

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.

Category	Value
Benchmark	0.8
Adults	0.9
Children	1.0

Kendall, P.C., Koppis, D., & Otto-Salaj, L. (1992). When clients don't progress. *Cognitive Therapy and Research*, 16, 269-291.

Minami, T., Wampold, B., Serlin, R., Hamilton, E., Brown, G., 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+;
 - 10,000 "how to" books published on psychotherapy;
 - 145 manualized treatments for 51 of the 397 possible diagnostic groups;

Beutler, L., Malik, M., Alimohamed, S., Harwood, T., et al. (2005). Therapist variables. In M. Lambert (ed.), *Bergin and Garfield Handbook of Psychotherapy and Behavior Change* (5th Ed.), (pp. 227-306). New York: Wiley.

Miller, S., Hubble, M., & Duncan, B. (2007). Superstricks. *Psychotherapy Networker*, 31 (8), 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.



Therapists versus Athletes

- 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.*

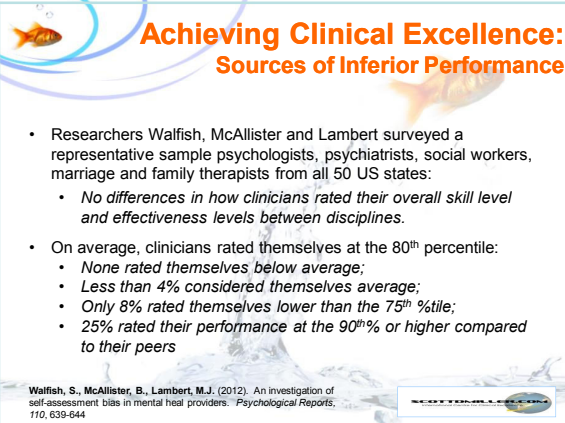
Cohn, G. (2008). *Island's Orientation*. New York: Portfolio.
Ericsson, K.A., Krampe, R., & Lehmann, C. (1993). The role of deliberate practice in the acquisition of expert performance. *Psychological Review*, 100, 363-406.
Schultz, R. & Carmow, C. (1985). Peak performance and age among super-athletes. *Journal of Gerontology: Psychological Sciences*, 40, 113-120.



The Study of Expertise: Sources of Superior Performance

- Studied experts in chess, music, art, science, medicine, mathematics, history, computer programming.


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



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:
 - *No differences in how clinicians rated their overall skill level and effectiveness levels between disciplines.*
- On average, clinicians rated themselves at the 80th percentile:
 - *None rated themselves below average;*
 - *Less than 4% considered themselves average;*
 - *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. (2012). An investigation of self-assessment bias in mental health providers. *Psychological Reports*, 110, 639-644



Achieving Clinical Excellence: Sources of Inferior Performance

- With regard to success rates:
 - The average clinician believed that 80% of their clients improved as a result of being in therapy with them (17% stayed the same, 3% deteriorated);
 - Nearly a quarter sampled believed that 90% or more improved!
 - Half reported that none (0%) of their clients deteriorated while in their care.
- The facts?
 - Effectiveness rates vary tremendously (RCT average RCI = 50%, best therapists = 70%);
 - Therapists consistently fail to identify deterioration and people at risk for dropping out of services (10 & 47%, respectively)

Walfish, S., McAllister, B., Lambert, M.J. (2012). An investigation of self-assessment bias in mental health providers. *Psychological Reports*, 110, 639-644




Achieving Clinical Excellence: Sources of Inferior Performance

Psychologist Paul Clement publishes a quantitative study of 26 years as a psychologist

- 683 cases falling into 84 different DSM categories.

"I had expected to find that I had got better and better over the years...but my data failed to suggest any...change in my therapeutic effectiveness across the 26 years in question."

Clement, P. (1994). Quantitative evaluation of 26 years of private practice. *Professional Psychology*, 25, 173-176.



Achieving Clinical Excellence: Sources of Inferior Performance

Reported results from a 40 year period, nearly 2000 different clients:

- Outcomes not only failed to improve but actually began to decrease!

