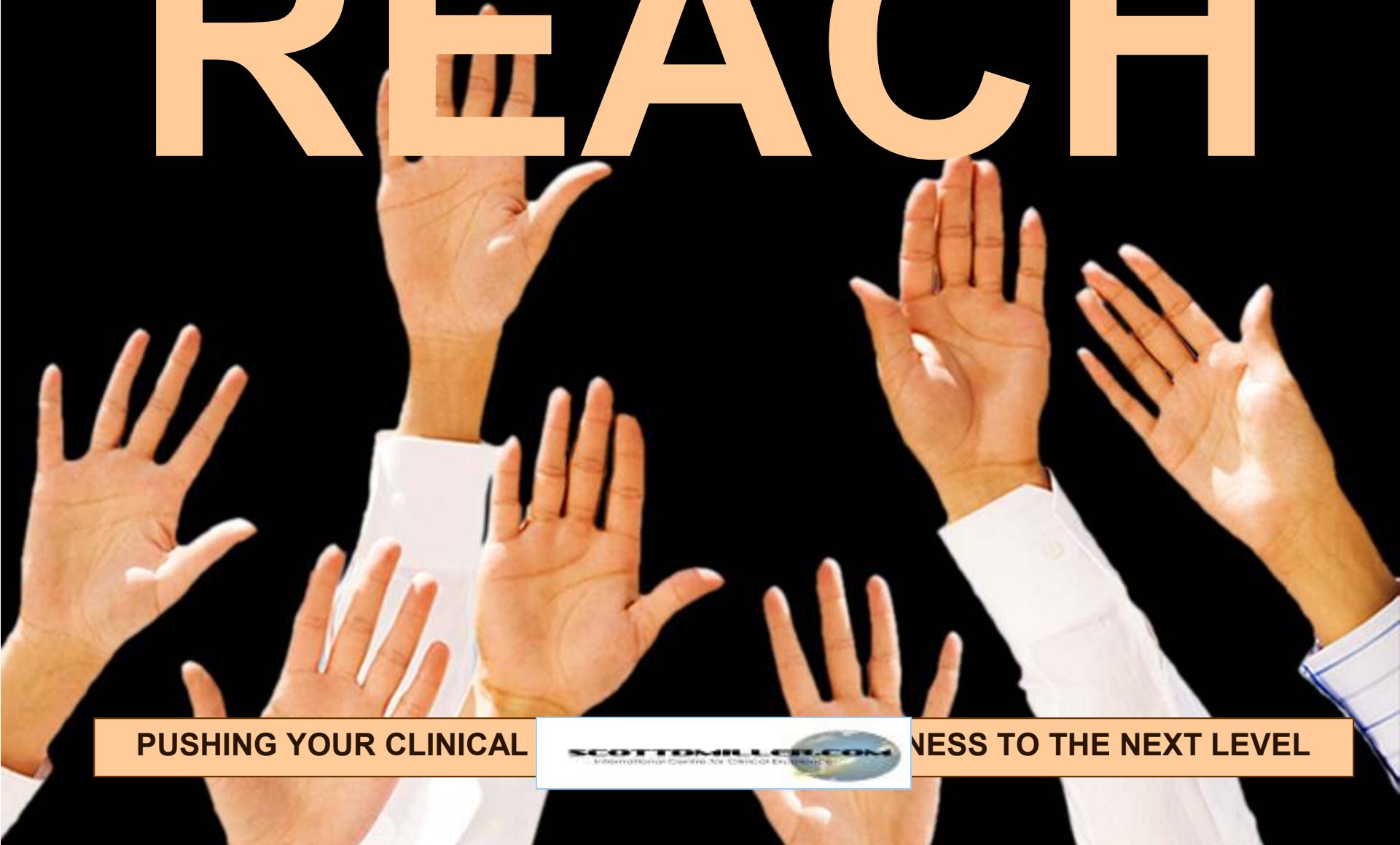


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PUSHING YOUR CLINICAL



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Required fields are marked with \*

# WORLDWIDE TRENDS

- *Increasing caseloads, regulation, and documentation;*
- *Funding challenges;*
- *Demand for accountability.*

Lambert, M.J., Whipple, J.L., Hawkins, E.J., Vermeersch, D.A., Nielsen, S.L., Smart, D.A. (2004). Is it time for clinicians routinely to track patient outcome: A meta-analysis. *Clinical Psychology*, 10, 288-301.

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# THE EVIDENCE

- *In most studies of treatment conducted over the last 40 years, the average treated person is better off than 80% of the untreated sample.*
- *The outcome of behavioral health services equals and, in most cases, exceeds medical treatments.*
- *On average, mental health professionals achieve outcomes on par with success rates obtained in randomized clinical trials (with and without co-morbidity), including PBH settings!*

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*, 75 232-243.

Reese, R et al. (2014). Benchmarking Outcomes in a PBH Setting. *Journal of Consulting and Clinical Psychology*, 82, 731-742.



