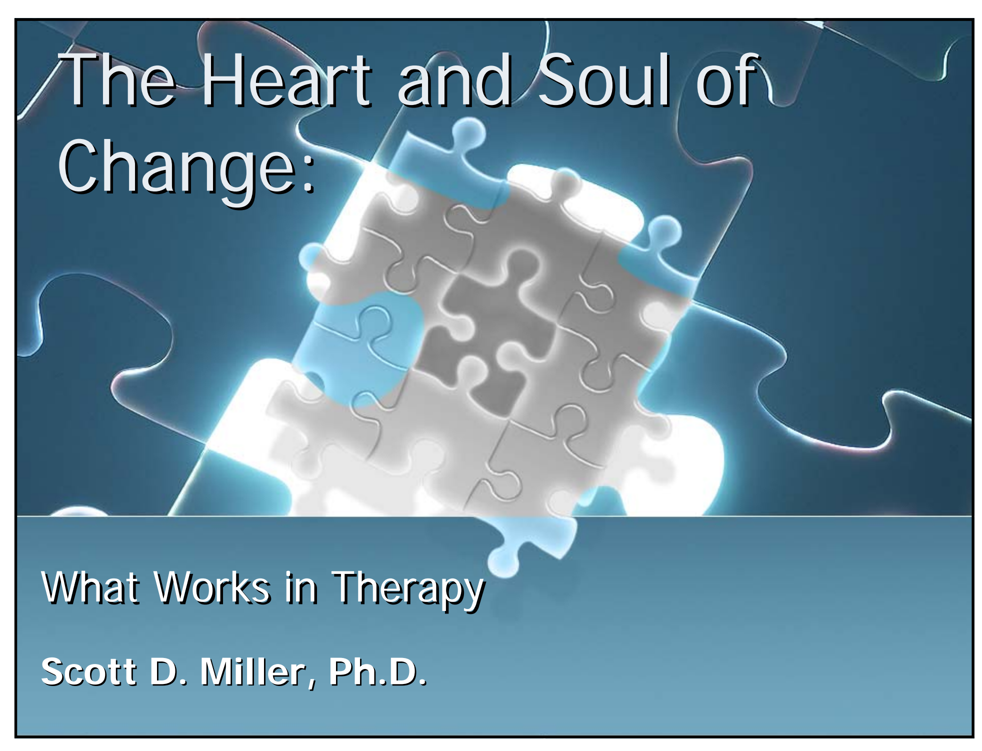
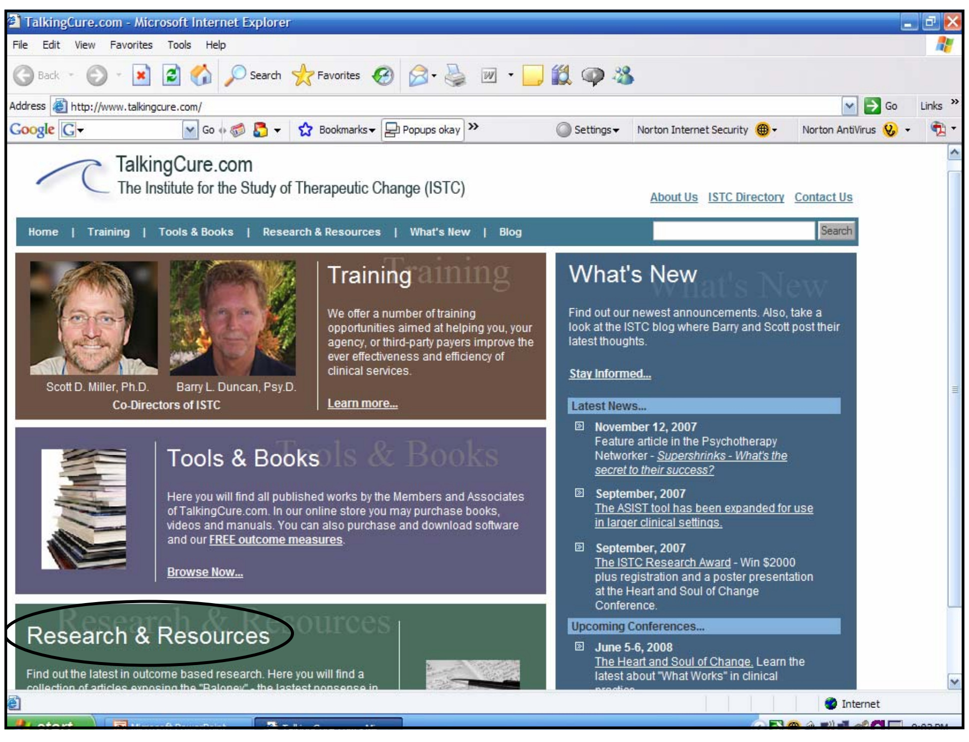

The Heart and Soul of Change:
What Works in Therapy
Scott D. Miller, Ph.D.

I.S.T.C.
Institute for the Study of Therapeutic Change
P.O. Box 578264
Chicago, IL 60657-8264
www.talkingcure.com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Scott D. Miller, Ph.D. Barry L. Duncan, Psy.D.
Co-Directors of ISTC
What's New
Find out our newest announcements. Also, take a look at the ISTC blog where Barry and Scott post their latest thoughts.
Stay Informed...
Latest News...
November 12, 2007
Feature article in the Psychotherapy Networker - Supershrinks - What's the secret to their success?
September, 2007
The ASIST tool has been expanded for use in larger clinical settings.
September, 2007
The ISTC Research Award - Win $2000 plus registration and a poster presentation at the Heart and Soul of Change Conference.
Upcoming Conferences...
June 5-6, 2008
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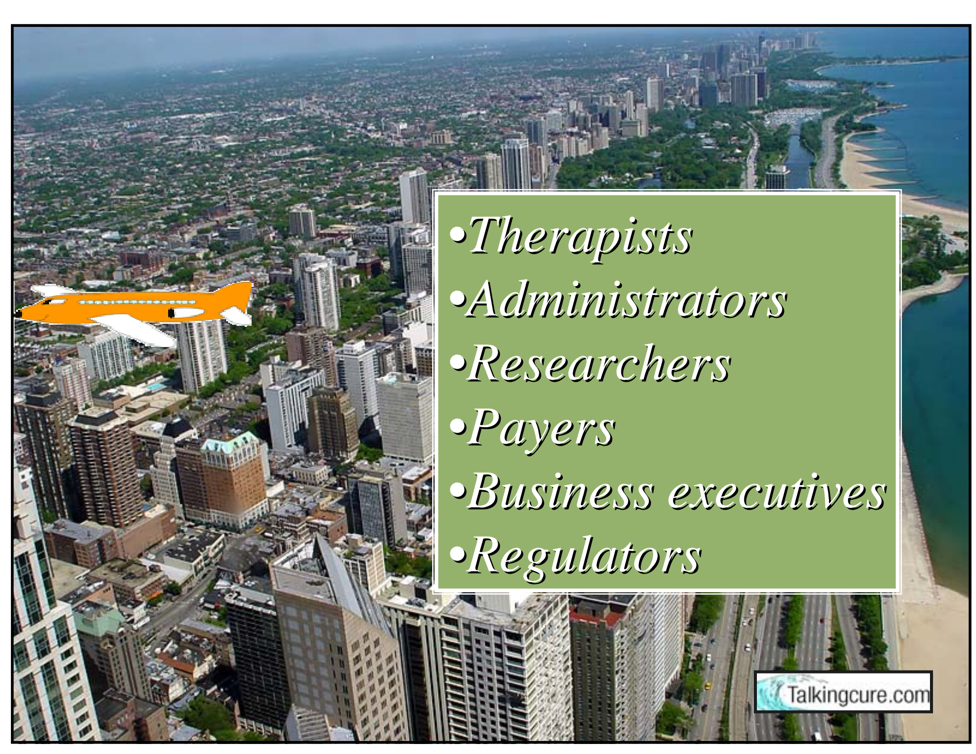
•Therapists
•Administrators
•Researchers
•Payers
•Business executives
•Regulators
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What Works in Therapy
•"Accountability," "Stewardship," & "Return on Investment" the buzzwords of the day.
•Part of a world wide trend not specific to mental health and independent of any particular type of reimbursement system.
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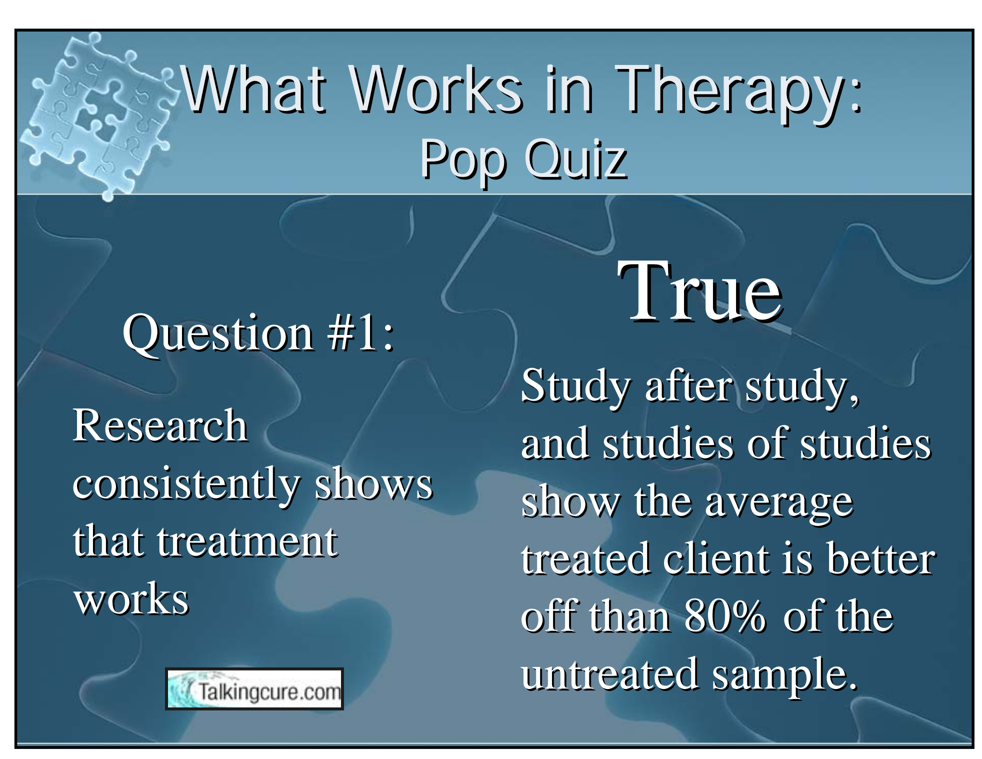
Lambert, M.J., Whipple, J.L., Hawkins, E.J., Vermeersch, D.A., Nielsen, S.L., Smart, D.A. (2004). Is it time for clinicians routinely to track patient outcome: A meta-analysis. Clinical Psychology, 10, 288-301.

What Works in Therapy
Pop Quiz!
I.S.T.C.


What Works in Therapy:
Pop Quiz
Question #1:
Research consistently shows that treatment works
True
Study after study, and studies of studies show the average treated client is better off than 80% of the untreated sample.
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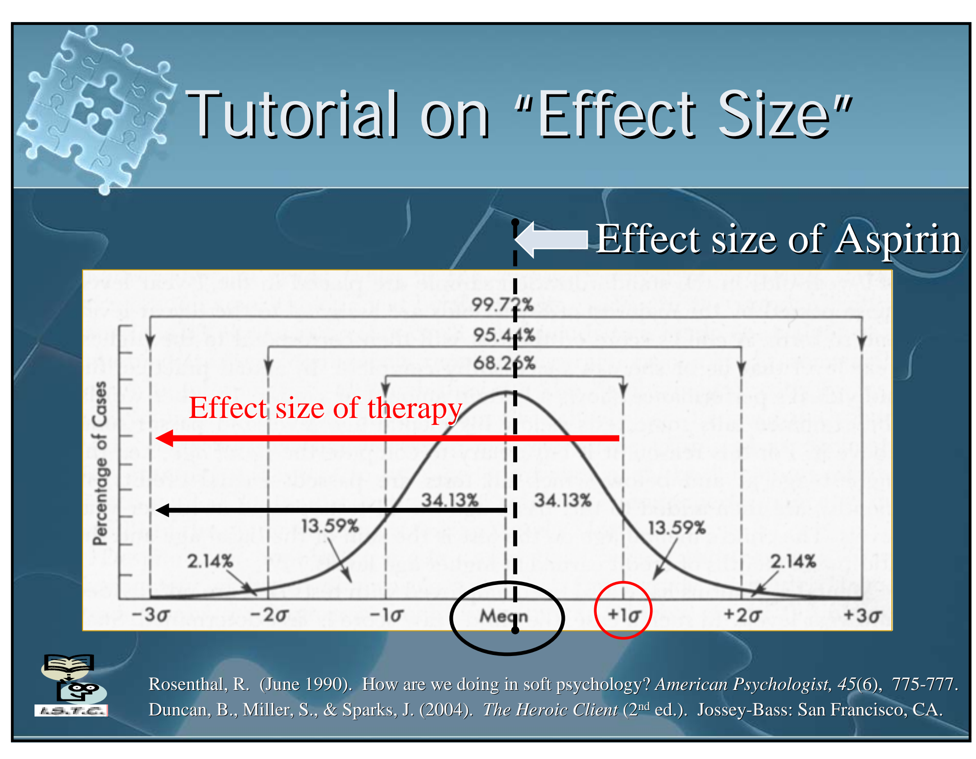

What Works in Therapy:

The Data

Treatment	Effect Size
Psychotherapy	.8 - 1.2 σ
Marital therapy	.8
Bypass surgery	.8 σ
ECT for depression	.8 σ
Pharmacotherapy for arthritis	.61 σ
Family therapy	.58 σ
AZT for AIDS mortality	.47 σ

Lipsey, M.W., & Wilson, D.B. (1993). The efficacy of psychological, behavioral, and educational treatment. *American Psychologist, 48,* 1181-1209.
Shadish, W.R., & Baldwin, S.A. (2002). Meta-analysis of MFT interventions. In D.H. Sprenkle (Ed.). Effectiveness research in marriage and family therapy (pp.339-370). Alexandria, VA: AAMFT.

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What Works in Therapy:
The Data

Procedure or Target:	Number Needed to Treat (NNT)*:
Behavioral 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
Aspirin as a prophylaxis for heart attacks	**129**

*NNT is the number needed to treat in order to achieve one successful outcome that would not have been accomplished in the absence of treatment.

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

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What Works in Therapy:
An Example

- More good news:
  - Research shows that only 1 out of 10 clients on the average clinician's caseload is not making any progress.
- Recent study:
  - 6,000+ treatment providers
  - 48,000 plus real clients
  - Outcomes clinically equivalent to randomized, controlled, clinical trials.

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

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

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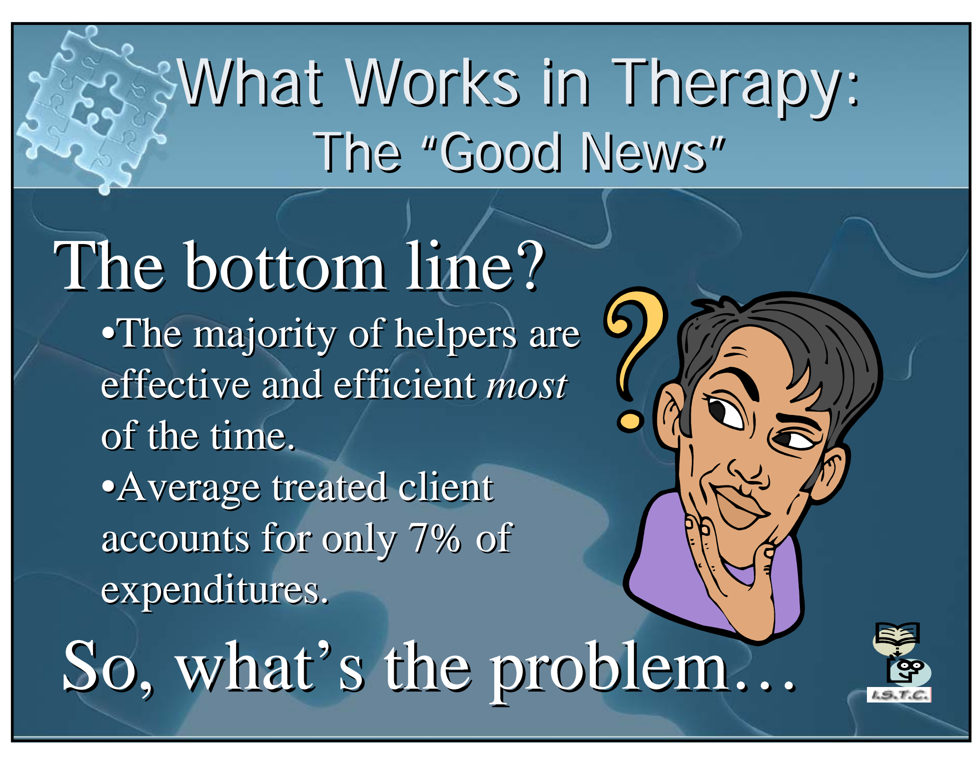
What Works in Therapy:
The "Good News"
The bottom line?
•The majority of helpers are effective and efficient *most* of the time.
•Average treated client accounts for only 7% of expenditures.
So, what's the problem…
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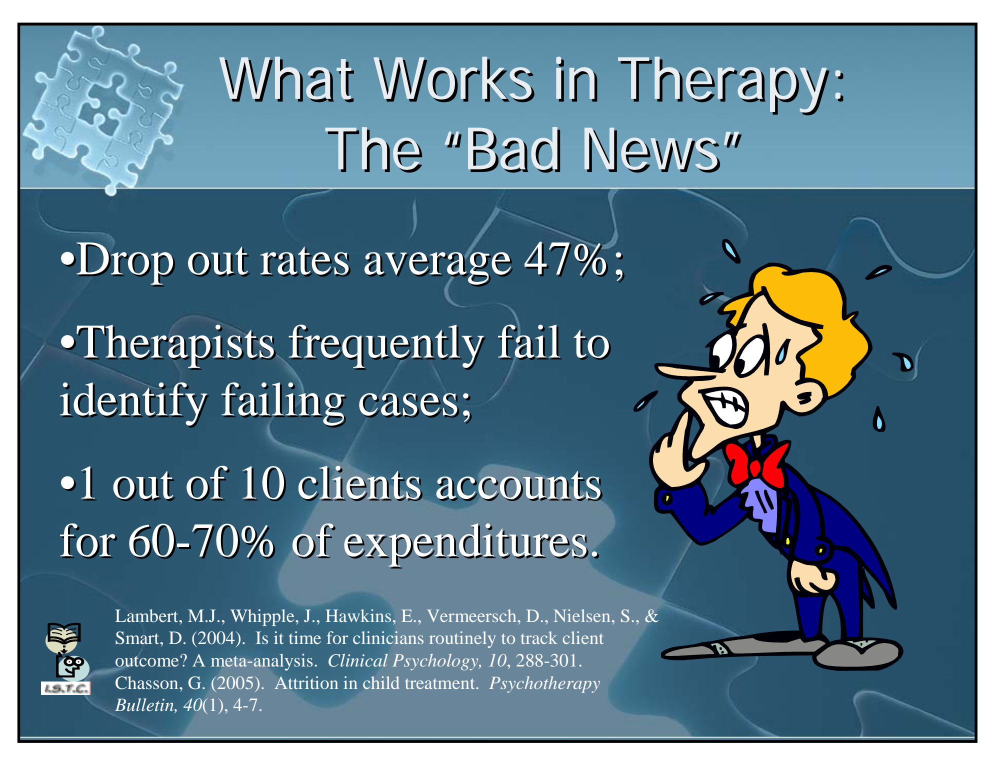
What Works in Therapy:
The "Bad News"
•Drop out rates average 47%;
•Therapists frequently fail to identify failing cases;
•1 out of 10 clients accounts for 60-70% of expenditures.
Lambert, M.J., Whipple, J., Hawkins, E., Vermeersch, D., Nielsen, S., & Smart, D. (2004). Is it time for clinicians routinely to track client outcome? A meta-analysis. *Clinical Psychology, 10*, 288-301.
Chasson, G. (2005). Attrition in child treatment. *Psychotherapy Bulletin, 40*(1), 4-7.
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What Works in Therapy:
Pop Quiz

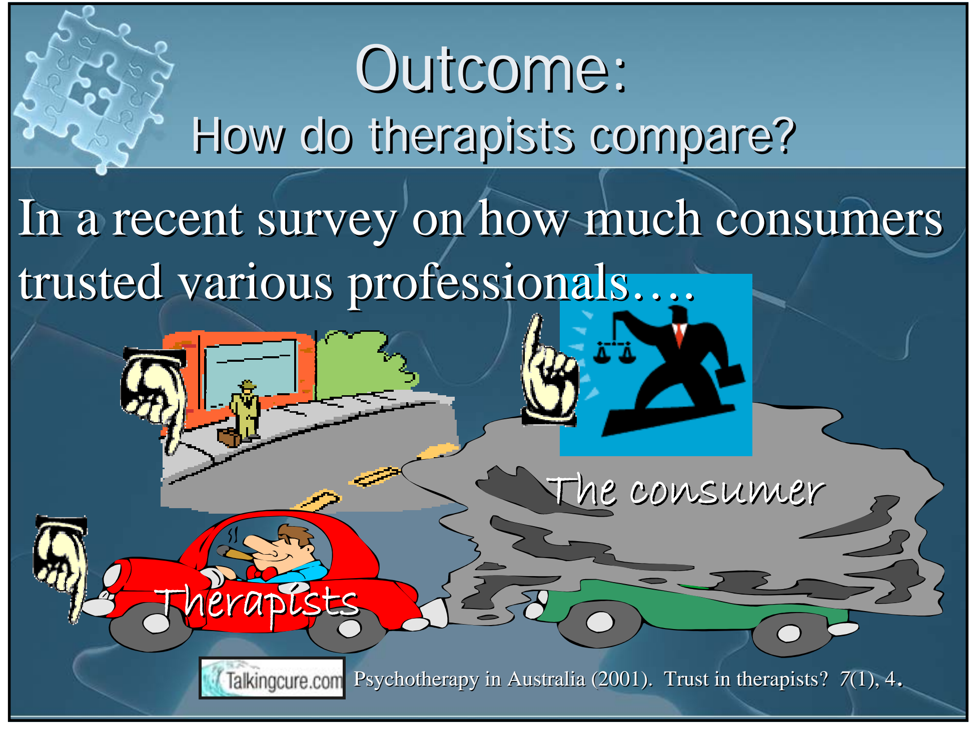
Question #2:

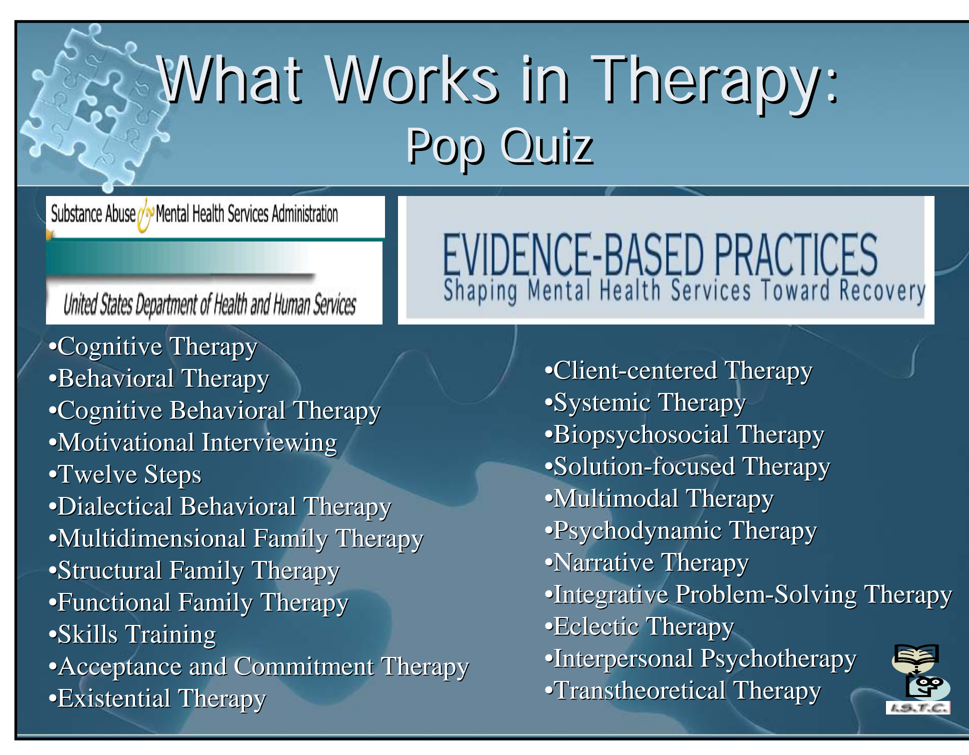
Stigma, ignorance, denial, and lack of motivation are the most common reasons potential consumers do not seek the help they need.

False

Second to cost (81%), *lack of confidence* in the outcome of the service is the primary reason (78%). Fewer than 1 in 5 cite stigma as a concern.

http://www.apa.org/releases/practicepoll_04.html




What Works in Therapy:
Pop Quiz
Substance Abuse and Mental Health Services Administration
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
•Skills Training
•Acceptance and Commitment Therapy
•Existential Therapy
•Client-centered Therapy
•Systemic Therapy
•Biopsychosocial Therapy
•Solution-focused Therapy
•Multimodal Therapy
•Psychodynamic Therapy
•Narrative Therapy
•Integrative Problem-Solving Therapy
•Eclectic Therapy
•Interpersonal Psychotherapy
•Transtheoretical Therapy
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What Works in Therapy:
Pop Quiz
Coca-Cola
CLASSIC
Pepsi-Cola
Still Raging!
•Cognitive Therapy
•Behavioral Therapy
•Skills Training
•Acceptance and Commitment Therapy
•Existential Therapy
•Narrative Therapy
•Integrative Problem-Solving Therapy
•Eclectic Therapy
•Interpersonal Psychotherapy
•Transtheoretical Therapy
I.S.T.C.

What Works in Therapy:
Pop Quiz

Question #3:

Of all the factors affecting treatment outcome, treatment model (technique or programming) is the *most potent*.

FALSE

Technique makes the smallest percentage-wise contribution to outcome of any known ingredient.

