# Snatching Victory from the **JAWS** of Defeat:

Improving the Effectiveness of your most Challenging Cases

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Talkingcure.com

I.S.T.C.

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Improving Effectiveness
The "Good News" about Therapy

News
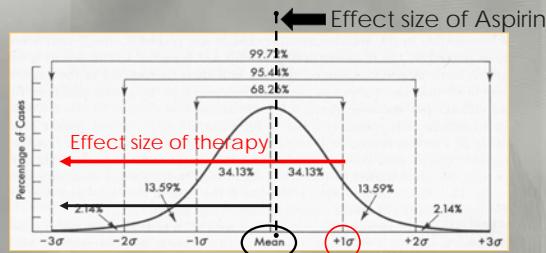
•In most studies of therapy conducted over the last 40 years, the average treated client better off than 80% of the untreated sample.

Duncan, B., Miller, S., & Sparks, J. (2004). *The Heroic Client.* Jossey-Bass: San Francisco, CA.

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Improving Effectiveness
Tutorial on Outcome

← Effect size of Aspirin

Effect size of therapy →

Rosenthal, R. (June, 1990). How are we doing in soft psychology? *American Psychologist, 45*(6), 775-777.

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Improving Effectiveness
How does "soft" psychotherapy compare?

News

Procedure or Target:	Number Needed to Treat (NNT)*:
Mental Health (depression in adults or children, aggression, conduct disorder, bulimia, PTSD)	3-7
Medicine (Acute MI, CHF, Graves Hyperthyriodism, medication treated erectile dysfunction, stages II and III breast cancer, cataract surgery, acute stroke, etc.).	3-7

*NNT is the number needed to treat in order to prevent one additional negative outcome

http://www.cebm.utoronto.ca/glossary/nntsPrint.htm#table

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Slide 1
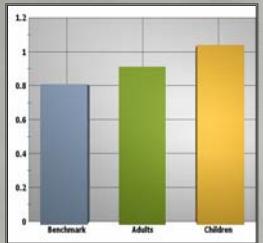
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- Recent study:
  - 6,000+ treatment providers
  - 48,000 plus real clients
  - Outcomes clinically equivalent to randomized, controlled, clinical trials.
- More good news:
  - Research shows approx. 1 out of 10 clients on the average clinician's caseload is not making any progress.
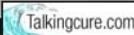
Kendall, P.C., Kipnis, D, & Otto-Salaj, L. (1992). When clients don't progress. *Cognitive Therapy and Research, 16*, 269-281.
Minami, T., Wampold, B., Serlin, R. Hamilton, E., Brown, J., Kircher, J. (in press). *Journal of Consulting and Clinical Psychology.*

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Slide 2

Improving Effectiveness

The bottom line?

- The majority of helpers are effective and efficient most of the time.
- Average treated client accounts for only 7% of expenditures.

So, what's the problem…

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Slide 3

Improving Effectiveness

The "Bad News" about Therapy

News

I WANT YOU TO EXPLAIN!
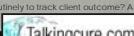
…erage 47%; …ts accounts …xpenditures; …quently fail to …" and failing

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.
Chiasson, G. (2005). Attrition in child treatment. *Psychotherapy Bulletin, 40*(1), 4-7.
Hannan, C., Lambert, M. J., Harmon, C., Nielsen, S. L, Smart, D. W., Shimokawa, K., & Sutton, S. W. (2005). A lab test and algorithm for identifying clients at risk for treatment failure. *Journal of Clinical Psychology/In Session, 61*, 1–9.

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Improving Effectiveness

Some Clues to Why we fail

- Study of 6,146 adults seen in real-world clinical practice:
  - Average age of 40;
  - Completed at least 6 months of treatment (average sessions = 10);
  - Diagnosis included depression (46.3%), adjustment disorder (30.2%), anxiety (13%), burnout disorder (7%), and other.
- 581 full-time providers working independently in a networked managed care system:
  - 72.3% female, 27.7% male;
  - Average 21 years of experience;
  - 30.3% doctoral level, 63.7% master's level, 3.6% medical degrees.

What factors accounted for outcome?

News

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.

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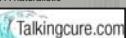
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Some Clues to Why we fail

- Factors widely and traditionally believed to exert strong influence on outcome accounted for little or no variability:
  - Client diagnosis *after* accounting for severity and for case mix (less than 1%);
  - Client age and gender (0%);
  - Therapist age, experience level, professional degree or certification;
  - Use of medication;
  - Within and between therapist regression to the mean.

News

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).