Outcomes from 40 Years of Psychotherapy in a Private Practice

PAUL W. CLEMENT, Ph.D., ABPP

Over 4,000 patients were by a clinical psychologist during the years of private practice of the time. The outcomes data were analyzed 12.5 years after completion of the empirical research and all of those data had produced negative data. The results show that for 69 percent (69.24%) of cases, there was a decline in the number of sessions from 400 to 200 (69.24%); 100 to 200 (10.76%) showed no change; 100 to 200 (10.76%) showed better and 100 to 200 (10.76%) were drop outs. The more sessions after 400 and 100 to 200. Outcomes varied significantly across diagnostic categories. Outcomes also varied by age group. Outcomes for males and females also varied. The best results of treatment were not those that were sought upon the basis of research. The dropout rate was 17%. The more sessions of treatment per case and the number of sessions the more negative the results. There was a significant positive correlation between the number of sessions and sessions. The therapist's effectiveness did not improve across the years. Although there had a significant negative impact on treatment outcomes.

OUTCOMES FROM 40 YEARS OF PSYCHOTHERAPY IN PRIVATE PRACTICE

Clement, P. (2008). Outcomes from 40 years of Psychotherapy. *American Journal of Psychotherapy*, 62(3), 215-237.

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

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

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 plateaus 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**

“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.

Outcome Rating Scale (ORS)

Name: _____ Age (Yrs): _____ Sex: M / F
 Session #: _____ Date: _____
 Why 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 me 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.*

- Give at the beginning of the visit;
- Client places a hash mark on the line.
- Each line 10 cm (100 mm) in length.

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

Individually:
(Personal well-being)

-----|-----

Interpersonally:
(Family, close relationships)


-----|-----

Socially:
(Work, School, Friendships)

-----|-----

Overall:
(General sense of well-being)

-----|-----



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?)

☹️ -----|----- 😊

Everything
(How is everything going?)

☹️ -----|----- 😊

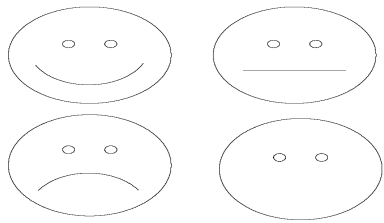
Institute for the Study of Therapeutic Change
www.talkincure.com



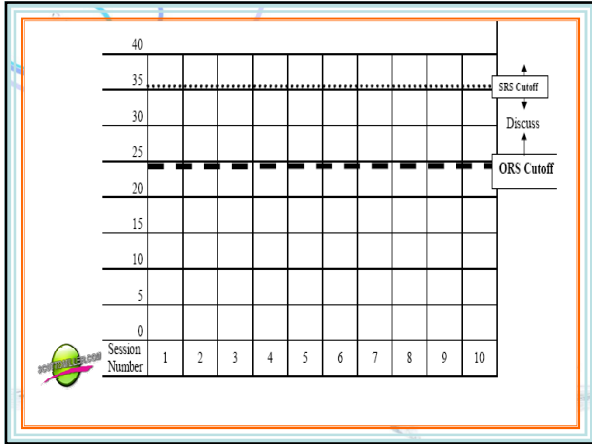
Young Child Outcome Rating Scale (YCORS)

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.talkincure.com
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Effect Size Calculators

Calculate Cohen's d and the effect size correlation, r_{xy} , using:

- means and standard deviations
- independent groups, t test values and d_f

For a discussion of these effect size measures see [Effect Size Calculators](#)

Calculate d and r using means and standard deviations

Calculate the value of Cohen's d and the effect size correlation, r_{xy} , using the means and standard deviations of two groups (treatment and control).

Cohen's $d = \frac{M_1 - M_2}{SD_{pooled}}$
 where $SD_{pooled} = \sqrt{\frac{(SD_1^2 + SD_2^2)}{2}}$

$r_{xy} = d \cdot \sqrt{\frac{N}{N+4}}$

Note: d and r_{xy} are positive if the mean difference is in the predicted direction.

Group 1: M_1 , SD_1
 Group 2: M_2 , SD_2

Cohen's d effect size r

<http://web.uccs.edu/lbecker/Psy590/escal3.htm>

Step One: Knowing your Baseline

MyOutcomes

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

What is MyOutcomes?

