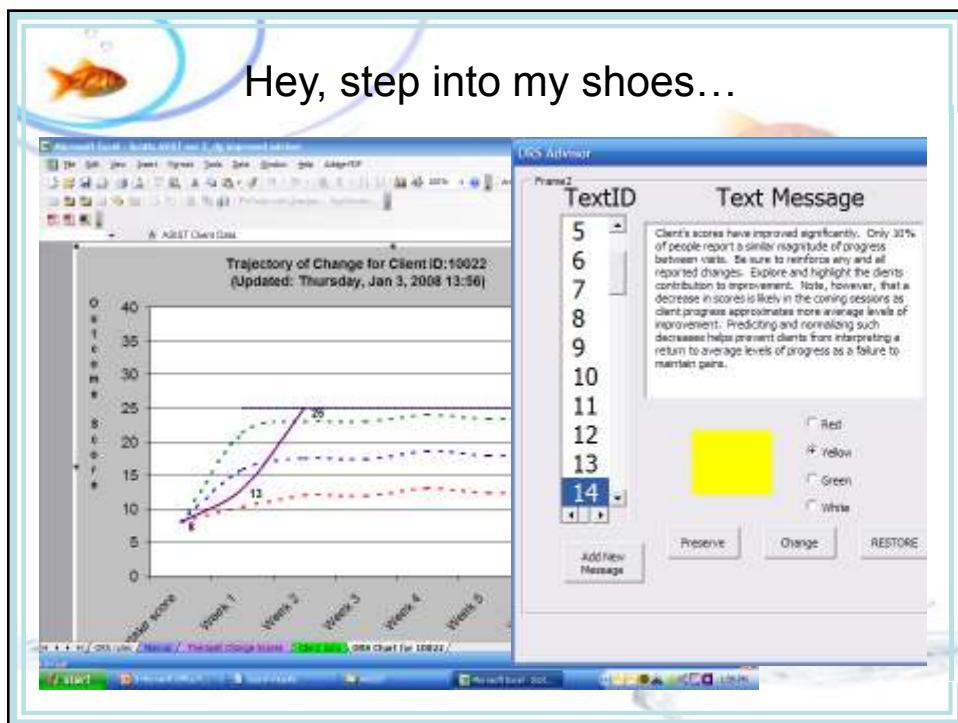
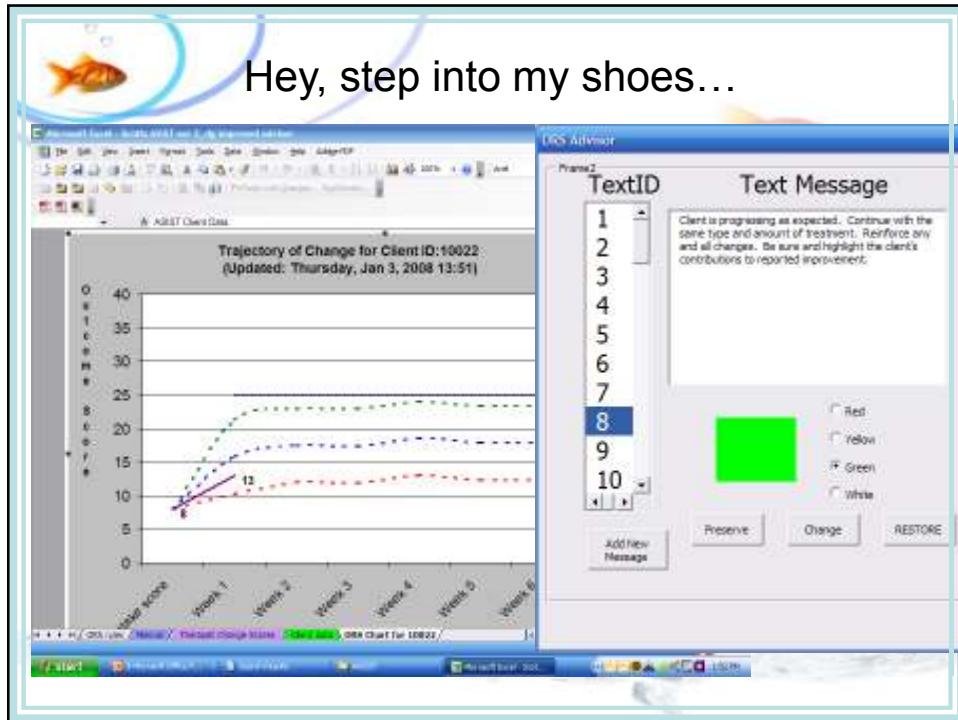
90% of those who complete the scale score higher.

