
Supershrinks
Learning from the Field's Most Effective Practitioners
Scott D. Miller, Ph.D.
(Mild-mannered clinician and researcher)
Talkingcure.com


About Scott
Workshop Calendar
Training and Consultation
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Scott D. Miller, Ph.D.


Supershrinks
Do they exist?
Who are they?
Can we learn from them?
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Supershrinks

Supershrink:

(n. soo-per-shrĭngk), slang

1. *Unusually effective and talented psychotherapist;*
2. *Widely believed to exist in real life;*

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

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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.*

Supershrinks

- 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 (11%), bipolar disorder, PTSD, 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.

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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- 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 (0%);
  - Use of medication;
  - Within and between therapist regression to the mean.

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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- 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 to treatment approach (3-4%);
  - Treatment model or method (less than 1%).
- In short, some therapists were *more effective* than others:
  - Medication generally helpful *only* when given by an effective practitioner.

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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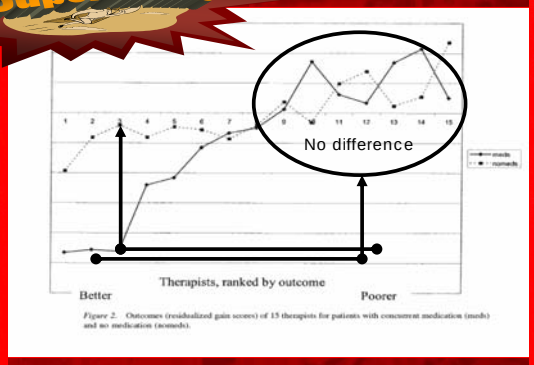

Figure 2. Outcomes (residualized gain scores) of 15 therapists for patients with concurrent medication (meds) and no medication (nomeds).

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), 920.

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T.D.C.R.P:

Treatment of Depression Collaborative Research Project

- **The largest study in the history of research on treatment of depression:**
  - Compared CBT, IPT, an antidepressant and inert placebo;
  - *No* difference in outcome between treatments.
- **Prescribers with the best outcomes also had the best outcomes when using a placebo:**
  - The three most effective prescribers achieved *better* outcomes when using a placebo than the three poorest prescribers did when using an antidepressant.

Elkin, I. Et al. (1989). The NIMH TDCRP: General effectiveness of treatments. *Archives of General Psychiatry, 46*, 971-82.
Shea, M. et al. (1992). Course of depressive symptoms over follow up: The NIMH TDCRP. *Archives of General Psychiatry, 49*(10), 782-87.
McKay, K., Imel, Z., & Wampold, B. (2006). Psychiatrist effects in the psychopharmocological treatment of depression. *Journal of Affective Disorders, 92*, 287-290.

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YES!

- Data gathered in many studies over 25 years show:
  - *Significant differences in effect between clinicians (0-75%, mean 5-8%);*
  - *Differences persist even when studies are carefully controlled (e.g., manuals, allegiance, skill & alliance level, competence [TDCRP, Project MATCH, MCSTPD]).*

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Orlinsky, D. & Howard, K. (1980). Gender and psychotherapy outcome. In A.M. Brodsky & R.T. Hare-Mustin (eds). *Women and Psychotherapy* (pp.3-34). New York: Guilford.

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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M.C.S.T.P.D.:

Multicenter Collaborative Study for the Treatment of Panic Disorder

- **Carefully controlled study comparing CBT, medication, and a placebo either alone or in combination.**
- **People were excluded if:**
  - *Any history of psychosis;*
  - *Currently suffering from significant medical illness, suicidality, or significant substance abuse;*
  - *Contraindications to either CBT or medication treatment, prior nonresponse to CBT or drugs.*
- **Therapists averaged 35 years of age and had ~10 years of experience:**
  - *All therapists trained to competency and certified in conducting panic control treatment (no improvement after trial began);*
  - *The majority identified CBT as primary theoretical orientation.*
  - *Adherence and competency ratings high across clinicians throughout the study;*

Barlow, D., Gorman, J., Shear, M., Woods, S. (2000). Cognitive-behavioral therapy, imipramine, or their combination for panic disorder: A randomized controlled trial JAMA, *283*, 2529-36.

M.C.S.T.P.D.:

Multicenter Collaborative Study for the Treatment of Panic Disorder

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- **Overall, CBT and medication worked about equally well!**
  - *Combination produced no better outcome than either treatment alone.*
- **Therapists differed significantly in magnitude of change experienced by consumers (0-18%):**
  - *Unrelated to age, gender match, experience with CBT;*
  - *The best and the worst therapists did not differ in adherence to protocol or in competency of services delivered.*