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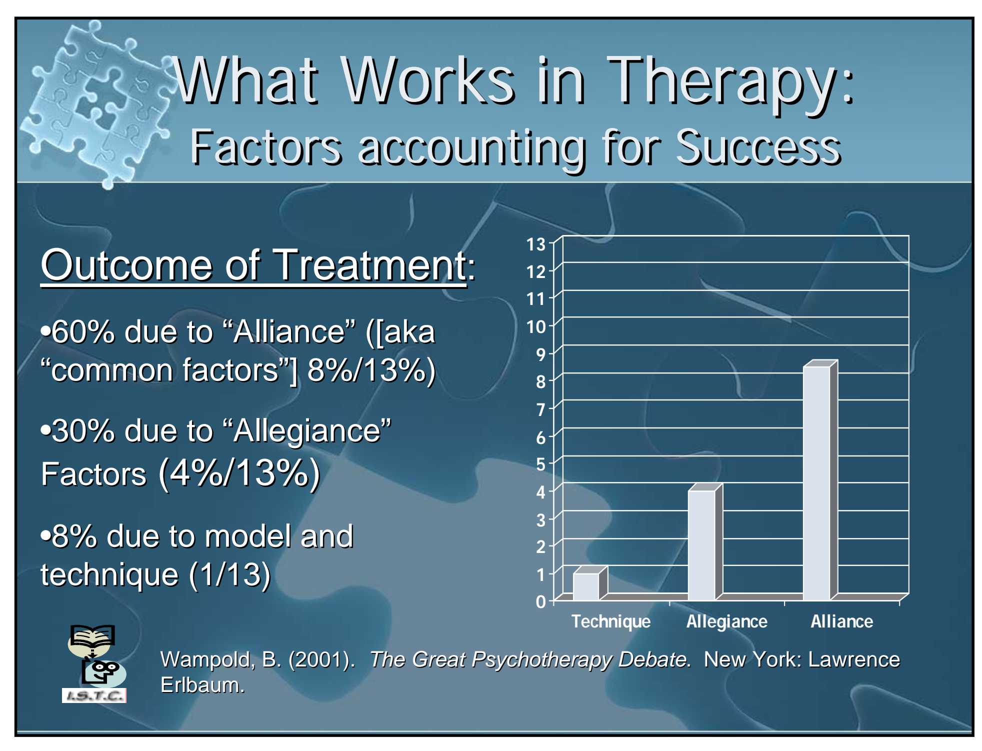

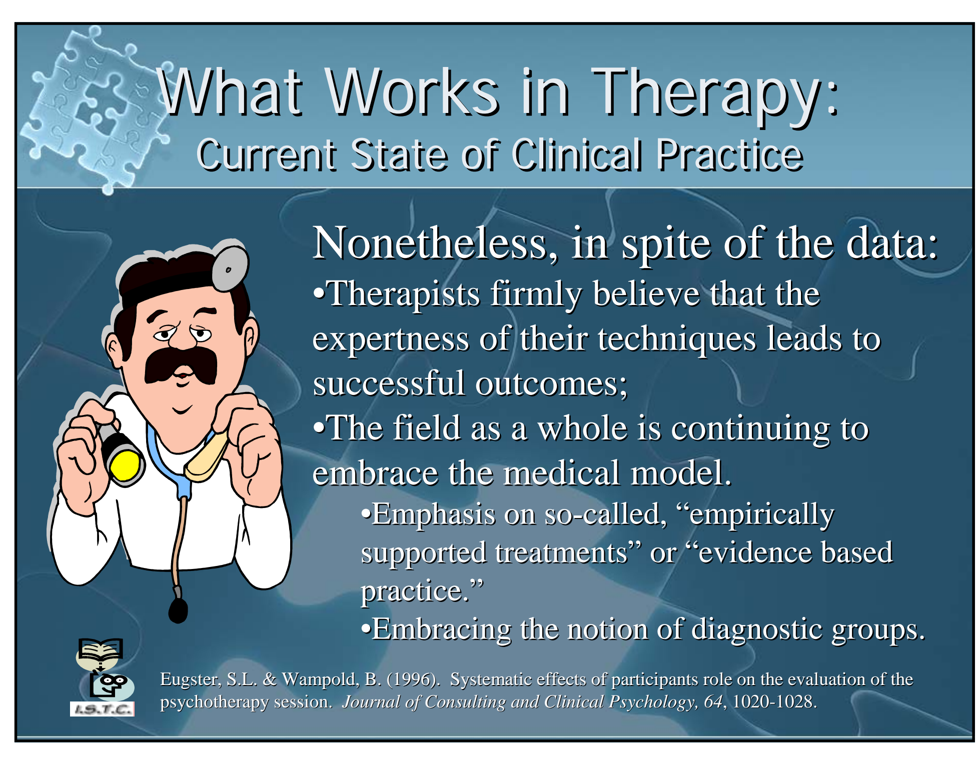
What Works in Therapy:
Current State of Clinical Practice
Nonetheless, in spite of the data:
•Therapists firmly believe that the expertness of their techniques leads to successful outcomes;
•The field as a whole is continuing to embrace the medical model.
•Emphasis on so-called, "empirically supported treatments" or "evidence based practice."
•Embracing the notion of diagnostic groups.
Eugster, S.L. & Wampold, B. (1996). Systematic effects of participants role on the evaluation of the psychotherapy session. Journal of Consulting and Clinical Psychology, 64, 1020-1028.
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What Works in Therapy:
Research on the Alliance
•Research on the alliance reflected in over 1000 research findings.
Client's Theory of Change
Goals, Meaning or Purpose
Means or Methods
Client's View of the Therapeutic Relationship
Bachelor, A., & Horvath, A. (1999). The Therapeutic Relationship. In M. Hubble, B. Duncan, & S. Miller (eds.). The Heart and Soul of Change. Washington, D.C.: APA Press.
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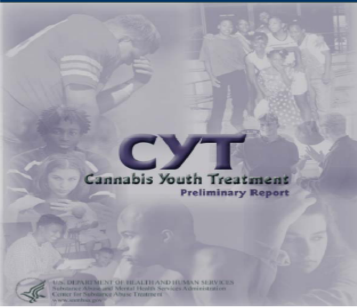
- In the Hester, Miller, Delaney, and Meyer study:
  - *A difference in outcome was found between the two groups depending on whether the treatment fit with the client's pre-treatment beliefs about their problem and/or the change process.*
- When treatment of people diagnosed as schizophrenic was changed to accord their wishes and ideas:
  - *More engagement;*
  - *Higher self-ratings; and*
  - *Improved objective scores.*

Hester, R., Miller, W., Delaney, H., & Meyers, R. (1990). *Effectiveness of the community reinforcement approach.* Paper presented at the 24th annual meeting of the AABT. San Francisco, CA.
Duncan, B., & Miller, S. (2000). The client's theory of change: Consulting the client in the integrative process. *Journal of Psychotherapy Integration, 10*(2), 169-187.
Priebe, S., & Gruyters, T. (1999). A pilot trial of treatment changes according to schizophrenic patients' wishes. *Journal of Nervous and Mental Disease, 187*(7), 441-443.
Kelin, E., Rosenberg, J., & Rosenberg, S. (2007). Whose treatment is it anyway? The role of consumer preferences in mental healthcare. *American Journal of Psychiatric Rehabilitation, 10*(1), 65-80.



Michael Dennis, Ph.D.,
Susan H. Godley, Rh.D.,
Guy S. Diamond, Ph.D.,
Frank M. Tims, Ph.D.,
Thomas Babor, Ph.D.,
Jean Donaldson, M.A.,
Howard Liddle, Ed.D.,
Janet C. Titus, Ph.D.,
Yifrah Kaminer, M.D.,
Charles Webb, Ph.D.,
Nancy Hamilton, M.P.A.,
and the CYT steering committee

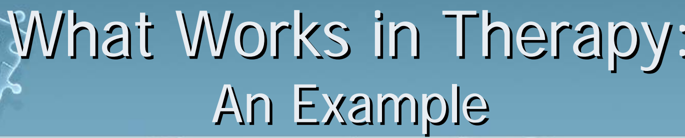
Presentation in Symposium 64, "State-of-the-Art Adolescent Substance Abuse Prevention and Treatment" at the American Psychiatric Association Annual Conference, Philadelphia, PA, May 18-23, 2002.

Dennis, M. Godley, S., Diamond, G., Tims, F. Babor, T. Donaldson, J., Liddle, H. Titus, J., Kaminer, Y., Webb, C., Hamilton, N., Funk, R. (2004). The cannibas youth treatment (CYT) study: Main findings from two randomized trials. *Journal of Substance Abuse Treatment, 27,* 97– 213.

What Works in Therapy:
An Example

- •600 Adolescents marijuana users:
  - •*Between the ages of 12-15;*
  - •*Rated as or more severe than adolescents seen in routine clinical practice settings;*
  - •*Significant co-morbidity (3 to 12 problems [83%], alcohol [37%]; internalizing [25%], externalizing [61%]).*
- •Participants randomized into one of two arms (dose, type) and one of three types of treatment in each arm:
  - •*Dose arm: MET+CBT (5 wks), MET+CBT (12 wks), Family Support Network (12 wks)+MET+CBT;*
  - •*Type arm: MET/CBT (5 wks), ACRT (12 weeks), MDFT (12 wks).*

What Works in Therapy:
An Example



- •Treatment approach accounted for little more than 0% of the variance in outcome.
- •By contrast, ratings of the alliance predicted:
  - •Premature drop-out;
  - •Substance abuse and dependency symptoms post-treatment, and cannabis use at 3 and 6 month follow-up.

Tetzlaff, B., Hahn, J., Godley, S., Godley, M., Diamond, G., & Funk, R. (2005). Working alliance, treatment satisfaction, and post-treatment patterns of use among adolescent substance users. *Psychology of Addictive Behaviors,* 19(2), 199-207.
Shelef, K., Diamond, G., Diamond, G., Liddle. H. (2005). Adolescent and parent alliance and treatment outcome in MDFT. *Journal of Consulting and Clinical Psychology,* 73(4), 689-698.

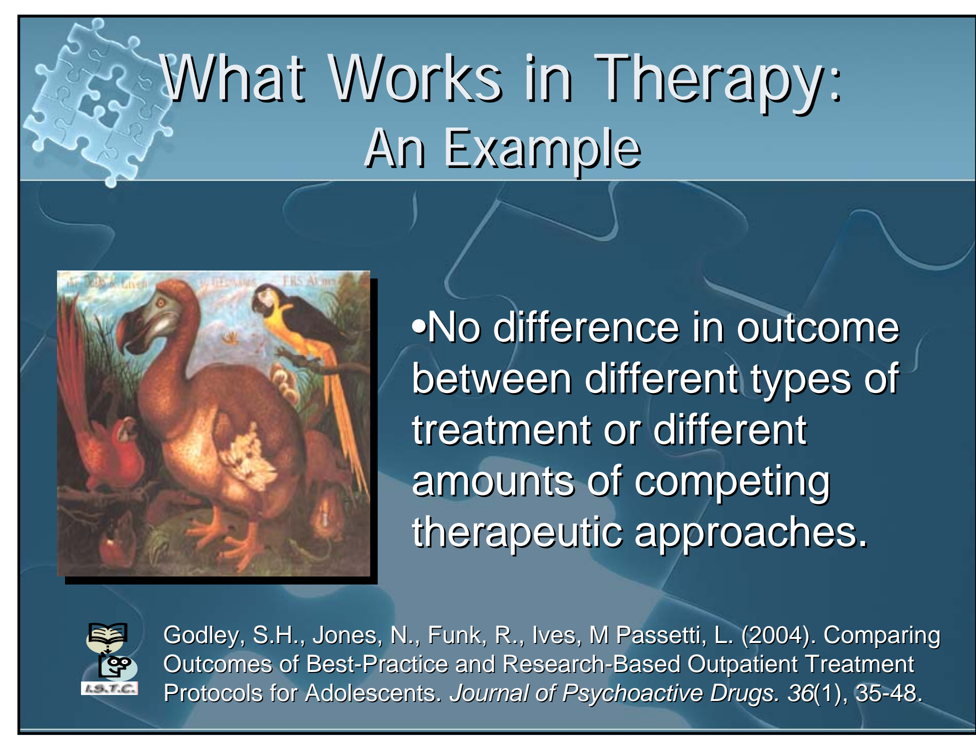
What Works in Therapy:
Pop Quiz

Question #4:

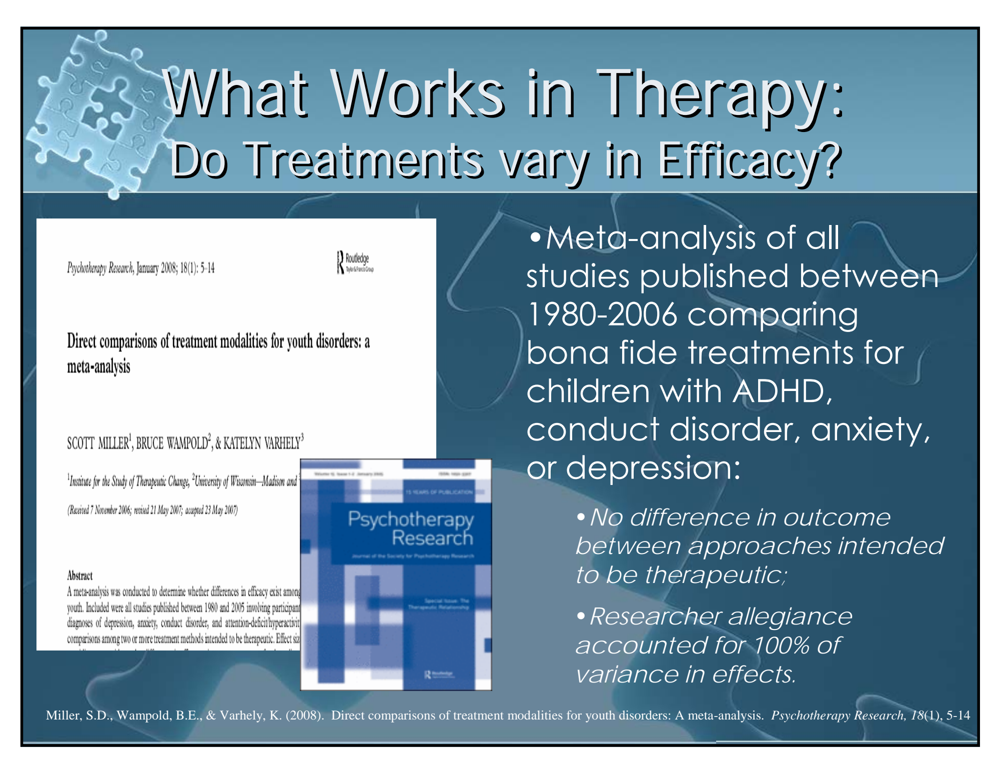
Research shows that some treatment approaches are *more effective* than others

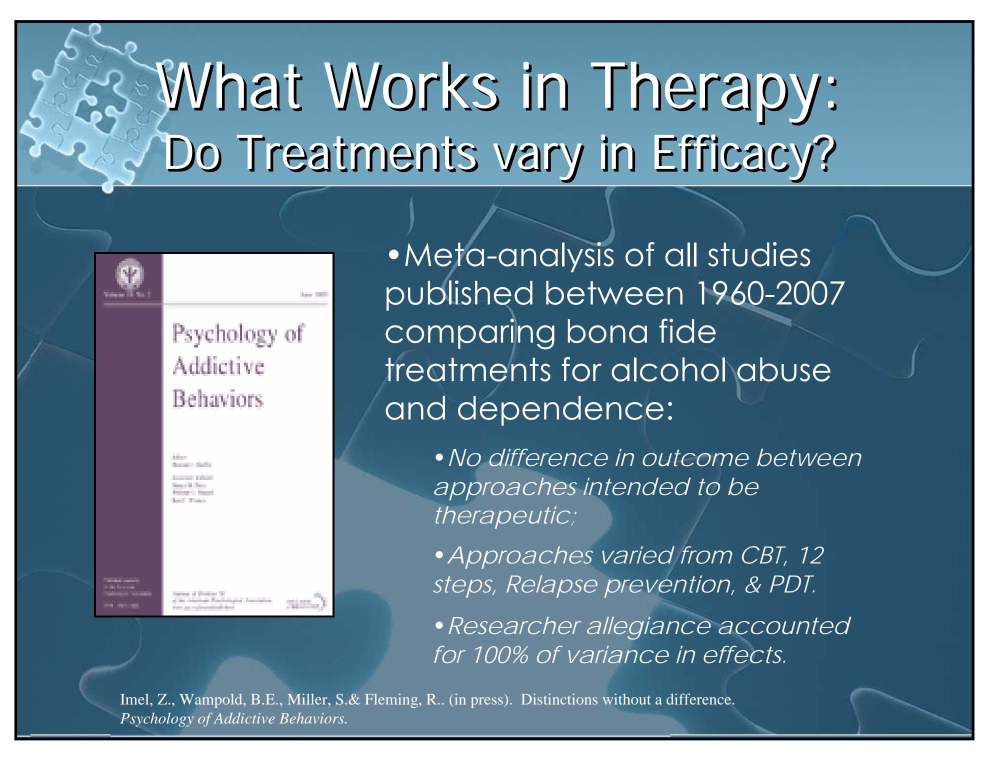
FALSE

All approaches work equally well with some of the people some of the time.

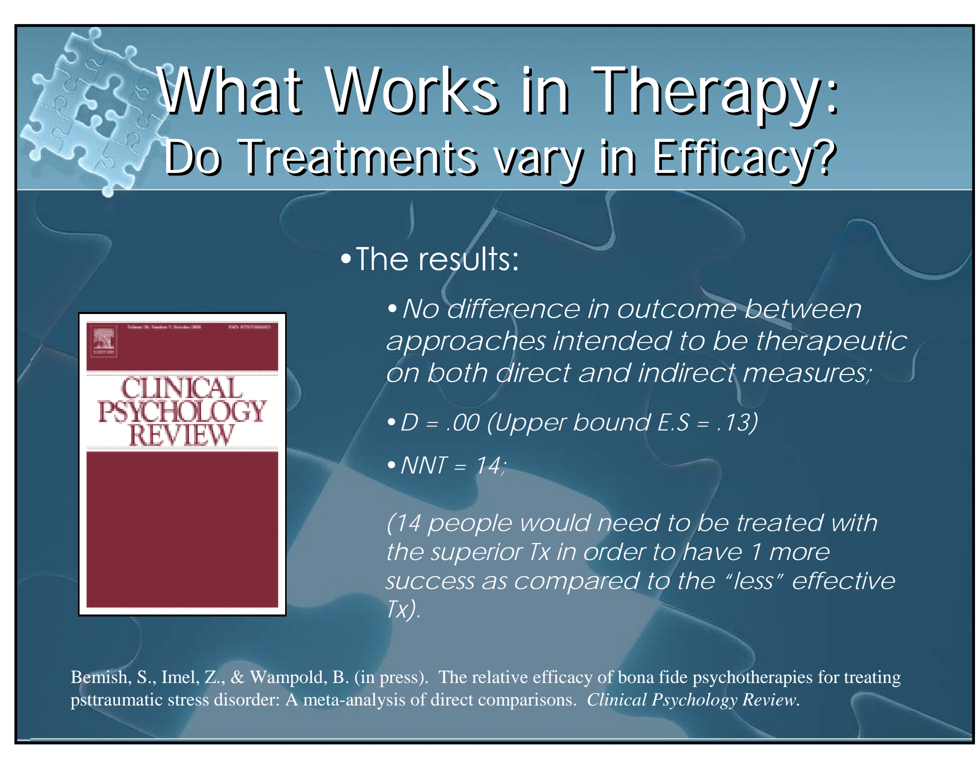


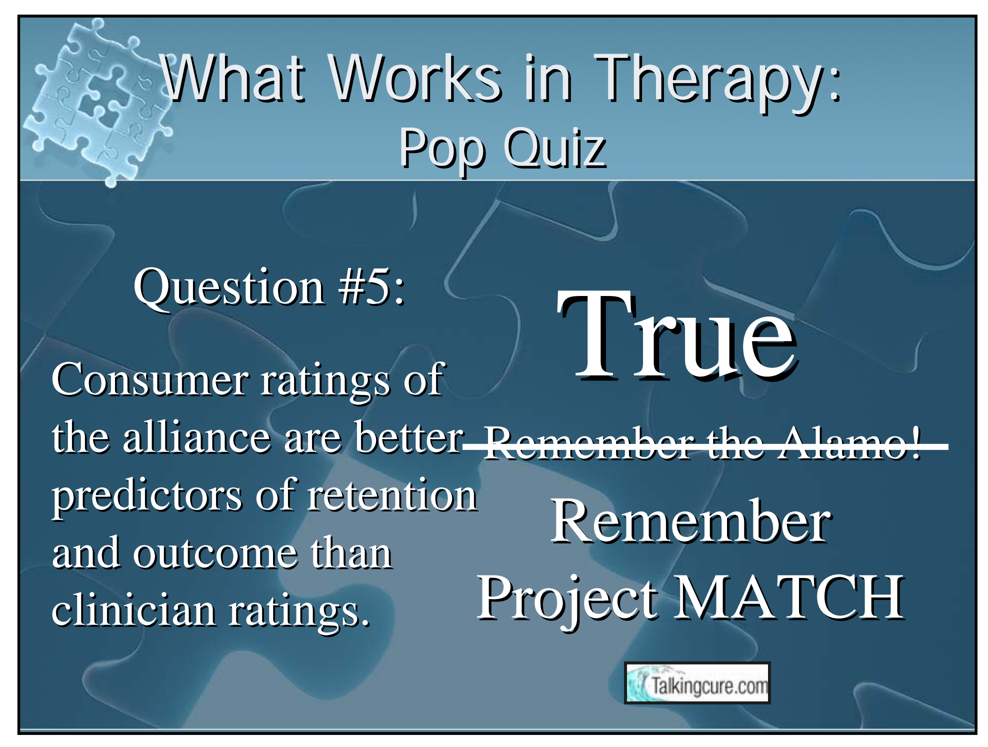
What Works in Therapy:
Do Treatments vary in Efficacy?
•The research says, "NO!"
•The lack of difference cannot be attributed to:
•Research design;
•Time of measurement;
•Year of publication;
•The differences which have been found:
•Do not exceed what would be expected by chance;
•At most account for 1% of the variance.
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.
I.S.T.C.


What Works in Therapy:
Do Treatments vary in Efficacy?
Psychotherapy Research, January 2008; 18(1): 5-14
Direct comparisons of treatment modalities for youth disorders: a meta-analysis
SCOTT MILLER, BRUCE WAMPOLD, & KATELYN VARHELY
Psychotherapy Research
•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.
Miller, S.D., Wampold, B.E., & Varhely, K. (2008). Direct comparisons of treatment modalities for youth disorders: A meta-analysis. Psychotherapy Research, 18(1), 5-14


What Works in Therapy:
Do Treatments vary in Efficacy?
Psychology of Addictive Behaviors
•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.

What Works in Therapy:
Do Treatments vary in Efficacy?
CLINICAL PSYCHOLOGY REVIEW
•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.


What Works in Therapy:
Do Treatments vary in Efficacy?
•The results:
• No difference in outcome between approaches intended to be therapeutic on both direct and indirect measures;
• D = .00 (Upper bound E.S = .13)
• NNT = 14;
(14 people would need to be treated with the superior Tx in order to have 1 more success as compared to the "less" effective Tx).
CLINICAL PSYCHOLOGY REVIEW
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.


What Works in Therapy:
Pop Quiz
Question #5:
Consumer ratings of the alliance are better predictors of retention and outcome than clinician ratings.
True
Remember the Alamo!
Remember Project MATCH
Talkingcure.com

What Works in Therapy:
Project MATCH and the Alliance

- The largest study ever conducted on the treatment of problem drinking:
  - Three different treatment approaches studied (CBT, 12-step, and Motivational Interviewing).
- *NO* difference in outcome between approaches.
- The client's rating of the therapeutic alliance the best predictor of:
  - Treatment participation;
  - Drinking behavior during treatment;
  - Drinking at 12-month follow-up.

Project MATCH Group (1997). Matching alcoholism treatment to client heterogeneity. *Journal of Studies on Alcohol, 58*, 7-29.
Babor, T.F., & Del Boca, F.K. (eds.) (2003). *Treatment matching in Alcoholism.* Cambridge University Press: Cambridge, UK.
Connors, G.J., & Carroll, K.M. (1997). The therapeutic alliance and its relationship to alcoholism treatment participation and outcome. *Journal of Consulting and Clinical Psychology, 65*(4), 588-98.

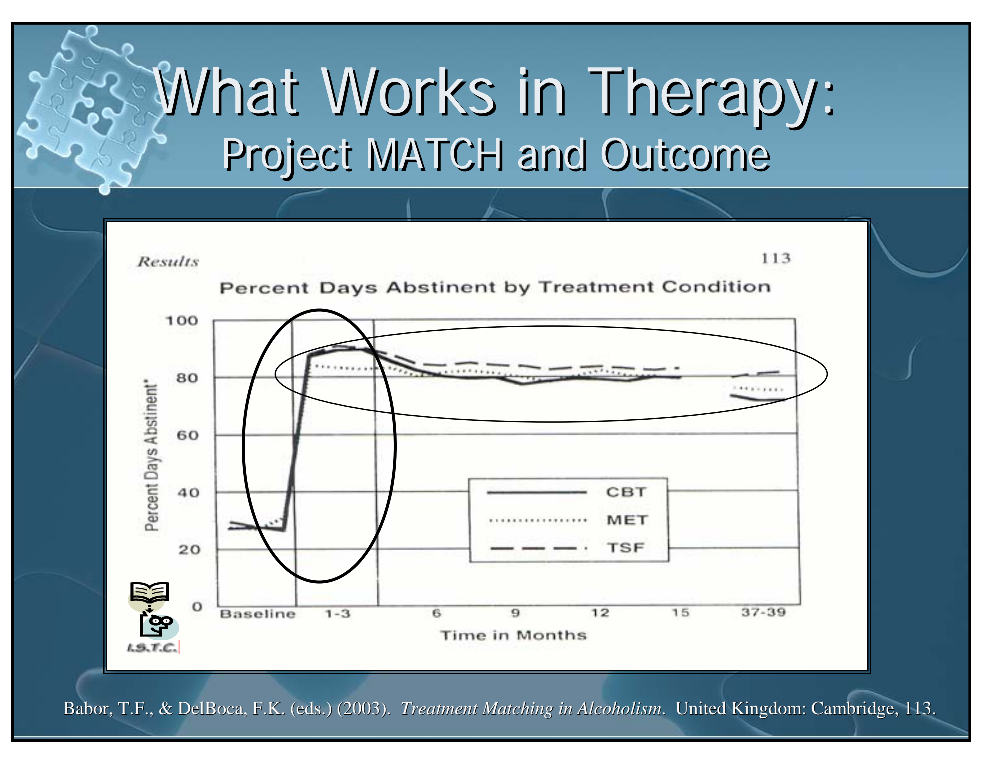
What Works in Therapy:
Pop Quiz

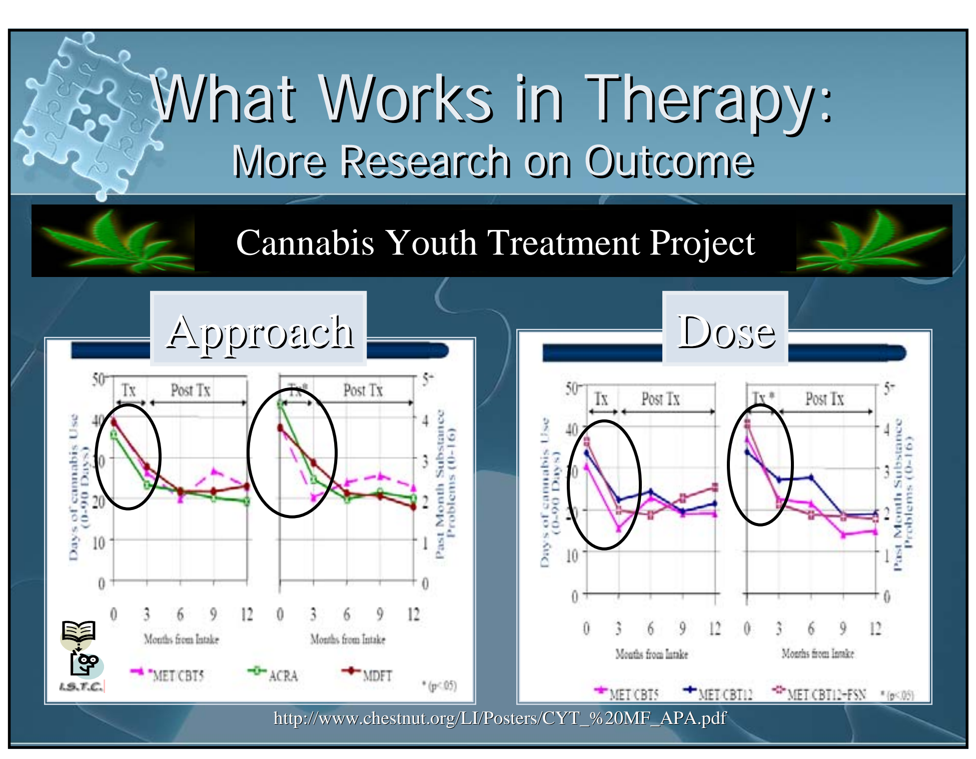
Question #6:

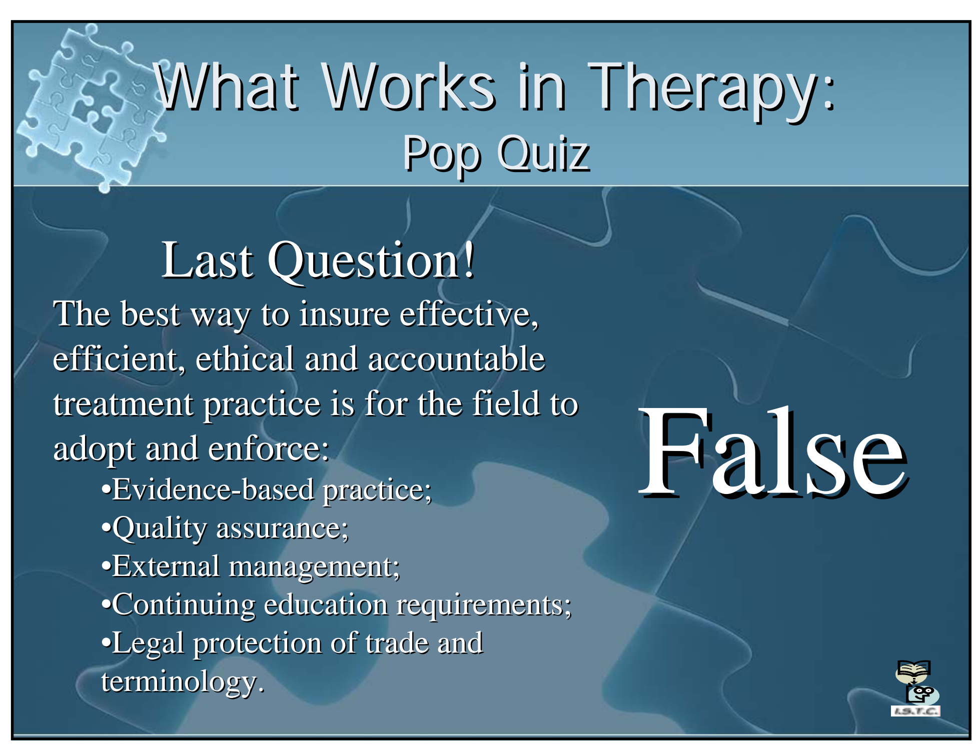
The bulk of change in successful treatment occurs earlier rather than later.