# THE EVIDENCE



# Therapists versus Athletes

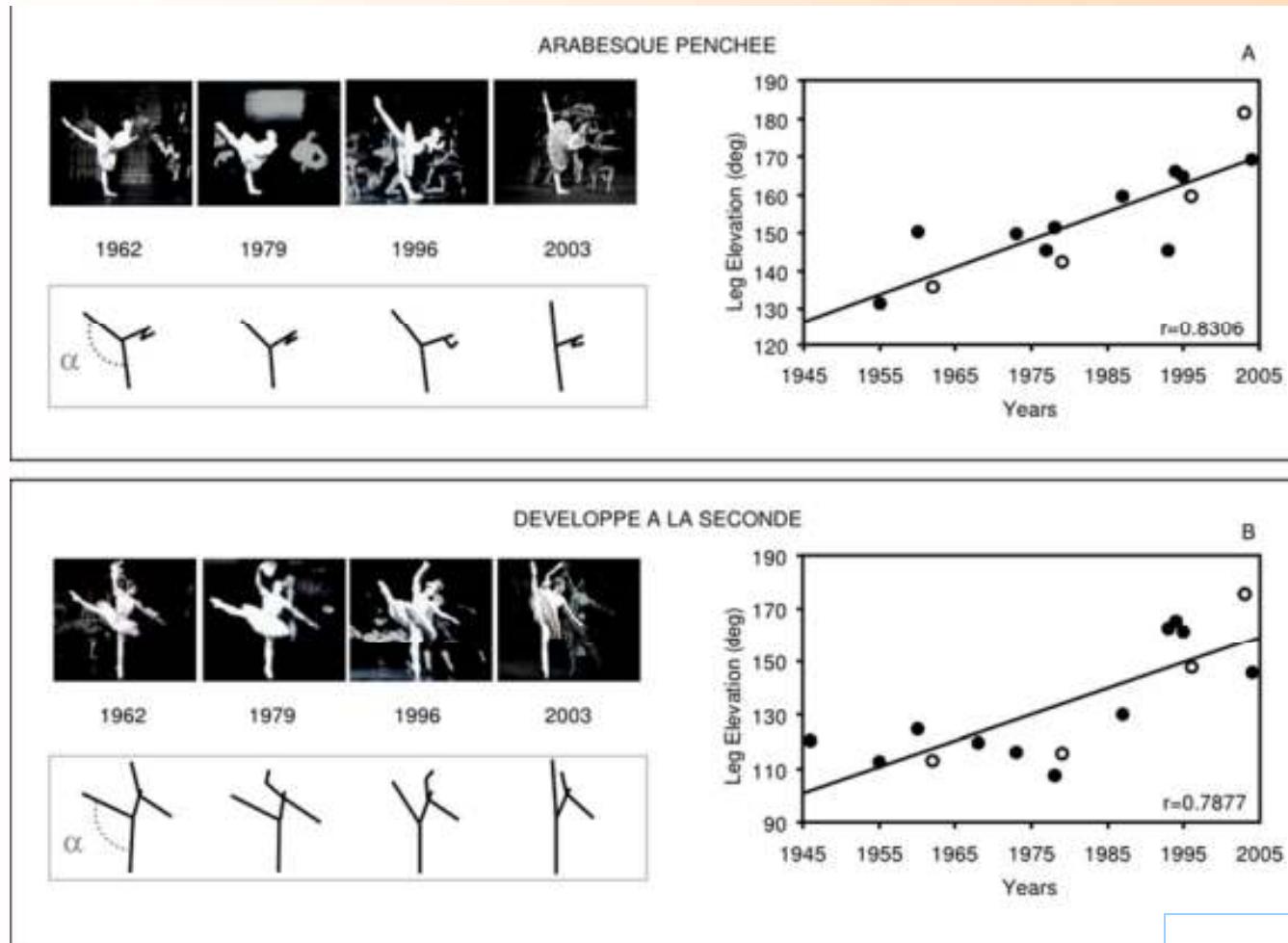
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- Over the last century, the best performance for all Olympic events has improved—in some cases by more than 50%!
- *Today's best high school time in the marathon beats the 1908 Olympic gold medal winning time by more than 20 minutes!*
- *Improvement has nothing to do with size, genetic changes, or performance enhancing drugs.*

Colvin, G. (2008). *Talent is Overrated*. New York: Portfolio.  
Ericsson, K.A., Krampe, R., & Tesch-Romer, C. (1993). The role of deliberate practice in the acquisition of expert performance. *Psychological Review*, 100, 363-406.  
Miller, S.D., Hubble, M.A., & Duncan, B.L. (2007). Supershrinks: Learning from the Fields Most Effective Practitioners. *Psychotherapy Networker*, 31, 6, 36-45, 57.  
Schultz, R. & Curnow, C. (1988). Peak performance and age among super-athletes. *Journal of Gerontology: Psychological Sciences*, 43, 113-120.



# THE EVIDENCE



International Conference on  
Cultural Heritage and  
Conservation of Cultural Properties

# THE EVIDENCE

## How Do Therapists Develop?

- A massive, 20-year, multinational study of 11,000 therapists;
- Collected and analyzed detailed reports about the way therapists experienced their work and professional development.
- The majority of therapists see themselves as developing professionally over the course of their careers.

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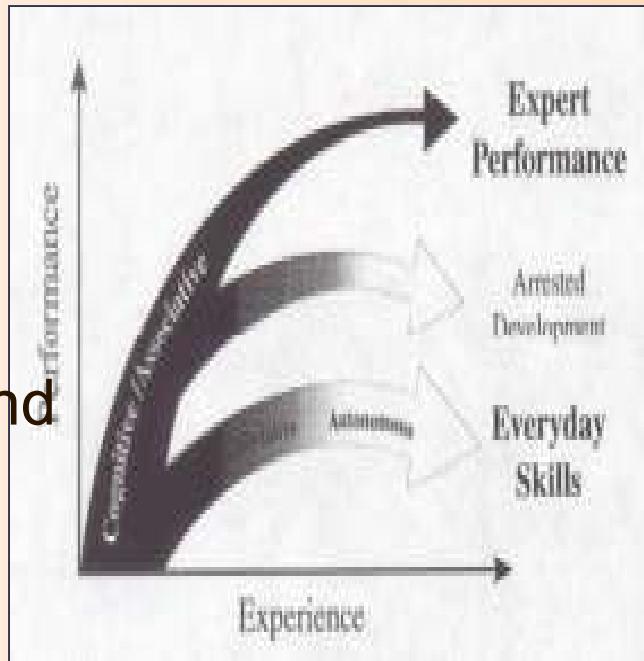
Orlinsky, D.E., & Rønnestad, M.H. *How Psychotherapists Develop: A Study of Therapeutic Work and Professional Growth*. Washington, D.C.: American Psychological Association,  
Ericsson, K.A., Charness, N., Feltovich, P. & Hoffman, R. (eds.). (2006). *The Cambridge Handbook of Expertise and Expert Performance*. New York: Cambridge University Press.



# THE EVIDENCE

## How Do Therapists Develop?

- The effectiveness of the “average” helper plateaus very early.
- Little or no difference in outcome between professionals, students and para-professionals.
- Professional training contributes less than 1%



**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.

**Nyman, S. et al.** (2010). Client outcomes across counselor training level within multitiered supervision model. *Journal of Counseling and Development*, 88, 204-209.

**Macnamara, B., et al.** (2014). Deliberate practice and performance in music, games, sports, education, and professions. *Psychological Science*. DOI: 10.1177/0956797614535810.