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Some Clues to Why we fail

- Variability in outcomes *between* therapists (5-8%) equaled or exceeded the contribution of factors known to exert a significant impact on therapeutic success:
  - Quality of the therapeutic alliance (5-8%);
  - Allegiance (3-4%);
  - Treatment model or method (1%).
- Medication generally helpful *only* when given by an effective practitioner.
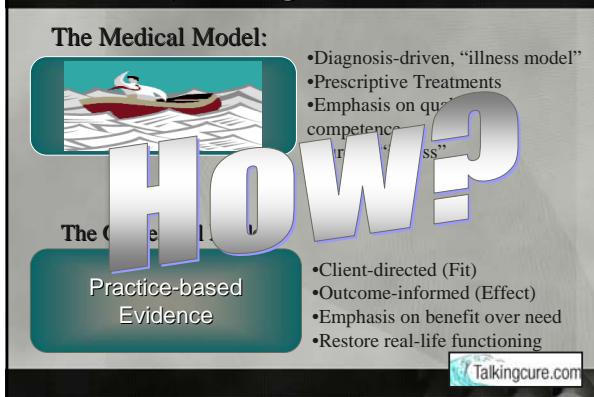
News

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).

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Okay now:
All in favor, say MOO.
All opposed, say NEIGH.

Boynton

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The Medical Model:

- Diagnosis-driven, "illness model"
- Prescriptive Treatments
- Emphasis on qu~~...~~ competence
- ~~...~~

HOW?

The C~~...~~

Practice-based Evidence

- Client-directed (Fit)
- Outcome-informed (Effect)
- Emphasis on benefit over need
- Restore real-life functioning

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Improving Effectiveness

HEROIC CLIENT

- Formalizing what experienced therapists do on an ongoing basis:
  - *Assessing and adjusting fit for maximum effect.*

Duncan, B.L., Miller, S.D., & Sparks, J. (2004). *The Heroic Client* (2nd Ed.). San Francisco, CA: Jossey-Bass.

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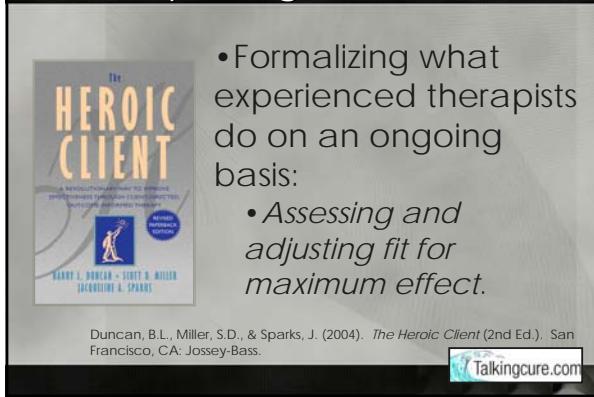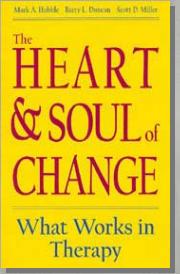
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40 Years of Empirical Research says…

News

- Client's rating of the *alliance* the best predictor of engagement and outcome.
- The client's subjective experience of change early in the process the best predictor of success for any particular pairing.

Mark A. Hubble Barry L. Duncan Scott D. Miller

The **HEART & SOUL** of **CHANGE**

What Works in Therapy

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Improving Effectiveness:

Outcome   liance

Individually
(Personal well-being)   Relationship:

Interpersonal
(Family, close relationships)

Overall:
(General sense of well-being)

Fit   Effect

The O.R.   S.R.S
http://www.talkingcure.com/index.asp?id=106
Ongoing, formal client feedback

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Improving Effectiveness

- Cases in which therapists "opted out" of assessing the alliance at the end of a session:
  - *Two times more likely for the client to drop out;*
  - *Three to four times more likely to have a negative or null outcome.*

Miller, S.D., Duncan, B.L., Sorrell, R., & Brown, G.S. (February, 2005). The Partners for Change Outcome Management System. *Journal of Clinical Psychology, 61*(2), 199-208.

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Improving Effectiveness

Integrating Formal Client Feedback into Care

Figure 3. Improvement in effect size following feedback
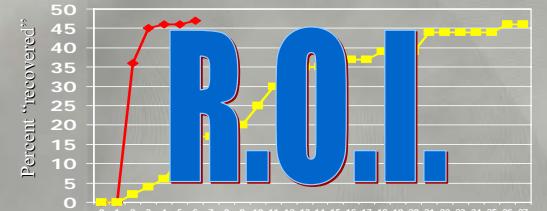
Baseline Outcome Feedback

65%

News

Miller, S.D., Duncan, B.L., Sorrell, R., Brown, G.S., & Chalk, M.B. (2005). Using outcome to inform therapy practice. *Journal of Brief Therapy, 5*(1).