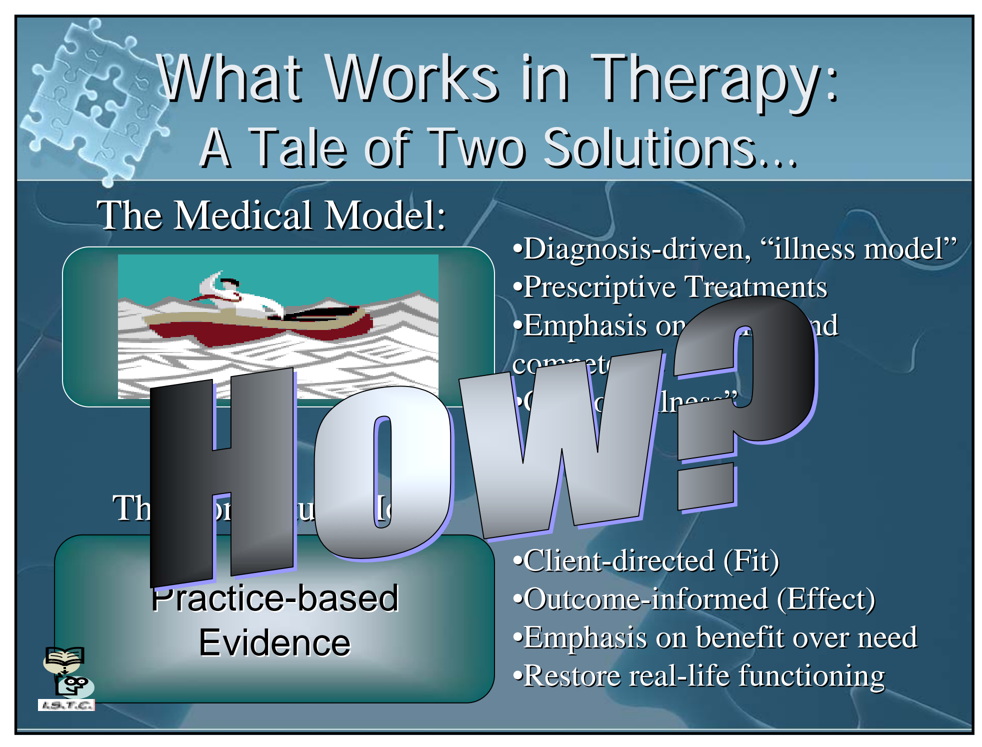
True

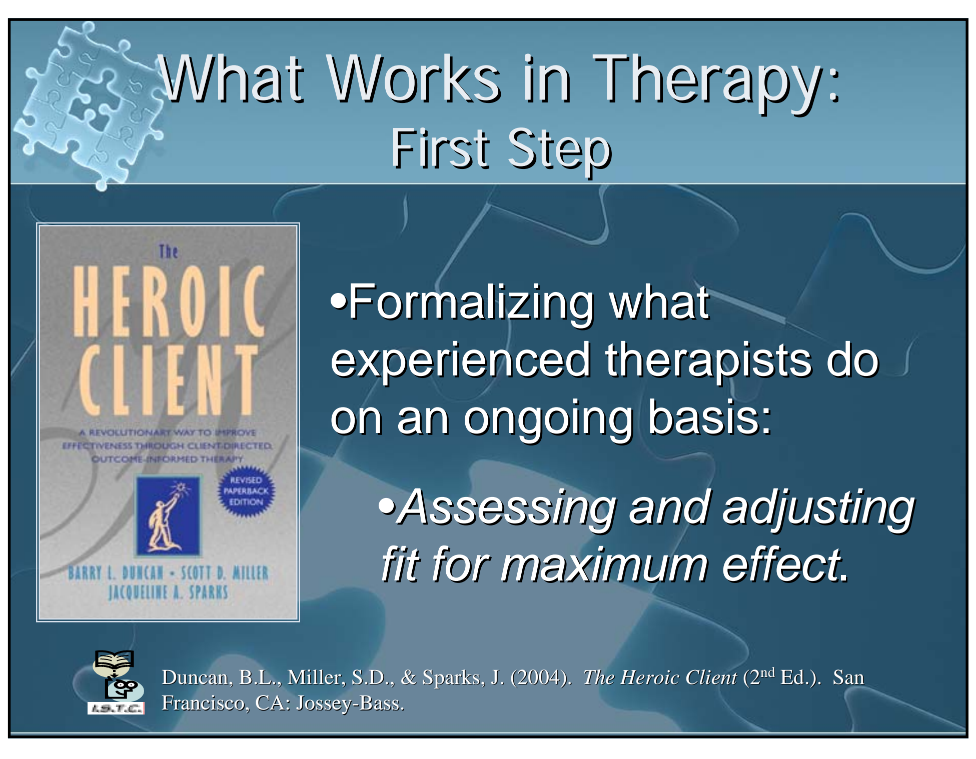
If a particular approach, delivered in a given setting, by a specific provider is going to work, there should measurable improvement in the first six weeks of care.


What Works in Therapy:
Project MATCH and Outcome
Results
113
Percent Days Abstinent by Treatment Condition
Percent Days Abstinent*
Baseline
1-3
6
9
12
15
37-39
Time in Months
CBT
MET
TSF
Babor, T.F., & DelBoca, F.K. (eds.) (2003). Treatment Matching in Alcoholism. United Kingdom: Cambridge, 113.

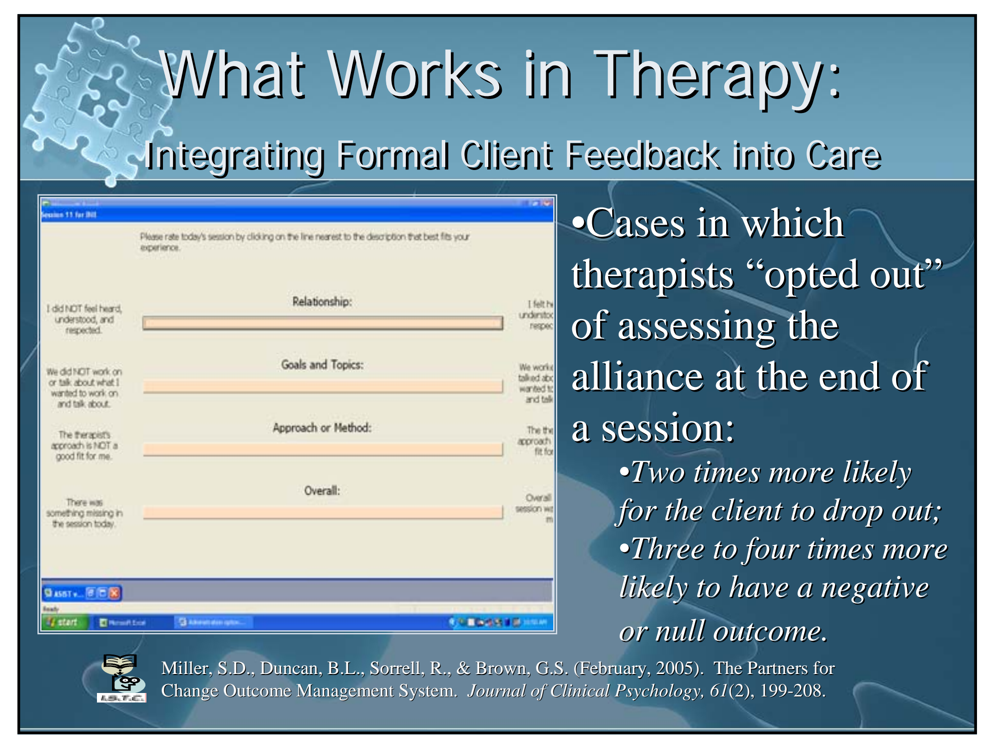

What Works in Therapy:
More Research on Outcome
Cannabis Youth Treatment Project
Approach
Dose
Tx
Post Tx
Days of cannabis Use (0-90 Days)
Past Month Substance Problems (0-16)
Months from Intake
MET CBT5
ACRA
MDFT
MET CBT12
MET CBT12+FSN
* (p<.05)
http://www.chestnut.org/LI/Posters/CYT_%20MF_APA.pdf

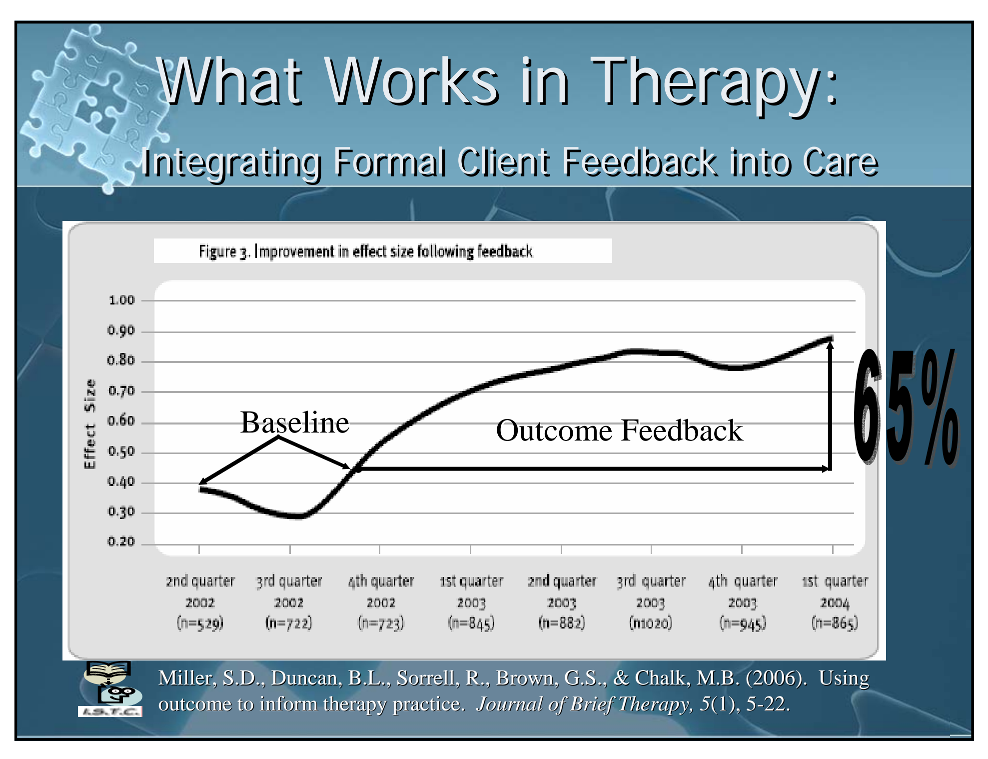

What Works in Therapy:
Pop Quiz
Last Question!
The best way to insure effective, efficient, ethical and accountable treatment practice is for the field to adopt and enforce:
•Evidence-based practice;
•Quality assurance;
•External management;
•Continuing education requirements;
•Legal protection of trade and terminology.
False

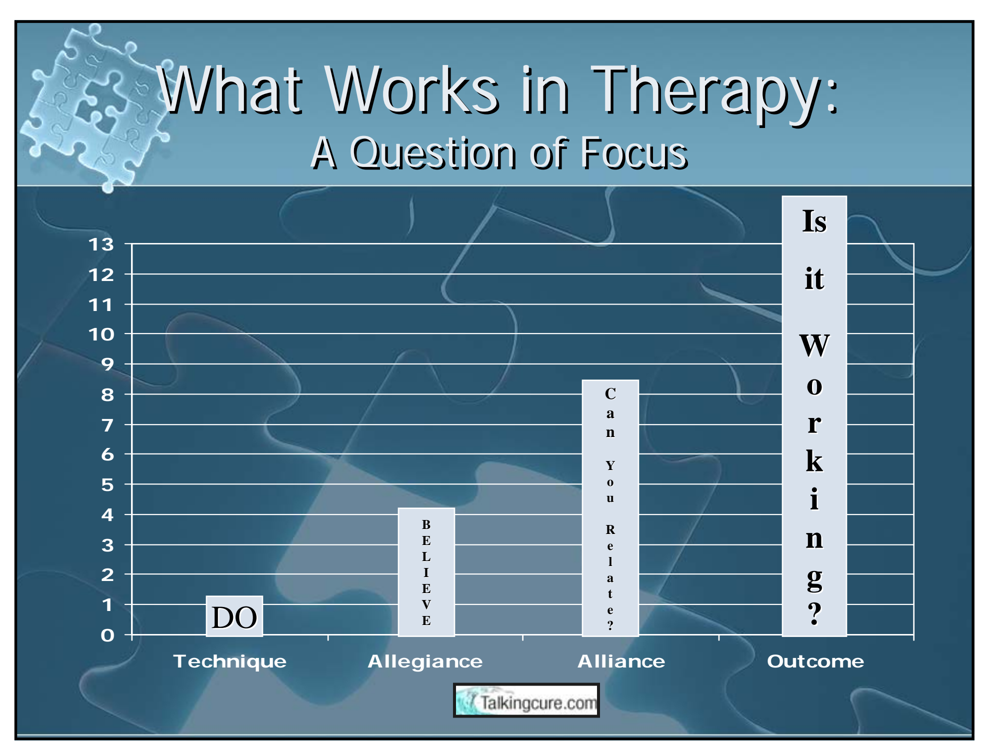

What Works in Therapy:
A Tale of Two Solutions…
The Medical Model:
•Diagnosis-driven, "illness model"
•Prescriptive Treatments
HOW?
Practice-based
Evidence
•Client-directed (Fit)
•Outcome-informed (Effect)
•Emphasis on benefit over need
•Restore real-life functioning

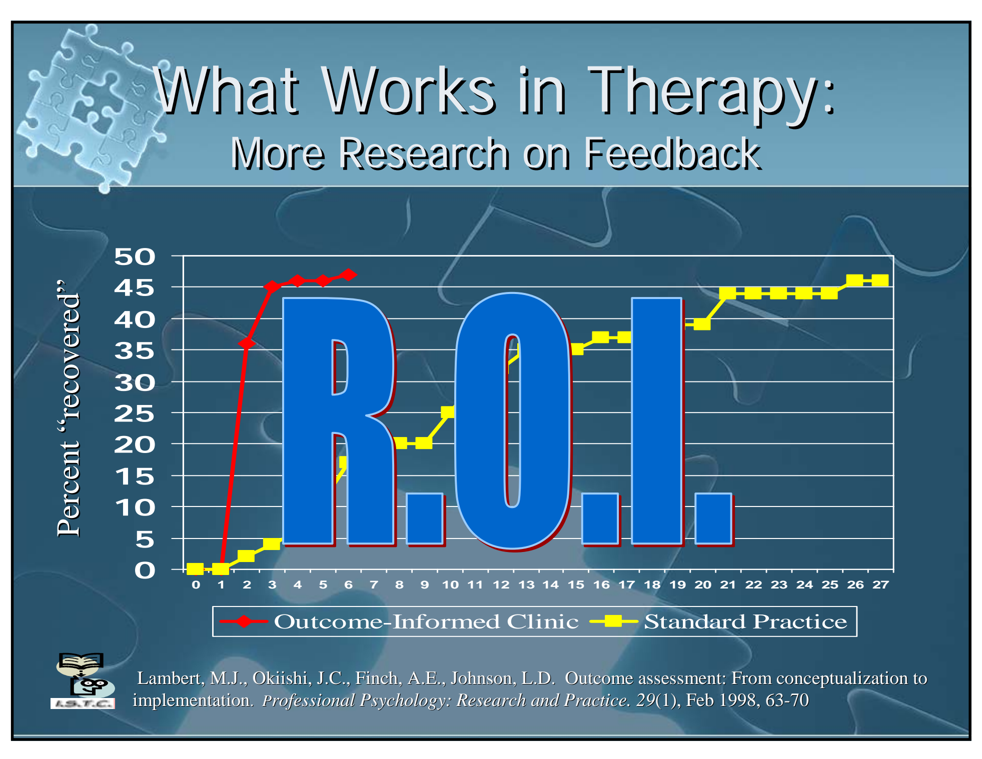

What Works in Therapy:
First Step
The
HEROIC
CLIENT
A REVOLUTIONARY WAY TO IMPROVE EFFECTIVENESS THROUGH CLIENT-DIRECTED, OUTCOME-INFORMED THERAPY
REVISED PAPERBACK EDITION
BARRY L. DUNCAN • SCOTT D. MILLER
JACQUELINE A. SPARKS
•Formalizing what experienced therapists do on an ongoing basis:
•Assessing 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.

What Works in Therapy:
Integrating Formal Client Feedback into Care
Individually:
(Personal well-being)
Interpersonally:
(Family, close relationships)
Socially:
(Work, School, Friendships)
Overall:
(General sense of well-being)
Valid
Reliable
Feasible
Relationship:
Goals and Topics:
Approach or Method:
Overall:
The O.R.S
The S.R.S
Download free working copies at:
http://www.talkingcure.com/index.asp?id=106


What Works in Therapy:
Integrating Formal Client Feedback into Care
•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.
Please rate today's session by clicking on the line nearest to the description that best fits your experience.
Relationship:
I did NOT feel heard, understood, and respected.
Goals and Topics:
We did NOT work on or talk about what I wanted to work on and talk about.
Approach or Method:
The therapist's approach is NOT a good fit for me.
Overall:
There was something missing in the session today.
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.

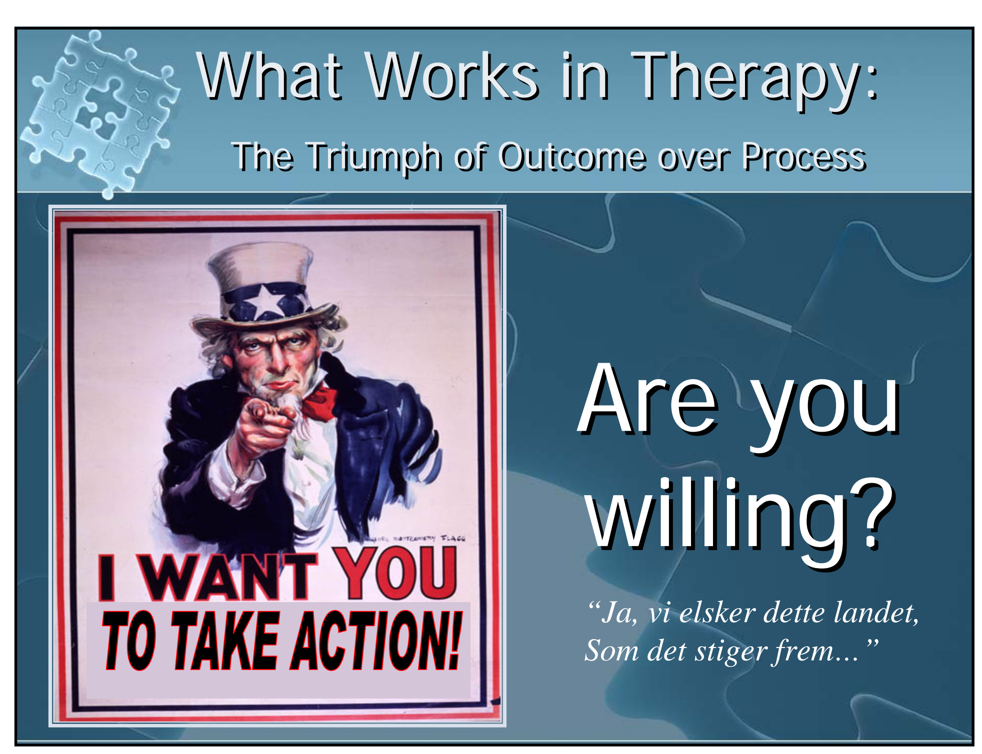

What Works in Therapy:
Integrating Formal Client Feedback into Care
Figure 3. Improvement in effect size following feedback
Effect Size
1.00
0.90
0.80
0.70
0.60
0.50
0.40
0.30
0.20
Baseline
Outcome Feedback
65%
2nd quarter 2002 (n=529)
3rd quarter 2002 (n=722)
4th quarter 2002 (n=723)
1st quarter 2003 (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. (2006). Using outcome to inform therapy practice. Journal of Brief Therapy, 5(1), 5-22.

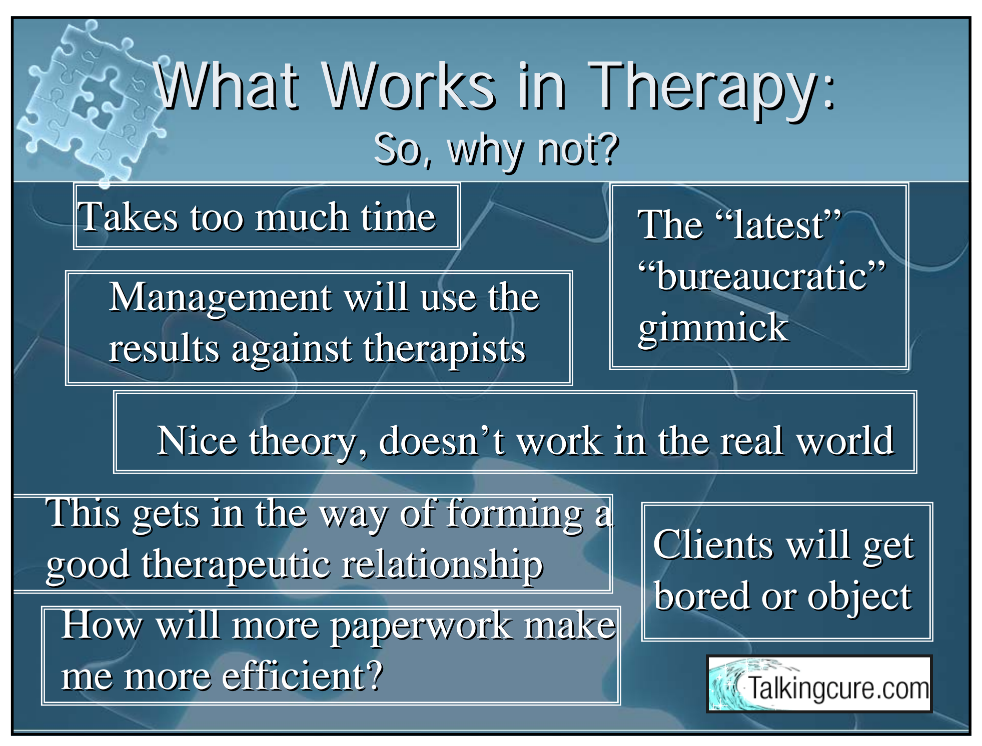

What Works in Therapy:
A Question of Focus
13
12
11
10
9
8
7
6
5
4
3
2
1
0
DO
BELIEVE
Can You Relate?
Is it Working?
Technique
Allegiance
Alliance
Outcome
Talkingcure.com


What Works in Therapy:
More Research on Feedback
Percent "recovered"
50
45
40
35
30
25
20
15
10
5
0
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27
R.O.I.
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
I.S.T.C.

Shifting from Process to Outcome:
Everyone Wins

Consumers:	Clinicians:	Payers:
Individualized care	Professional autonomy	Accountability
Needs met in the most effective and efficient manner possible (value-based purchasing)	Ability to tailor treatment to the individual client(s) and local norms	Efficient use of resources
Ability to make an informed choice regarding treatment providers	Elimination of invasive authorization and oversight procedures	Better relationships with providers and decreased management costs
A continuum of possibilities for meeting care needs	Paperwork and standards that facilitate rather than impede clinical work	Documented return on investment




What Works in Therapy:
So, why not?
Takes too much time
Management will use the results against therapists
The "latest" "bureaucratic" gimmick
Nice theory, doesn't work in the real world
This gets in the way of forming a good therapeutic relationship
Clients will get bored or object
How will more paperwork make me more efficient?
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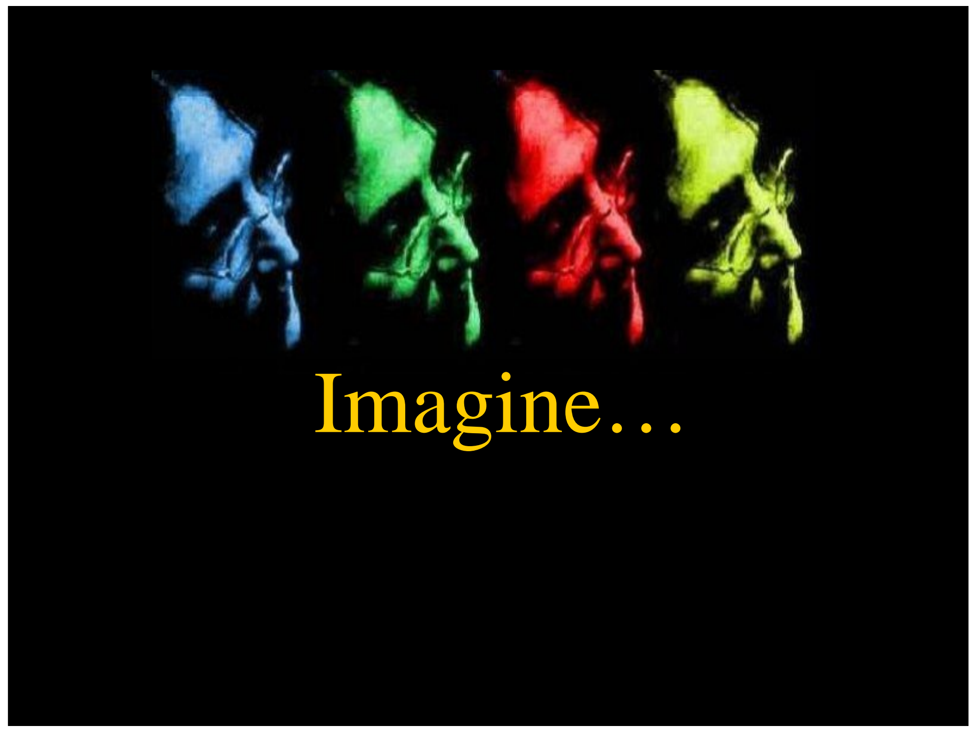
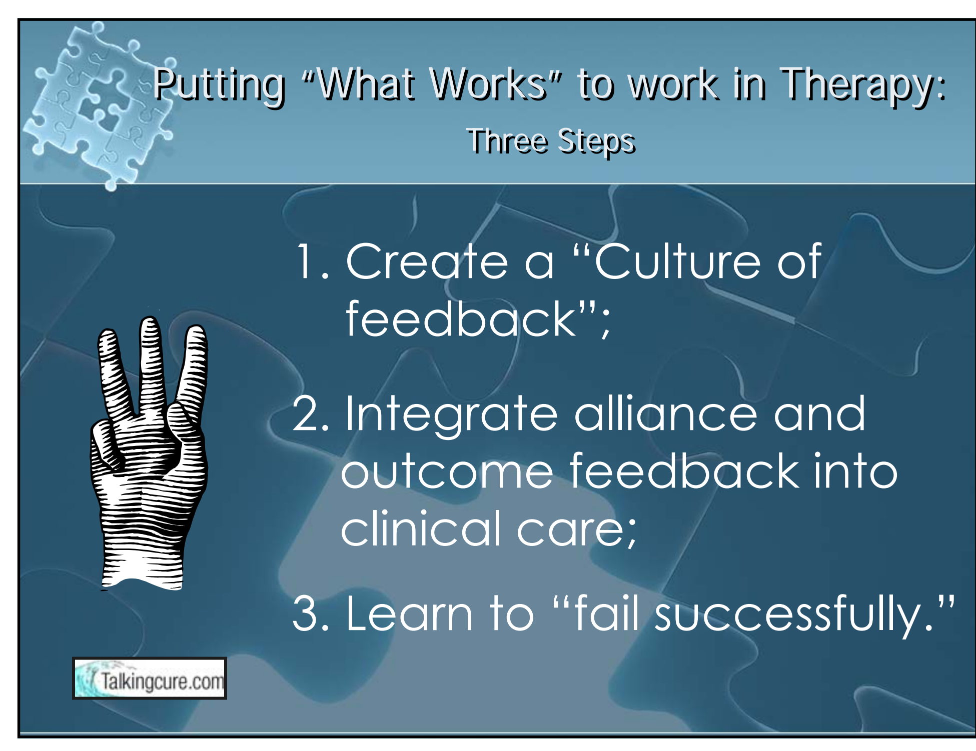
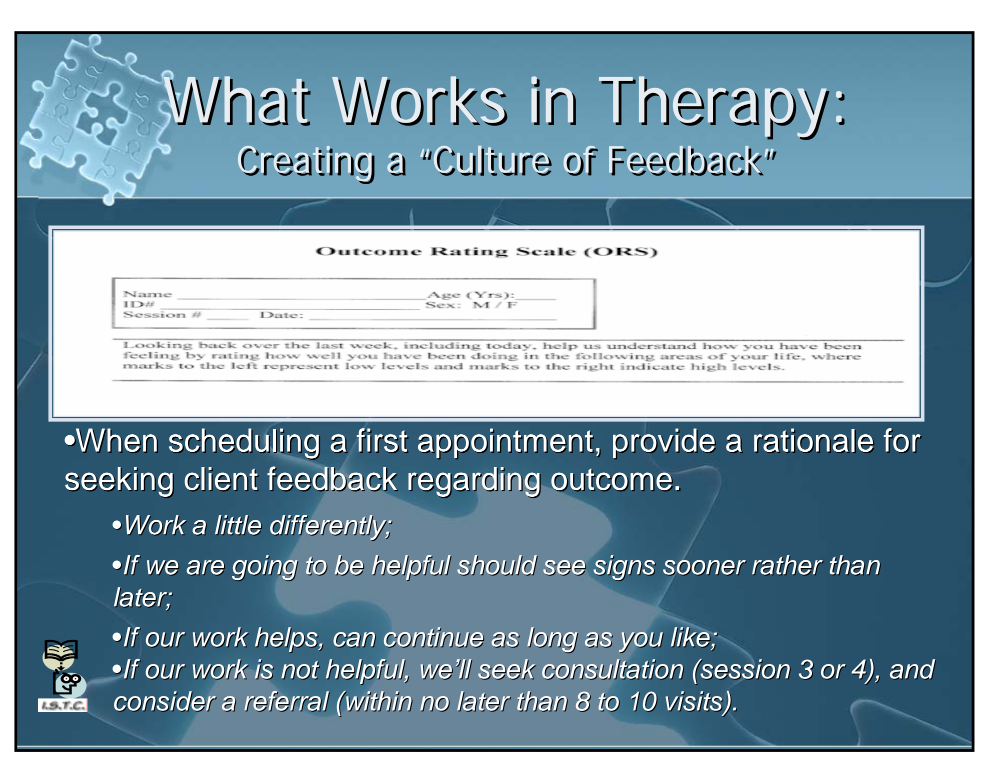
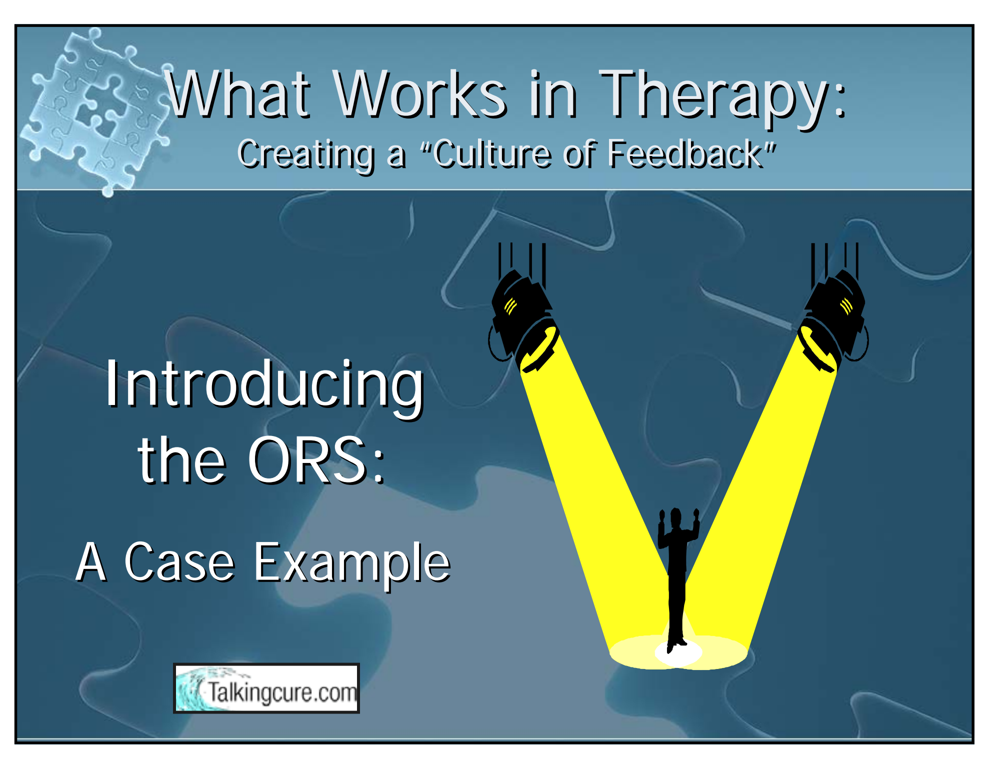
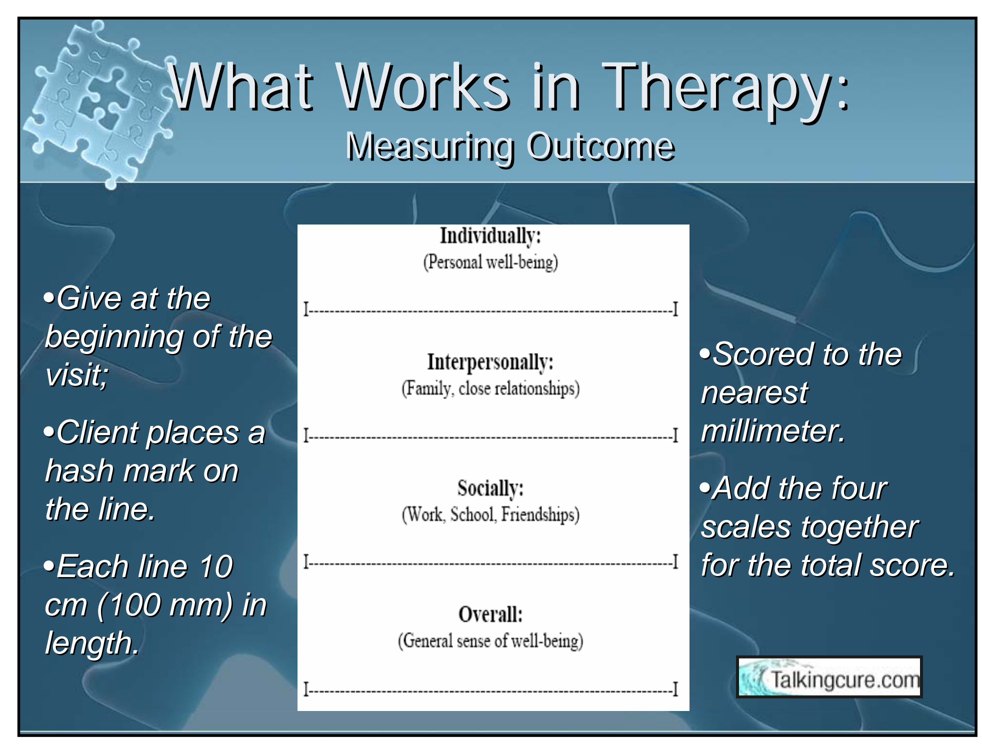

Imagine…


Putting "What Works" to work in Therapy:
Three Steps
1. Create a "Culture of feedback";
2. Integrate alliance and outcome feedback into clinical care;
3. Learn to "fail successfully."
Talkingcure.com


What Works in Therapy:
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).
I.S.T.C.


