

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;

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

Miller, S., Hubble, M., & Duncan, B. (2007). Supershrinks. Psychotherapy Networker, 31 (6), 36-45, 57.

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





The Evolution of Psychotherapy:

Ev·o·lu·tion:

/ˌevəˈlooSHən/

Noun

The gradual development of something, esp. from a simple to a more complex form.



Prog·ress:

/'prägrəs, 'präg res, 'pro gres/

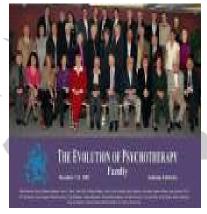
Noun

Forward or onward movement toward a destination.



So, what's happened?





Duncan, B., Miller, S., Wampold, B., & Hubble, M. (eds.) (2009). The Heart and Soul of Change: Delivering What Works. Washington, D.C.: APA
Miller, S.D., Hubble, M.A., Chow, D.L., & Seidel, J.A. (2013). The outcome of psychotherapy: yesterday, today, and

tomorrow. Psychotherapy, 50, 88-97.

Wampold, B.L. (2001). The great psychotherapy debate. Mahwah, NJ: LEAPress.



The Evolution of Psychotherapy:

Progress?

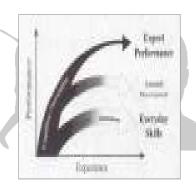
- •In most studies of treatment conducted over the last 40 years, the average treated person is better off than 80% of the untreated sample.
- •The outcome of behavioral health services equals and, in most cases, exceeds medical treatments.
- •On average, mental health professionals achieve outcomes on par with success rates obtained in randomized clinical trials (with and without comorbidity).

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.

Progress?

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



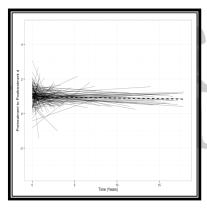
Ericsson, K.A., Charness, N., Feltovich, P. & Hoffman, R. (eds.). (2006). The Cambridge Handbook of Expertise and Expert Performance (pp. 683-704). New York: Cambridge University Press. Nyman, S. et al. (2010). Client outcomes across counselor training level within multitiered supervision model. Journa of Counselina and Develoament. 88, 204-209.

Malouff, J. (2012). The need for empirically supported psychology training standards. Psychotherapy in Australia, 18(3), 28-32.

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

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.



Goldberg, S.B., Rousmaniere, T., Miller, S.D., Whipple, J., Nielsen, S.L., Hoyt, W.T., & Wampold, B.E. (2016). Do psychotherapists improve with time and experience? A longitudinal analysis of real world outcome data. Journal of Counseling Psychology, 63, 1-11.

WHITTEN AND THE STREET

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.



APA (2010). Psychology salaries decline. APA Monitor, 41(4), 11.

Carr, C. (March 26, 2006). Mental health theapists face financial stress as fees stagnate. New York

Times. http://www.nutimes.om/2006/03/26/06/x/5@innch.thml? r=0. Retrieved November 27, 2013.

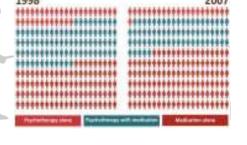
Grodzki, L. (September/October 2013). Yesterday's patients are today's educated consumers.

http://www.psychotherapynetworker.org/magazine/recentissues/2013-sepoct/item/2242-shopping-for-therapy. Retrieved December 2, 2013.

The Evolution of Psychotherapy:

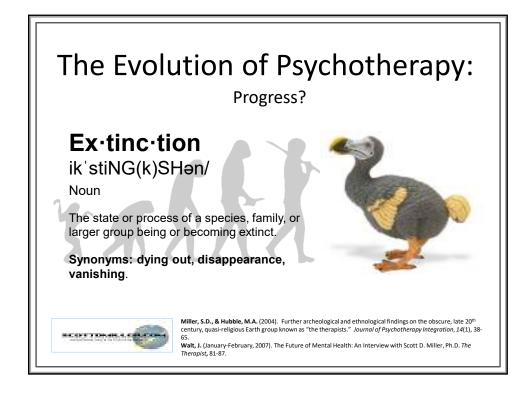
Progress?

