The Evolution of Psychotherapy: An Oxymoron

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The Evolution of Psychotherapy:  

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;


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The Evolution of Psychotherapy:

**Ev·o·lu·tion:**  
/ˌevəˈlo̱uSHən/  
Noun  
The gradual development of something, esp. from a simple to a more complex form.

**Pro·gress:**  
/ˈprægrəs,ˈpræɡ, res, prɔˌgres/  
Noun  
Forward or onward movement toward a destination.
The Evolution of Psychotherapy: So, what’s happened?


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).


The Evolution of Psychotherapy: Progress?

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


The Evolution of Psychotherapy: Progress?

- The largest study to date on the effect of experience on outcome;
- 75 Therapists followed over 17 years;
- On average outcomes declined over time.

The Evolution of Psychotherapy: Progress?

- Practitioners incomes in serious decline;
- Factoring in inflation, therapists earning one-third of what they did 10-15 years ago.
- Increasingly, direct services provided by minimally-trained, support personnel.


The Evolution of Psychotherapy: Progress?

- Use of psychotherapy declined by 35%;
- Use of pharmaceuticals increased by 75%.
Ex·tinc·tion
ik´stiNG(k)SHen/
Noun
The state or process of a species, family, or larger group being or becoming extinct.
Synonyms: dying out, disappearance, vanishing.

The Evolution of Psychotherapy:

Do Treatments vary in Efficacy?

• Meta-analysis of all studies published between 1980-Present 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.

The Evolution of Psychotherapy:
Do Treatments vary in Efficacy?

•Meta-analysis of all studies published between 1960-Present 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.


The Evolution of Psychotherapy:
Do Treatments vary in Efficacy?

•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;

The Evolution of Psychotherapy:
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).


The Evolution of Psychotherapy:
Diagnosis

“In the [last] thirty years, not one interaction theoretically derived from hypothesized client deficits has been documented robustly casting doubt on the specificity of psychological treatments.”

The Evolution of Psychotherapists:

• Some therapists achieve consistently better results than others;
• Differences between therapists consistently accounts for 5-9% of variability in treatment outcome;
• Differences persist when therapist competence is held constant and treatments are manualized;
• Difference is unrelated to age, gender, caseload, theoretical orientation, social skills, professional degree, years of experience, and time spent conducting therapy.

The Evolution of Psychotherapists:

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

The Evolution of Expertise:
How Top Therapists Improve?

The Streetlight Effect

The Evolution of Psychotherapy: How can Therapists Improve?
The Evolution of Psychotherapy:

**Nat·u·ral Se·lec·tion**

ˈnaCHəral/ saˈlekSHən/

“The process whereby organisms better adapted to their environment tend to survive.”

Top Performing Clinicians:

• Deliver more reliably effective treatment;
• Achieve 50% better outcomes;
• Suffer 50% fewer dropouts;
• Provide more value per dollar spent.

The Evolution of Expertise:

How Top Therapists Improve?

**De·lib·er·ate**

diˈlibarit/

Adjective

Done consciously and intentionally

**Prac·tice** praktas/

Noun

To carry out a particular activity regularly


Hours per week spent alone seriously engaging in activities related to improving therapy skills.
The Evolution of Expertise:
How Top Therapists Improve?


Deliberate Practice

Zone of “Proximal Development”:
• Reliable performance inconsistent
• Identification of errors, misperceptions
• Setting small process and outcome objectives
• Involves planning, rehearsal, reflection

Edge of Ability

Too Easy

Realm of “Reliable” Performance:
• Processes executed quickly, automatically
• Involves recognition, retrieval, execution

Too Difficult

Ambit of Admiration:
• Abilities of others appear flawless, magical, dramatic
• Effort and attention focused on easily recognized, but non-causal factors and/or processes (superstition)
• Risk of failure and injury high

The Evolution of Psychotherapists:

Exercise
Deliberate Practice

- 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.


Deliberate Practice

- Model & Technique (1%): Structure, explanation, strategy, ritual
- Hope & Allegiance (4%): Belief in the process and expectation of results
- Relationship (8-9%): Understanding, empathy, collaboration


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PLAN

- Goals, Meaning or Purpose
- Means or Methods
- Client's View of the Relationship
- Client Preferences

Baldwin et al. (2007):

- Study of 331 consumers, 81 clinicians.
- Therapist variability in the alliance predicted outcome.
- Consumer variability in the alliance unrelated to outcome.


The Evolution of Psychotherapists:

Severity Adjusted Effect Size
9000 cases

First/last alliance
• 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;
  • Not interested in perfect scores;
  • Feedback is critical to success.
• Restate the rationale at the beginning of the first session and prior to administering the scale.

The Evolution of Psychotherapists:

• Give at the end of visit;
• Each line 10 cm in length;
• Score in cm to the nearest mm;
• Discuss with client anytime total score decreases or falls below 36.
Getting Negative Feedback:

- Descriptive not evaluative
- Observations not inferences
- Specific not general
- Quantities not qualities
- Task not person-oriented
- Tied to the self-perceived needs of the receiver
- Concerned with behavior over which the receiver has control
- Clarified with the receiver

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PLAN

- 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.).
**PLAN**

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  - 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.

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**Empathy: Practicing Deliberately**

- **Think ahead**: Where are you going?
- **Be Specific**: How will you know you are heading that way? How will you know you have arrived?
- **Set up “if/then” contingencies**: If “X” happens, I will do “Y”
- **Write down your plan long hand**!
- **Plan for the repercussions**: What will happen if you fail? Succeed?
“Tell me how you want me to help. You come for therapy for a reason I believe, there must be something you hope to attain from this.”

Performance NOT correlated with Experience

“How can I help you understand the situation better? Do you have someone you can approach when you need help/feel distressed”

“Yes, so why do you think you keep coming to these sessions? And what would you like me to do for you?”

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**Empathy**

**EXPLICIT & IMPLICIT EMOTIONS**

- Target of Client’s Emotions
- Deepening of Specific Empathic Response
- Point Out Recurrent Themes

**Warmth, Acceptance, Understanding**

- Disarm by Agreement
- Taking Ownership
- Express Respect & Care for Client
- Intention vs. Effects

**Collaboration**

- Clarification: Check for Fit
- Reconnecting with Client’s Goal(s)
- Punctuation of Critical Juncture of Therapy
- Invitation for Future Collaboration
Difficult Conversations in Therapy (DCT)

![Graph showing data with error bars.](image)