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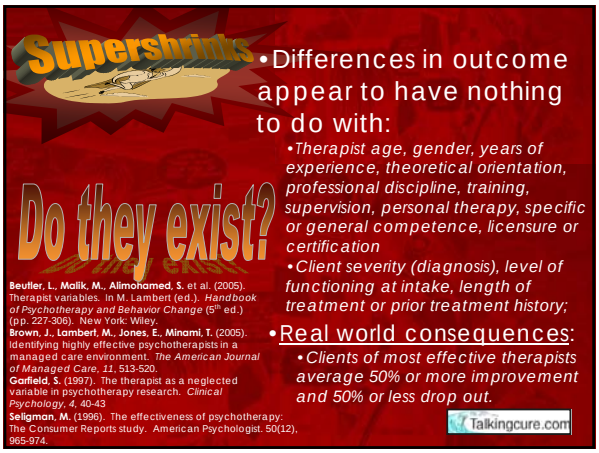
Supershrinks
Do they exist?
• Differences in outcome appear to have nothing to do with:
• Therapist age, gender, years of experience, theoretical orientation, professional discipline, training, supervision, personal therapy, specific or general competence, licensure or certification
• Client severity (diagnosis), level of functioning at intake, length of treatment or prior treatment history;
• Real world consequences:
• Clients of most effective therapists average 50% or more improvement and 50% or less drop out.
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Beutler, L., Malik, M., Alimohamed, S. et al. (2005). Therapist variables. In M. Lambert (ed.). Handbook of Psychotherapy and Behavior Change (5th ed.) (pp. 227-306). New York: Wiley.
Brown, J., Lambert, M., Jones, E., Minami, T. (2005). Identifying highly effective psychotherapists in a managed care environment. The American Journal of Managed Care, 11, 513-520.
Garfield, S. (1997). The therapist as a neglected variable in psychotherapy research. Clinical Psychology, 4, 40-43
Seligman, M. (1996). The effectiveness of psychotherapy: The Consumer Reports study. American Psychologist. 50(12), 965-974.


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Who are they?
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Dr. Phil
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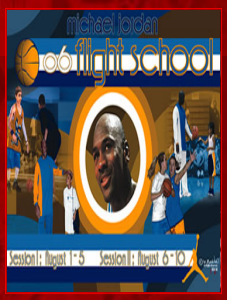
- *Some may be born…*
- *Professional training, development, certification & identity based on the idea of "making" better therapists.*



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Ericsson, K.A. & Charness, N. (1994). Expert performance. *American Psychologist, 49*, 725-747.

Nature versus Nurture

Supershrinks

"The search for stable heritable characteristics (sports, chess, music, medicine, etc.) that could predict or at least account for superior performance of eminent individuals has been surprisingly unsuccessful."

HEROES OF TOMORROW

Ericsson, K., Krampe, R., & Tesch-Romer, C. (1993). The role of deliberate practice in the acquisition of expert performance. *Psychological Review, 100*(3), 363-406.

Supershrinks

Learning from Supershrink:

- What they do: (observable)
  - *Distillation of "patterns," clinical routines, techniques;*
- Who they are: (inferred)
  - *Personal qualities (knowledge, manner, attributes, traits).*

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

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Distillation:

- Since the 1960's:
  - 10,000 "how to" books published on psychotherapy;
  - Number of treatment approaches grown from 60 to 400+;
  - 145 manualized treatments for 51 of the 397 possible diagnostic groups;

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Beutler, L., Malik, M., Alimohamed, S., Harwood, T., et al. (2005). Therapist variables. In M. Lambert (ed.). *Bergin and Garfields Handbook of Psychotherapy and Behavior Change* (5th Ed.). (pp. 227-306). New York: Wiley.
Wampold, B. (2001). *The Great Psychotherapy Debate. Hillsdale, NJ: LEA.*

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Wampold, B. (2001). *The Great Psychotherapy Debate. Hillsdale, NJ: LEA.*

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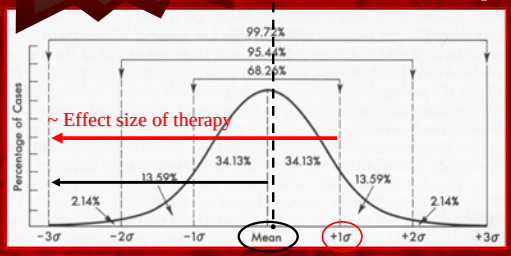
Effect size of Aspirin



Rosenthal, R. (June 1990). How are we doing in soft psychology? *American Psychologist, 45*(6), 775-777.
Smith, M. & Glass, G. (1977). Meta-analysis of psychotherapy outcome studies. *American Psychologist,* 32, 752-760.
Wampold, B., Mondin, G., Moody, M., Stich, F., Benson, K., & Ahn, H. (1997). A meta-analysis of outcome studies comparing bona fide psychotherapies. *Psychological Bulletin, 122,* 203-215.

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Distillation:

United States Department of Health and Human Services

EVIDENCE-BASED PRACTICES
Shaping Mental Health Services Toward Recovery

- Cognitive Therapy
- Behavioral Therapy
- Cognitive Behavioral Therapy
- Motivational Interviewing
- Twelve Steps
- Dialectical Behavioral Therapy
- Multidimensional Family Therapy
- Structural Family Therapy
- Functional Family Therapy
- Social Skills Training
- Assertive Community Treatment
- Aggression Replacement Therapy
- EMDR
- Family Effectiveness Training
- Multisystemic Therapy
- Solution-focused Therapy
- Brief Strategic Family Therapy
- Psychodynamic Therapy
- Parent Management Training
- Integrative Problem-Solving Therapy
- Interpersonal Psychotherapy
- Transtheoretical Therapy

www.samhsa.gov/OlderAdultsTAC/EBPMedicationMisusesectionFINAL.pdf
http://www.oregon.gov/DHS/mentalhealth/ebp/practices.shtml#complete

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- No difference in outcome between different types of treatment or different amounts of competing therapeutic approaches.

