REACH

PUSHING YOUR CLINICAL SCOTTDMILLER.COM International Centre for Clinical Excellence **NESS TO THE NEXT LEVEL**

Scott D. Miller, Ph. D. - Windows Internet Explorer

http://www.scottdmiller.com/

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Scott D. Miller, Ph. D.

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Scott D. Miller, Ph.D.

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www.centerforclinicalexcellence.com

WORLDWIDE TRENDS

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

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

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THE EVIDENCE

- *In most studies of treatment conducted over the last 40 years, the average treated person is better off than 80% of the untreated sample.*

- *The outcome of behavioral health services equals and, in most cases, exceeds medical treatments.*

- *On average, mental health professionals achieve outcomes on par with success rates obtained in randomized clinical trials (with and without co-morbidity).*

Duncan, B., Miller, S., Wampold, B., & Hubble, M. (eds.) (2009). *The Heart and Soul of Change: Delivering What Works.* Washington, D.C.: APA Press.

Minami, T., Wampold, B., Serlin, R., Hamilton, E., Brown, G., Kircher, J. (2008). Benchmarking for psychotherapy efficacy. *Journal of Consulting and Clinical Psychology, 75 232-243.*

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THE EVIDENCE

No Improvement

THE EVIDENCE

Therapists versus Athletes

•Over the last century, the best performance for *all* Olympic events has improved—in some cases by more than 50%!

> •*Today's best high school time in the marathon beats the 1908 Olympic gold medal winning time by more than 20 minutes!*
>
> •*Improvement has <u>nothing</u> to do with size, genetic changes, or performance enhancing drugs.*

**Colvin, G. (2008).** *Talent is Overrated*. New York: Portfolio.
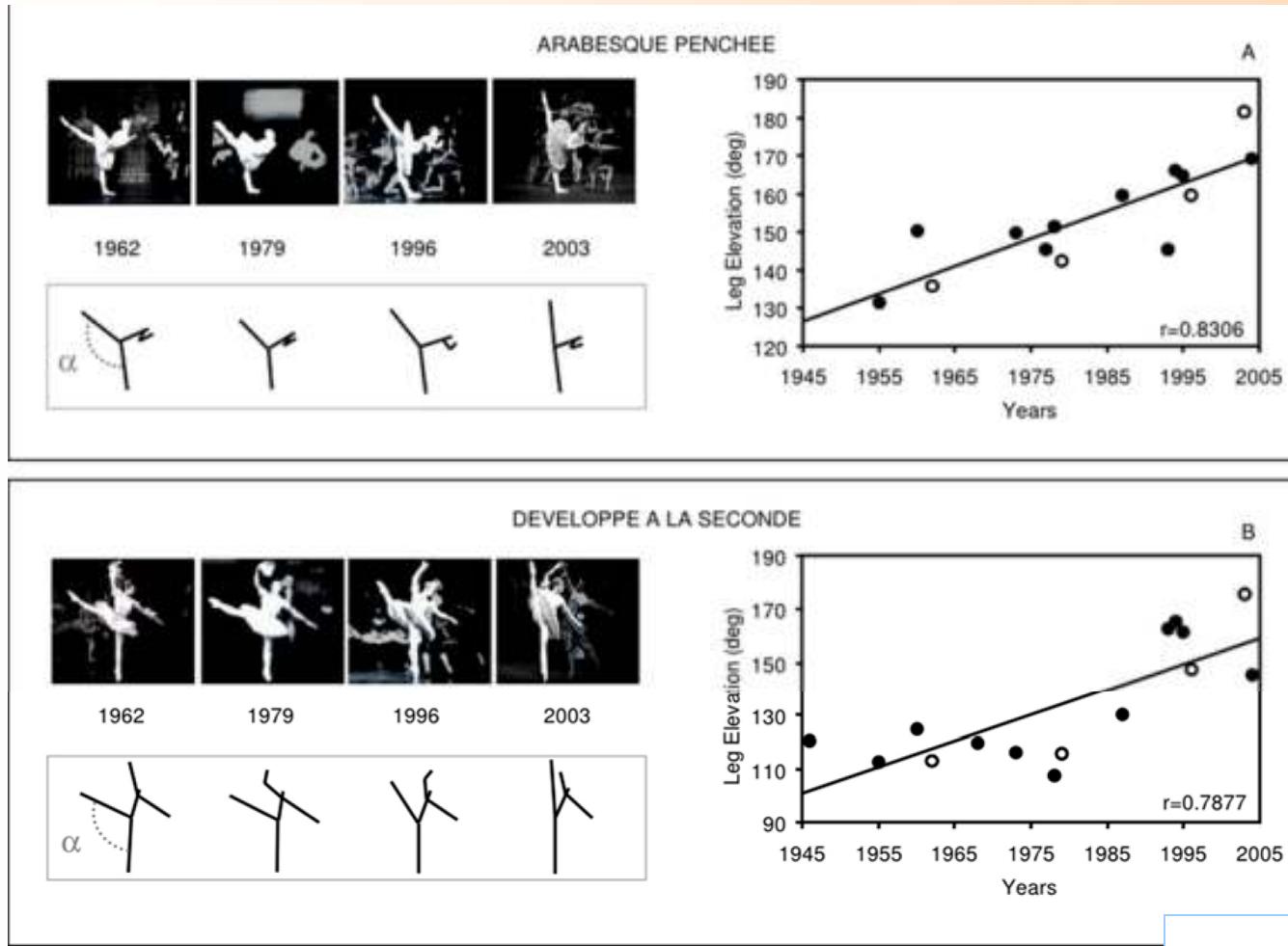
Ericsson, K.A., Krampe, R., & Tesch-Romer, C. (1993). The role of deliberate practice in the acquisition of expert performance. *Psychological Review, 100,* 363-406.