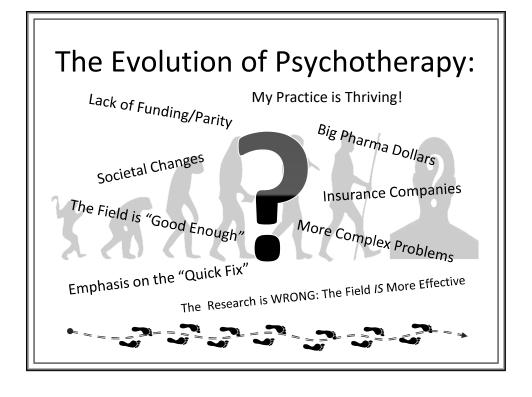
- Use of psychotherapy declined by 35%;
- •Use of pharmaceuticals increased by 75%.

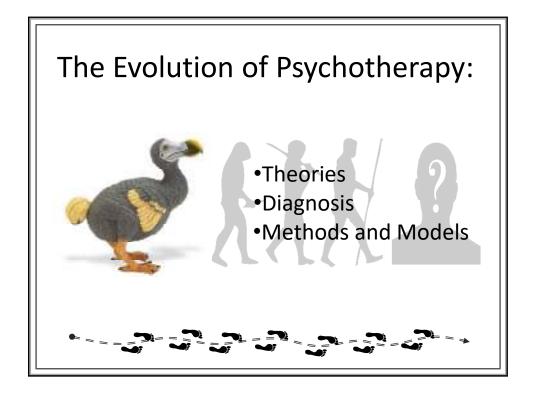


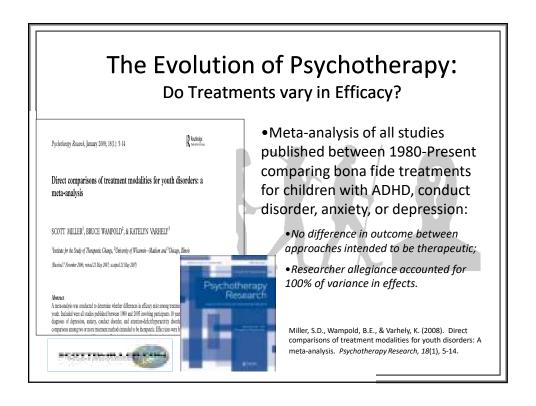
Ferro, S. (August 21, 2013). Three ways to save psychotherapy. Popular Science. http://www.popsci.com/science/article/2013-98/3-ways-sove-psychotherapy. Retrieved November 27, 2013. Grobol, J.M. (2009). Antidepressant use up 75 percent.

http://psychcentral.com/news/2009/08/03/antidepressant-use-up-75-percent/7514.html, Retrieved November 27, 2013. HERTTONINA LEGISTRA









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.



Imel, Z., Wampold, B.E., Miller, S.& Fleming, R.. (2008). Distinctions without a difference. Psychology of Addictive behaviors, 22(4),533-543.

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;



Bemish, S., Imel, Z., & Wampold, B. (2008). The relative efficacy of bona fide psychotherapies for treating psttraumatic stress disorder: A meta-analysis of direct comparisons. *Clinical Psychology Review, 28,* 746-758.

Do Treatments vary in Efficacy?





- No difference in outcome between approaches intended to be therapeutic on both direct and indirect measures;
- $\bullet D = .00$ (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).



Bemish, S., Imel, Z., & Wampold, B. (2008). The relative efficacy of bona fide psychotherapies for treating psttraumatic stress disorder: A meta-analysis of direct comparisons. *Clinical Psychology Review, 28,* 746-758.