Rosenzweig, S. (1936). Some implicit common factors in diverse methods in psychotherapy. *Journal of Orthopsychiatry, 6*, 412-15.
Wampold, B.E. et al. (1997). A meta-analysis of outcome studies comparing bona fide psychotherapies: Empirically, "All must have prizes." *Psychological Bulletin, 122*(3), 203-215.
Ahn, H. & Wampold, B.E. (2001). Where oh where are the specific ingredients? A meta-analysis of component studies in counseling and psychotherapy. *Journal of Counseling Psychology, 48*, 251-257.

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Four recent examples

- Study of real-world clients seen in UK National Health Service settings treated with CBT, PCT, or PDT or CBT, PCT, PDT *plus* integrative, art, or supportive therapy.
  - *Little or no meaningful difference between treatment approaches;*
  - *Improvement across treatment accounted for 100 times more variance in outcome than the specific approach.*
- Meta-analysis of all studies published between 1980-2006 comparing bona fide treatments for children with ADHD, conduct disorder, anxiety, or depression:
  - *No difference in outcome between approaches intended to be therapeutic;*
  - *Researcher allegiance accounted for 100% of variance in effects.*

Stiles, W., Barkham, M., Twigg, E. et al. (2006). Effectiveness of cb, pc, and pd therapies as practiced in UK National Health Service. *Psychological Medicine, 36*, 555-566.
Vorhely, K., Miller, S., & Wampold, B. (in press). Treatments for childhood disorders: A meta-analysis. *Psychotherapy Research.*

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Four recent examples

- Meta-analysis of all studies published between 1960-2007 comparing bona fide treatments for alcohol abuse and dependence:
  - *No difference in outcome between approaches intended to be therapeutic;*
  - *Approaches varied from CBT, 12 steps, Relapse prevention, & PDT.*
  - *Researcher allegiance accounted for 100% of variance in effects.*

Imel, Z., Wampold, B.E., Miller, S.& Fleming, R., (in press). Distinctions without a difference. *Psychology of Addictive Behaviors.*

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Four recent examples

- Meta-analysis of all studies published between 1989-Present comparing bona fide treatments for PTSD:
  - *Approaches included desensitization, hypnotherapy, PD, TTP, EMDR, Stress Inoculation, Exposure, Cognitive, CBT, Present Centered, Prolonged exposure, TFT, Imaginal exposure.*
  - *Unlike earlier studies, controlled for inflated Type 1 error by not categorizing treatments thus eliminating numerous pairwise comparisons;*

Bemish, S., Imel, Z., & Wampold, B. (in press). The relative efficacy of bona fide psychotherapies for treating psttraumatic stress disorder: A meta-analysis of direct comparisons. *Clinical Psychology Review.*

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Emulation:

- Interest in people as individuals;
- Insight into one's own personality charateristics;
- Sensitivity to the complexities of motivation;
- Tolerance;
- Ability to establish warm and effective relationships with others.

http://205.188.238.181/time/covers/1101060830.html

Beutler, L. Malik, M., Alimohamed, S., Harwood, T., et al. (2005). Therapist variables. In M. Lambert (ed.). *Bergin and Garfields Handbook of Psychotherapy and Behavior Change* (5th Ed.). (pp. 227-306). New York: Wiley.
Holt, R. & Luborsky, L. (1958). *Personality patterns of psychiatrists* (Vol. 1). New York: Basic.
Raimy, V. (1950) (ed.). *Training in Clinical Psychology.* New York: Prentice-Hall.

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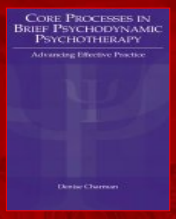

- Two primary themes:
  - Sense of self-relatedness:
    - *Mindful*
    - *Not having an agenda*
    - *Concern for others*
    - *Intelligent*
    - *Flexible personality structure*
    - *Intuitive*
    - *Self-aware*
    - *Thoughtful*
    - *Knows own issues*
    - *Able to take care of self*
    - *Open, patient, creative…*

Charman, D. (2005). What makes for a "good" therapist? A review. *Psychotherapy in Australia, 11*(3), 68-72.
Charman, D. (2004). Effective psychotherapy and effective therapists. In D. Charman (ed.). *Core Processes in Brief Psychodynamic Psychotherapy: Advancing Effective Practice.* Englewood, N.J.: LEA.

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Two Studies:

- 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 gotten 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.

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Two Examples:

- Researchers Hiatt & Hargrave publish an outcome study:
  - *Significant differences in effectiveness between clinicians.*

- *The least helpful practitioners rated themselves as effective as the most helpful.*

Brown, J. (1999). What really makes a difference in psychotherapy outcome. In M. Hubble, B. Duncan, & S. Miller (eds). *The Heart and Soul of Change.* Washington, D.C.: APA.
Hiatt, D., & Hargrave G. (1995). The characteristics of highly efffective therapists in managed behavioral providers networks. *Behavioral Healthcare Tomorrow, 4*, 19-22.

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Reviewing the evidence:

(What doesn't make a difference?)