- An interactive Web-based application that administers the Partners for Change Outcomes Management System (PCCOMS)
- Monitors and improves treatment effectiveness by providing information on treatment outcomes and the therapeutic alliance
- Provides the precision and reliability of an automated outcomes management system without intensive work, 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 supervisory, administrative, 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

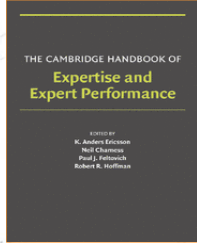
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Achieving Clinical Excellence: Three Steps to Superior Performance

Excellent performers judge their performance differently:

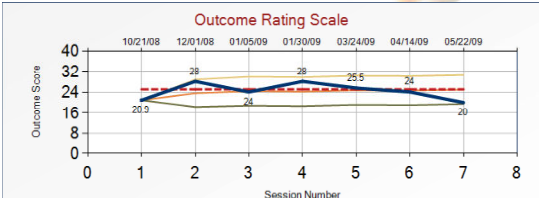
- Compare to their "personal best"
- Compare to the performance others
- Compare to a known national standard or baseline



Ericsson, K.A., Lehmann, 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



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.

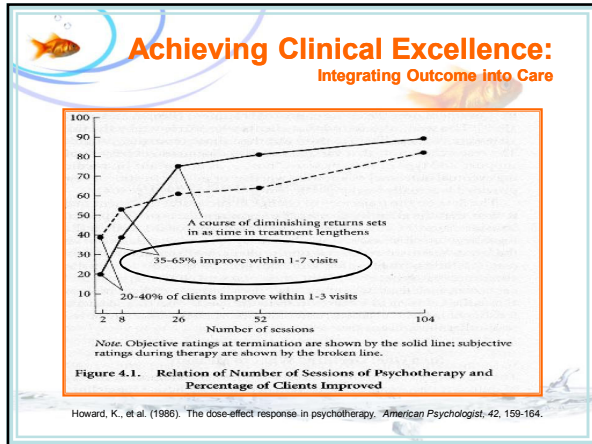


Achieving Clinical Excellence: Integrating Outcome into Care

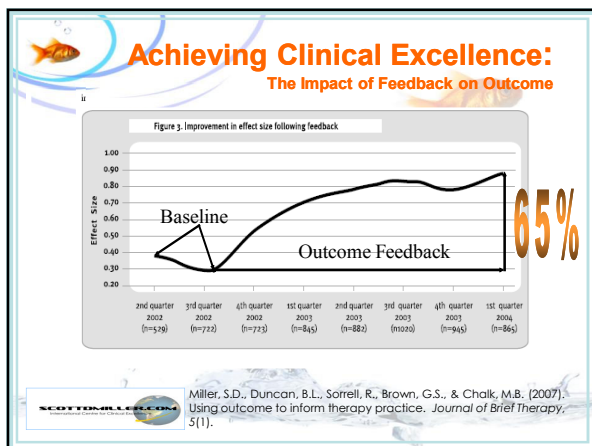



- In 1906, 85 year old British Scientist Sir Francis Galton attends a nearby county fair;
- Happens on a weight judging competition:
 - People paid a small fee to enter a guess.
- Discovers that the average of all guesses was significantly closer than the winning guess!













Achieving Clinical Excellence:

The Impact of Feedback on Outcome



- 461 Norwegian couples seen in marital therapy
- Two treatment conditions:
 - Treatment as Usual (routine marital therapy without feedback);
 - Marital therapy with feedback;
- Groups indistinguishable at the outset of care.
- The percentage of couples in which both meet or exceed the target or better:
 - Treatment as usual: 17%
 - Treatment with feedback: 51%
 - Feedback: 50% less separation/divorce

Anker, M., Duncan, B., & Sparks, J. (2009). The effect of feedback on outcome in Marital therapy. *Journal of Consulting and Clinical Psychology, 77*(4), 693-704.



Achieving Clinical Excellence:


Creating a "Culture of Feedback"

Outcome Rating Scale (ORS)


Name: _____ Age (Years): _____
 Date: _____ Date: _____
 Session # _____

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).



The Excellence Challenge



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

**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.


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**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)

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The Excellence Challenge



Will you?

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