# THE EVIDENCE

## Three Stubborn Problems

- *Drop out rates average 47%;*
- *Mental health professionals frequently fail to identify failing cases;*
- *1 out of 10 consumers accounts for 60-70% of expenditures.*



**Aubrey, R., Self, R., & Halstead, J.** (2003). Early non attendance as a predictor of continued non-attendance and subsequent attrition from psychological help. *Clinical Psychology, 32*, 6-10.

**Chasson, G.** (2005). Attrition in child treatment. *Psychotherapy Bulletin, 40*(1), 4-7.

**Harmon, S.J., Lambert, M.J., Smart, D.M., Hawkins, E., Nielsen, S.L., Slade, K., Lutz, W.**, (2007) Enhancing outcome for potential treatment failures: Therapist-client feedback and clinical support tools. *Psychotherapy Research, 17*(4), 379-392

**Lambert, M.J., Whipple, J., Hawkins, E., Vermeersch, D., Nielsen, S., & Smart, D.** (2004). Is it time for clinicians routinely to track client outcome? A meta-analysis. *Clinical Psychology, 10*, 288-301.

# THE EVIDENCE

THE GLOBAL EDITION OF THE NEW YORK TIMES

## COMMENTARY LETTERS

### Average is over



**Thomas L.  
Friedman**

"In the past, workers with average skills, doing an average job, could earn an average lifestyle. But today average is officially over. Being average just won't earn you what it used to. It can't when so many more employers have access to so much more above average, inexpensive labor..."

say, if horses could have voted, there never would have been cars. But there's been an acceleration. As Davidson notes, "In the 10 years ending in 2009, [U.S.] factories shed workers so fast that they erased almost all the gains of the previous 70 years; roughly one out of every three manufacturing jobs — about 6 million in total — disappeared."

And you ain't seen nothin' yet. Last April, Annie Lowrey of Slate wrote

foreman immediately roused 8,000 workers inside the company's dormitories, according to the executive. Each employee was given a biscuit and a cup of tea, guided to a workstation and within half an hour started a 12-hour shift fitting glass screens into beveled frames. Within 96 hours, the plant was producing over 10,000 iPhones a day. "The speed and flexibility is breathtaking," the executive said. "There's no American plant that can match that."

And automation is not just coming to manufacturing, explains Curtis Carlson, the chief executive of SRI International, a Silicon Valley idea lab that invented the Apple iPhone program known as Siri, the digital personal assistant. "Siri is the beginning of a huge transformation in how we interact with banks, insurance companies, retail stores, health care providers, information retrieval services and product ser-

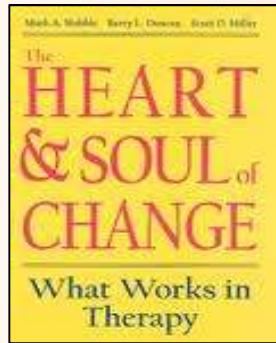
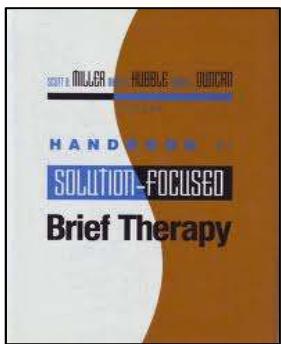
In the 21st-century economy, everyone is going to have to find something extra to stand out in their field.

vices."

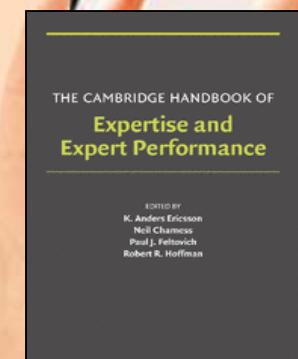


# REACH

- Specific Models and Methods
- Common factors
- Measurement of Outcomes
- Expertise and Excellence



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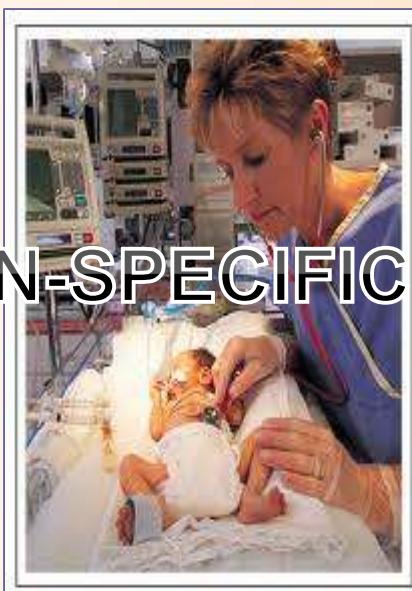


# THE BEST HAVE MORE THAN THE REST



DEEP, DOMAIN-SPECIFIC

Know More



See More



Do More





# REACH

- 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.
- Therapists do not learn from feedback

Miller, S.D. & Hubble, M.A. (2011). The road to mastery. *The Psychotherapy Networker*, 35(2), 22-31, 60.

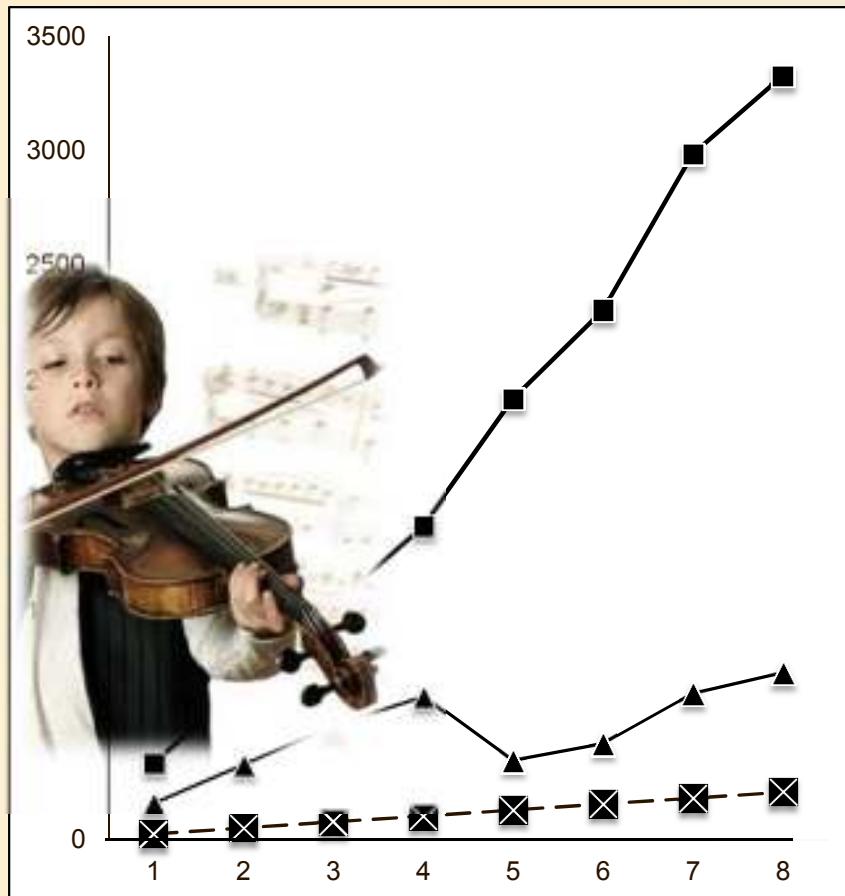
De Jong, K. et al. (2012). Understanding the differential impact of outcome monitoring. *Psychotherapy Research*, 22, 464-474.