What Works in Therapy:
Creating a "Culture of Feedback"
Introducing the ORS:
A Case Example
Talkingcure.com


What Works in Therapy:
Measuring Outcome
•Give at the beginning of the visit;
•Client places a hash mark on the line.
•Each line 10 cm (100 mm) in length.
Individually:
(Personal well-being)
Interpersonally:
(Family, close relationships)
Socially:
(Work, School, Friendships)
Overall:
(General sense of well-being)
•Scored to the nearest millimeter.
•Add the four scales together for the total score.
Talkingcure.com

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?)

I--I

Family
(How are things in my family?)

I--I

School
(How am I doing at school?)

I--I

Everything
(How is everything going?)

I--I

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I.S.T.C.

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.

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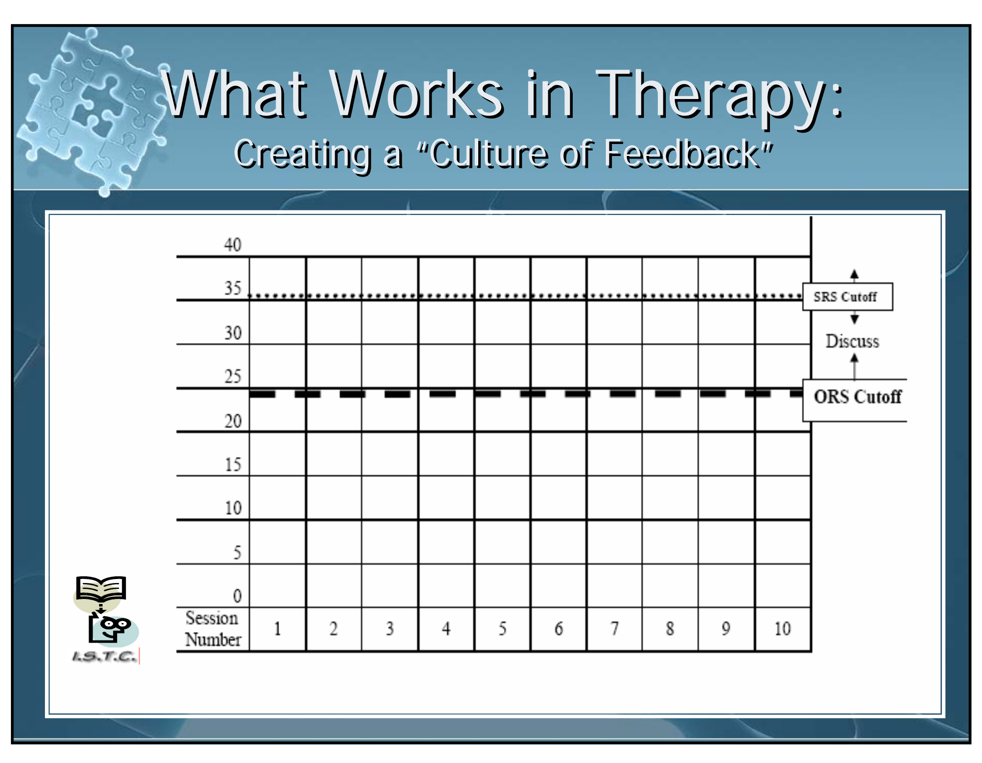
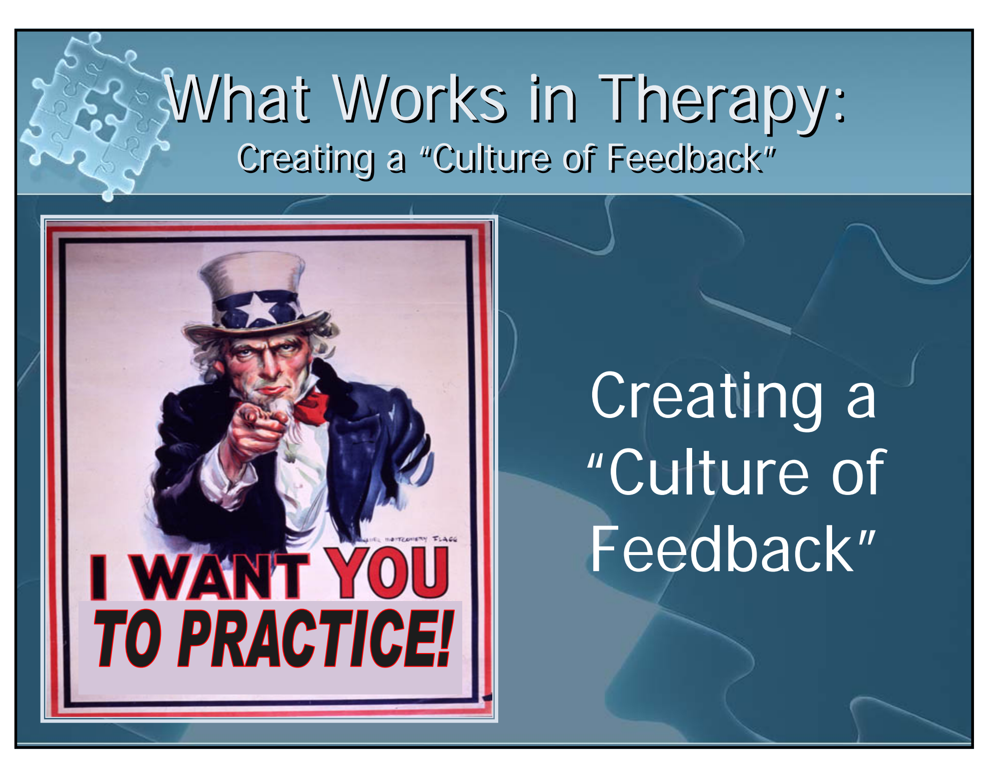
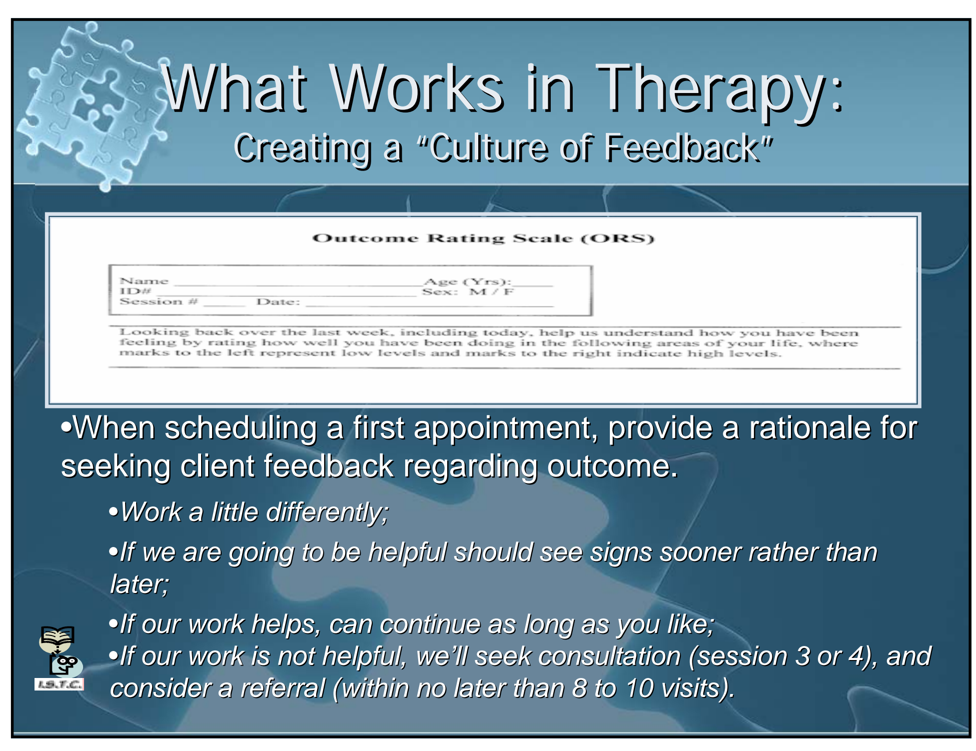

What Works in Therapy:
Creating a "Culture of Feedback"
40
35
30
25
20
15
10
5
0
Session Number
1
2
3
4
5
6
7
8
9
10
SRS Cutoff
Discuss
ORS Cutoff
I.S.T.C.


What Works in Therapy:
Creating a "Culture of Feedback"
I WANT YOU
TO PRACTICE!
Creating a "Culture of Feedback"


What Works in Therapy:
Creating a "Culture of Feedback"
Outcome Rating Scale (ORS)
Name ________________________ Age (Yrs):____
ID# _________________________ Sex: M / F
Session # _____ Date: ________________________
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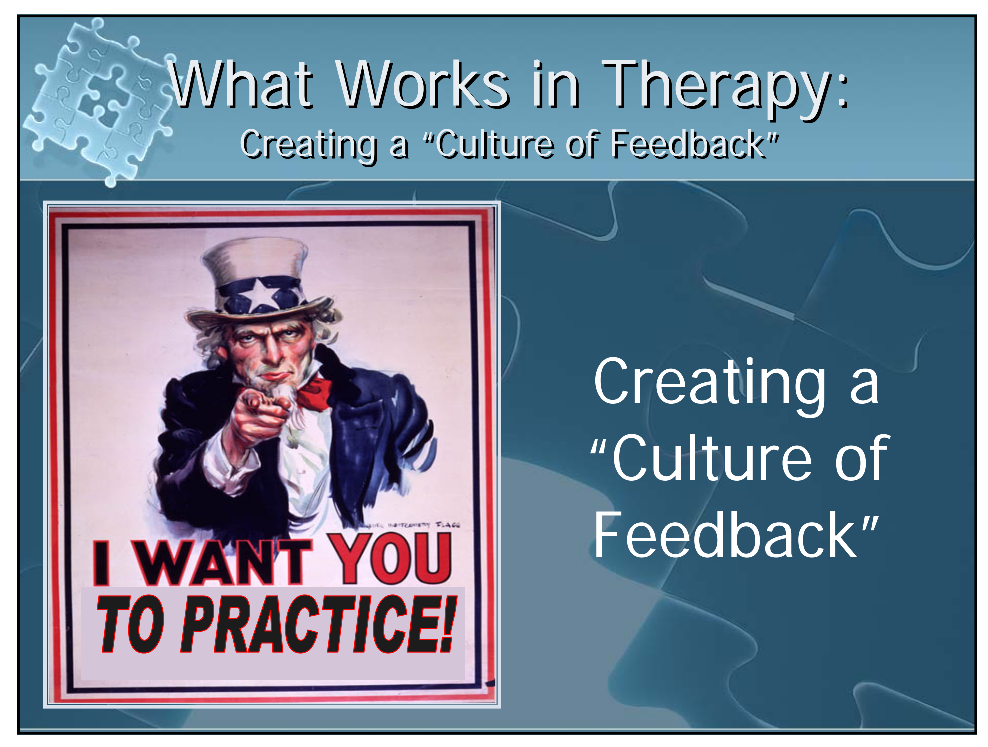
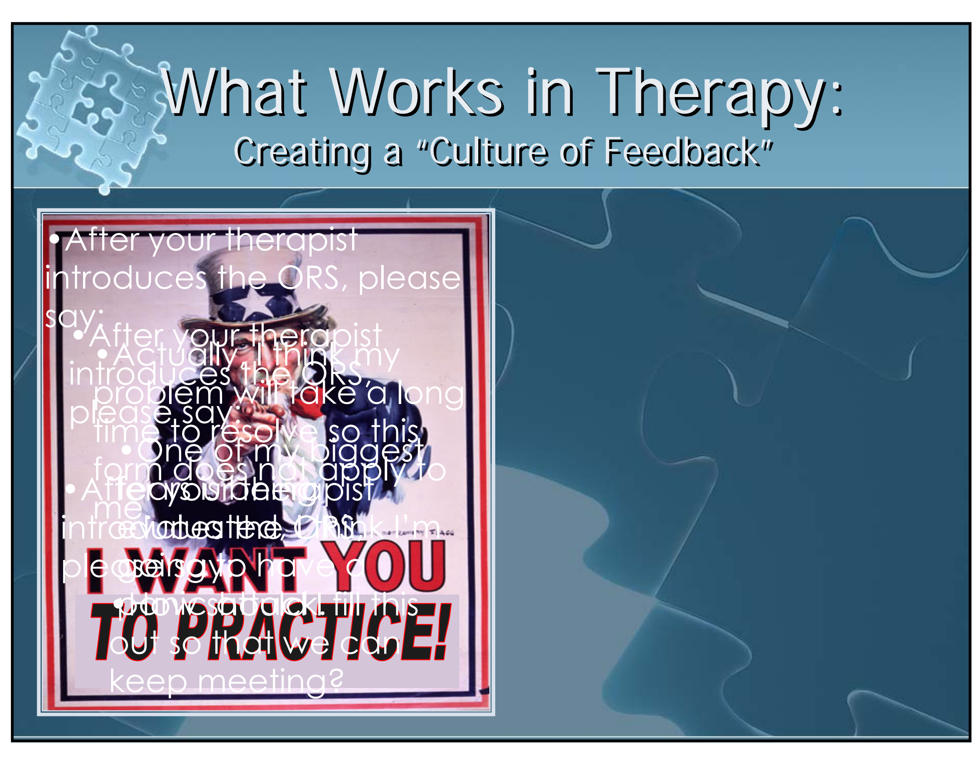
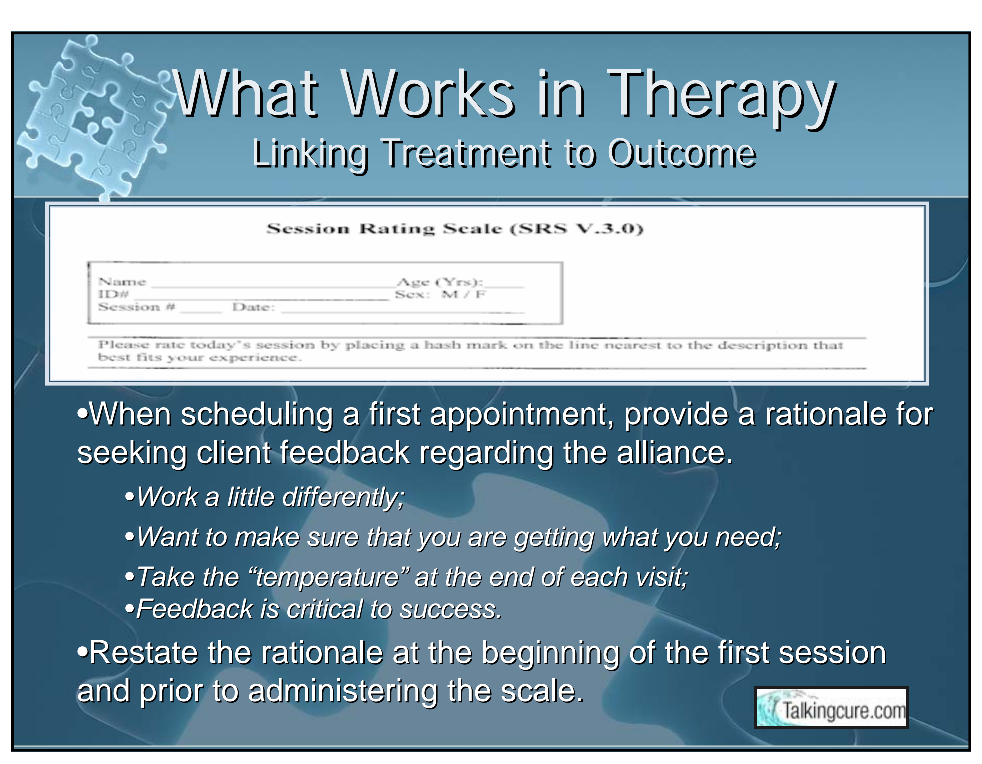
•If we are going to be helpful should see signs sooner rather than later;
•If our work helps, can continue as long as you like;
•If our work is not helpful, we'll seek consultation (session 3 or 4), and consider a referral (within no later than 8 to 10 visits).
I.S.T.C.


What Works in Therapy:
Creating a "Culture of Feedback"
I WANT YOU
TO PRACTICE!
Creating a "Culture of Feedback"


What Works in Therapy:
Creating a "Culture of Feedback"
•After your therapist introduces the ORS, please say:
•Actually I think my problem will take a long time to resolve so this form does not apply to me
I WANT YOU
TO PRACTICE!
keep meeting?


What Works in Therapy
Linking Treatment to Outcome
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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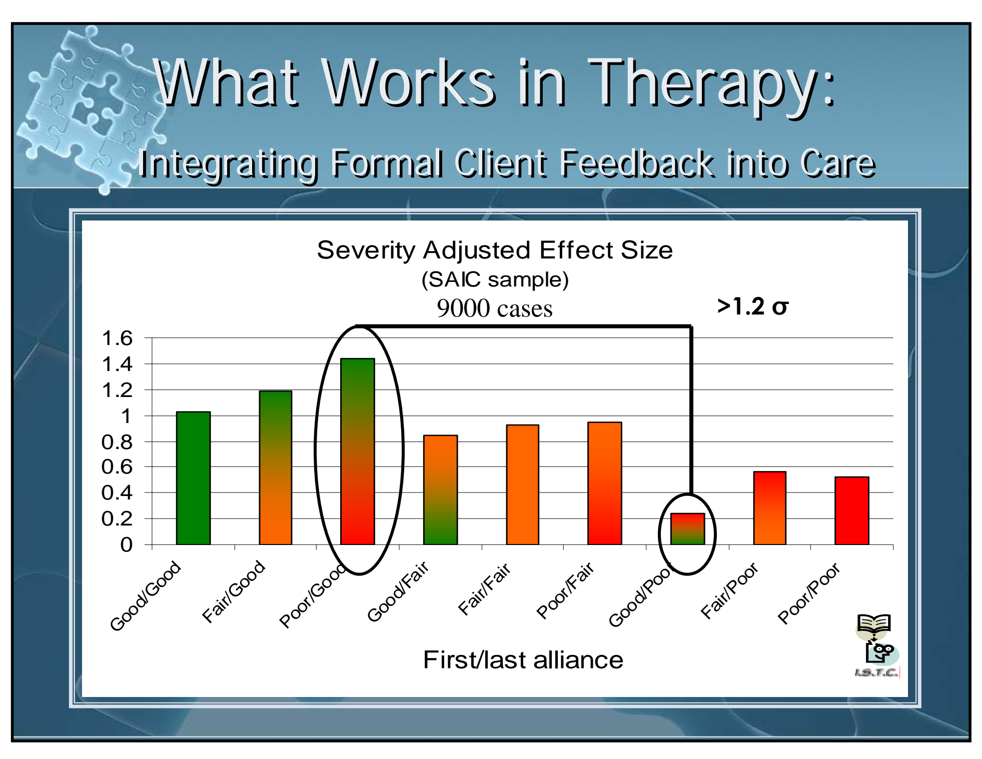
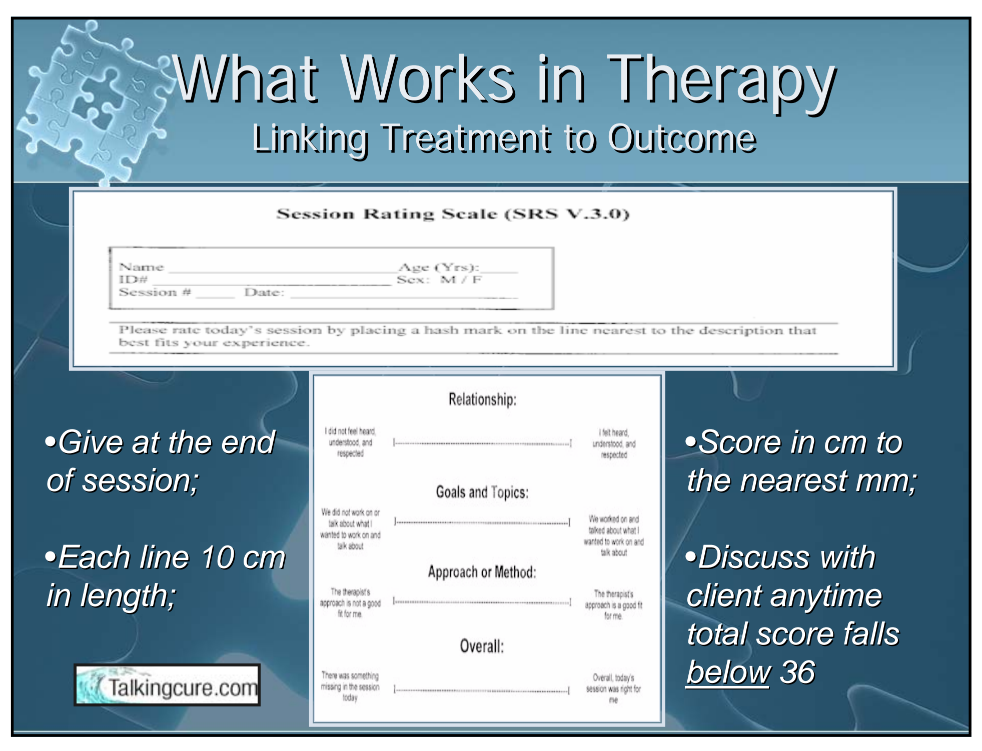

What Works in Therapy:
Integrating Formal Client Feedback into Care
Severity Adjusted Effect Size
(SAIC sample)
9000 cases
>1.2 σ
1.6
1.4
1.2
1
0.8
0.6
0.4
0.2
0
Good/Good
Fair/Good
Poor/Good
Good/Fair
Fair/Fair
Poor/Fair
Good/Poor
Fair/Poor
Poor/Poor
First/last alliance


What Works in Therapy
Linking Treatment to Outcome
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;
Talkingcure.com
•Score in cm to the nearest mm;
•Discuss with client anytime total score falls below 36