- *Client age, gender, diagnosis after accounting for severity and for case mix, prior treatment history, or length of treatment;*
- *Therapist age, gender, years of experience, professional discipline, degree, training, theoretical orientation, amount of supervision, personal therapy, specific or general competence, use of EBP, licensure or certification, within or between regression to the mean.*

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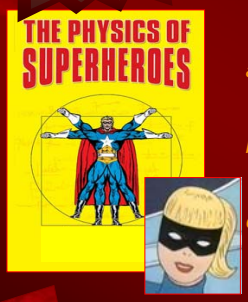

Supershrink:
(n. soo-per-shrĭngk)

a. *seeks, obtains, and maintains more consumer engagement;*
b. *exceptionally alert to risk of drop out and treatment failure;*
c. *pushes the limits of their current realm of reliable performance.*

Supershrinks

Supershrink:
(n. soo-per-shrĭngk)

a. *seeks, obtains, and maintains more consumer engagement*

"The quality of the patient's participation in therapy stands out as *the most important* determinant of outcome…[this] can be considered *fact* established by 40-plus years of research on psychotherapy."

Orlinsky et al. (1994). Process and outcome in psychotherapy. In A. Bergin, & S. Garfield (eds). *The Handbook of Psychotherapy and Behavior Change (4th ed.).* New York: Wiley, p. 361.

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The Medical Model:

Evidence-based Practice

- Diagnosis-driven, "illness model"
- Prescriptive Treatments
- Emphasis on quality and competence
- Cure of "illness"

The Contextual Model

Practice-based Evidence

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

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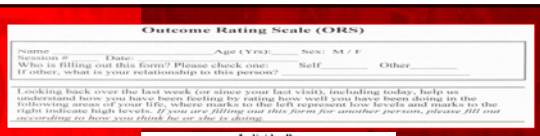
Valid
Reliable
Feasible

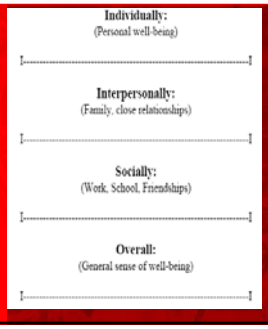
The O.R.S

The S.R.S

Download free working copies at:
http://www.talkingcure.com/index.asp?id=106



- *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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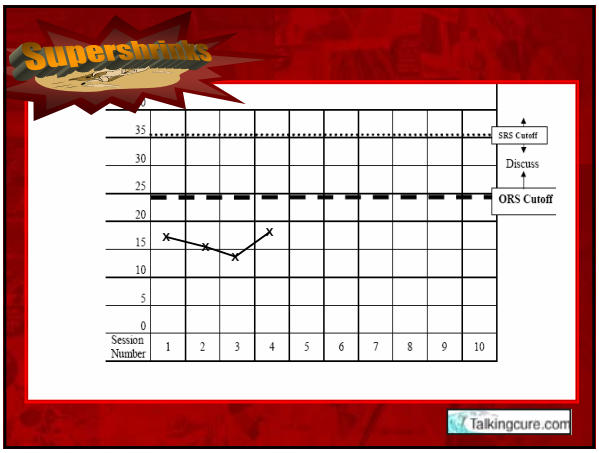
Supershrinks
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SRS Cutoff
Discuss
ORS Cutoff
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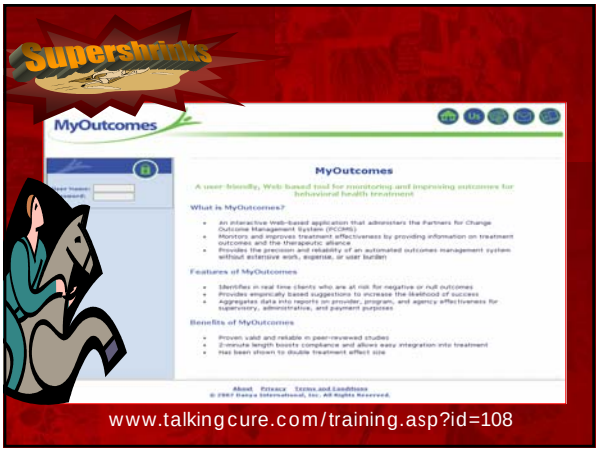
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MyOutcomes
MyOutcomes
www.talkingcure.com/training.asp?id=108


Supershrinks
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.
Individually
Interpersonally
Socially
Overall
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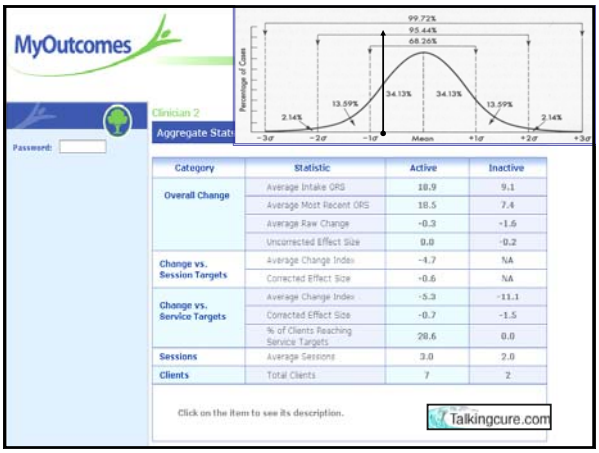
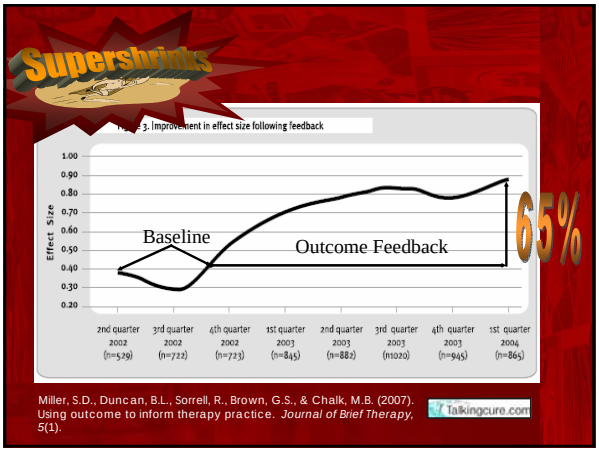