Shimokawa, K, et al. (2010): "Enhancing Treatment Outcome of Patients at Risk of Treatment Failure: Meta-Analytic and Mega-Analytic Review of a Psychotherapy Quality Assurance System", *Journal of Consulting and Clinical Psychology* , Vol. 78, No. 3, 298–311

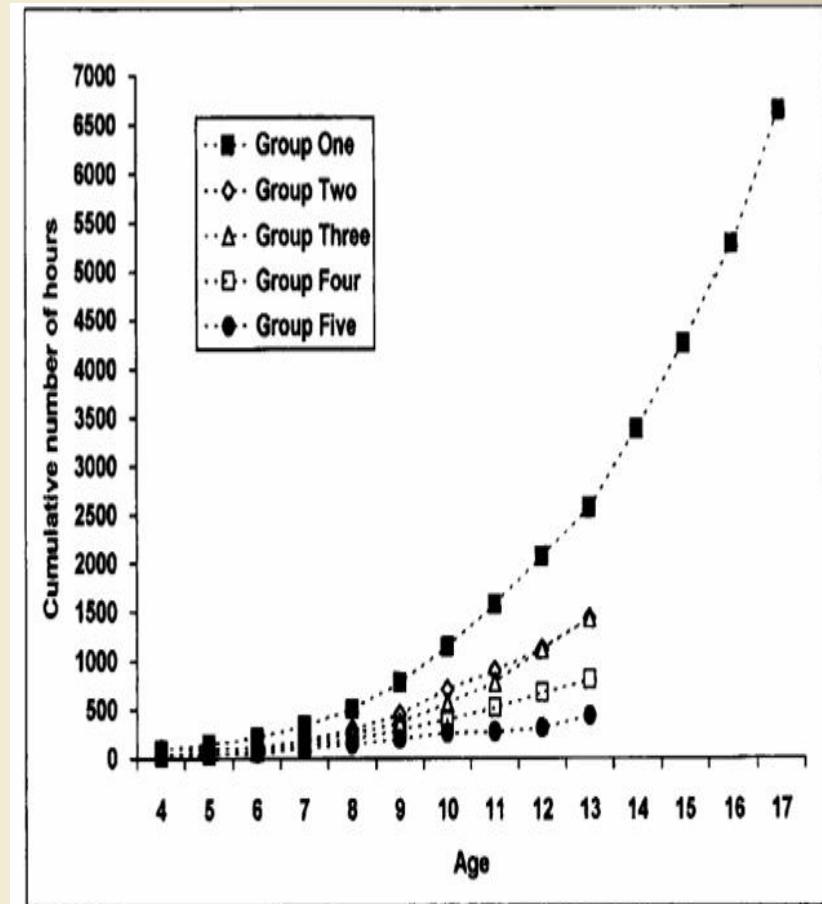


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# DELIBERATE PRACTICE

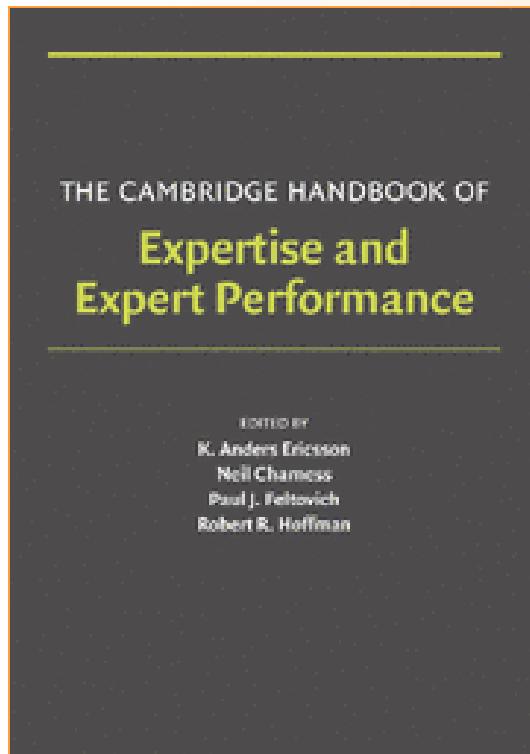


Therapists



Violinists

# REACH



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

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



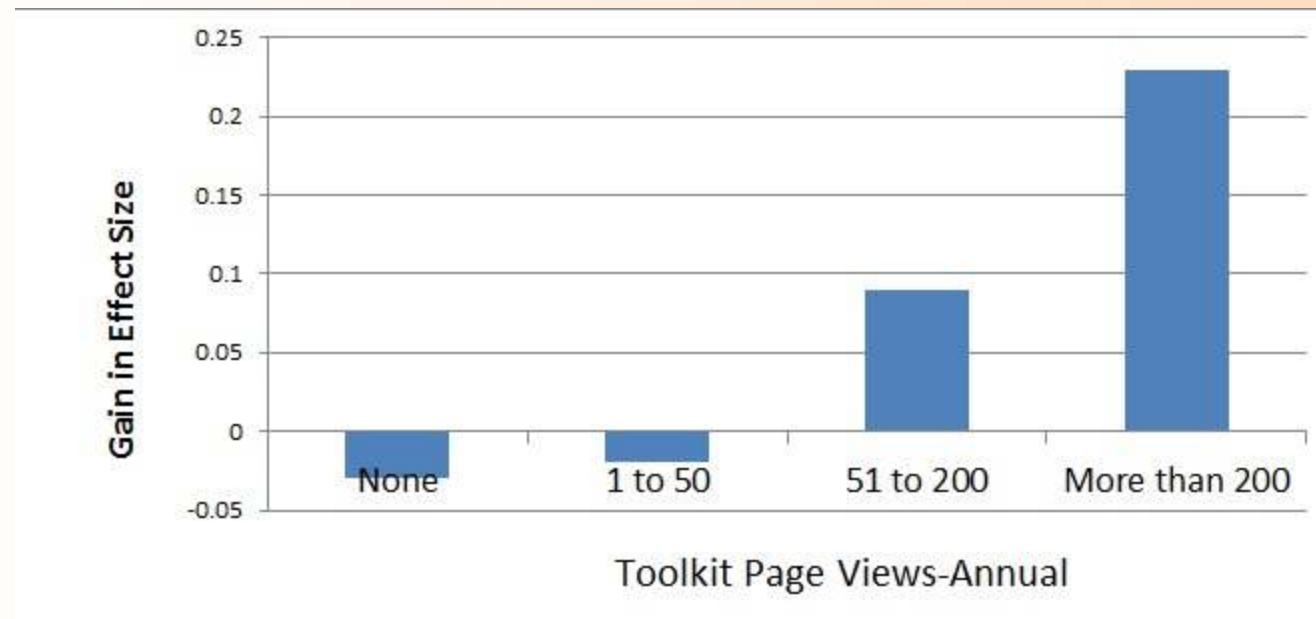
# REACH

- **Deliberate practice includes:**
  - a. Working hard at overcoming “automaticity”;
  - b. Planning, strategizing, tracking, reviewing, and adjusting plan and steps;
  - c. Consistently measuring and then comparing performance to a known baseline or national standard or norm.
- **Elite performers engage in practice designed to improve target performance:**
  - a. Every day of the week, including weekends;
  - b. For periods of 45 minutes maximum, with periods of rest in between;
  - c. The best up to 4 hours per day.

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



# REACH



# DELIBERATE PRACTICE



## BASICS MISTAKES

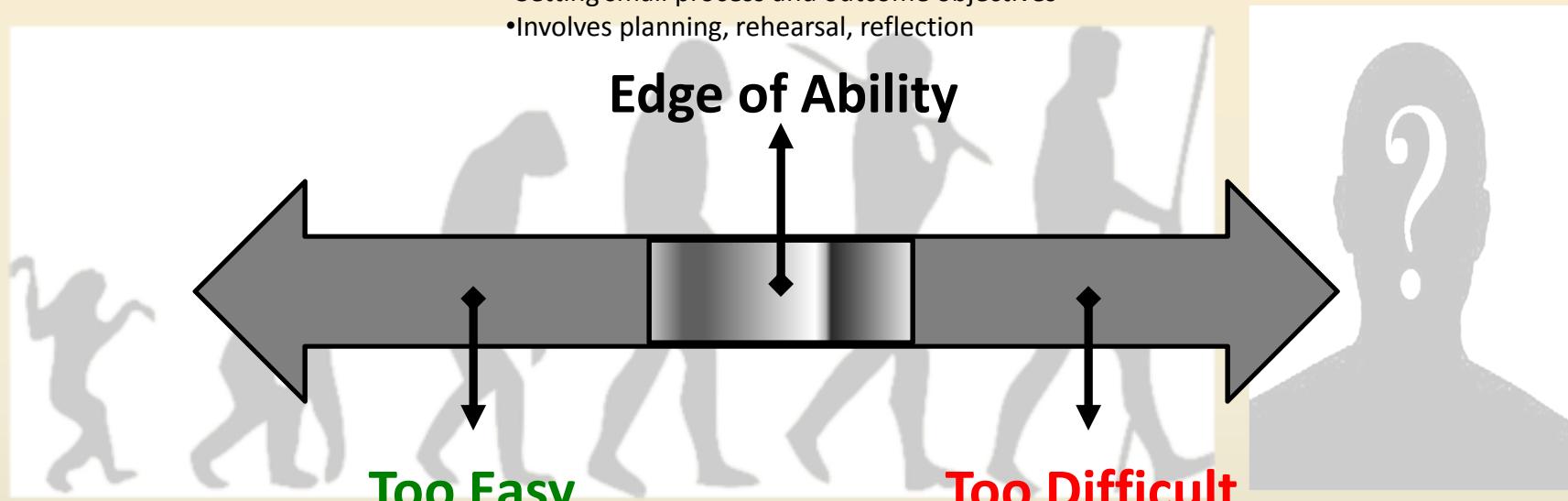
Miller, S.D., & Hubble, M.A. (2011). The road to mastery. *The Psychotherapy Networker*, 35(2), 22-31, 60.