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Integrating Formal Client Feedback into Care

R.O.I.

Percent "recovered"

Outcome-Informed Clinic   Standard Practice

Lambert, M.J., Okiishi, J.C., Finch, A.E., Johnson, L.D. Outcome assessment: From conceptualization to implementation. *Professional Psychology: Research and Practice.* 29(1), Feb 1998, 63-70.

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Improving Effectiveness

Three Steps for Snatching Victory from the JAWS of Defeat

1. Create a "Culture of feedback";

2. Integrate alliance and outcome feedback into clinical care;

3. Learn to "fail successfully."

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Improving Effectiveness

Step One: 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).*

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Improving Effectiveness

Step One: Creating a "Culture of Feedback"

Individually:
(Personal well-being)

Interpersonally:
(Family, close relationships)

Socially:
(Work, School, Friendships)

Overall:
(General sense of well-being)

- *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.*

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Improving Effectiveness

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

School
(How am I doing at school?)

Everything
(How is everything going?)

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Young Child Outcome Rating Scale (YCORS)

Name _____ Age (Yrs):_____
Sex: M / F
Session # _____ Date:
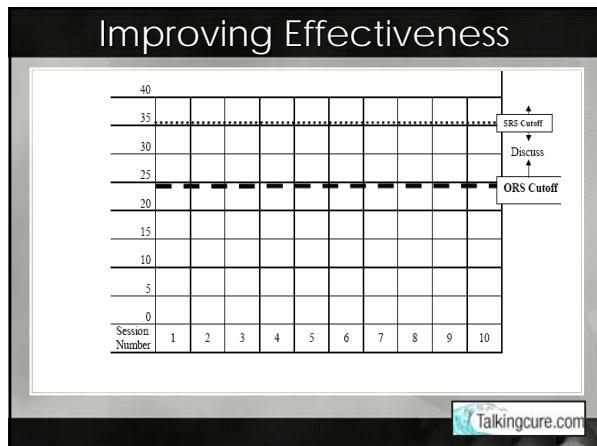
Choose one of the faces that show how things are going for you. Or, you can draw your own below that is just right for you.

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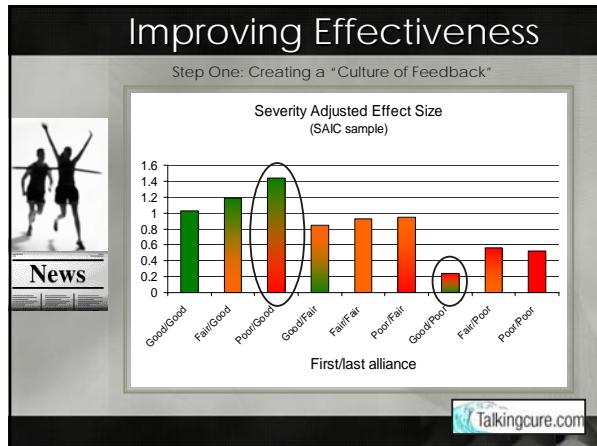
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40										
35										SRS Cutoff
30										Discuss
25										ORS Cutoff
20										
15										
10										
5										
0										
Session Number	1	2	3	4	5	6	7	8	9	10

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Improving Effectiveness

Step One: Creating a "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.

•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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Step One: Creating a "Culture of Feedback"

Severity Adjusted Effect Size
(SAIC sample)

Chart values (y-axis 0 to 1.6) for First/last alliance categories:
- Good/Good: ~1.0
- Fair/Good: ~1.2
- Poor/Good: ~1.45
- Good/Fair: ~0.85
- Fair/Fair: ~0.9
- Poor/Fair: ~0.95
- Good/Poor: ~0.2
- Fair/Poor: ~0.5
- Poor/Poor: ~0.5

First/last alliance

News

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Improving Effectiveness

Step One: Creating a "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.