MyOutcomes
Clinician 2
Aggregate Stats
Password:
99.72%
95.44%
68.26%
Percentage of Cases
2.14%
13.59%
34.13%
34.13%
13.59%
2.14%
-3σ
-2σ
-1σ
Mean
+1σ
+2σ
+3σ
Category
Statistic
Active
Inactive
Overall Change
Average Intake ORS
18.9
9.1
Average Most Recent ORS
18.5
7.4
Average Raw Change
-0.3
-1.6
Uncorrected Effect Size
0.0
-0.2
Change vs. Session Targets
Average Change Index
-1.7
NA
Corrected Effect Size
-0.6
NA
Change vs. Service Targets
Average Change Index
-5.3
-11.1
Corrected Effect Size
-0.7
-1.5
% of Clients Reaching Service Targets
28.6
0.0
Sessions
Average Sessions
3.0
2.0
Clients
Total Clients
7
2
Click on the item to see its description.
Talkingcure.com


Supershrinks
Fig. 3. Improvement in effect size following feedback
Effect Size
1.00
0.90
0.80
0.70
0.60
0.50
0.40
0.30
0.20
Baseline
Outcome Feedback
65%
2nd quarter 2002 (n=529)
3rd quarter 2002 (n=722)
4th quarter 2002 (n=723)
1st quarter 2003 (n=845)
2nd quarter 2003 (n=882)
3rd quarter 2003 (n1020)
4th quarter 2003 (n=945)
1st quarter 2004 (n=865)
Miller, S.D., Duncan, B.L., Sorrell, R., Brown, G.S., & Chalk, M.B. (2007). Using outcome to inform therapy practice. Journal of Brief Therapy, 5(1).
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Anker Couples Study
Supershrinks
•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%
Anker, M., Duncan, B., & Sparks, J. (in press). The effect of feedback on outcome in Marital therapy. Journal of Consulting and Clinical Psychology.

Engagement

Supersbrinks

In 2004, Lego coming off its worst year ever:

- $ 238,000,000 loss;
- Numerous strategic blunders and failed product initiatives:
  - *PC software games;*
  - *Product licensing agreements;*
  - *Designs that left consumers puzzled rather than entertained.*

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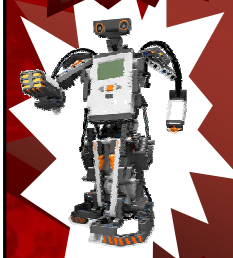

Technological advances were forcing an overhaul of Lego's best-selling product the "Mindstorm" Robot:

- *Decided to outsource its innovation to a panel of citizen developers!*
- *Included a "right to hack" in the robot software license!*

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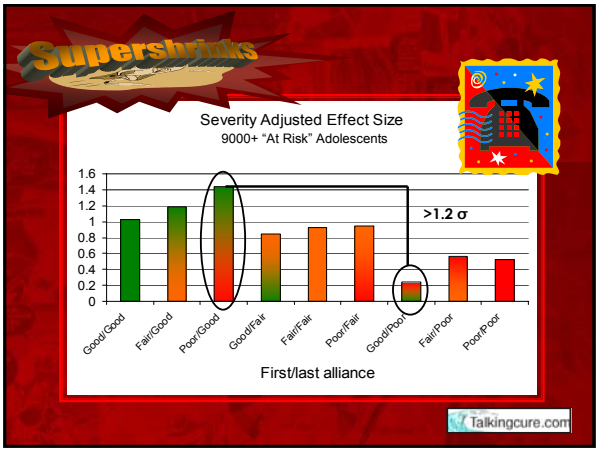
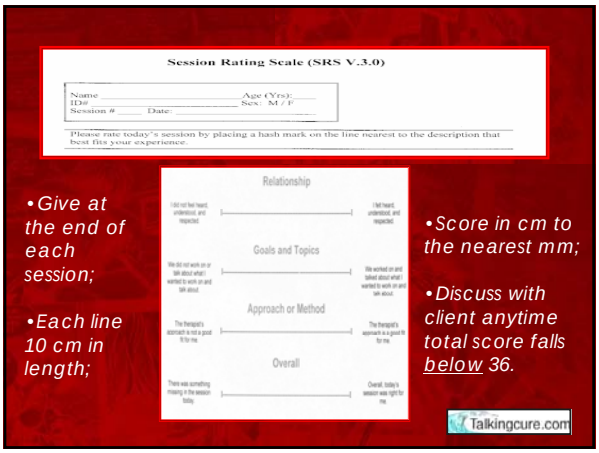
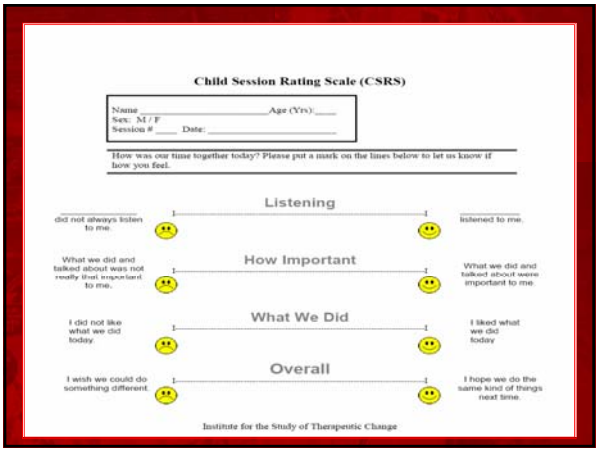
Content, creativity, casual collapse, control, celebrity
YouTube
Broadcast Yourself™
myspace.com
a place for friends
iLife
The Rise of the Creative Class
Blogger
"The GENERATION C phenomenon captures the an avalanche of consumer generated 'content'...The two main drivers fuelling this trend? (1) The creative urges each consumer undeniably possesses; and (2) The manufacturers of content-creating tools, who relentlessly push us to unleash that creativity. Instead of asking consumers to watch, to listen, to play, to passively consume, the race is on to get them to create, to produce, and to participate."
http://www.trendwatching.com/trends/GENERATION_C.htm