# Deliberate Practice

## Zone of “Proximal Development”:

- Reliable performance inconsistent
- Identification of errors, misperceptions
- Setting small process and outcome objectives
- Involves planning, rehearsal, reflection

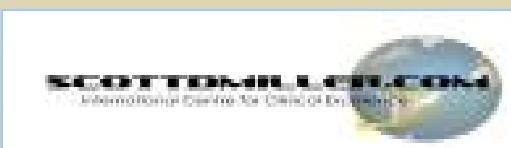


## Realm of “Reliable” Performance:

- Processes executed quickly, automatically
- Involves recognition, retrieval, execution

## Ambit of Admiration:

- Abilities of others appear flawless, magical, dramatic
- Effort and attention focused on easily recognized, but non-causal factors and/or processes (superstition)
- Risk of failure and injury high



# DELIBERATE PRACTICE

THINK  
ACT  
REFLECT



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Miller, S.D. , Hubble, M.A., & Duncan, B.L. (2007). Supershrinks: Learning from the Fields Most Effective Practitioners. *Psychotherapy Networker*, 31, 6, 36-45, 57.

Miller, S.D. & Hubble, M.A. (2011). The road to mastery. *The Psychotherapy Networker*, 35(2), 22-31, 60.

# DELIBERATE PRACTICE

## T.A.R.

## THINK:

- Identify the limits of one's "realm of reliable performance"*
- Develop a specific plan of action and description of the intended outcome*

Miller, S.D. , Hubble, M.A., & Duncan, B.L. (2007). Supershrinks: Learning from the Fields Most Effective Practitioners. *Psychotherapy Networker*, 31, 6, 36-45, 57.