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

Schultz, R. & Curnow, C. (1988). Peak performance and age among super-atheletes. *Journal of Gerontology: Psychological Sciences, 43,* 113-120.

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THE EVIDENCE

THE EVIDENCE

How Do Therapists Develop?

- A massive, 20-year, multinational study of 11,000 therapists;

- Collected and analyzed detailed reports about the way therapists experienced their work and professional development.

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

THE EVIDENCE

How Do Therapists Develop?
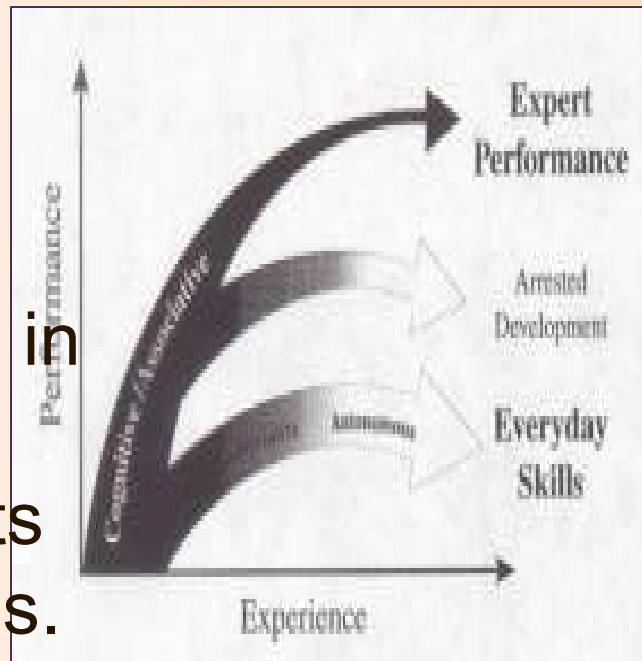
•The majority of therapists see themselves as developing professionally over the course of their careers.

THE EVIDENCE

How Do Therapists Develop?

- The effectiveness of the "average" helper plateaus very early.
- Little or no difference in outcome between professionals, students and para-professionals.

Ericsson, K.A., Charness, N., Feltovich, P. & Hoffman, R. (eds.). (2006). *The Cambridge Handbook of Expertise and Expert Performance* (pp. 683-704). New York: Cambridge University Press.

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

THE EVIDENCE

Three Stubborn Problems

- *Drop out rates average 47%;*

- *Mental health professionals frequently fail to identify failing cases;*

- *1 out of 10 consumers accounts for 60-70% of expenditures.*

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

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

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

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

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THE EVIDENCE

COMMENTARY LETTERS

Average is over

Thomas L. Friedman

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

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

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

And automation is not just coming to manufacturing, explains Curtis Carlson, the chief executive of SRI International, a Silicon Valley idea lab that invented the Apple iPhone program known as Siri, the digital personal assistant. "Siri is the beginning of a huge transformation in how we interact with banks, insurance companies, retail stores, health care providers, information retrieval services and product services."
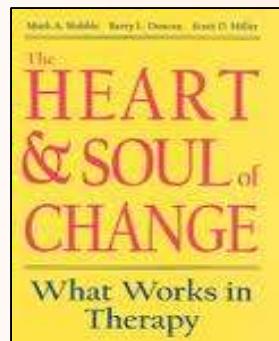
In the 21st-century economy, everyone is going to have to find something extra to stand out in their field.