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

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

How Important

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

What We Did

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

Overall

I wish we could do something different. I-----------------------------------I 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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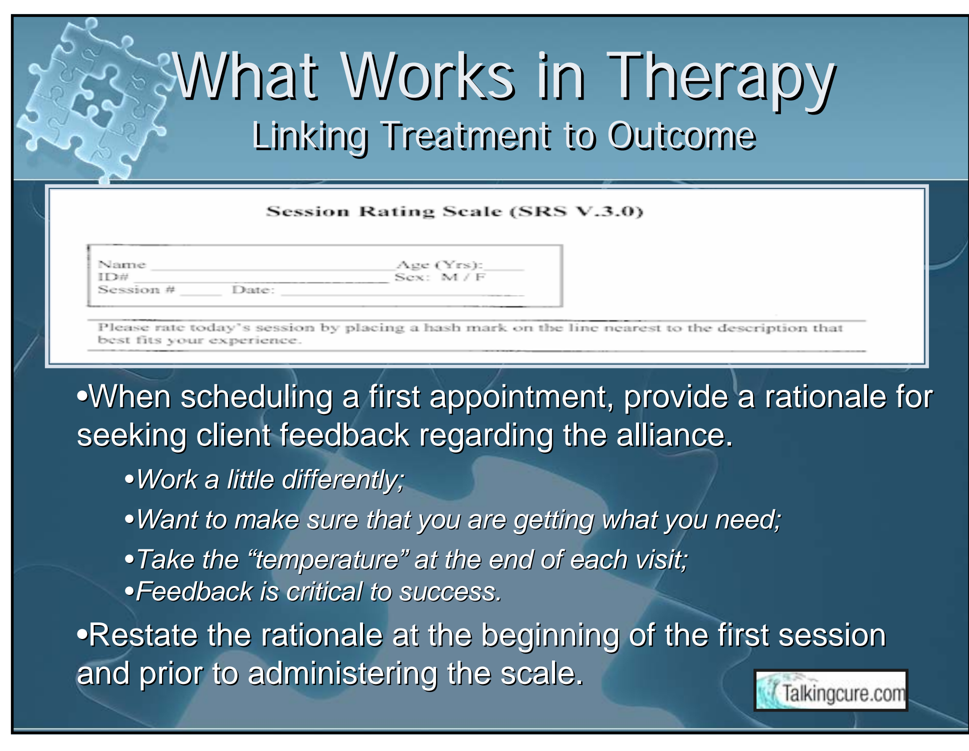
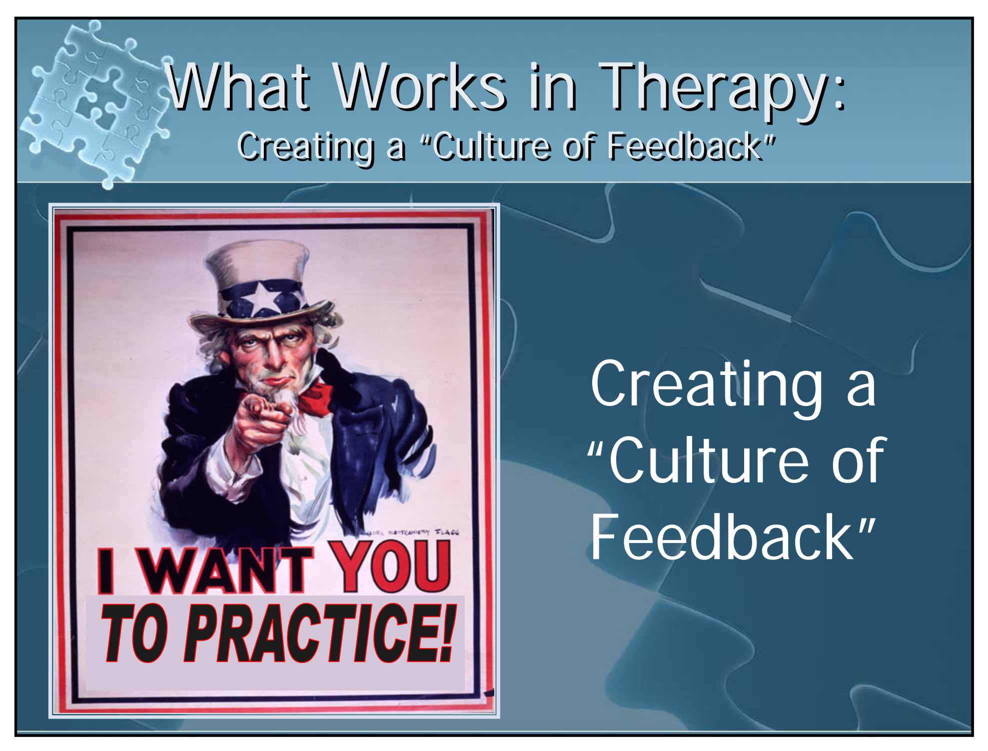
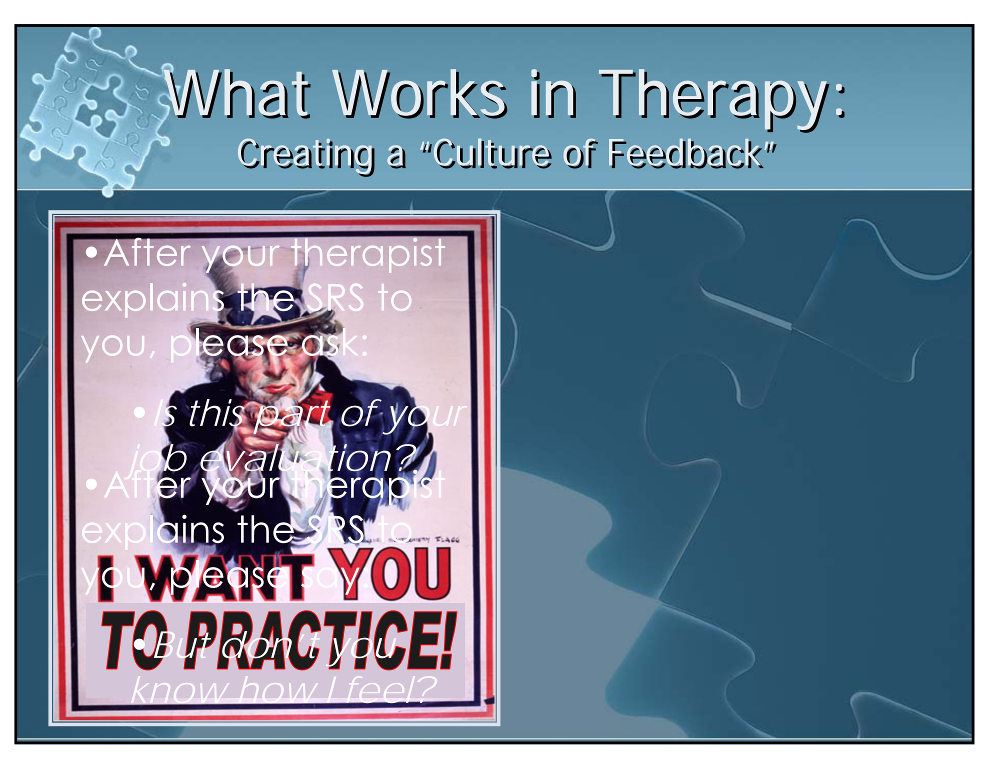
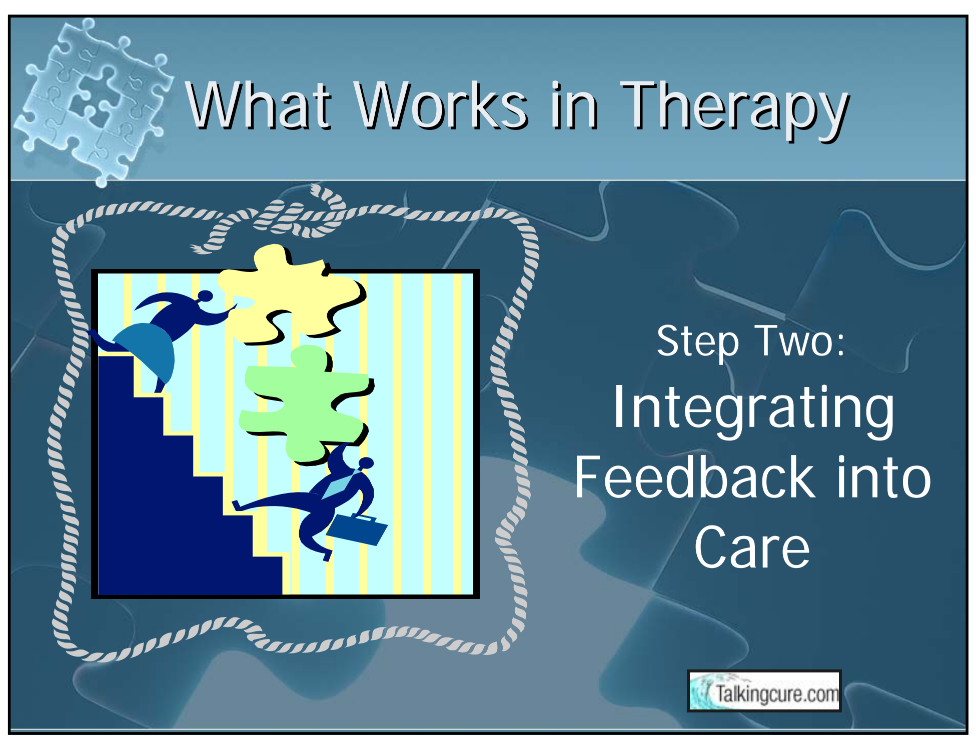

What Works in Therapy
Linking Treatment to Outcome
Session Rating Scale (SRS V.3.0)
Name Age (Yrs):
ID# Sex: M / F
Session # Date:
Please rate today's session by placing a hash mark on the line nearest to the description that best fits your experience.
•When scheduling a first appointment, provide a 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.
Talkingcure.com


What Works in Therapy:
Creating a "Culture of Feedback"
I WANT YOU
TO PRACTICE!
Creating a "Culture of Feedback"


What Works in Therapy:
Creating a "Culture of Feedback"
• After your therapist explains the SRS to you, please ask:
• Is this part of your job evaluation?
• After your therapist explains the SRS to you, please say:
• But don't you know how I feel?
I WANT YOU
TO PRACTICE!


What Works in Therapy
Step Two:
Integrating Feedback into Care
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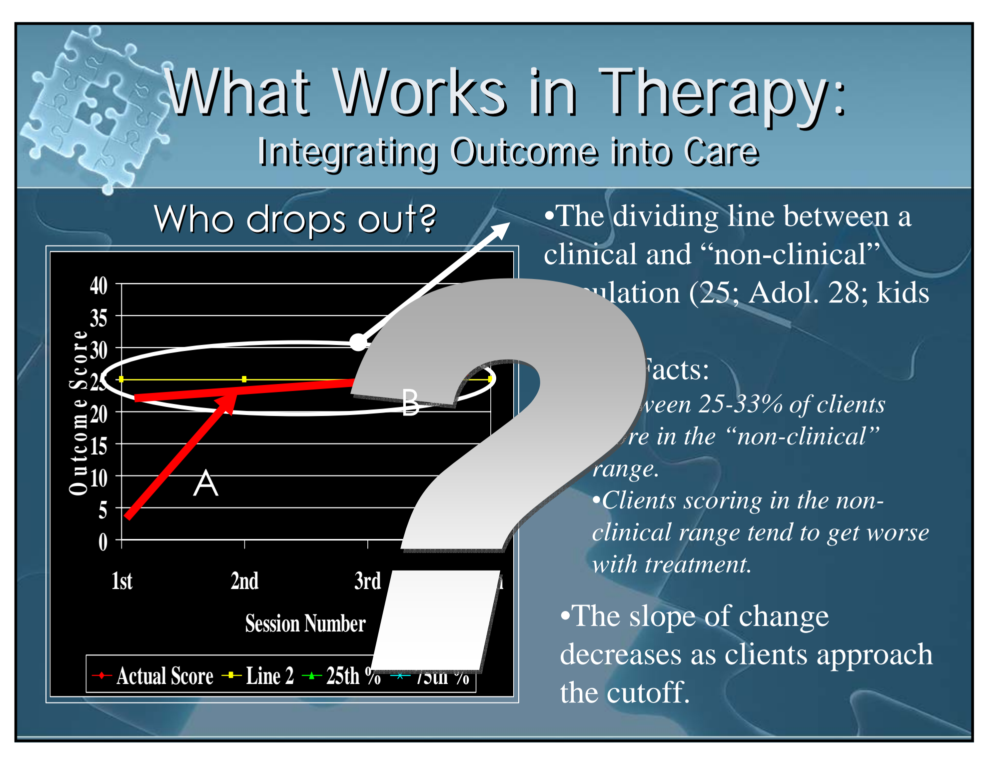
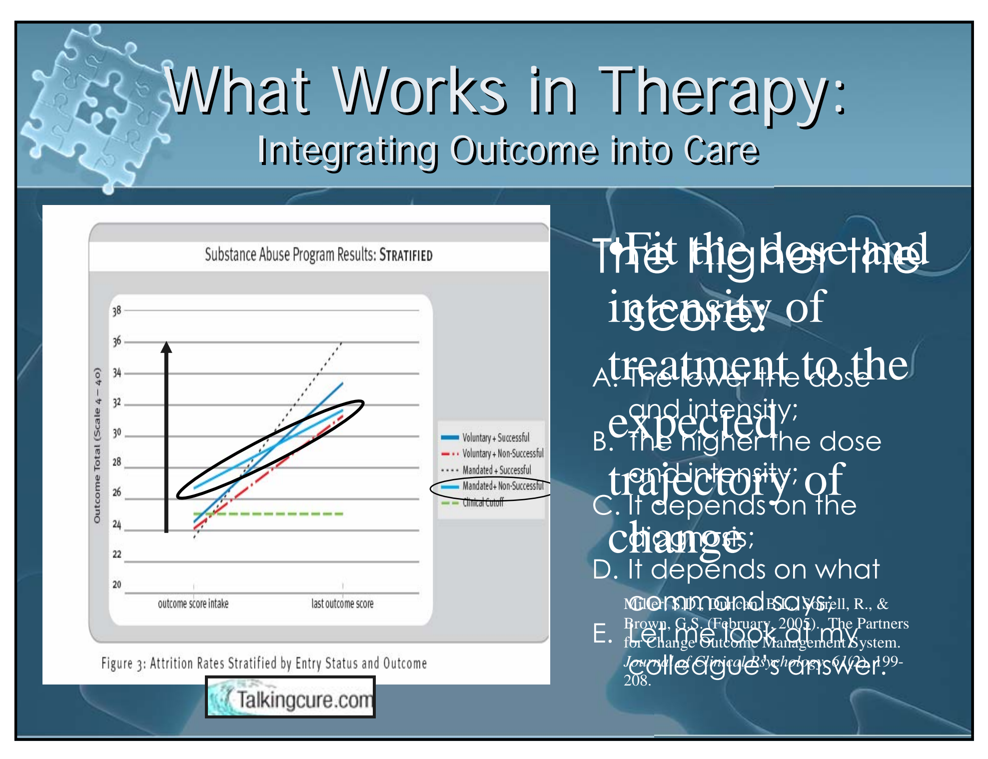


What Works in Therapy:
Integrating Outcome into Care
Who drops out?
Outcome Score
40
35
30
25
20
15
10
5
0
1st
2nd
3rd
Session Number
Actual Score
Line 2
25th %
75th %
A
B
•The dividing line between a clinical and "non-clinical"
ulation (25; Adol. 28; kids
Facts:
ween 25-33% of clients
re in the "non-clinical" range.
•Clients scoring in the non-clinical range tend to get worse with treatment.
•The slope of change decreases as clients approach the cutoff.



What Works in Therapy:
Integrating Outcome into Care
Substance Abuse Program Results: STRATIFIED
Outcome Total (Scale 4 – 40)
outcome score intake
last outcome score
Voluntary + Successful
Voluntary + Non-Successful
Mandated + Successful
Mandated + Non-Successful
Clinical Cutoff
Figure 3: Attrition Rates Stratified by Entry Status and Outcome
Talkingcure.com
•Fit the dose and intensity of treatment to the expected trajectory of change
The higher the score:
A. The lower the dose and intensity;
B. The higher the dose and intensity;
C. It depends on the diagnosis;
D. It depends on what command says;
E. Let me look at my colleague's answer.
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.

What Works in Therapy:
Integrating Outcome into Care
•Because people scoring above the clinical cutoff tend to get *worse* with treatment:
•Explore why the client decided to enter therapy.
•Use the referral source's rating as the outcome score.
•Avoid exploratory or "depth-oriented" techniques.
•Use strength-based or focus on circumscribed problems in a problem-solving manner.
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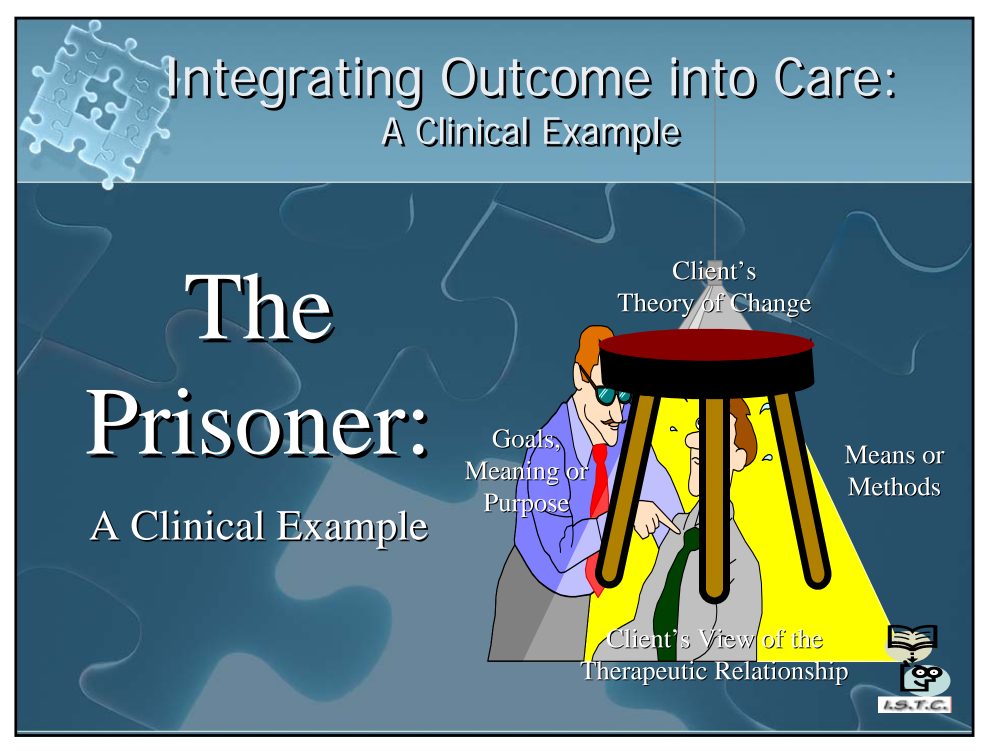
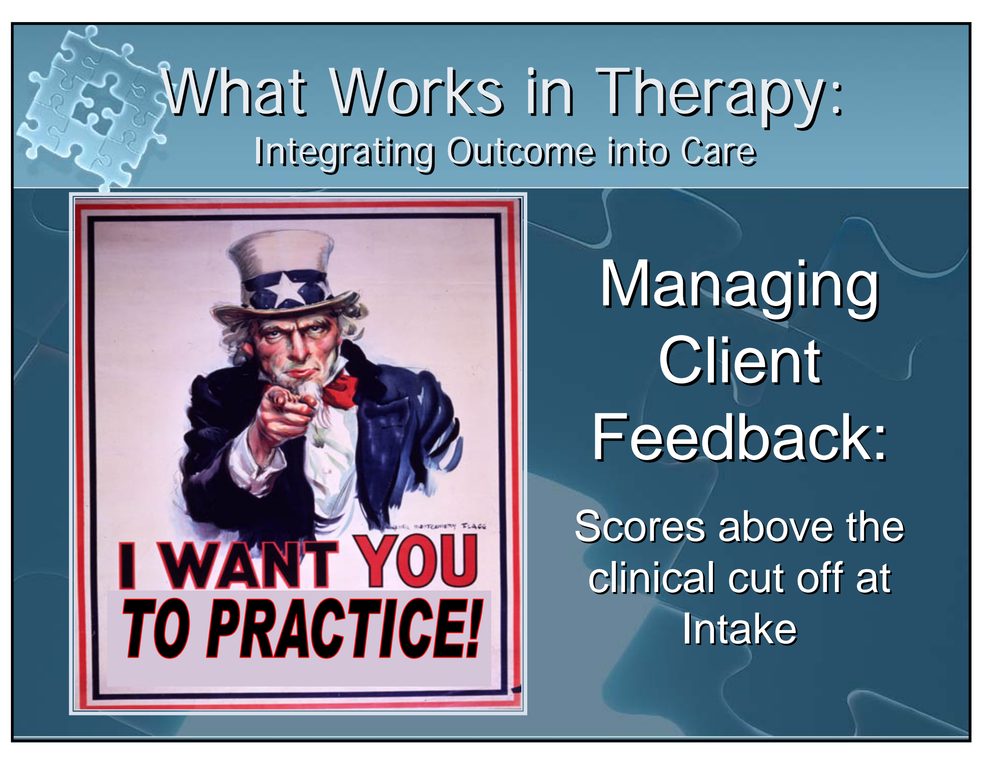
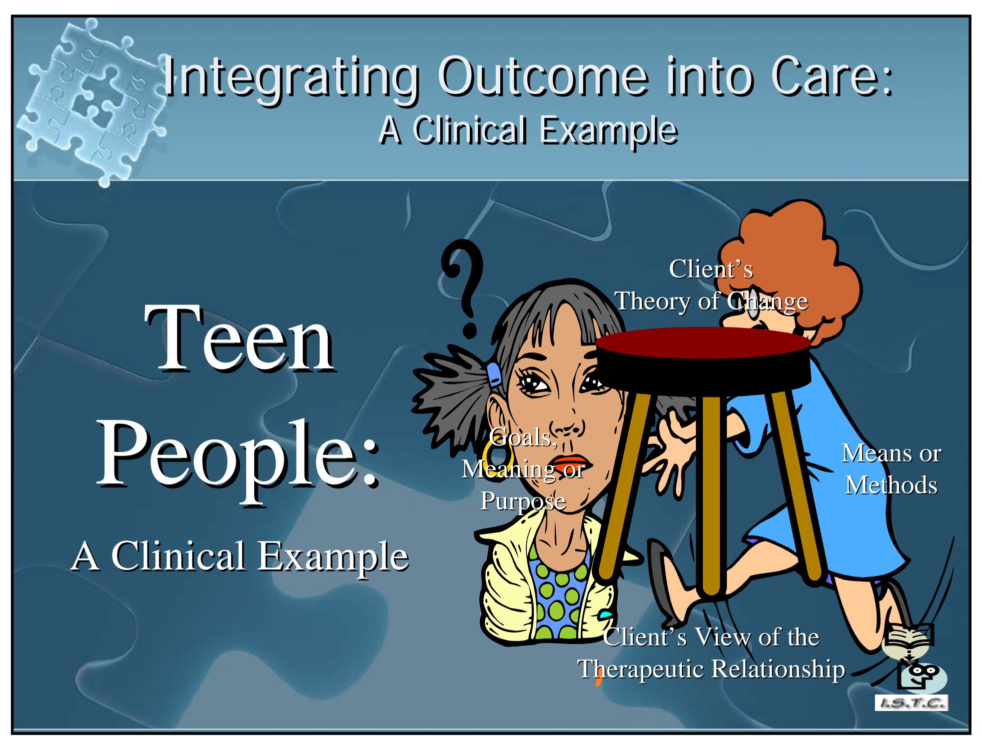

Integrating Outcome into Care:
A Clinical Example
The Prisoner:
A Clinical Example
Client's Theory of Change
Goals, Meaning or Purpose
Means or Methods
Client's View of the Therapeutic Relationship
I.S.T.C.


What Works in Therapy:
Integrating Outcome into Care
I WANT YOU
TO PRACTICE!
Managing Client Feedback:
Scores above the clinical cut off at Intake


Integrating Outcome into Care:
A Clinical Example
Teen People:
A Clinical Example
Client's Theory of Change
Goals, Meaning or Purpose
Means or Methods
Client's View of the Therapeutic Relationship
I.S.T.C.

What Works in Therapy:
Integrating Outcome into Care
POW!
Therapeutic
Effectiveness
Second session
and beyond…
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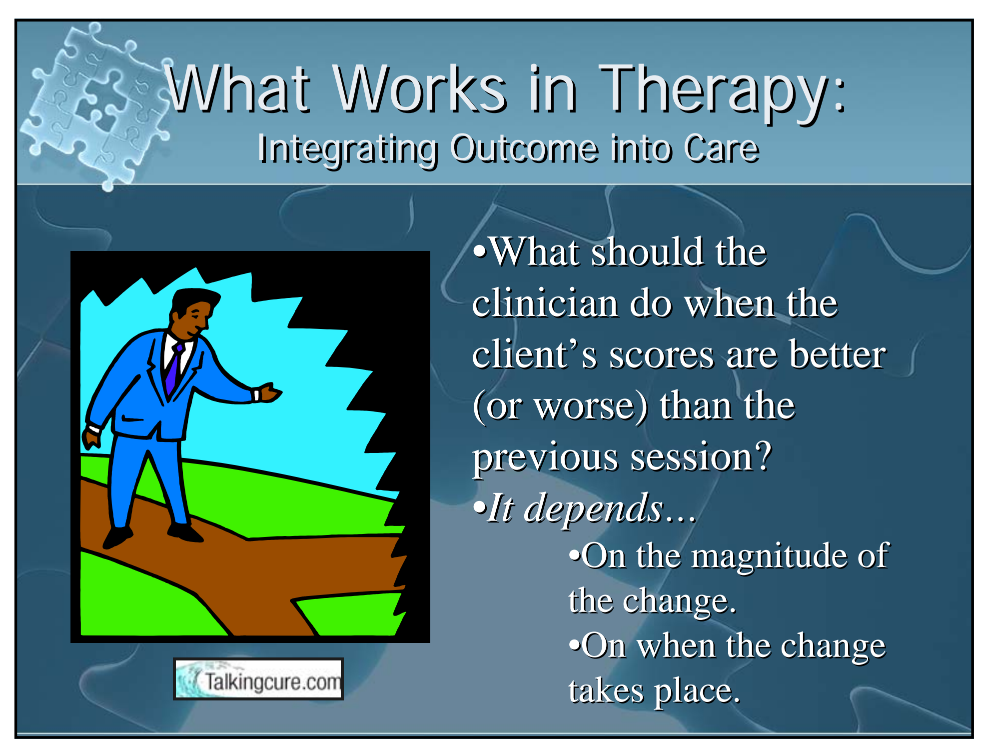
What Works in Therapy:
Integrating Outcome into Care
•What should the clinician do when the client's scores are better (or worse) than the previous session?
•It depends…
•On the magnitude of the change.
•On when the change takes place.
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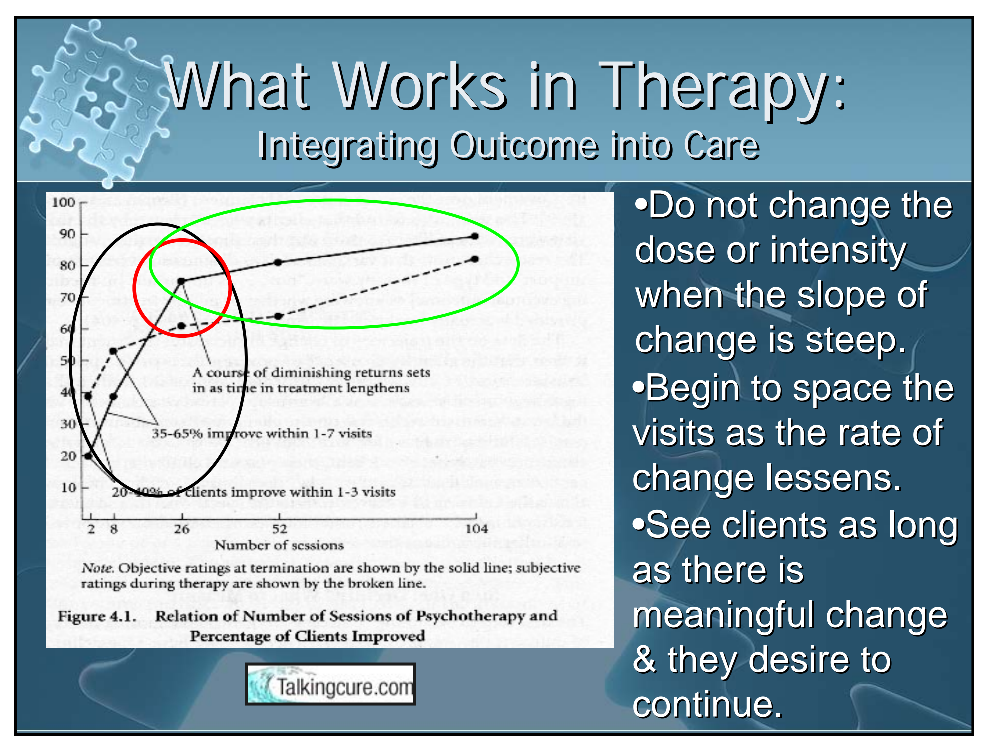
What Works in Therapy:
Integrating Outcome into Care
•Do not change the dose or intensity when the slope of change is steep.
•Begin to space the visits as the rate of change lessens.
•See clients as long as there is meaningful change & they desire to continue.
A course of diminishing returns sets in as time in treatment lengthens
35-65% improve within 1-7 visits
20-40% of clients improve within 1-3 visits
Number of sessions
Note. Objective ratings at termination are shown by the solid line; subjective ratings during therapy are shown by the broken line.
Figure 4.1. Relation of Number of Sessions of Psychotherapy and Percentage of Clients Improved
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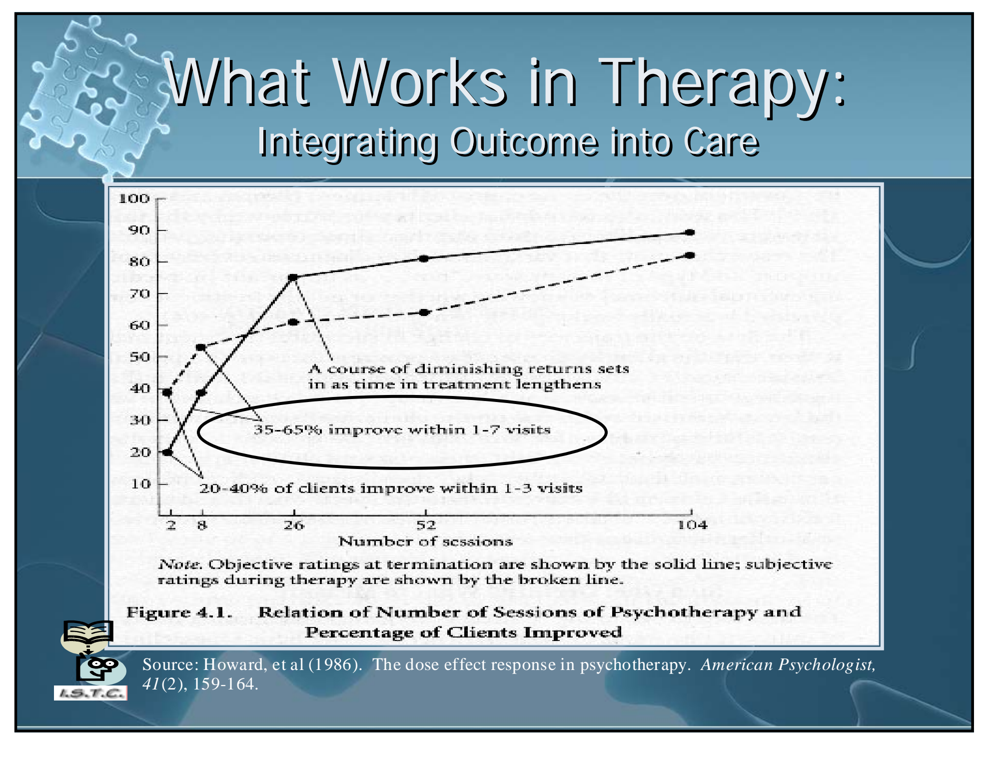
What Works in Therapy:
Integrating Outcome into Care
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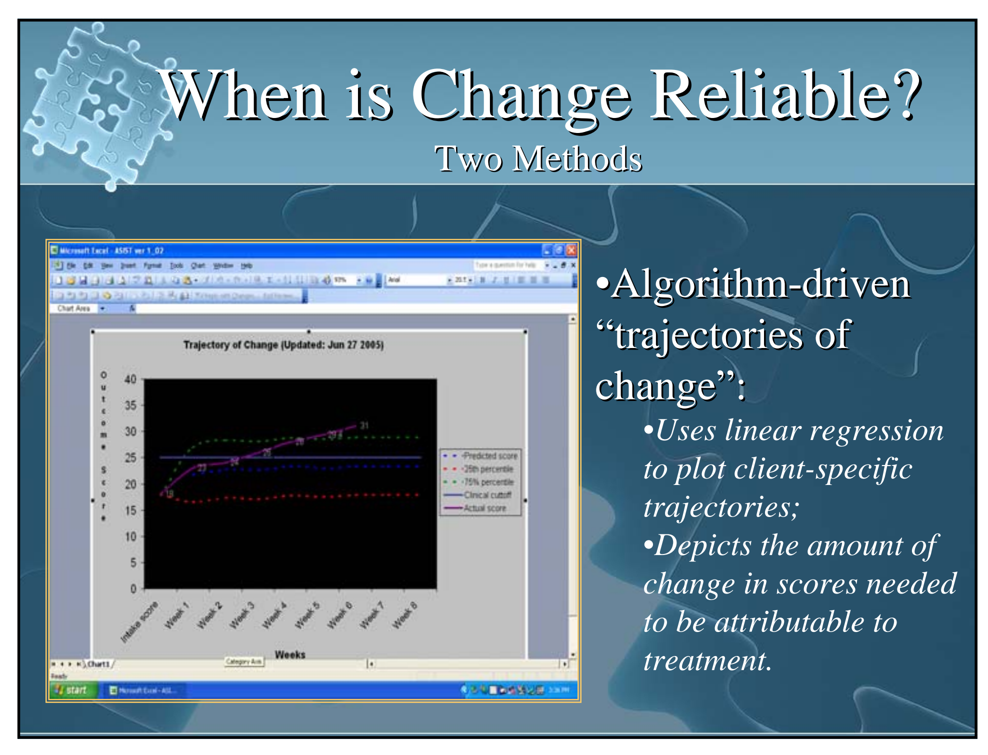
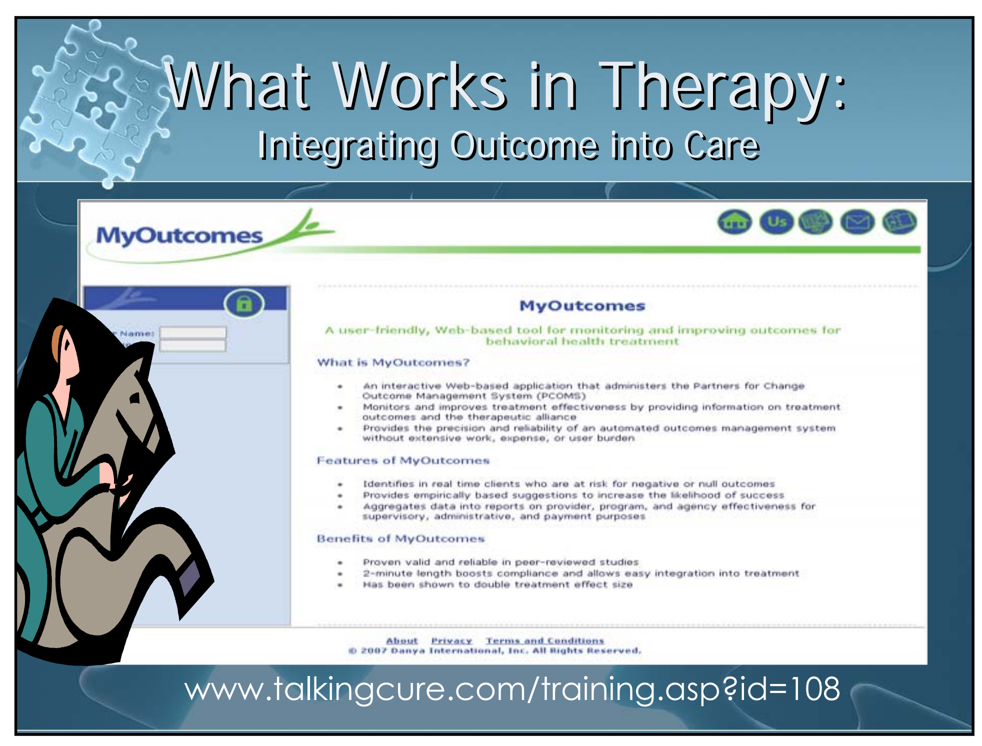
Number of sessions
Note. Objective ratings at termination are shown by the solid line; subjective ratings during therapy are shown by the broken line.
Figure 4.1. Relation of Number of Sessions of Psychotherapy and Percentage of Clients Improved
Source: Howard, et al (1986). The dose effect response in psychotherapy. American Psychologist, 41(2), 159-164.
I.S.T.C.