Miller, S.D. & Hubble, M.A. (2011). The road to mastery. *The Psychotherapy Networker*, 35(2), 22-31, 60.



# DELIBERATE PRACTICE

## T.A.R.

### ACT:

- *Execute the plan of action*
- *Note the steps of the plan that were missed*
- *Identify any actions taken not part of the original plan*

Miller, S.D. , Hubble, M.A., & Duncan, B.L. (2007). Supershrinks: Learning from the Fields Most Effective Practitioners. *Psychotherapy Networker*, 31, 6, 36-45, 57.

Miller, S.D. & Hubble, M.A. (2011). The road to mastery. *The Psychotherapy Networker*, 35(2), 22-31, 60.



# DELIBERATE PRACTICE

T.A.R.

## REFLECT:

- *Review the plan and execution*
- *Identify errors*
- *Outline alternative actions*

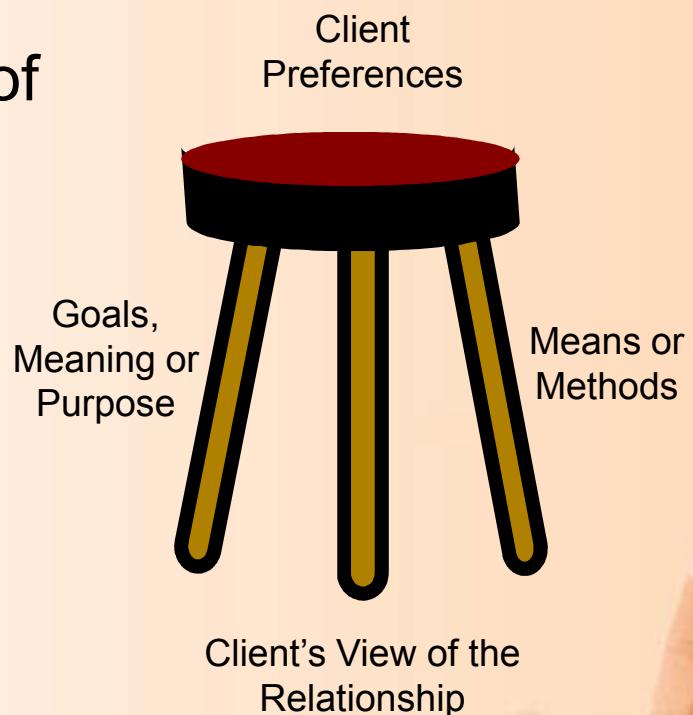
**Miller, S.D. , Hubble, M.A., & Duncan, B.L.** (2007). Supershrinks: Learning from the Fields Most Effective Practitioners. *Psychotherapy Networker*, 31, 6, 36-45, 57.

**Miller, S.D. & Hubble, M.A.** (2011). The road to mastery. *The Psychotherapy Networker*, 35(2), 22-31, 60.



# DELIBERATE PRACTICE

- Research on the power of the relationship reflected in over 1100 research findings.
- Independent of the approach, diagnosis, researcher allegiance, or time of assessment.



Fluckinger, C., De Re, A.C., Wampold, B.E., Symonds, D., & Horvath, A.O. (2012). How central is the alliance in psychotherapy: A multilevel longitudinal meta-analysis. *Journal of Counseling Psychology*, 59, 10-17.

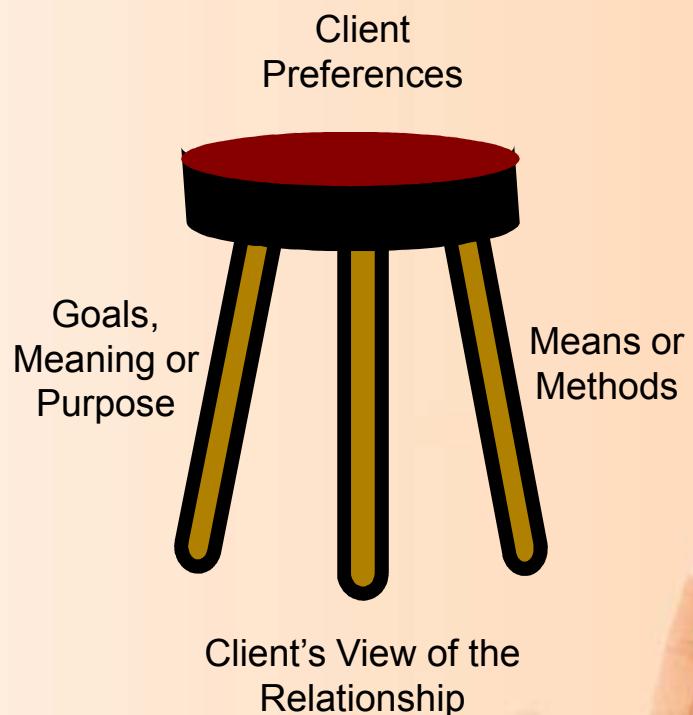
Norcross, J. (2009). The Therapeutic Relationship. In B. Duncan, S. Miller, B. Wampold, & M. Hubble (eds.). *The Heart and Soul of Change*. Washington, D.C.: APA Press.

Baldwin, S., Wampold, B., & Imel, Z. (2007). Untangling the Alliance-Outcome Correlation. *Journal of Consulting and Clinical Psychology*, 75(6), 842-852.



# DELIBERATE PRACTICE

- Baldwin et al. (2007):
  - *Study of 331 consumers, 81 clinicians.*
  - *Therapist variability in the alliance predicted outcome (97%).*
  - *Consumer variability in the alliance unrelated to outcome (0%)*



Fluckinger, C., De Re, A.C., Wampold, B.E., Symonds, D., & Horvath, A.O. (2012). How central is the alliance in psychotherapy: A multilevel longitudinal meta-analysis. *Journal of Counseling Psychology*, 59, 10-17.

Norcross, J. (2009). The Therapeutic Relationship. In B. Duncan, S. Miller, B. Wampold, & M. Hubble (eds.). *The Heart and Soul of Change*. Washington, D.C.: APA Press.

Baldwin, S., Wampold, B., & Imel, Z. (2007). Untangling the Alliance-Outcome Correlation. *Journal of Consulting and Clinical Psychology*, 75(6), 842-852.