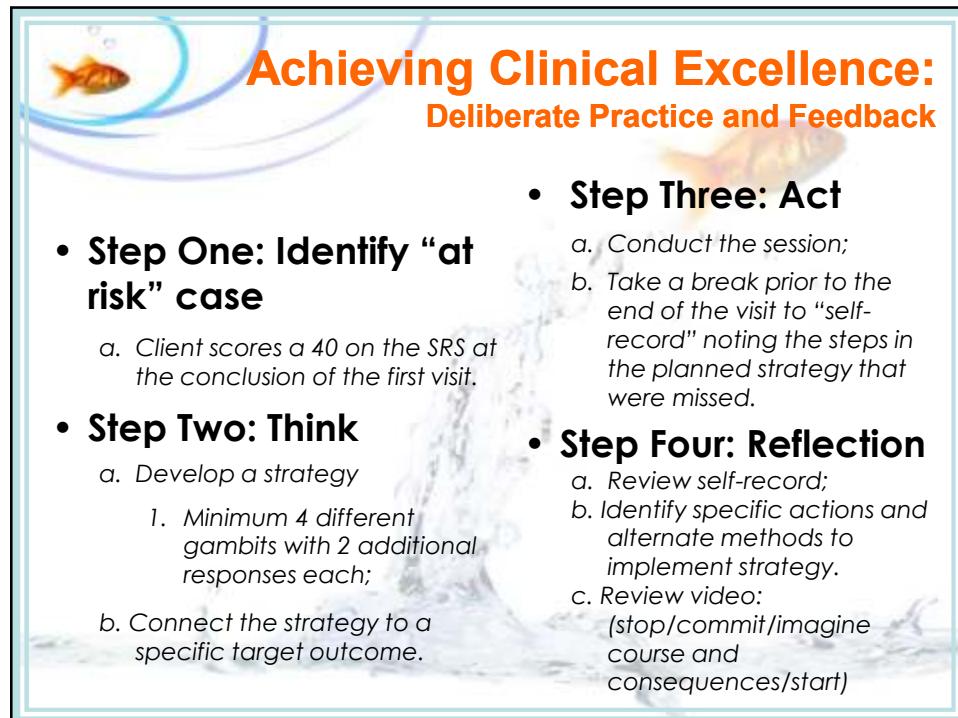
Also...
 Talk to your client about this item: [Approach or Method: 5.1].

Relationship: 9 out of 10.
 Goals and Topics: 9.2 out of 10.
 Approach or Method: 5.1 out of 10.
 Overall: 8.7 out of 10.

Total Score = 32

OK





Achieving Clinical Excellence: Deliberate Practice and Feedback

- **Step One: Identify “at risk” case**
 - a. Client scores a 40 on the SRS at the conclusion of the first visit.
- **Step Two: Think**
 - a. Develop a strategy
 - 1. Minimum 4 different gambits with 2 additional responses each;
 - b. Connect the strategy to a specific target outcome.
- **Step Three: Act**
 - a. Conduct the session;
 - b. Take a break prior to the end of the visit to “self-record” noting the steps in the planned strategy that were missed.
- **Step Four: Reflection**
 - a. Review self-record;
 - b. Identify specific actions and alternate methods to implement strategy.
 - c. Review video:
(stop/commit/imagine course and consequences/start)



Achieving Clinical Excellence: Deliberate Practice and Feedback



“Wendy”



Miller, S.D., Hubble, M.A., Duncan, B.L. (Nov/Dec, 2007). Supershrinks: Learning from the field's most effective practitioners. *The Psychotherapy Networker*, 31(6), 26-35, 56.

The screenshot shows the MyOutcomes Training Module interface. At the top, there is a navigation bar with icons for Home, Us, Help, and Contact. The title "Training Module" is displayed prominently. On the left, there is a sidebar labeled "Clinician 2" with a password field. The main content area contains a principle statement and an example application.

Principle: Negative consumer feedback is associated with better outcomes.

Apply the principle to the following example:

CI: This hour has been incredibly helpful. Thank you. I'm giving you all 10's.

Thanks for that. Take just a moment though to think. Sometimes when people come to see me, they have a mental list of things they hoped to talk about