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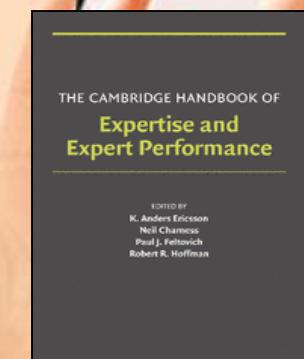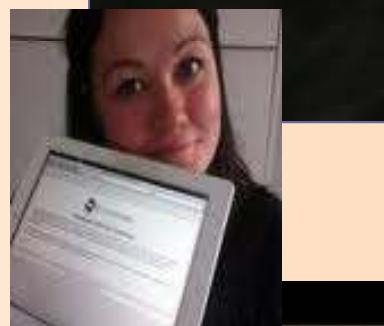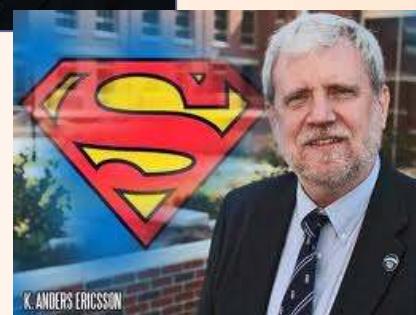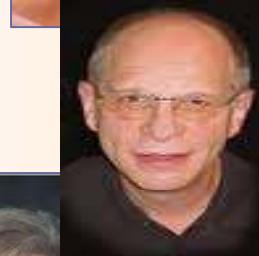
REACH

• Specific Models and Methods

• Common factors

• Measurement of Outcomes

• Expertise and Excellence

REACH

K. ANDERS ERICSSON

THE BEST AND THE REST

DEEP, DOMAIN-SPECIFIC KNOWLEDGE

Know More

See More

Do More

REACH

•Researchers Anderson, Ogles, Lambert & Vermeersch (2009):

•*25 therapists treating 1100+ clients;*
•*Variety of demographic variables;*
•*Measure of interpersonal skills (SSI).*

•Domain-specific interpersonal knowledge tested by using therapist responses to challenging therapeutic interactions:

•*Four problematic therapeutic process segments;*
•*Multiple challenging interpersonal patterns (e.g., angry, dependent, confused, blaming, controlling, etc.).*

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

DEEP, DOMAIN-SPECIFIC KNOWLEDGE

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•Domain-specific interpersonal knowledge tested by using therapist responses to challenging therapeutic interactions:

> •*Four problematic therapeutic process segments;*
> •*Multiple challenging interpersonal patterns (e.g., angry, dependent, confused, blaming, controlling, etc.).*

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

> •*Age, gender, percentage of work time spent conducting therapy, theoretical orientation not correlated with outcome;*
>
> •*General interpersonal skills not correlated with outcome;*
>
> •*Only domain-specific interpersonal knowledge predicted outcome*