# REACH

- 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  
Akron Young University

David A. Vermeersch  
Loyola Marymount University

This study examined sources of therapist effects in a sample of 25 therapists who saw 1,100 clients at a university counseling center. Clients completed the Outcome Questionnaire-45 (OQ-45) at each session. Therapists' facilitative interpersonal skills (FIS) were assessed with a performance task that measures therapists' interpersonal skills by rating therapist responses to video simulations of challenging client-therapist interactions. Therapists completed the Social Skills Inventory (SSI) and therapist demographic data (e.g., age, theoretical orientation) were available. To test for the presence of therapist effects and to examine the sources of these effects, data were analyzed with multilevel modeling. Of demographic predictor variables, only age accounted for therapist effects. The analysis with age, FIS, and SSI as predictors indicated that only FIS accounted for variance in outcomes suggesting that a portion of the variance in outcome between therapists is due to their ability to handle interpersonally challenging situations with clients. © 2009 Wiley Periodicals, Inc. *J Clin Psychol* 65: 755–768, 2009

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

Numerous studies demonstrate that therapist characteristics are a unique predictor of therapy outcome (e.g., Crits-Christoph & Meier, 1991; Diiger, Strack, Leichsenring,

Correspondence concerning this article should be addressed to Timothy Anderson, Department of Psychology, Ohio University, Athens, OH 45701. e-mail: anderson@ohio.edu

JOURNAL OF CLINICAL PSYCHOLOGY, Vol. 65(7), 755–768 (2009)  
Published online in Wiley InterScience (www.interscience.wiley.com). DOI: 10.1002/jclp.20530



**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.

# DEEP, DOMAIN-SPECIFIC KNOWLEDGE



The image shows the cover of the Journal of Clinical Psychology, Volume 65, Number 7, July 2009. The cover features a dark red background with the journal title in white. Below the title, there is a small abstract or article summary.

**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  
*Stephen Tong University*

▼  
David A. Vermeersch  
*Azusa Pacific University*

This study examined sources of therapist effects in a sample of 25 therapists who saw 7,341 clients at a university counseling center. Clients completed the Outcome Questionnaire-45 (OQ-45) at ninth session. Therapists' facilitative interpersonal skills (FIS) were assessed with a performance task that measures therapists' interpersonal skills by rating therapist responses to video simulations of challenging client-therapist interactions. Therapists completed the Social Skills Inventory (SSI) and therapist demographic data (e.g., age, theoretical orientation) were available. To test for the presence of therapist effects and to examine the potential of these effects, data were analyzed with multilevel modeling. Of demographic predictor variables, only age accounted for therapist effects. The analysis with age, FIS, and SSI as predictors indicated that only FIS accounted for variance in outcome suggesting that a portion of the variance in outcome between therapists is due to their ability to handle interpersonally challenging encounters with clients. © 2009 Wiley Periodicals, Inc. *J Clin Psychol* 65: 755–768, 2009

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Correspondence concerning this article should be addressed to: Timothy Anderson, Department of Psychology, Ohio University, Athens, OH 45701; e-mail: anderson@ohio.edu

JOURNAL OF CLINICAL PSYCHOLOGY, Vol. 65(7), 755-768, 2009  
Published online in Wiley InterScience (www.interscience.wiley.com). DOI: 10.1002/jclp.20530

- Considerable differences in outcome between clinicians (~9%):

- *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*

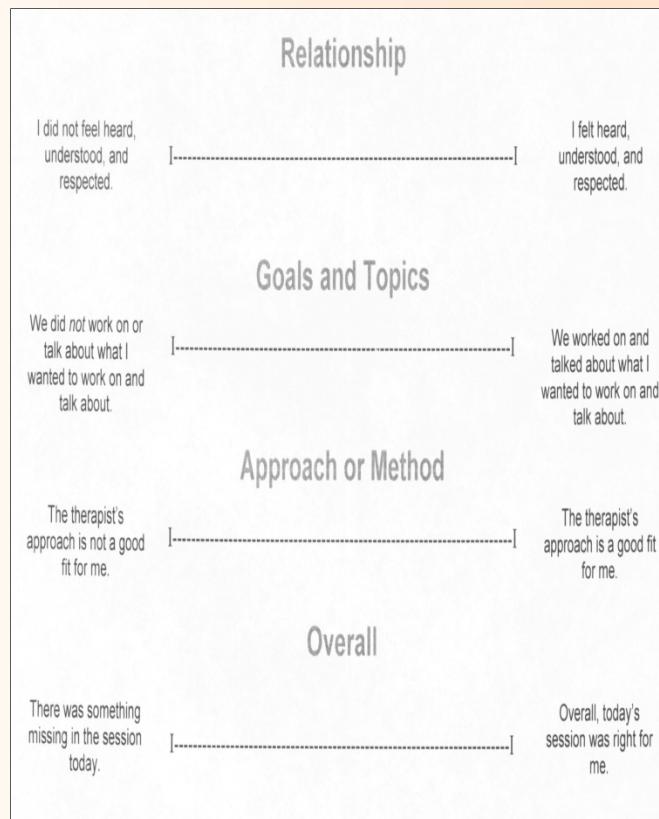


**Anderson, T. Ogles, B., Lambert, M., Vermeersch, D. (2009).** Therapist effects: Facilitative interpersonal skills as a predictor of therapist success. *Journal of Clinical Psychology*, 65(7), 755-768.

## 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.



- 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

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



I What we did and talked about were important to me.



### What We Did

I I did not like what we did today.



I I liked what we did today



### Overall

I I wish we could do something different.