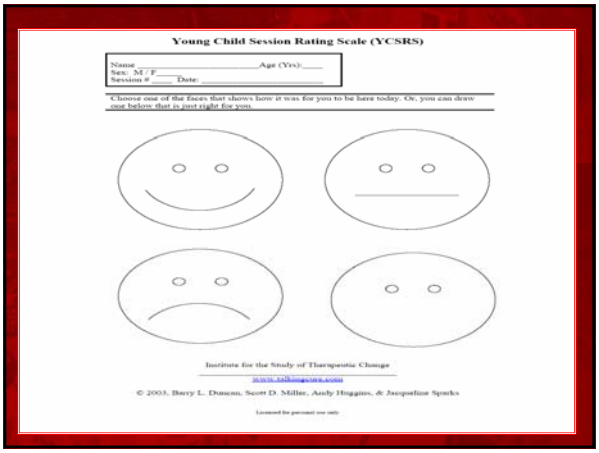

Supershrinks
Severity Adjusted Effect Size
9000+ "At Risk" Adolescents
1.6
1.4
1.2
1
0.8
0.6
0.4
0.2
0
>1.2 σ
Good/Good
Fair/Good
Poor/Good
Good/Fair
Fair/Fair
Poor/Fair
Good/Poor
Fair/Poor
Poor/Poor
First/last alliance
Talkingcure.com

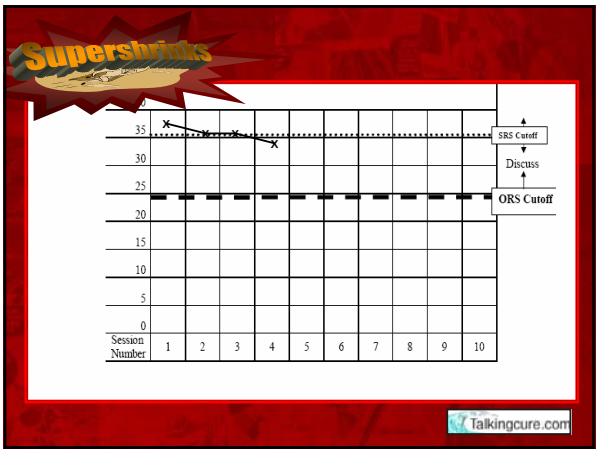

Supershrinks
Who are they?
Talkingcure.com
1



- *Give at the end of each session;*
- *Each line 10 cm in length;*
- *Score in cm to the nearest mm;*
- *Discuss with client anytime total score falls <u>below</u> 36.*







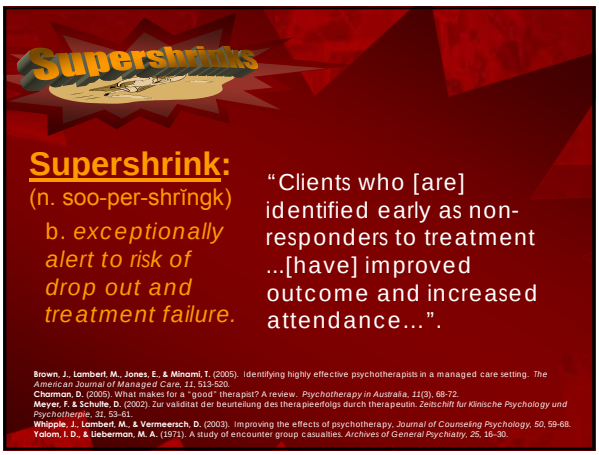
Creating a "Culture of Feedback"


Session Rating Scale (SRS V.3.0)

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

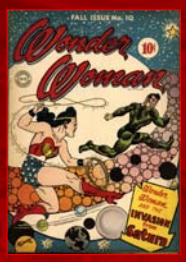
Please rate today's session by placing a hash mark on the line nearest to the description that best fits your experience.

- 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.