What Works in Therapy:

Integrating Outcome into Care

- The Reliable Change Index (RCI):
  - The average amount of change in scores needed in order to be attributable to treatment *regardless of the persons score on the ORS at intake.*
  - On the ORS, the RCI = 5 points.
  - The benefit is simplicity; the problem is:
    - *The RCI underestimates the amount of change required to be considered reliable for people scoring lower at intake;*
    - *The RCI overestimates the amount of change required to be considered reliable for people scoring higher at intake.*




What Works in Therapy:
Integrating Outcome into Care
MyOutcomes
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 Outcome Management System (PCOMS)
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 extensive 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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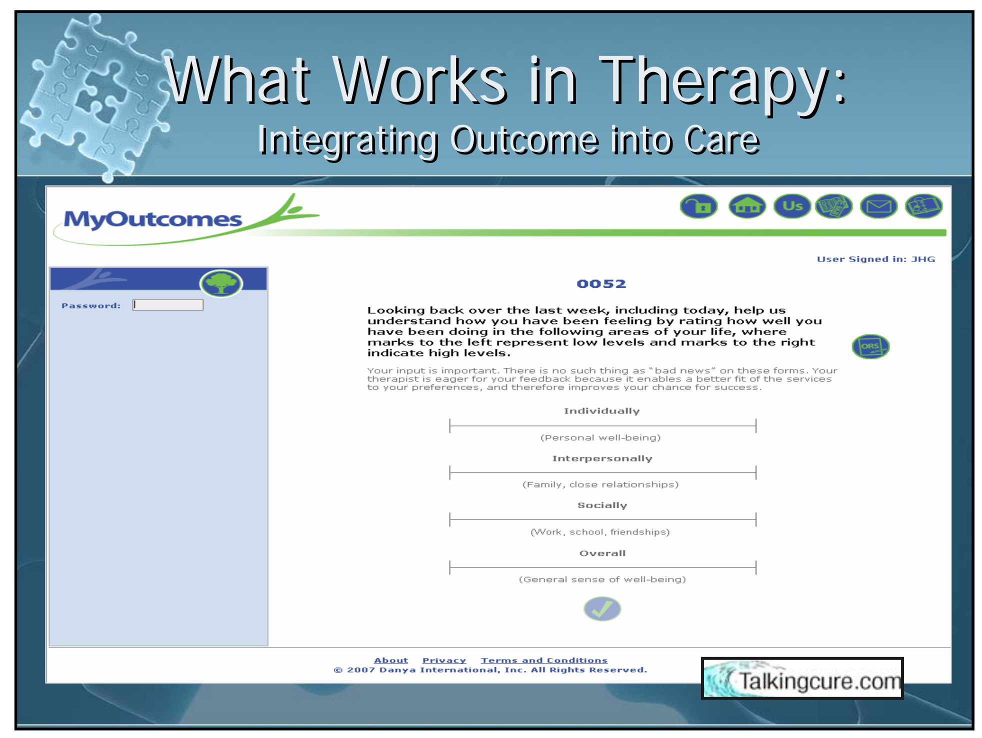
What Works in Therapy:
Integrating Outcome into Care
MyOutcomes
User Signed in: JHG
Password:
0052
Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.
Your input is important. There is no such thing as "bad news" on these forms. Your therapist is eager for your feedback because it enables a better fit of the services to your preferences, and therefore improves your chance for success.
Individually
(Personal well-being)
Interpersonally
(Family, close relationships)
Socially
(Work, school, friendships)
Overall
(General sense of well-being)
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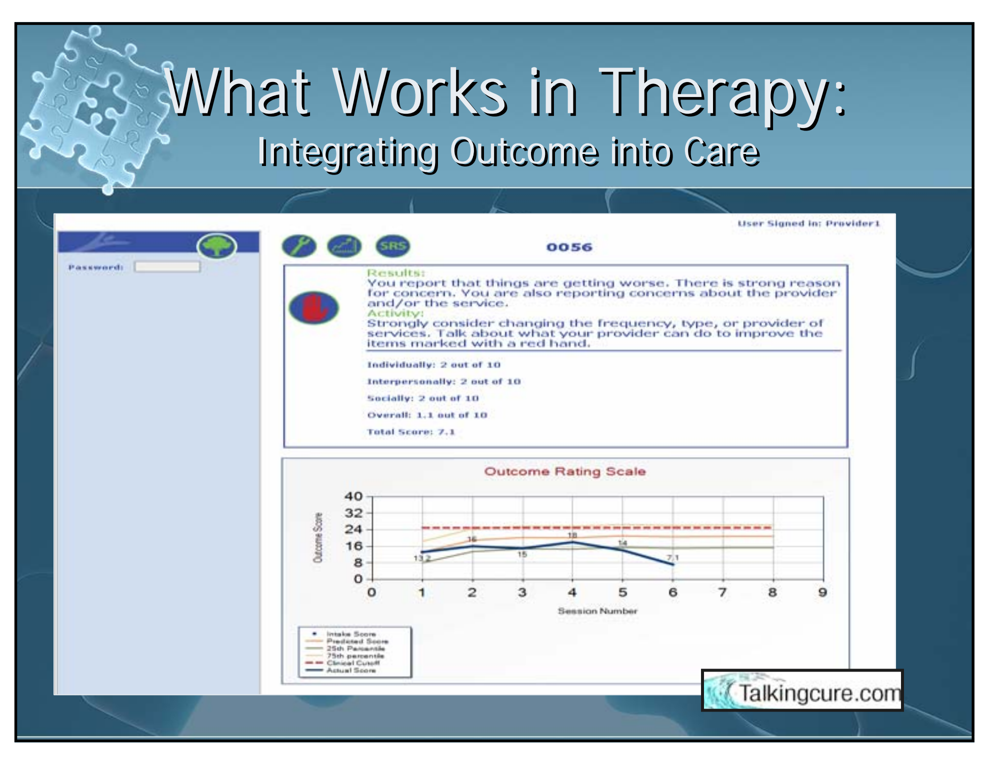

What Works in Therapy:
Integrating Outcome into Care
User Signed in: Provider1
Password:
SRS
0056
Results:
You report that things are getting worse. There is strong reason for concern. You are also reporting concerns about the provider and/or the service.
Activity:
Strongly consider changing the frequency, type, or provider of services. Talk about what your provider can do to improve the items marked with a red hand.
Individually: 2 out of 10
Interpersonally: 2 out of 10
Socially: 2 out of 10
Overall: 1.1 out of 10
Total Score: 7.1
Outcome Rating Scale
Outcome Score
Session Number
Intake Score
Predicted Score
25th Percentile
75th percentile
Clinical Cutoff
Actual Score
Talkingcure.com

What Works in Therapy:
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!
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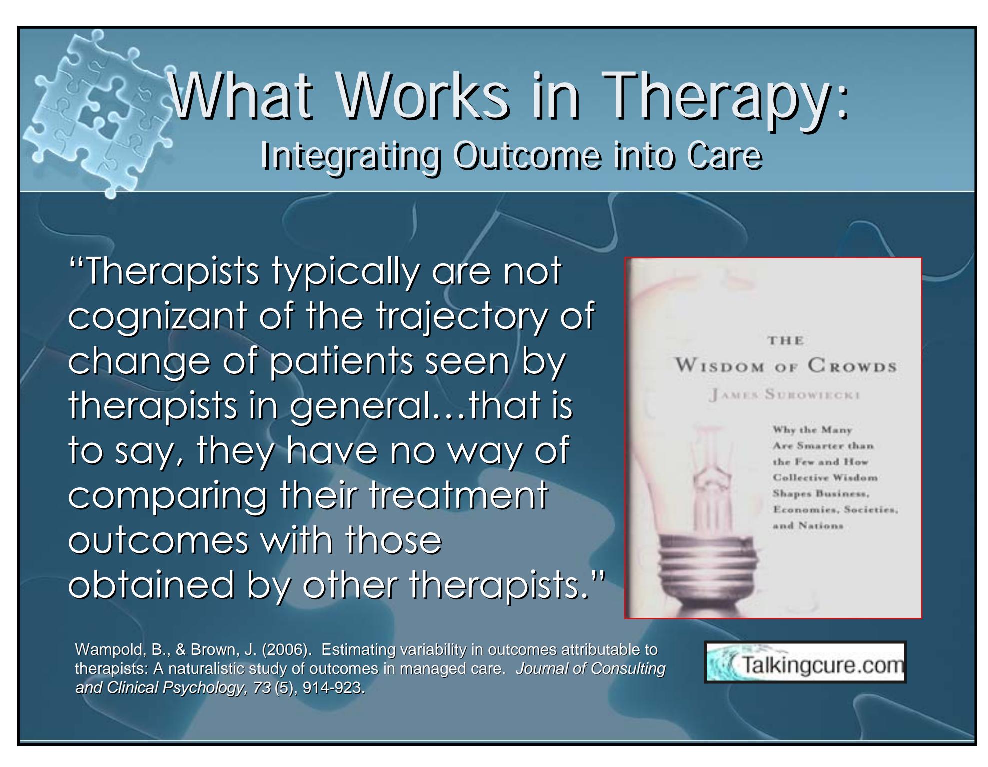
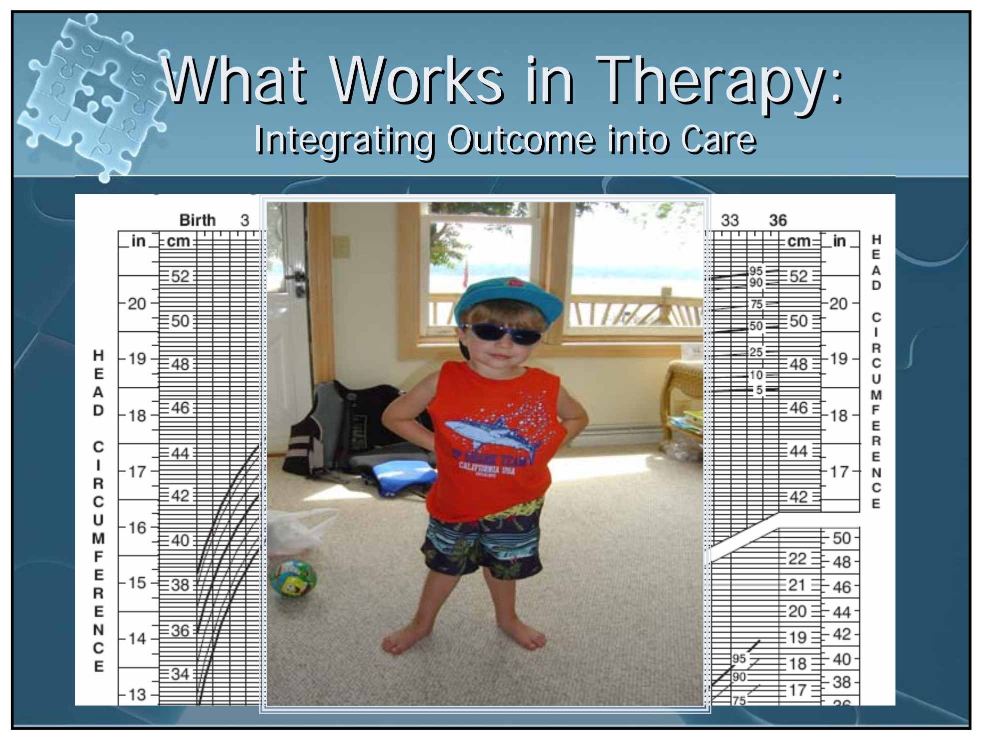
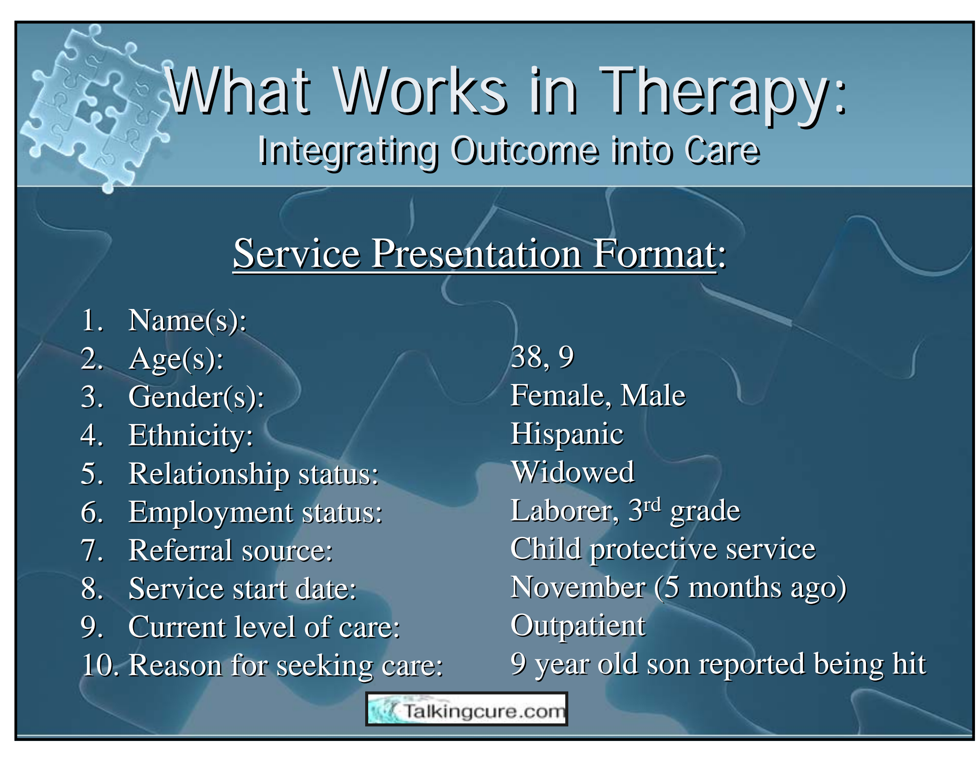

What Works in Therapy:
Integrating Outcome into Care
"Therapists typically are not cognizant of the trajectory of change of patients seen by therapists in general…that is to say, they have no way of comparing their treatment outcomes with those obtained by other therapists."
THE
WISDOM OF CROWDS
JAMES SUROWIECKI
Why the Many Are Smarter than the Few and How Collective Wisdom Shapes Business, Economies, Societies, and Nations
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.
Talkingcure.com


What Works in Therapy:
Integrating Outcome into Care
Birth
3
33
36
in
cm
HEAD CIRCUMFERENCE

What Works in Therapy:
Integrating Outcome into Care
Let it Be…
A Case Example
LET IT BE
Talkingcure.com


What Works in Therapy:
Integrating Outcome into Care
Service Presentation Format:
1. Name(s):
2. Age(s): 38, 9
3. Gender(s): Female, Male
4. Ethnicity: Hispanic
5. Relationship status: Widowed
6. Employment status: Laborer, 3rd grade
7. Referral source: Child protective service
8. Service start date: November (5 months ago)
9. Current level of care: Outpatient
10. Reason for seeking care: 9 year old son reported being hit
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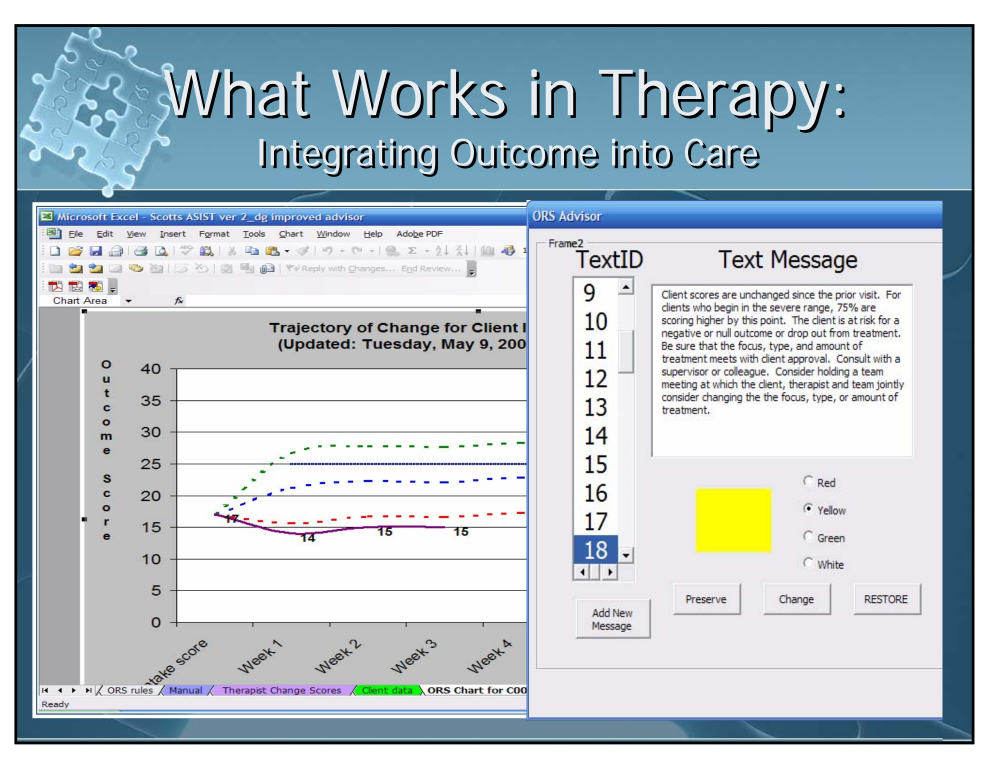
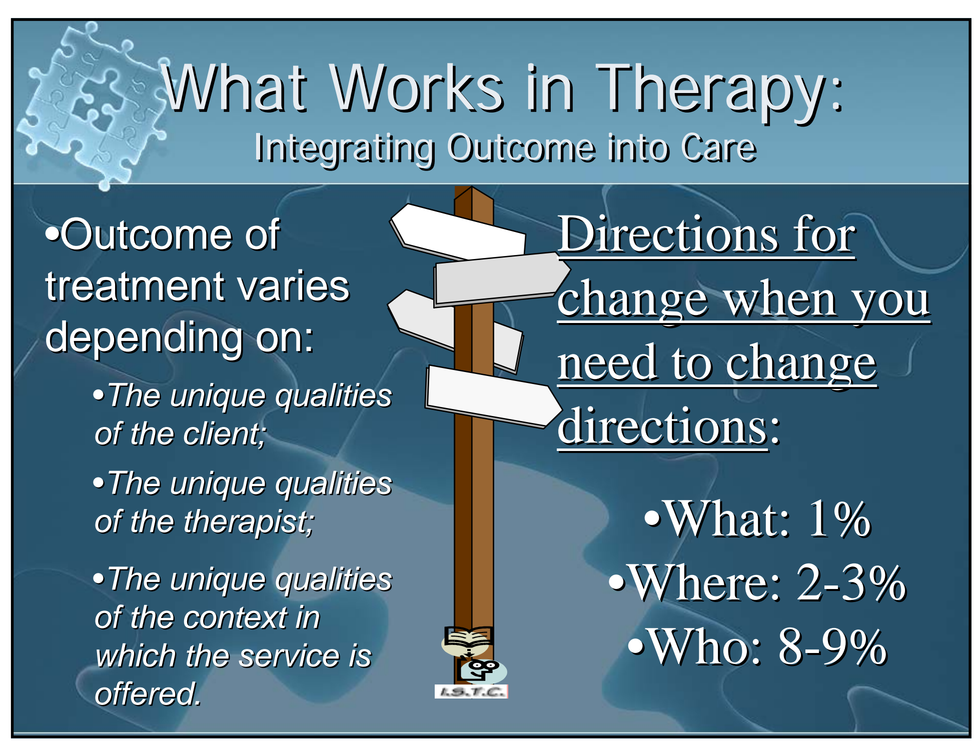
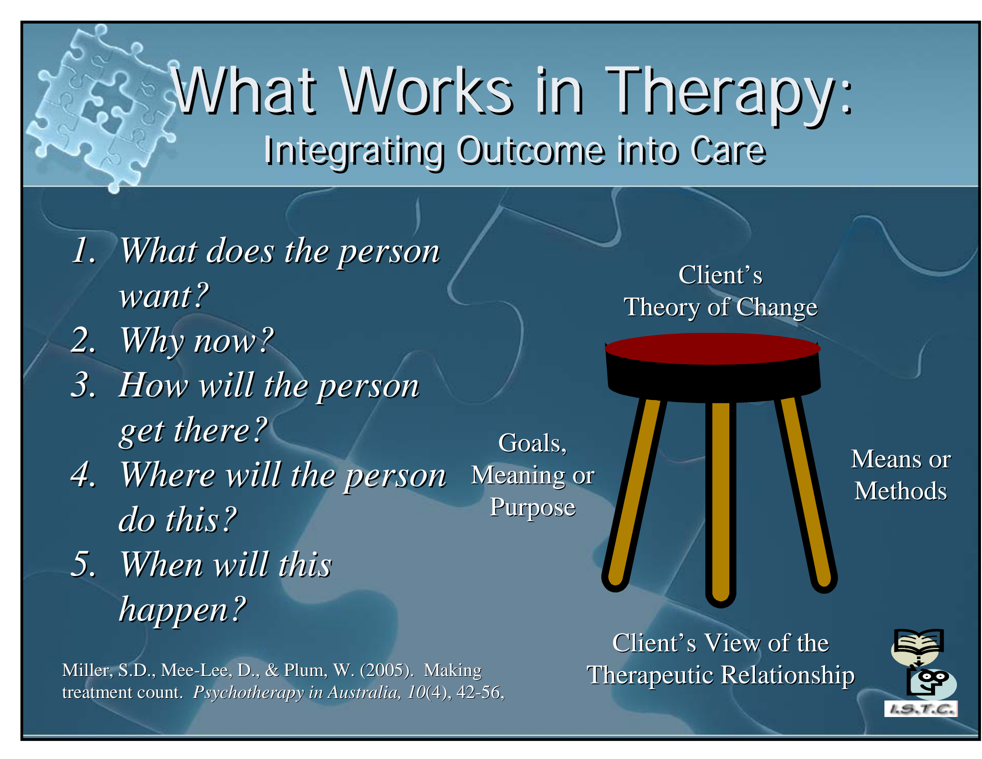
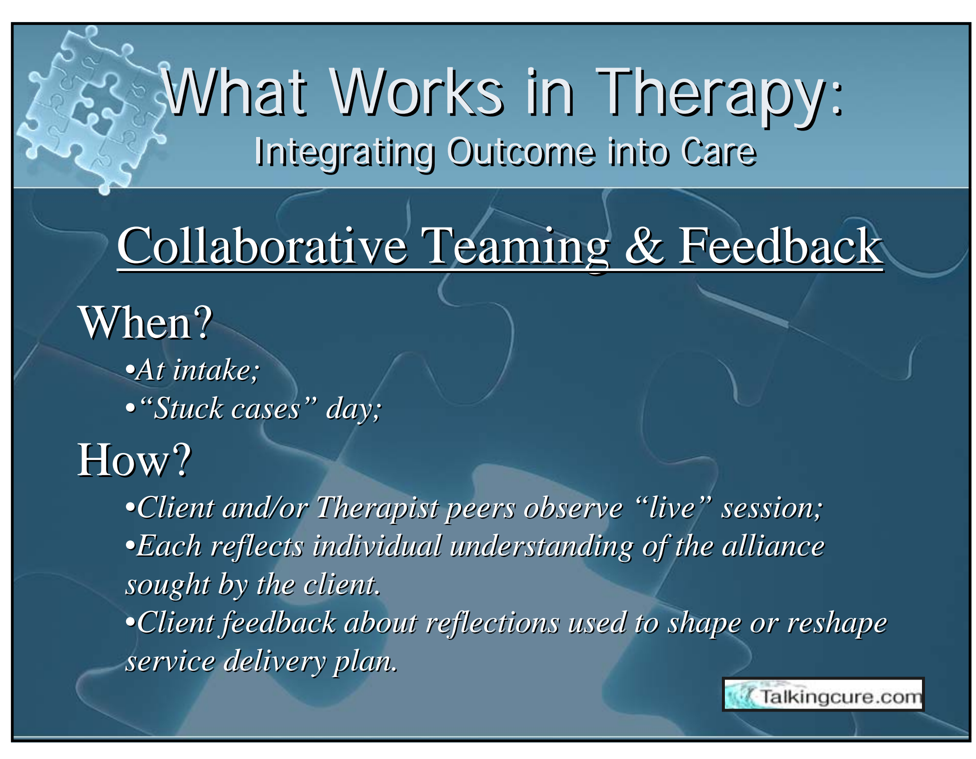

What Works in Therapy:
Integrating Outcome into Care
Microsoft Excel - Scotts ASIST ver 2_dg improved advisor
Trajectory of Change for Client I
(Updated: Tuesday, May 9, 200
Outcome Score
40
35
30
25
20
15
10
5
0
17
14
15
15
Intake score
Week 1
Week 2
Week 3
Week 4
ORS rules
Manual
Therapist Change Scores
Client data
ORS Chart for C00
ORS Advisor
Frame2
TextID
Text Message
9
10
11
12
13
14
15
16
17
18
Client scores are unchanged since the prior visit. For clients who begin in the severe range, 75% are scoring higher by this point. The client is at risk for a negative or null outcome or drop out from treatment. Be sure that the focus, type, and amount of treatment meets with client approval. Consult with a supervisor or colleague. Consider holding a team meeting at which the client, therapist and team jointly consider changing the the focus, type, or amount of treatment.
Red
Yellow
Green
White
Add New Message
Preserve
Change
RESTORE

What Works in Therapy:
Integrating Outcome into Care
I WANT YOU
TO DECIDE!
Stay or
alter
course?


What Works in Therapy:
Integrating Outcome into Care
•Outcome of treatment varies depending on:
•The unique qualities of the client;
•The unique qualities of the therapist;
•The unique qualities of the context in which the service is offered.
Directions for change when you need to change directions:
•What: 1%
•Where: 2-3%
•Who: 8-9%
I.S.T.C.


What Works in Therapy:
Integrating Outcome into Care
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?
Client's Theory of Change
Goals, Meaning or Purpose
Means or Methods
Client's View of the Therapeutic Relationship
Miller, S.D., Mee-Lee, D., & Plum, W. (2005). Making treatment count. Psychotherapy in Australia, 10(4), 42-56.
I.S.T.C.