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

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Labels on book stack (top to bottom): diagnosis, strengths, dynamics, Hope, EBP Techniques, listening, Rapport, Alliance
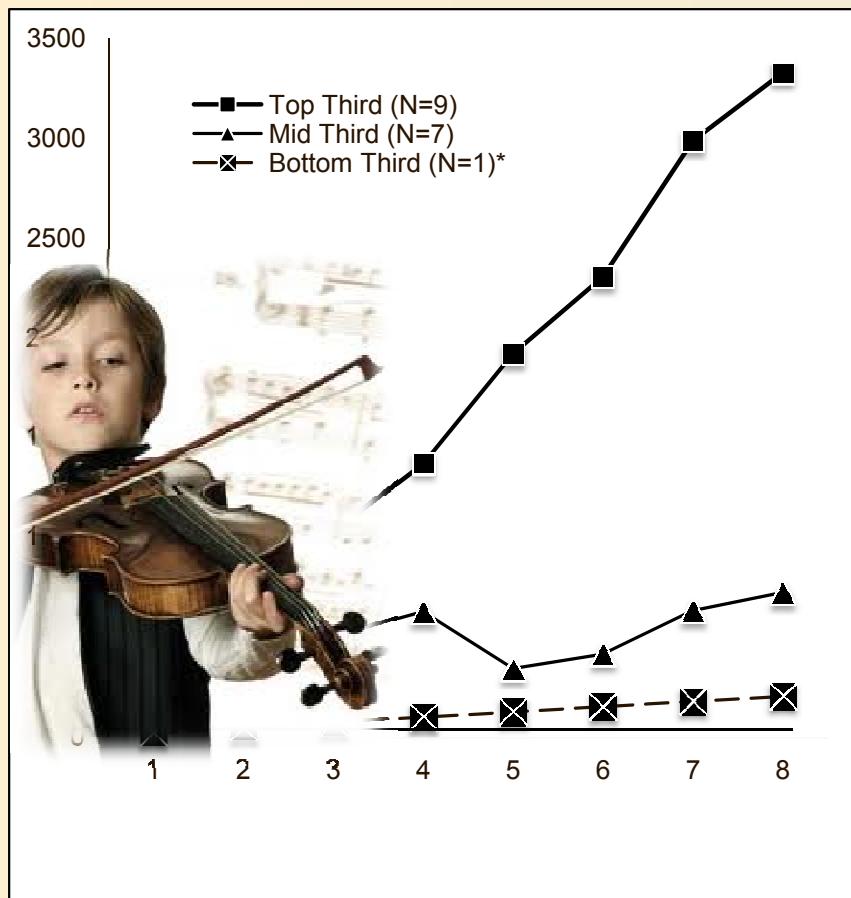
- Research indicates that performers (math, science, sports, chess, etc.) reliant on general cognitive strategies or inference methods behave expertly on almost _no_ tasks;

- Similarly, available evidence shows that training clinicians in "evidence-based," manualized therapies, diagnosis, *and even the alliance* has little if any impact on outcome.
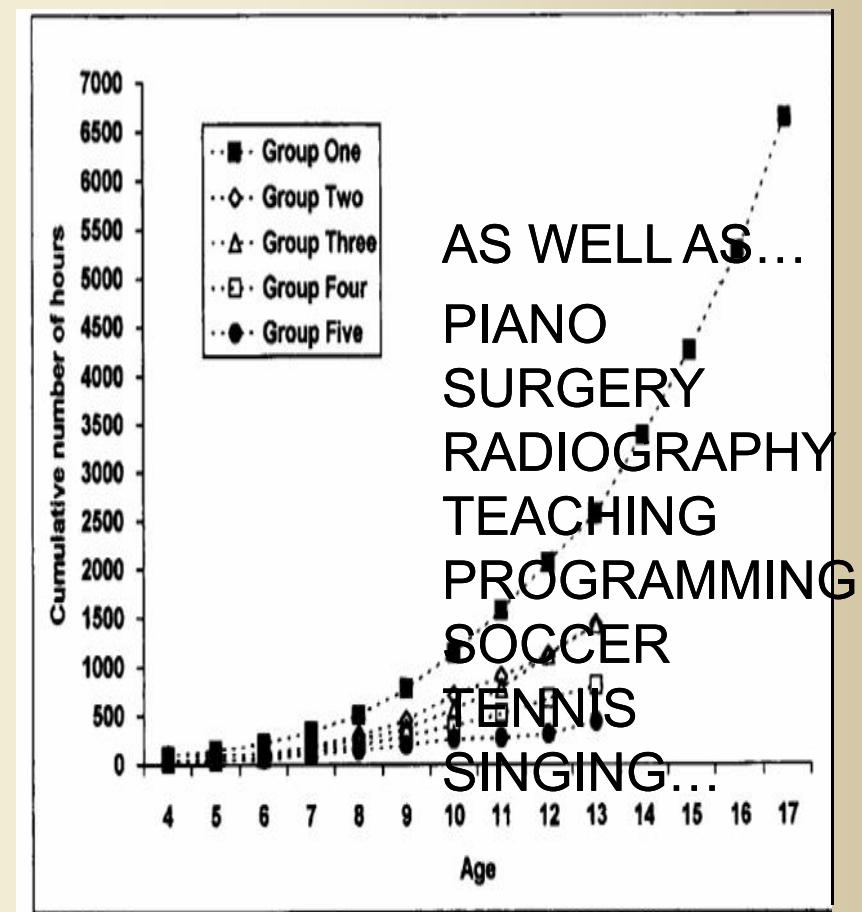
DELIBERATE PRACTICE