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.
Charman, D. (2005). What makes for a "good" therapist? A review. *Psychotherapy in Australia, 11*(3), 68-72.
Meyer, F. & Schulte, D. (2002). Zur validitat der beurteilung des therapieerfolgs durch therapeutin. *Zeitschift fur Klinische Psychology und Psychotherpie, 31*, 53-61.
Whipple, J., Lambert, M., & Vermeersch, D. (2003). Improving the effects of psychotherapy. *Journal of Counseling Psychology, 50*, 59-68.
Yalom, I. D., & Lieberman, M. A. (1971). A study of encounter group casualties. *Archives of General Psychiatry, 25*, 16-30.

Supershrinks



Two inconvenient truths about psychotherapy:

- *Drop out rates average 47%;*
- *Lack of change or deterioration in the early stages of treatment is associated with drop out and poor treatment response.*

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

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Miller, Duncan, Brown et al. (2007) compared retention rates of 6,424 clinically, culturally, and economically diverse clients:

- *Alliance questionnaire built in to medical record system.*
- *Clinicians reminded at the end of each session to check in formally about the alliance.*

- 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., Brown, J., Sorrell, R., & Chalk, M.B. (in press). Using outcome to inform and improve treatment outcomes. Journal of Brief Therapy.
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.

Supershrinks

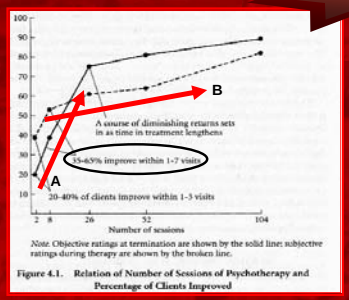

Figure 4.1. Relation of Number of Sessions of Psychotherapy and Percentage of Clients Improved

- *The bulk of change occurs sooner rather than latter;*
- *The rate of change depends on the level of distress at intake.*

Howard, K. et al. (1986). The dose-effect response in psychotherapy. *American Psychologist, 41*, 159-164.

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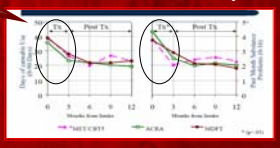
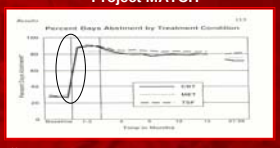
Early change in treatment is a robust predictor of outcome and retention in treatment.

Cannibas Youth Treatment Project



Project MATCH



http://www.chestnut.org/LI/Posters/CYT_%20MF_APA.pdf
Babor, T.F., & DelBoca, F.K. (eds.) (2003). *Treatment Matching in Alcoholism.* United Kingdom: Cambridge, 113.

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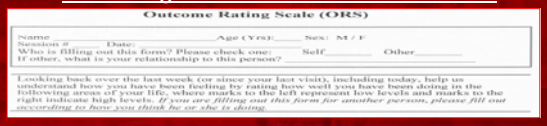
Creating a "Culture of Feedback"



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.*

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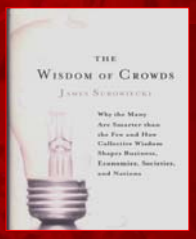
- In 1906, 85 year old British Scientist Sir Francis Galton attends a competition at county fair;
  - Participants had to guess the weight of a prize ox.
  - People paid a small fee to enter a guess.
- Discovers that the average of all guesses was significantly closer than the winning guess!

Supershrinks

"Therapists typically are not cognizant of the trajectory of change of patients seen by therapists in general…that is to say, they have no way of comparing their treatment outcomes with those obtained by other therapists."



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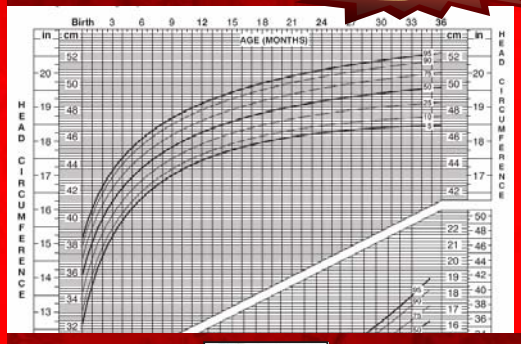
Wampold, B., & Brown, J. (2006). Estimating variability in outcomes attributable to therapists: A naturalistic study of outcomes in managed care. *Journal of Consulting and Clinical Psychology, 73* (5), 914-923.

Supershrinks



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Supershrinks

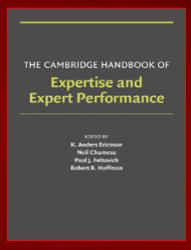
Supershrink:
(n. soo-per-shrĭngk)

c. *Pushes the limits of their current realm of reliable performance.*

"Successful people spontaneously do things differently from those individuals who stagnate…Elite performers engage in…effortful activity designed to improve individual target performance."

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.

Supershrinks



- Studied experts in chess, music, art, science, medicine, mathematics, history, computer programming.
- Key difference between experts and others:
  - *The amount of "deliberate practice"*

Ericsson, K.A. (2006). The influence of expertise and deliberate practice on the development of expert performance. In K.A. Ericsson, N. Charness, P.J. Feltovich, & R.R. Hoffman (eds). *The Cambridge Handbook of Expertise and Expert Performance* (pp. 683-704). New York: Cambridge University Press.

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Supershrinks

- Little or no difference in outcome between professional therapists, students, and minimally trained paraprofessionals;
- The effectiveness of the "average" therapist plateaus very early.