Relationship:

Goals and Topics:

Approach or Method:

Overall:

- *Give at the end of session;*

- *Each line 10 cm in length;*

- *Score in cm to the nearest mm;*

- *Discuss with client anytime total score falls below 36*

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Improving Effectiveness

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. — listened to me.
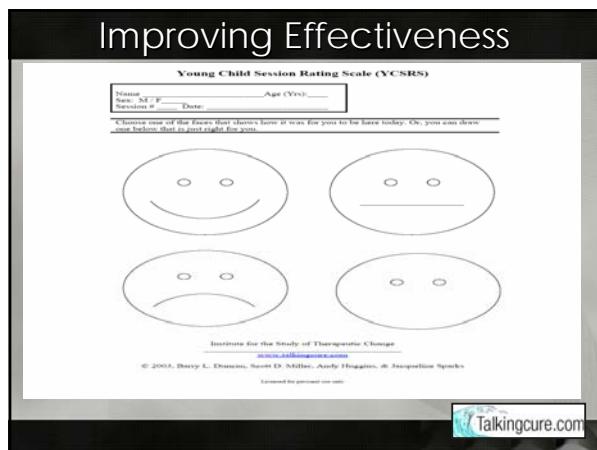
How Important
What we did and talked about was not — What we did and talked about were
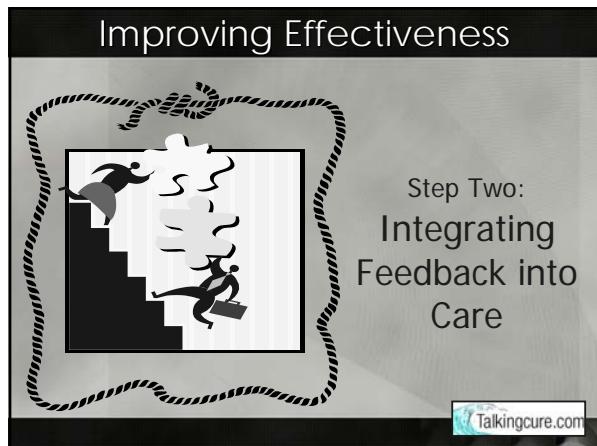
What We Did
I did not like what we did today. — I liked what we did today

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

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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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Step Two:
Integrating Feedback into Care

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Step Three:
Learning to Fail Successfully

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Integrating feedback into a flexible continuum of care:

- *Treatment contains no fixed content, predetermined lengths of stay or levels of care.*

- *Instead, a continuum of possibilities is made available to client that includes everything from community resources, natural alliances with family and significant others, to formal treatment and care within healthcare institutions.*

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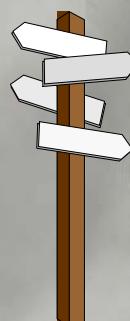
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- *Higher rates of client drop out or poor or negative treatment outcomes are associated with an absence of improvement in the first handful of visits when the majority of client change occurs.*

- *Formal feedback provides a structure for reviewing the type, level, and provider of services being offered as well as suggesting alternatives.*

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Directions for change when you need to change directions:

- What: 1%
- Where: 2-3%
- Who: 5-8%

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Step 3: Learning to "Fail Successfully"

1. What does the person want?
2. Why now?
3. How will the person get there?
4. Where will the person do this?
5. When will this happen?

Miller, S.D., Mee-Lee, D., & Plum, W. (2005). Making treatment count. *Psychotherapy in Australia, 10*(4), 42-56.

Client's Theory of Change

Goals, Meaning or Purpose

Means or Methods

Client's View of the Therapeutic Relationship

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Step Two: Integrating Feedback into Care

Collaborative Teaming & Feedback

When?
- At intake;
- "Stuck cases" day;

How?
- Client and/or Therapist peers observe "live" session;
- Each reflects individual understanding of the alliance sought by the client.
- Client feedback about reflections used to shape or reshape service delivery plan.

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Step Two: Integrating Feedback into Care

Relationship:

Goals and Topics:

Approach or Method:

Overall:

- SRS Scores are especially important to consider *at the first session as the modal number of sessions that people attend is 1!*
  - *Remember:* Cases of therapists who opted out of assessing alliance were more likely to drop out and to have a negative or null outcome.
- With scores above 36:
  - Thank client for filling out the form;
  - Display an interest in and openness to feedback.

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Step Two: Integrating Feedback into Care

After the first session:

- *Beware of "condemnation with faint praise." Even a one-point decrease can signal a change in the alliance that can impact the outcome;*

- *At the same time, be cautious about making changes to the alliance when ORS scores indicate that the client is improving;*

- *If ORS scores are unchanged or decreasing, and the SRS falls even a single point (whether below 36 or not), address the problems in the alliance before ending the session.*

- *If ORS scores remain unchanged or continue to decrease in the third or subsequent visits, inquire about the alliance regardless of SRS scores.*

News

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That's all folks!

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