Therapists

Violinists

AS WELL AS…

PIANO
SURGERY
RADIOGRAPHY
TEACHING
PROGRAMMING
SOCCER
TENNIS
SINGING…

REACH

- **Deliberate practice includes:**

    a. *Working hard at overcoming "automaticity";*
    b. *Planning, strategizing, tracking, reviewing, and adjusting plan and steps;*
    c. *Consistently measuring and then comparing performance to a known baseline or national standard or norm.*

- **Elite performers engage in practice designed to improve target performance:**

    a. *Every day of the week, including weekends;*
    b. *For periods of 45 minutes maximum, with periods of rest in between;*
    c. *The best up to 4 hours per day.*

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

"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…".

DELIBERATE PRACTICE

THINK
ACT
REFECT

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

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

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DELIBERATE PRACTICE
T.A.R.

THINK:

- *Identify the limits of one's "realm of reliable performance"*

- *Develop a specific plan of action and description of the intended outcome*

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

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

DELIBERATE PRACTICE
T.A.R.

ACT:

- *Execute the plan of action*

- *Note the steps of the plan that were missed*

- *Identify any actions taken <u>not</u> part of the original plan*

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

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DELIBERATE PRACTICE
T.A.R.

REFLECT:

- *Review the plan and execution*

- *Identify errors*

- *Outline alternative actions*

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DELIBERATE PRACTICE

THINK

• Research on the power of the relationship reflected in over 1100 research findings.

• Independent of the approach, diagnosis, researcher allegiance, or time of assessment.

Client Preferences

Goals, Meaning or Purpose

Means or Methods

Client's View of the Relationship

Fluckinger, C., De Re, A.C., Wampold, B.E., Symonds, D., & Horvath, A.O. (2012). How central is the alliance in psychotherapy: A multilevel longitudinal meta-analysis. *Journal of Counseling Psychology, 59*, 10-17.
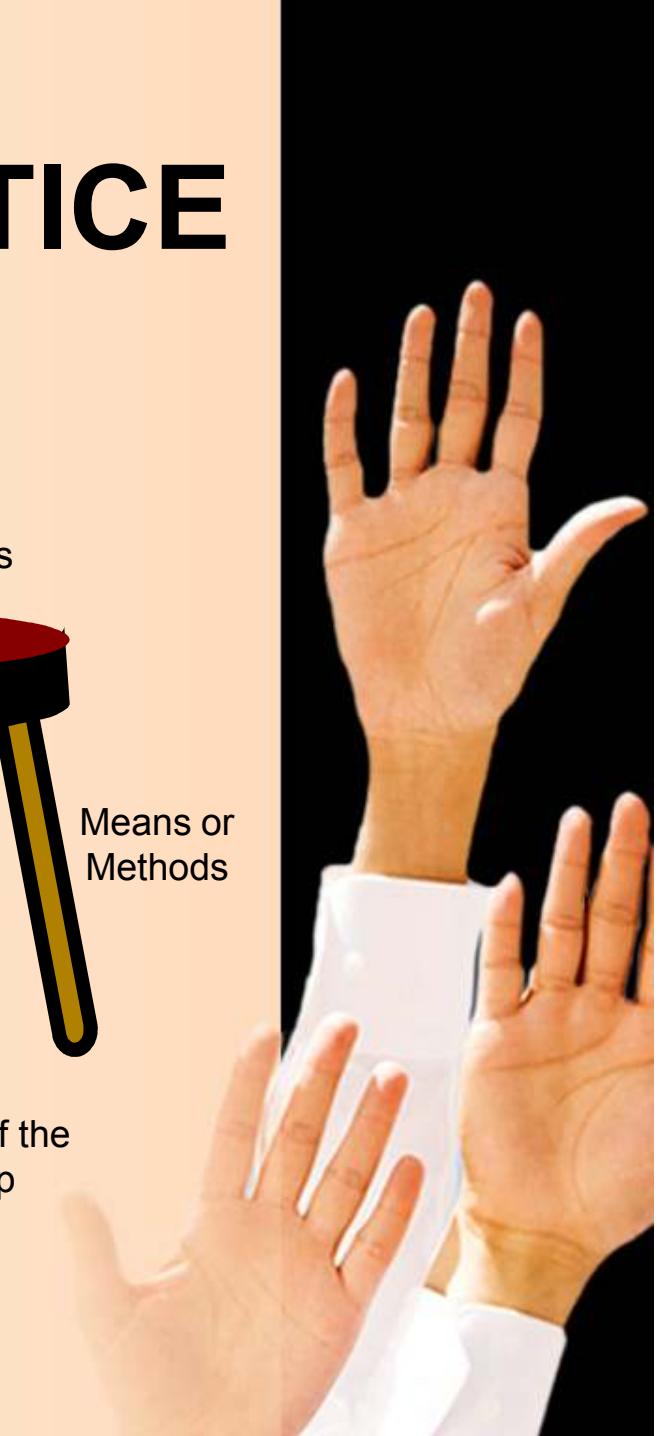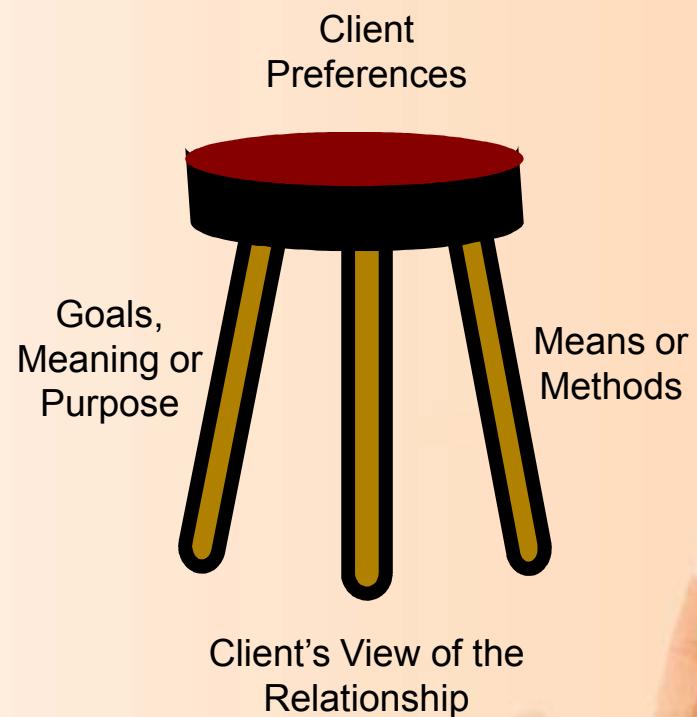
Norcross, J. (2009). The Therapeutic Relationship. In B. Duncan, S. Miller, B. Wampold, & M. Hubble (eds.). *The Heart and Soul of Change*. Washington, D.C.: APA Press.