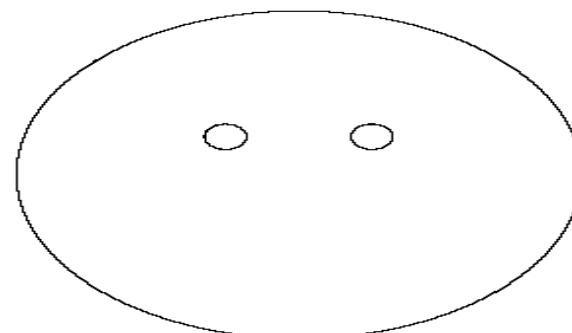
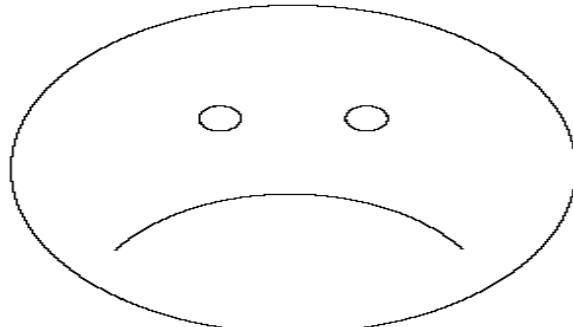
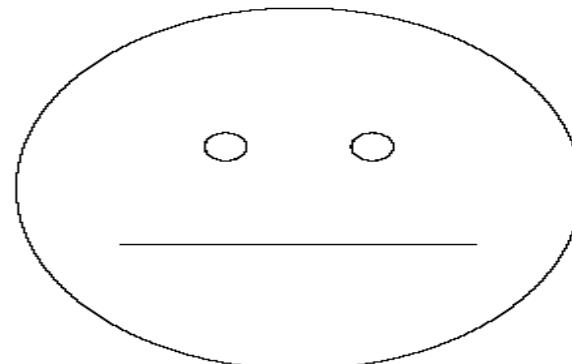
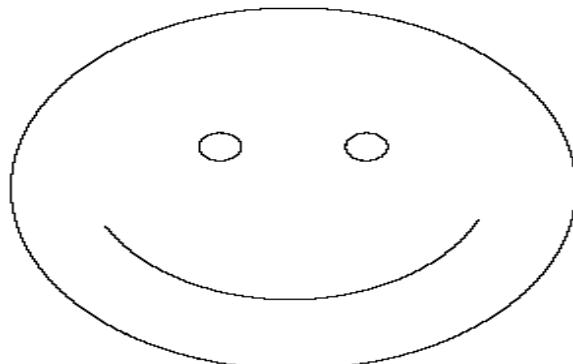
I I hope we do the same kind of things next time.



## **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.

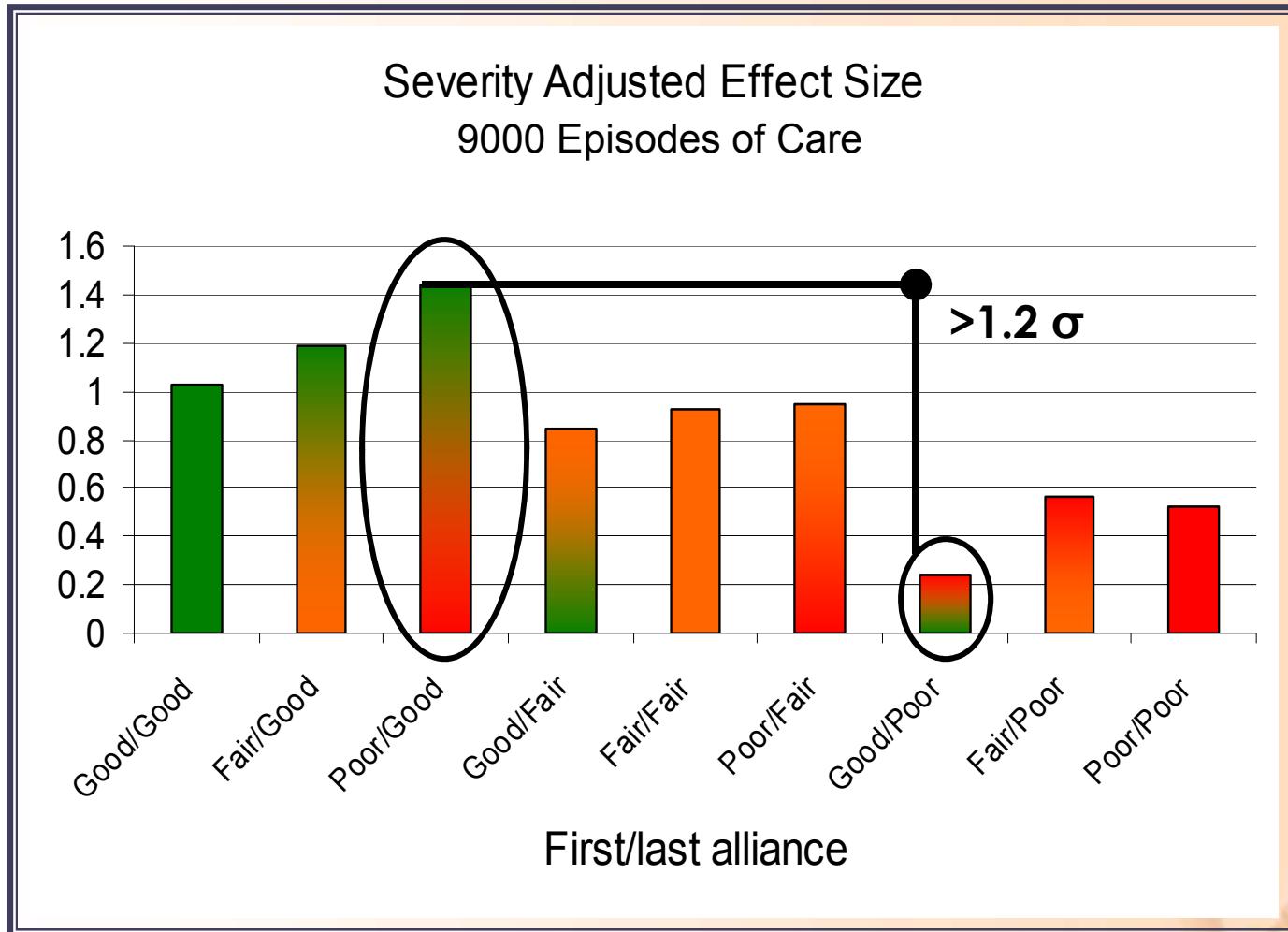


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# REACH



Miller, S.D., Hubble, M.A., & Duncan, B.L. (2007). Supershrinks: Learning from the Fields Most Effective Practitioners. *Psychotherapy Networker*, 31, 6, 36-45, 57.



# CULTURE OF 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.

- 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;*
  - *Not interested in perfect scores;*
  - *Feedback is critical to success.*
- Restate the rationale prior to administering the scale at the end of each visit.



# DELIBERATE PRACTICE



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