Achieving Clinical Excellence
The Facts

• In most studies of psychological treatments conducted over the last 30+ years, the average treated person is better off than 80% of those without the benefit of services;
• The average clinician achieves outcomes on par with success rates obtained in randomized clinical trials (with and without co-morbidity).

What Works in Therapy:
An Example

• Recent study:
  • 6,000+ treatment providers
  • 48,000 plus real clients
  • Outcomes clinically equivalent to randomized, controlled, clinical trials.

Achieving Clinical Excellence
The Facts

• Since the 1960’s:
  • Number of treatment approaches grown from 60 to 400+;
  • 10,000 “how to” books published on psychotherapy;
  • 145 manualized treatments for 51 of the 397 possible diagnostic groups;
Over the last century, the best performance for all Olympic events has improved—in some cases by more than 50%!

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

The Study of Expertise: Sources of Superior Performance

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

Achieving Clinical Excellence: Sources of Inferior Performance

- Researchers Walfish, McAllister and Lambert surveyed a representative sample psychologists, psychiatrists, social workers, marriage and family therapists from all 50 US states:
  - No differences in how clinicians rated their overall skill level and effectiveness levels between disciplines.
  - On average, clinicians rated themselves at the 80th percentile:
    - None rated themselves below average;
    - Less than 4% considered themselves average;
    - Only 8% rated themselves lower than the 75th percentile;
    - 25% rated their performance at the 90th or higher compared to their peers.
Achieving Clinical Excellence: Sources of Inferior Performance

• With regard to success rates:
  • The average clinician believed that 80% of their clients improved as a result of being in therapy with them (17%, stayed the same, 3% deteriorated);
  • Nearly a quarter sampled believed that 90% or more improved!
  • Half reported than none (0%) of their clients deteriorated while in their care.

• The facts?
  • Effectiveness rates vary tremendously (RCT average RCI = 50%, best therapists = 70%);
  • Therapists consistently fail to identify deterioration and people at risk for dropping out of services (10 & 47%, respectively)


Achieving Clinical Excellence: Sources of Inferior Performance

• Psychologist Paul Clement publishes a quantitative study of 26 years as a psychologist
  • 683 cases falling into 84 different DSM categories.

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


Achieving Clinical Excellence: Sources of Inferior Performance

• Reported results from a 40 year period, nearly 2000 different clients:
  • Outcomes not only failed to improve but actually began to decrease!

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

Little or no difference in outcome between professional therapists, students and para-professionals.

“The enemy of excellence is proficiency…”
Achieving Clinical Excellence: Achieving Clinical Excellence:

The “Supershrink” Project

Supershrink:
(n. sco-per-shrimpk), slang

• Unusually effective and talented psychotherapist;
• Widely believed to exist in real life;
(See virtuoso, genius, savant, expert, master)


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Achieving Clinical Excellence: Achieving Clinical Excellence:

Three Steps to Superior Performance

1. Know your baseline;
2. Formal, routine, ongoing feedback;
3. Engage in “deliberate practice.”

Step One: Step One:
Knowing your Baseline

Valid Reliable Feasible

ORS

SRS

Outcome

SRS

Alliance

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www.scottdmiller.com

4/7/2015
• 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.
Step One: Knowing your Baseline

http://web.uccs.edu/lbecker/Psy590/escalc3.htm
The Excellence Challenge

Will you begin measuring the effectiveness of your work?

Achieving Clinical Excellence: Three Steps to Superior Performance

Step 2: Formal, Routine, Ongoing Feedback

“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.”

Achieving Clinical Excellence: Three Steps to Superior Performance

Excellent performers judge their performance differently:

• Compare to their “personal best”
• Compare to the performance of others
• Compare to a known national standard or baseline


Step Two: Formal, Routine, Ongoing Feedback

Feedback Message:
• You are reporting no progress since your last visit.
• Given your progress, explore: (1) if you want more of the same services; or (2) if you want to change the amount, the type, or the provider of services.

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!
Mean Effect Size: Mean Effect Size:
Baseline
Outcome Feedback

Figure 6.1. Relation of Number of Sessions of Psychotherapy and Percentage of Clients Improved


Achieving Clinical Excellence: The Impact of Feedback on Outcome

Achieving Clinical Excellence: The Impact of Feedback on Outcome

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


Achieving Clinical Excellence: Creating a “Culture of Feedback”

• When scheduling a first appointment, provide a rationale for seeking client feedback regarding outcome.
• Work a little differently:
  • If we are going to be helpful, should see signs sooner rather than later;
  • If our work helps, can continue as long as you like;
  • If our work is not helpful, we’ll seek consultation (session 3 or 4), and consider a referral (within no later than 8 to 10 visits).

The Excellence Challenge

Will you formally seek and use feedback to guide service delivery?
Step Three: Engaging in Deliberate Practice

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

Research indicates that performers (math, science, sports, chess, etc.) reliant on general cognitive strategies or inference methods behave expertly on almost no tasks;

Deep “Domain-Specific” Knowledge

• 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 includes:

• Working hard at overcoming “automatically”;
  a. Planning, strategizing, tracking, reviewing, and adjusting plan and steps;
  b. 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 minimum, with periods of rest in between;
  c. The best up to 4 hours per day.
• 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.).

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

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.
### Achieving Clinical Excellence: Deliberate Practice and Feedback

**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.

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<table>
<thead>
<tr>
<th>Severity Adjusted Effect Size (SACE score)</th>
<th>Freestial alliance</th>
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</table>
When scheduling a first appointment, provide a rationale for seeking client feedback regarding the alliance.

- Work a little differently;
- Want to make sure that you are getting what you need;
- Take the “temperature” at the end of each visit;
- Feedback is critical to success.

Restate the rationale at the beginning of the first session and prior to administering the scale.

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**Step One: Identify “at risk” case**

- Client scores a 40 on the SRS at the conclusion of the first visit.

**Step Two: Think**

- Develop a strategy
  1. Minimum 4 different gambits with 2 additional responses each;
  2. Connect the strategy to a specific target outcome.

**Step Three: Act**

- Conduct the session;
- 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**

- Review self-record;
- Identify specific actions and alternate methods to implement strategy.
- Review video: (stop/commit/imagine course and consequences/start)

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**The Excellence Challenge**

**Will you?**

**I WANT YOU TO TAKE ACTION!**