What Works in Therapy:
Integrating Outcome 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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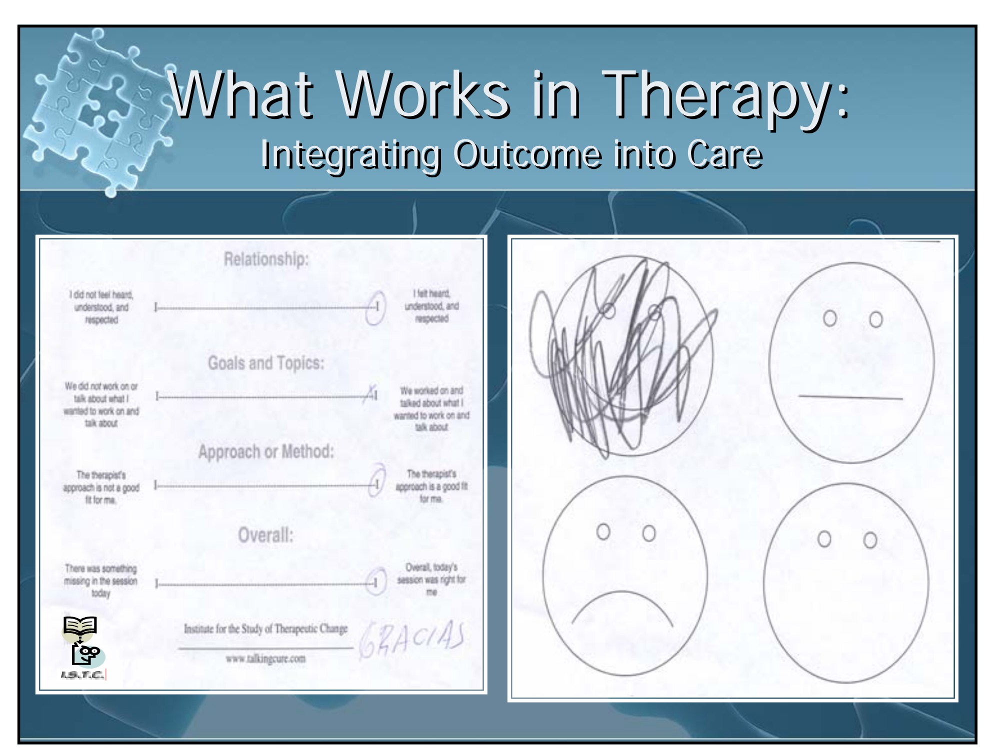
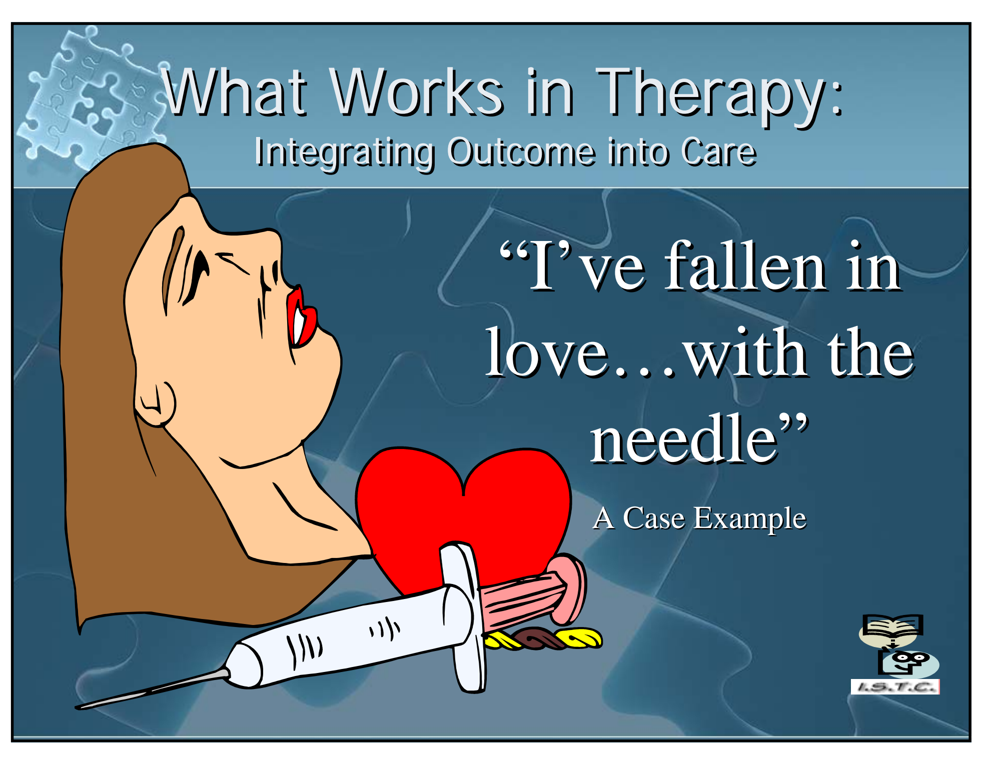
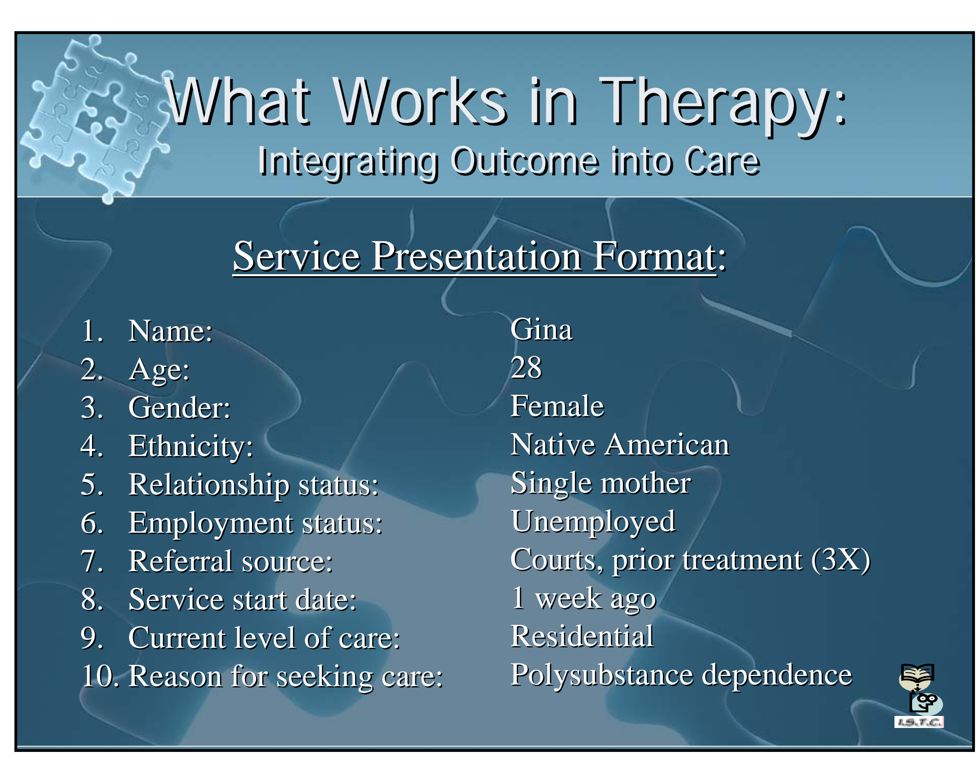
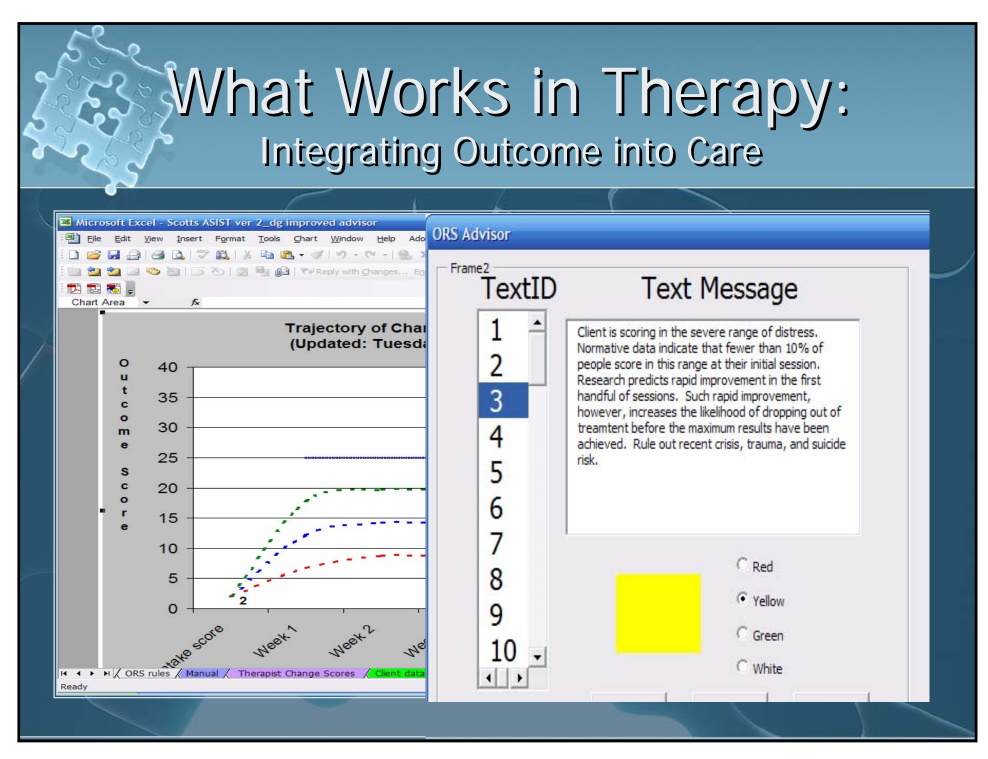
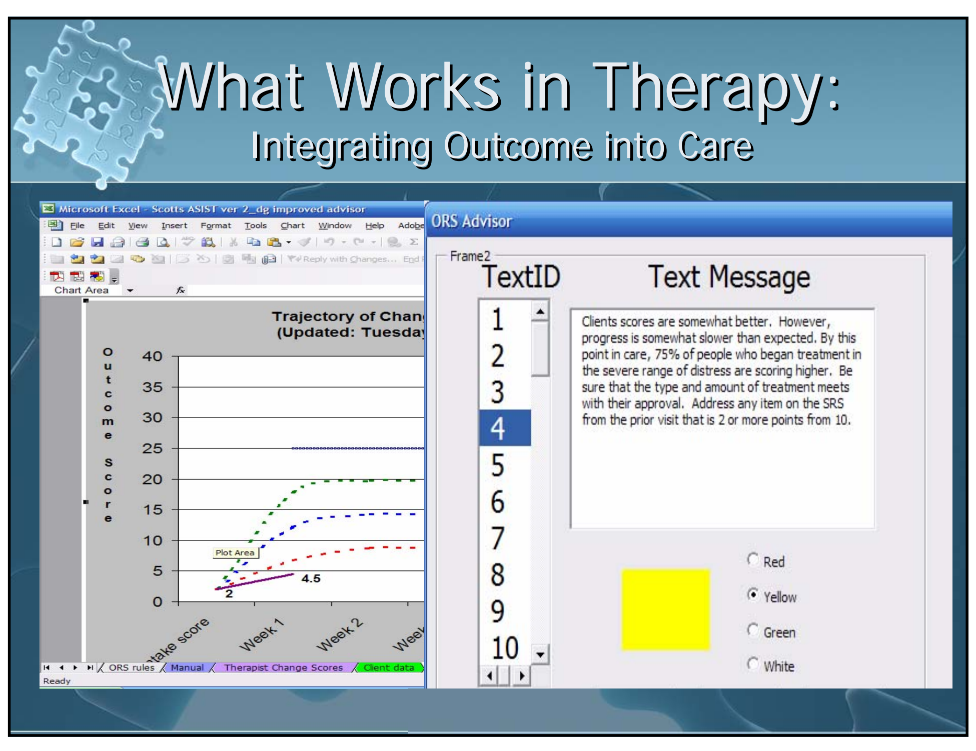
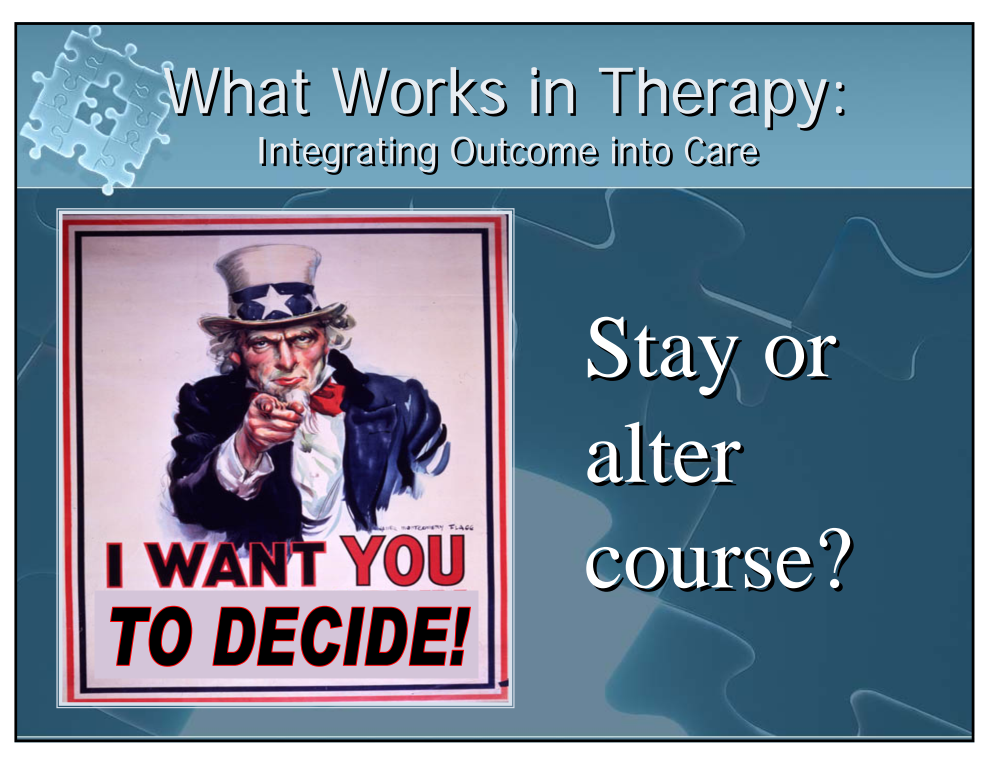

What Works in Therapy:
Integrating Outcome into Care
Relationship:
I did not feel heard, understood, and respected
I felt heard, understood, and respected
Goals and Topics:
We did not work on or talk about what I wanted to work on and talk about
We worked on and talked about what I wanted to work on and talk about
Approach or Method:
The therapist's approach is not a good fit for me.
The therapist's approach is a good fit for me.
Overall:
There was something missing in the session today
Overall, today's session was right for me
Institute for the Study of Therapeutic Change
www.talkingcure.com
GRACIAS
I.S.T.C.

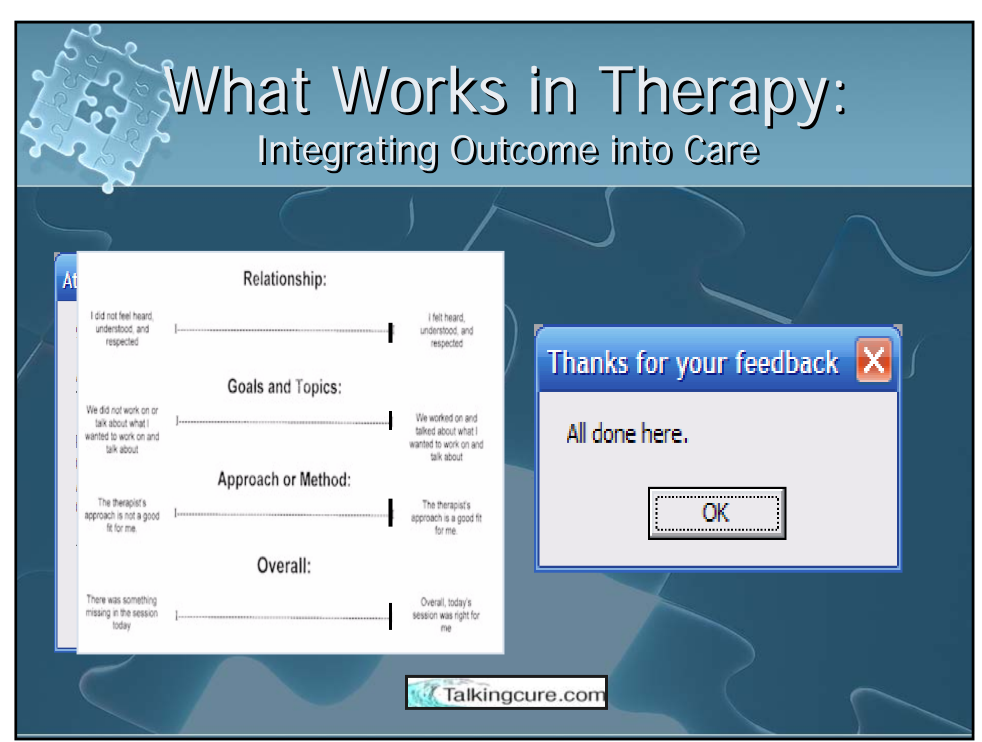

What Works in Therapy:
Integrating Outcome into Care
"I've fallen in love…with the needle"
A Case Example
I.S.T.C.


What Works in Therapy:
Integrating Outcome into Care
Service Presentation Format:
1. Name: Gina
2. Age: 28
3. Gender: Female
4. Ethnicity: Native American
5. Relationship status: Single mother
6. Employment status: Unemployed
7. Referral source: Courts, prior treatment (3X)
8. Service start date: 1 week ago
9. Current level of care: Residential
10. Reason for seeking care: Polysubstance dependence
I.S.T.C.

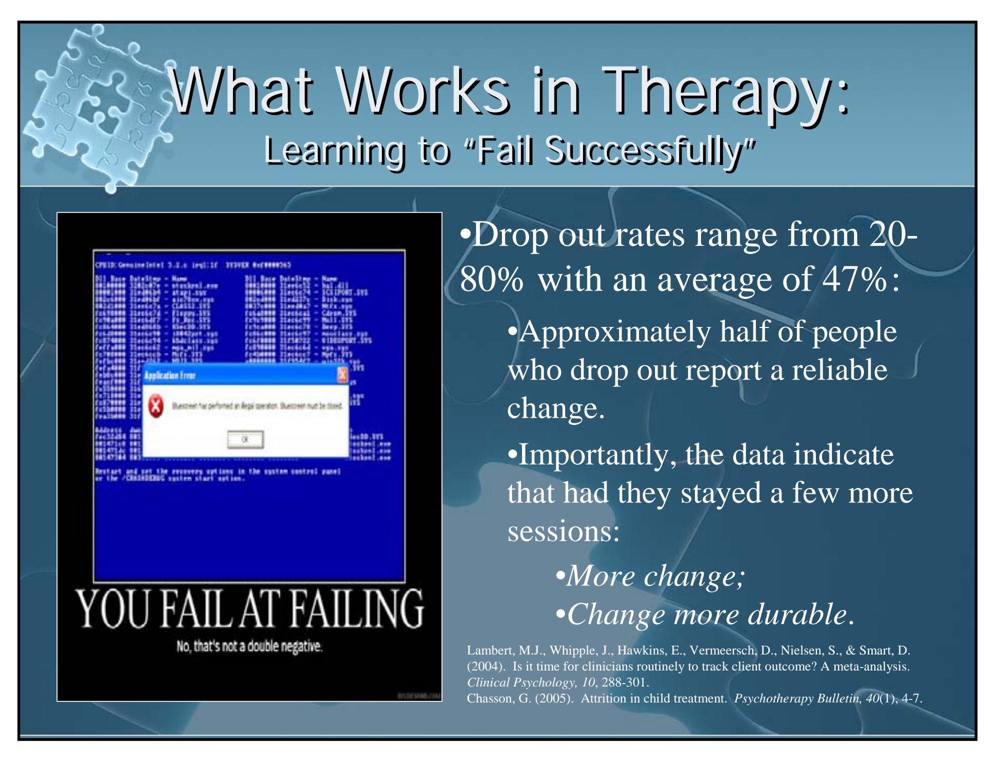

What Works in Therapy:
Integrating Outcome into Care
ORS Advisor
TextID
Text Message
Client is scoring in the severe range of distress. Normative data indicate that fewer than 10% of people score in this range at their initial session. Research predicts rapid improvement in the first handful of sessions. Such rapid improvement, however, increases the likelihood of dropping out of treamtent before the maximum results have been achieved. Rule out recent crisis, trauma, and suicide risk.
Red
Yellow
Green
White

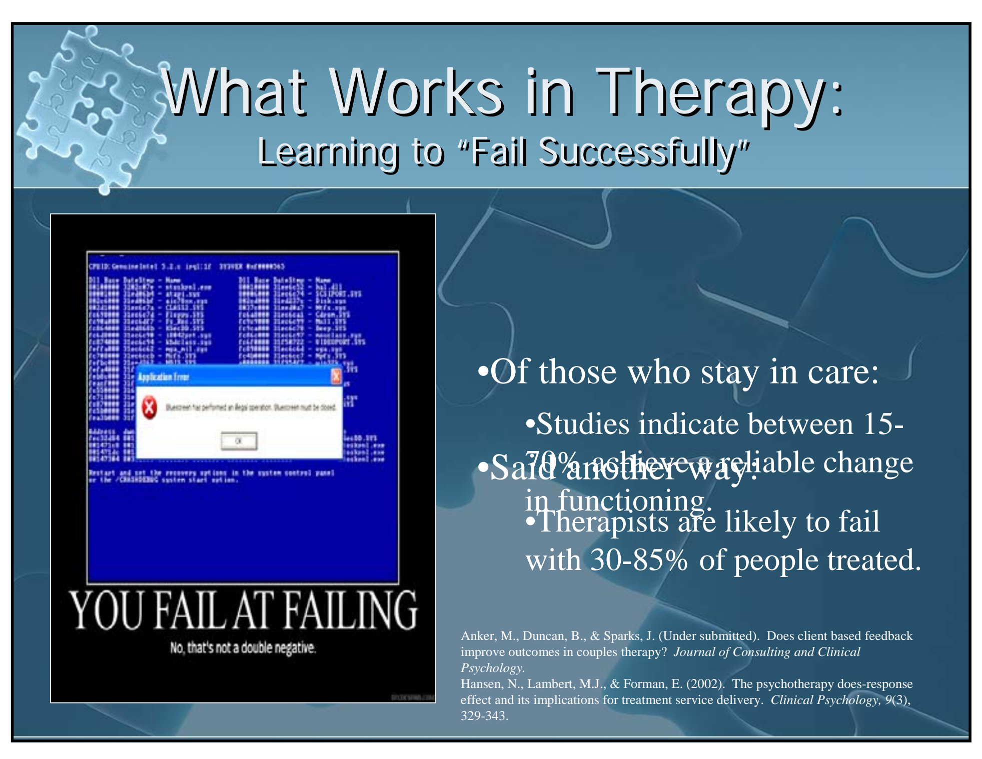

What Works in Therapy:
Integrating Outcome into Care
ORS Advisor
TextID
Text Message
Clients scores are somewhat better. However, progress is somewhat slower than expected. By this point in care, 75% of people who began treatment in the severe range of distress are scoring higher. Be sure that the type and amount of treatment meets with their approval. Address any item on the SRS from the prior visit that is 2 or more points from 10.
Red
Yellow
Green
White

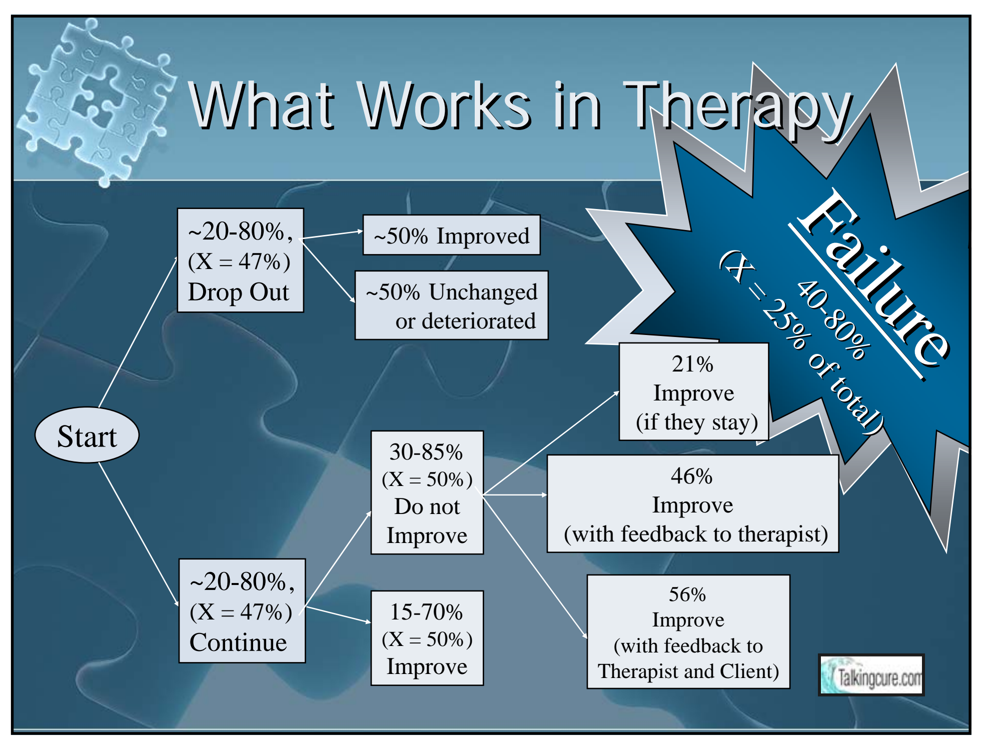

What Works in Therapy:
Integrating Outcome into Care
I WANT YOU
TO DECIDE!
Stay or alter course?


What Works in Therapy:
Integrating Outcome into Care
Relationship:
I did not feel heard, understood, and respected
I felt heard, understood, and respected
Goals and Topics:
We did not work on or talk about what I wanted to work on and talk about
We worked on and talked about what I wanted to work on and talk about
Approach or Method:
The therapist's approach is not a good fit for me.
The therapist's approach is a good fit for me.
Overall:
There was something missing in the session today
Overall, today's session was right for me
Thanks for your feedback
All done here.
OK
Talkingcure.com

What Works in Therapy
Step Three:
Learning to Fail Successfully
Talkingcure.com


What Works in Therapy:
Learning to "Fail Successfully"
YOU FAIL AT FAILING
No, that's not a double negative.
•Drop out rates range from 20-80% with an average of 47%:
•Approximately half of people who drop out report a reliable change.
•Importantly, the data indicate that had they stayed a few more sessions:
•More change;
•Change more durable.
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). Attrition in child treatment. Psychotherapy Bulletin, 40(1), 4-7.


What Works in Therapy:
Learning to "Fail Successfully"
YOU FAIL AT FAILING
No, that's not a double negative.
•Of those who stay in care:
•Studies indicate between 15-70% achieve a reliable change in functioning.
•Said another way:
•Therapists are likely to fail with 30-85% of people treated.
Anker, M., Duncan, B., & Sparks, J. (Under submitted). Does client based feedback improve outcomes in couples therapy? Journal of Consulting and Clinical Psychology.
Hansen, N., Lambert, M.J., & Forman, E. (2002). The psychotherapy does-response effect and its implications for treatment service delivery. Clinical Psychology, 9(3), 329-343.