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

DELIBERATE PRACTICE
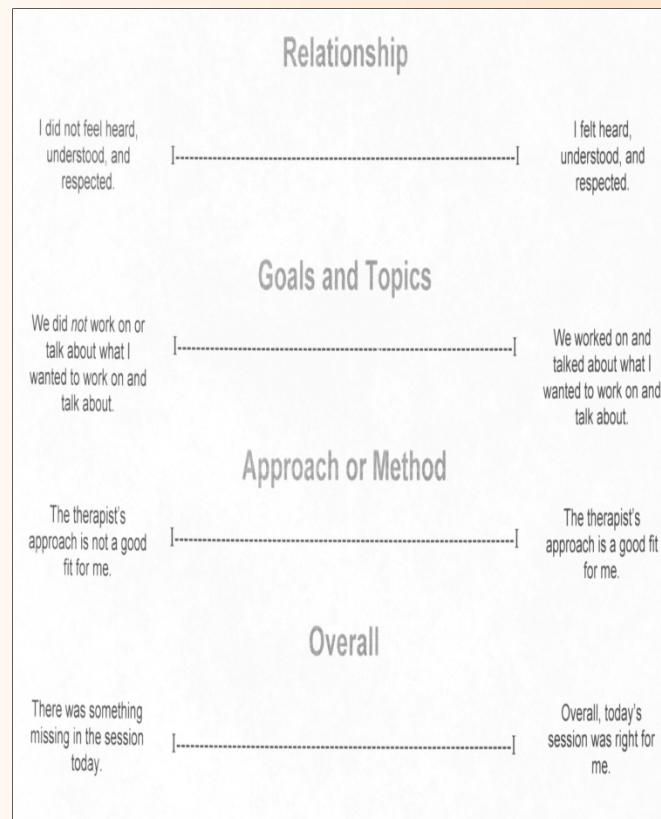
•Baldwin et al. (2007):

   •*Study of 331 consumers, 81 clinicians.*

   •*Therapist variability in the alliance predicted outcome (97%).*

   •*Consumer variability in the alliance <u>unrelated</u> to outcome (0%)*

Client
Preferences

Goals,
Meaning or
Purpose

Means or
Methods

Client's View of the
Relationship

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

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.

http://scottdmiller.com/performance-metrics/

•Give at the end of each session;

•Each line 10 cm in length;

•Score in cm to the nearest mm;

•Discuss each visit but always when:

•The total score falls below 36.