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.*

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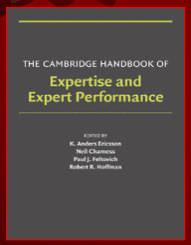

"Unlike play, deliberate practice is not inherently motivating; and unlike work, it does not lead to immediate social and monetary rewards…and [actually] generates costs…".

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

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Deliberate Practice:

- **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. *At least 4 hours per day.*
- **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.*

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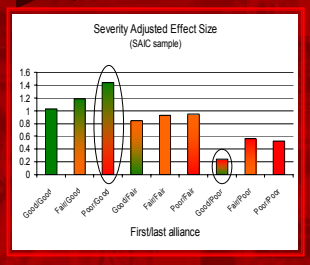
Deliberate Practice:



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.

Fleming, J., & Asplund, J. (2007). *Human Sigma*. New York: Gallup Press.

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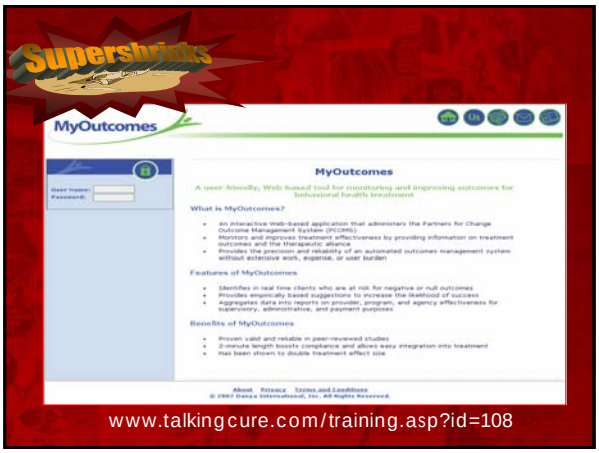
Deliberate Practice:

An Example

- **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)*


Supershrinks
MyOutcomes
MyOutcomes
www.talkingcure.com/training.asp?id=108


MyOutcomes
User Signed in: JHG
Clinician 2
Password:
Aggregate Stats
Category
Statistic
Active
Inactive
Overall Change
Average Intake ORS
18.9
9.1
Average Most Recent ORS
18.5
7.4
Average Raw Change
-0.3
-1.6
Uncorrected Effect Size
0.0
-0.2
Change vs. Session Targets
Average Change Index
-4.7
NA
Corrected Effect Size
-0.6
NA
Change vs. Service Targets
Average Change Index
-5.3
-11.1
Corrected Effect Size
-0.7
-1.5
% of Clients Reaching Service Targets
28.6
0.0
Sessions
Average Sessions
3.0
2.0
Clients
Total Clients
7
2
Click on the item to see its description.
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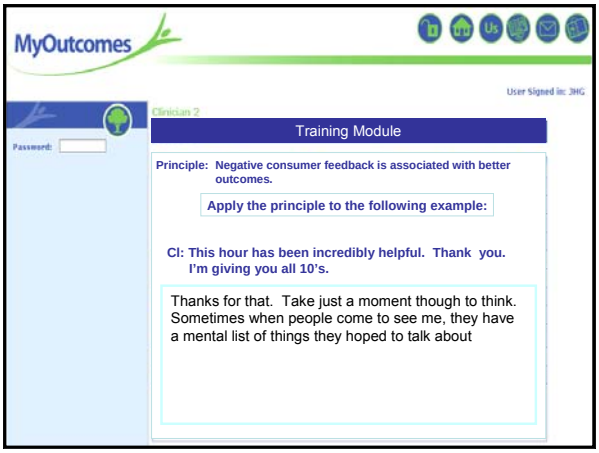
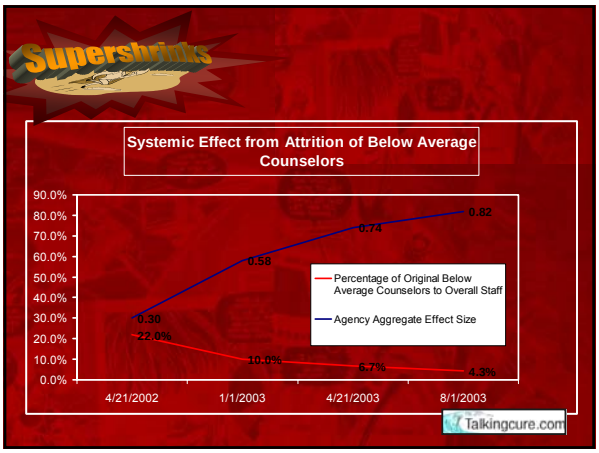

MyOutcomes
User Signed in: JHG
Clinician 2
Password:
Training Module
Principle: Negative consumer feedback is associated with better outcomes.
Apply the principle to the following example:
CI: This hour has been incredibly helpful. Thank you. I'm giving you all 10's.
Thanks for that. Take just a moment though to think. Sometimes when people come to see me, they have a mental list of things they hoped to talk about


Supershrinks
Systemic Effect from Attrition of Below Average Counselors
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
0.30
0.58
0.74
0.82
22.0%
10.0%
6.7%
4.3%
Percentage of Original Below Average Counselors to Overall Staff
Agency Aggregate Effect Size
4/21/2002
1/1/2003
4/21/2003
8/1/2003
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That's all folks!
LOONEY TUNES
LEON SCHLESINGER
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