What Works in Therapy
Failure
40-80%
(X = 25% of total)
Start
~20-80%, (X = 47%) Drop Out
~50% Improved
~50% Unchanged or deteriorated
~20-80%, (X = 47%) Continue
30-85% (X = 50%) Do not Improve
15-70% (X = 50%) Improve
21% Improve (if they stay)
46% Improve (with feedback to therapist)
56% Improve (with feedback to Therapist and Client)
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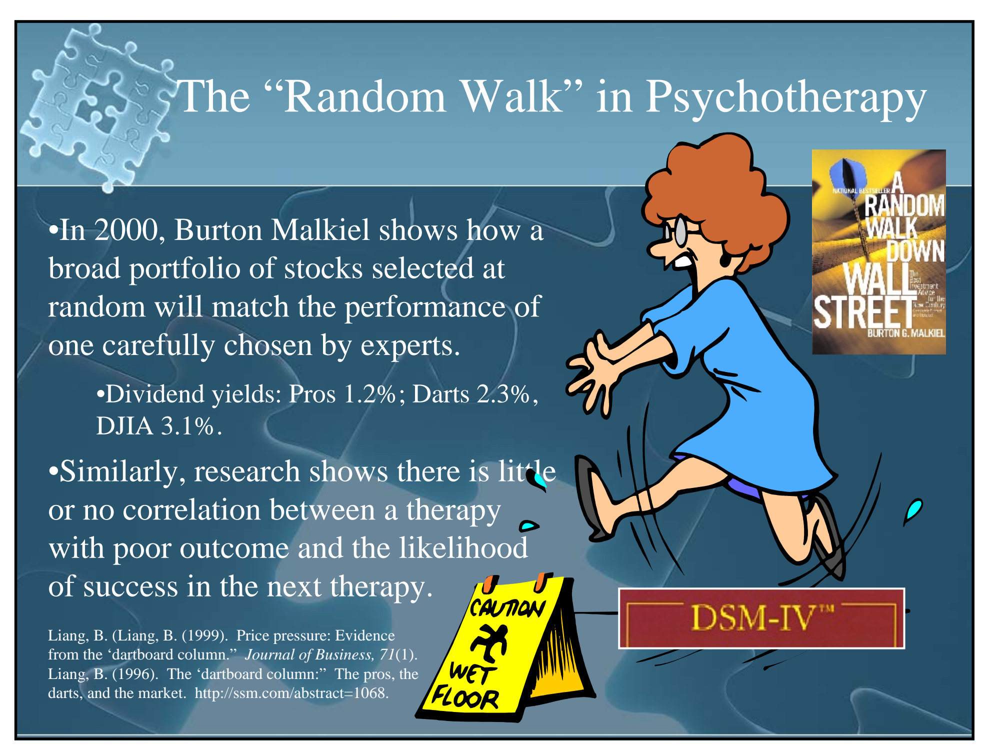
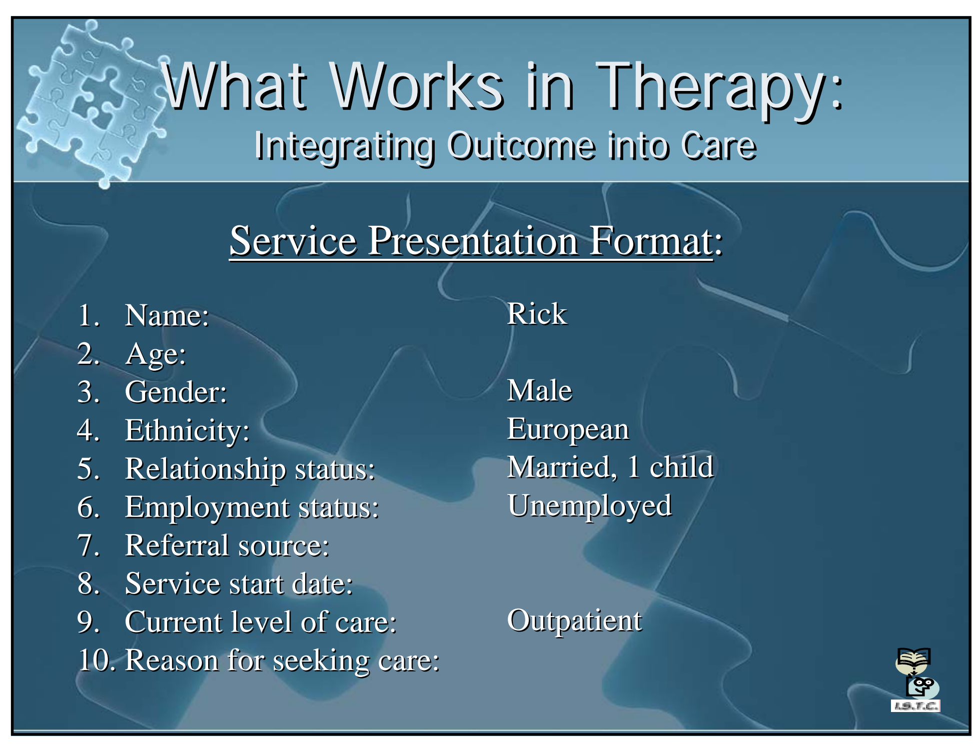
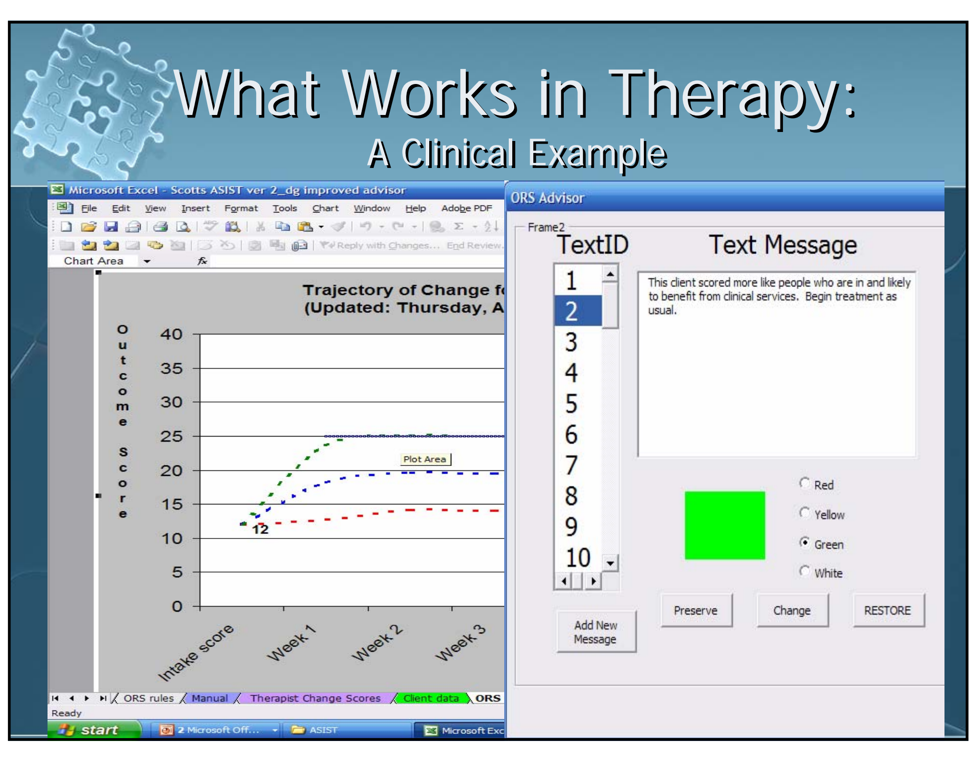
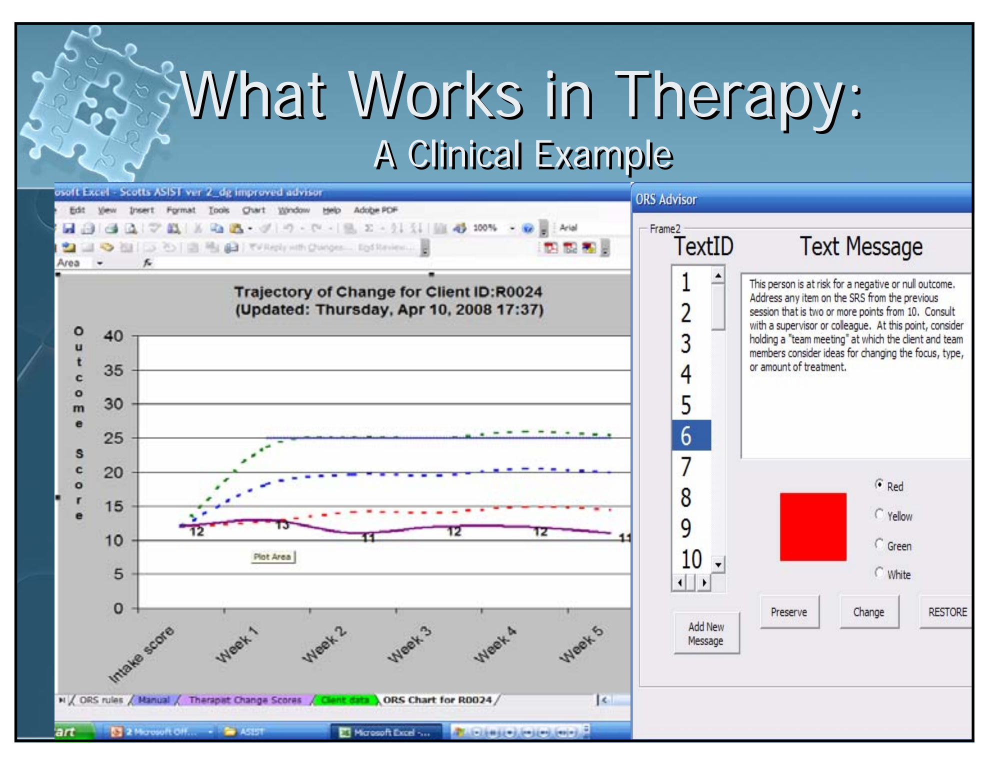

The "Random Walk" in Psychotherapy
•In 2000, Burton Malkiel shows how a broad portfolio of stocks selected at random will match the performance of one carefully chosen by experts.
•Dividend yields: Pros 1.2%; Darts 2.3%, DJIA 3.1%.
•Similarly, research shows there is little or no correlation between a therapy with poor outcome and the likelihood of success in the next therapy.
Liang, B. (Liang, B. (1999). Price pressure: Evidence from the 'dartboard column." Journal of Business, 71(1).
Liang, B. (1996). The 'dartboard column:" The pros, the darts, and the market. http://ssm.com/abstract=1068.
A RANDOM WALK DOWN WALL STREET
BURTON G. MALKIEL
CAUTION
WET FLOOR
DSM-IV™

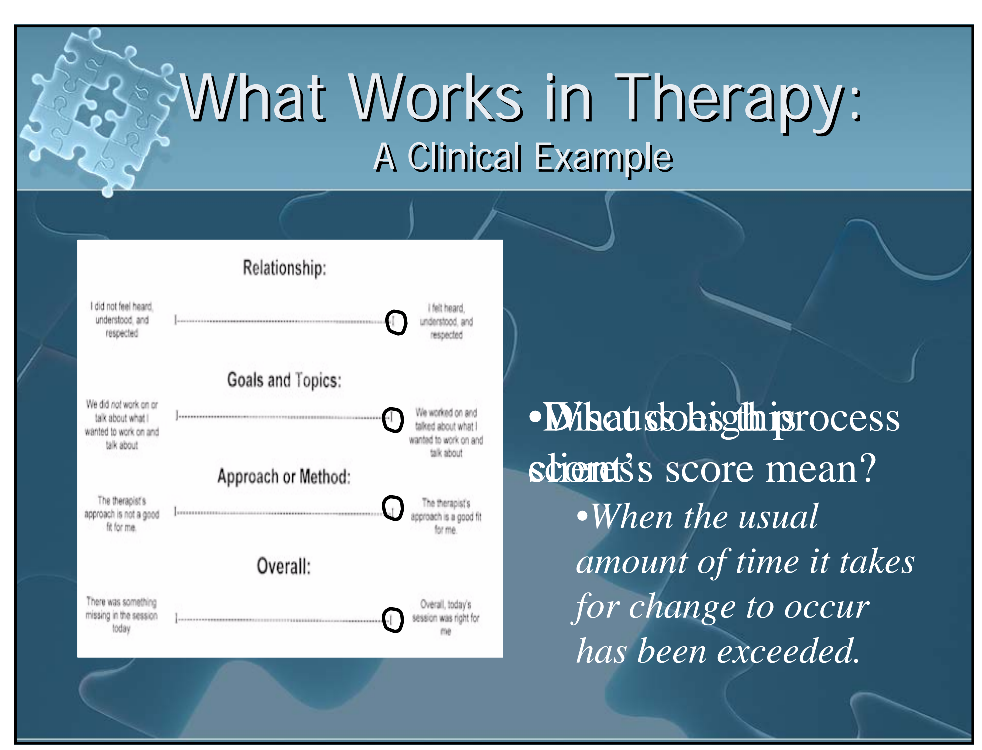
What Works in Therapy
Failing Successfully:
A Clinical Example


What Works in Therapy:
Integrating Outcome into Care
Service Presentation Format:
1. Name: Rick
2. Age:
3. Gender: Male
4. Ethnicity: European
5. Relationship status: Married, 1 child
6. Employment status: Unemployed
7. Referral source:
8. Service start date:
9. Current level of care: Outpatient
10. Reason for seeking care:
I.S.T.C.

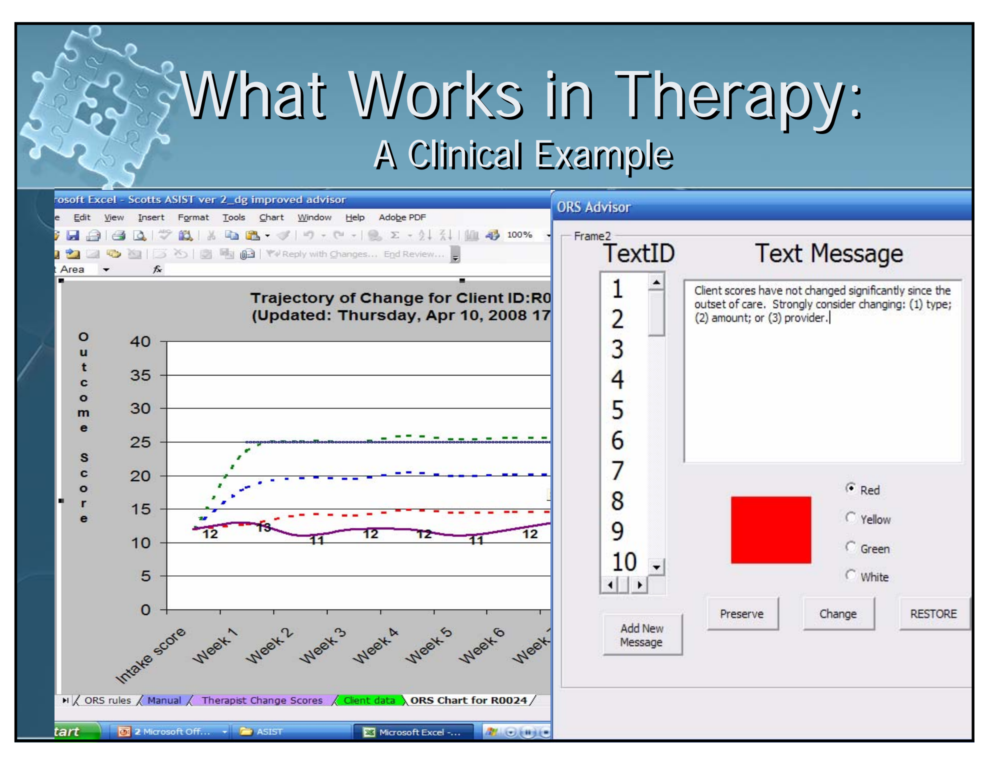

What Works in Therapy:
A Clinical Example
Microsoft Excel - Scotts ASIST ver 2_dg improved advisor
Trajectory of Change f
(Updated: Thursday, A
Outcome Score
40
35
30
25
20
15
10
5
0
12
Plot Area
Intake score
Week 1
Week 2
Week 3
ORS rules
Manual
Therapist Change Scores
Client data
ORS
Ready
start
ORS Advisor
Frame2
TextID
Text Message
1
2
3
4
5
6
7
8
9
10
This client scored more like people who are in and likely to benefit from clinical services. Begin treatment as usual.
Red
Yellow
Green
White
Add New Message
Preserve
Change
RESTORE

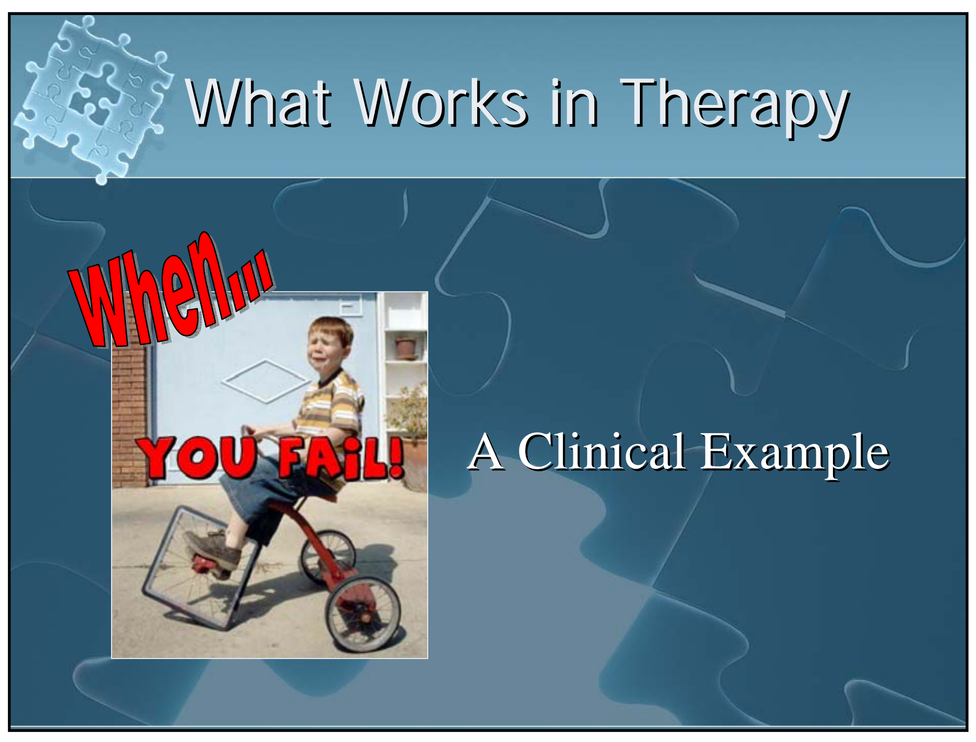


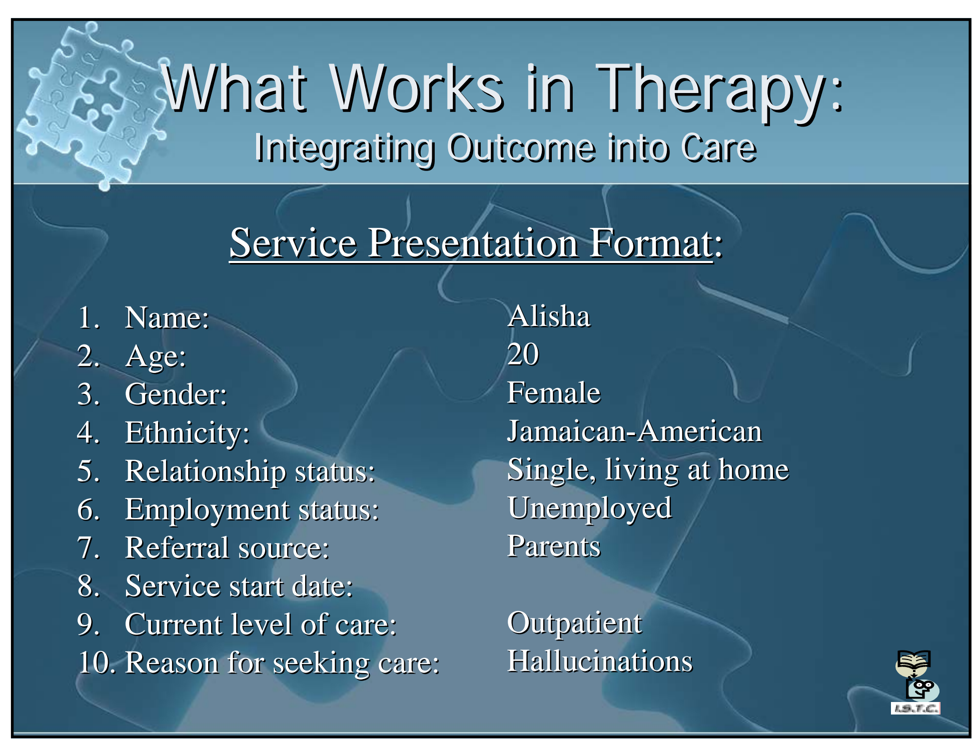
What Works in Therapy:
A Clinical Example
Trajectory of Change for Client ID:R0024
(Updated: Thursday, Apr 10, 2008 17:37)
Outcome Score
40
35
30
25
20
15
10
5
0
12
13
11
12
12
Plot Area
Intake score
Week 1
Week 2
Week 3
Week 4
Week 5
ORS rules
Manual
Therapist Change Scores
Client data
ORS Chart for R0024
ORS Advisor
Frame2
TextID
Text Message
1
2
3
4
5
6
7
8
9
10
This person is at risk for a negative or null outcome. Address any item on the SRS from the previous session that is two or more points from 10. Consult with a supervisor or colleague. At this point, consider holding a "team meeting" at which the client and team members consider ideas for changing the focus, type, or amount of treatment.
Red
Yellow
Green
White
Add New Message
Preserve
Change
RESTORE



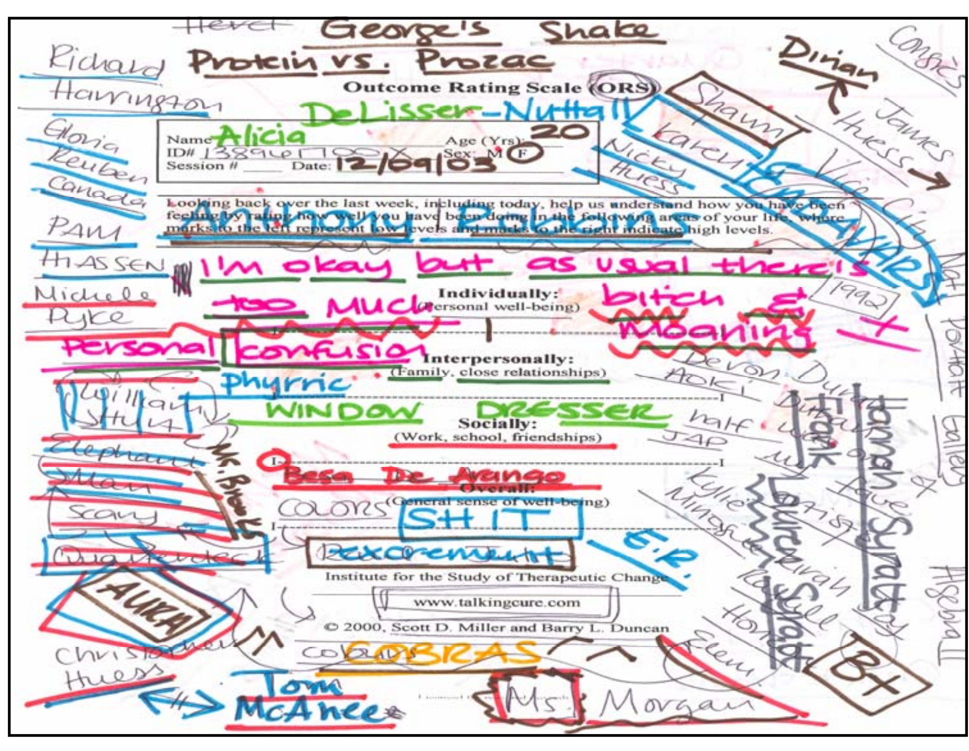
What Works in Therapy:
A Clinical Example
Relationship:
I did not feel heard, understood, and respected
I felt heard, understood, and respected
Goals and Topics:
We did not work on or talk about what I wanted to work on and talk about
We worked on and talked about what I wanted to work on and talk about
Approach or Method:
The therapist's approach is not a good fit for me.
The therapist's approach is a good fit for me.
Overall:
There was something missing in the session today
Overall, today's session was right for me
•Discuss high process scores
•What does this client's score mean?
•When the usual amount of time it takes for change to occur has been exceeded.


What Works in Therapy:
A Clinical Example
Trajectory of Change for Client ID:R0
(Updated: Thursday, Apr 10, 2008 17
Outcome Score
Intake score
Week 1
Week 2
Week 3
Week 4
Week 5
Week 6
ORS Advisor
TextID
Text Message
Client scores have not changed significantly since the outset of care. Strongly consider changing: (1) type; (2) amount; or (3) provider.
Red
Yellow
Green
White
Add New Message
Preserve
Change
RESTORE


What Works in Therapy
When...!
YOU FAIL!
A Clinical Example



What Works in Therapy:
Integrating Outcome into Care
Service Presentation Format:
1. Name: Alisha
2. Age: 20
3. Gender: Female
4. Ethnicity: Jamaican-American
5. Relationship status: Single, living at home
6. Employment status: Unemployed
7. Referral source: Parents
8. Service start date:
9. Current level of care: Outpatient
10. Reason for seeking care: Hallucinations
I.S.T.C.



George's Shake
Protein vs. Prozac
Outcome Rating Scale (ORS)
DeLisser-Nuttall
Name Alicia
Age (Yrs): 20
Date: 12/09/03
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.
I'm okay but as usual there's too much bitch & moaning
Individually:
(Personal well-being)
Personal confusion
Interpersonally:
(Family, close relationships)
WINDOW DRESSER
Socially:
(Work, school, friendships)
Overall:
(General sense of well-being)
SHIT
Institute for the Study of Therapeutic Change
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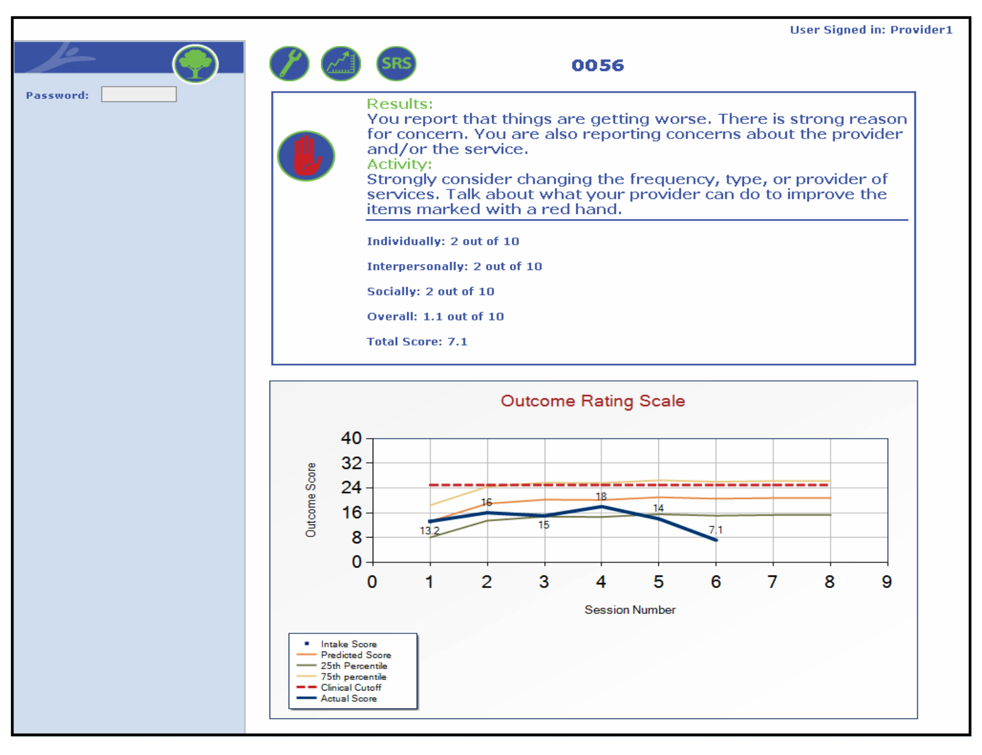
COBRAS
Tom McAnee
Ms. Morgan
AURA
B+



Outcome Rating Scale (ORS)

Name Alicia Age (Yrs): 21 Sex: M (F)
Session # Date: 9/21/04
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, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

Individually
(Personal well-being)
6.5

Interpersonally
(Family, close relationships)
9.7

Socially
(Work, school, friendships)
6.5

Overall
(General sense of well-being)
6.2

28.9

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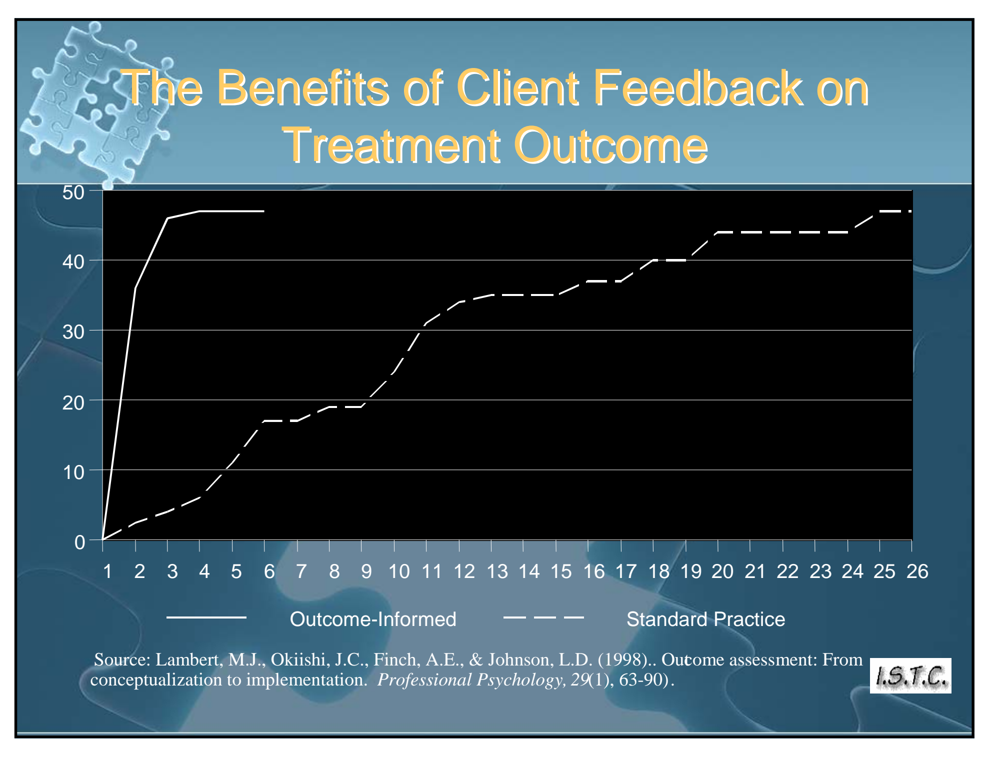
The Benefits of Client Feedback on Treatment Outcome
50
40
30
20
10
0
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26
Outcome-Informed
Standard Practice
Source: Lambert, M.J., Okiishi, J.C., Finch, A.E., & Johnson, L.D. (1998).. Outcome assessment: From conceptualization to implementation. Professional Psychology, 29(1), 63-90).
I.S.T.C.

What Works in Therapy:
Review
✓ Call for:
✓ Accountability;
✓ Measurable outcomes;
✓ Efficient use of resources;
✓ Documented "return on investment"
✓The response:
✓Practice-based practice;
✓Training and supervision targeted to outcomes of individual therapists and programs;
✓Continuous monitoring and real-time utilization of outcome data;
✓Treatment planning and programs structured and informed by local norms and algorithms.
✓Regulatory bodies use outcome data for value-based oversight and purchasing of treatment services.
I.S.T.C.

The Heart and Soul of Change
That's all folks!
LEON SCHLESINGER
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