•Decreases of 1 point.

Child Session Rating Scale (CSRS)

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

How was our time together today? Please put a mark on the lines below to let us know if how you feel.

Listening

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

How Important

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

What We Did

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

Overall

I wish we could do   I--I   I hope we do the
something different.   same kind of things
                                                                                                                        next time.
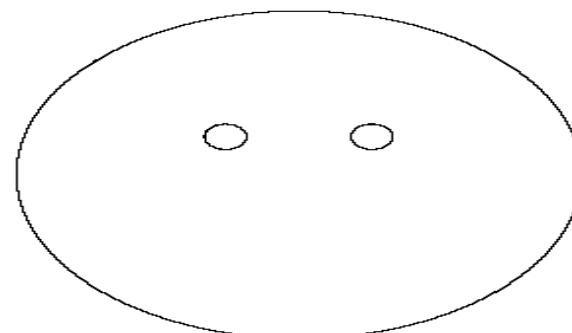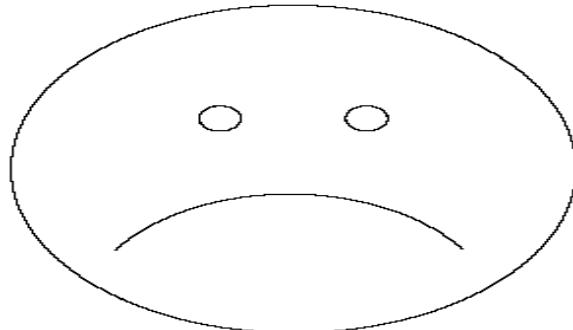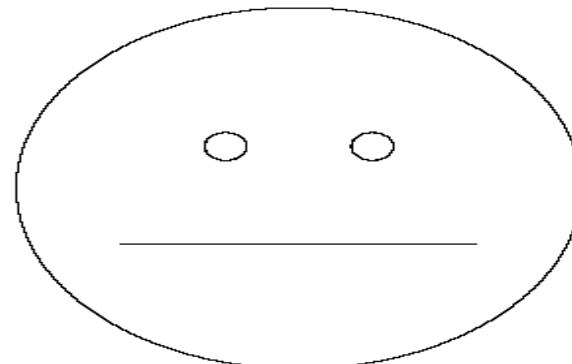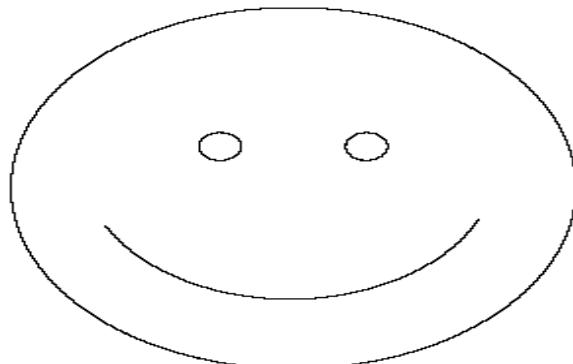
Young Child Session Rating Scale (YCSRS)

Name _____Age (Yrs):_____
Sex: M / F_____
Session # _____   Date: _____

Choose one of the faces that shows how it was for you to be here today. Or, you can draw
one below that is just right for you.
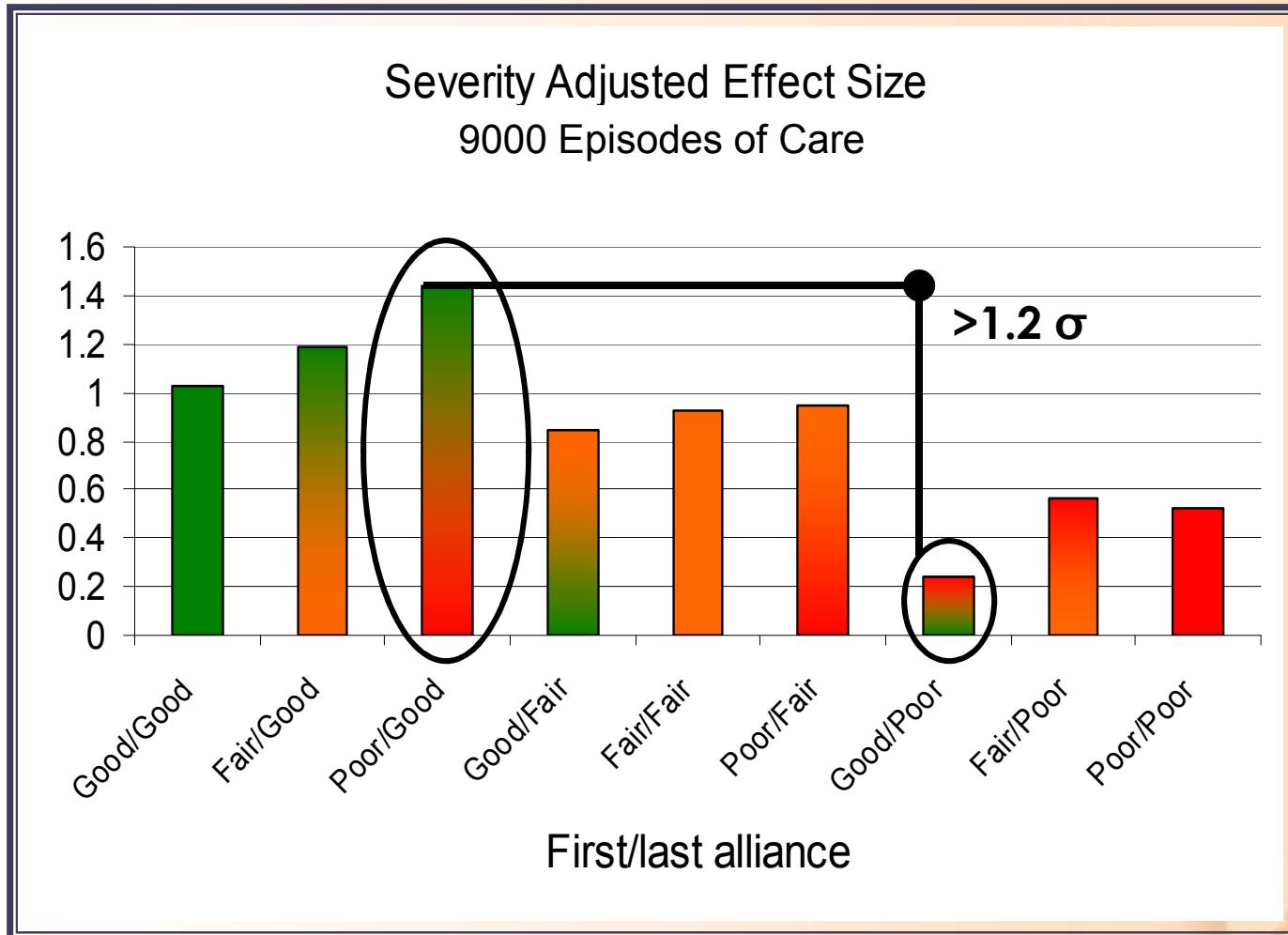
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REACH

Severity Adjusted Effect Size
9000 Episodes of Care

>1.2 σ

First/last alliance

(x-axis categories: Good/Good, Fair/Good, Poor/Good, Good/Fair, Fair/Fair, Poor/Fair, Good/Poor, Fair/Poor, Poor/Poor)

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

CULTURE OF FEEDBACK

Session Rating Scale (SRS V.3.0)

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

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

•Provide a rationale for seeking client feedback regarding the alliance.

  •*Work a little differently;*

  •*Want to make sure that you are getting what you need;*

  •*Not interested in perfect scores;*

  •*Feedback is critical to success.*

•Restate the rationale prior to administering the scale at the end of each visit.

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DELIBERATE PRACTICE
T.A.R.

ACT:

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- *Note the steps of the plan that were missed*

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DELIBERATE PRACTICE

Creating a "Culture of Feedback"

CULTURE OF FEEDBACK

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ID# _____ Sex: M / F
Session # _____ Date: _____

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DELIBERATE PRACTICE
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