The Evolution of Psychotherapy:

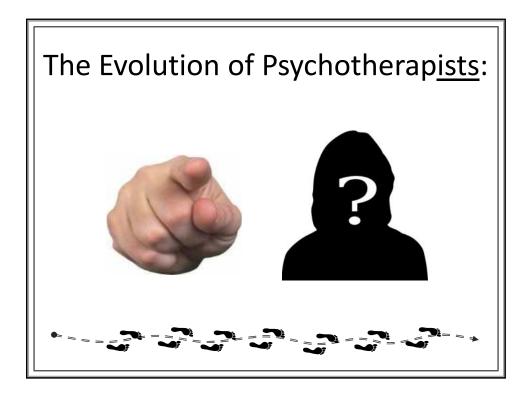
Diagnosis



"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."



Wampold, B., & Imel, Z. (2015). *The Great Psychotherapy Debate* (2nd Ed.). New York: Taylor and Francis.

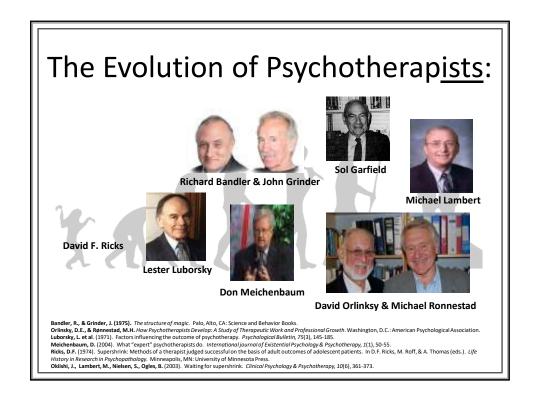


- •Some therapists achieve consistently better results than others;
- •Differences between therapists consistently accounts for 5-9% of variability in treatment outcome;
- •Differences persist when therapist competence is held constant and treatments are manualized;
- •Difference is unrelated to age,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

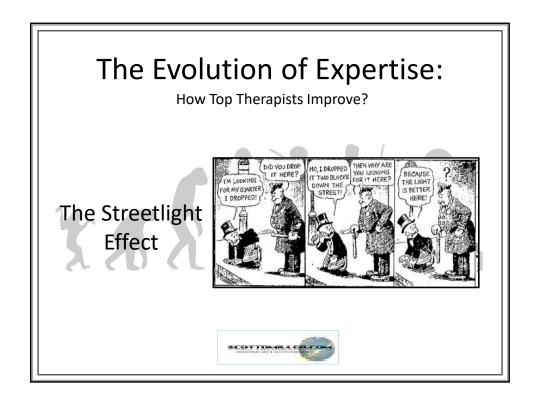
Miller, S., Hubble, M., & Duncan, B. (2007). Supershrinks: Learning from the field's most effective practitioners. *Psychotherapy Networker*, *31*(6), 26-35, 56 Chow, D., Miller, S. D., Kane, R., & Thornton, J. (n.d.). The study of supershrinks: Development and deliberate practices of highly effective psychotherapists. Manuscript in preparation.

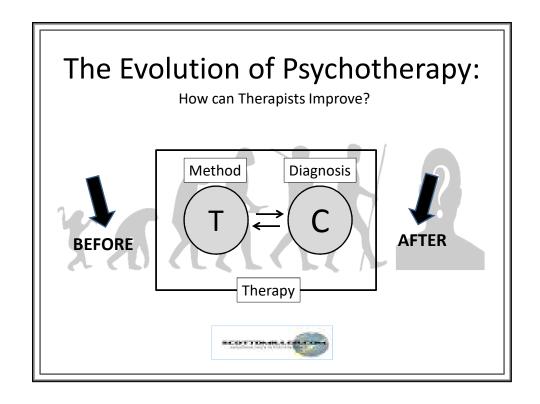












Nat·u·ral Se·lec·tion

'naCHərəl/ sə'lekSHən/

"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?

<u>De·lib·er·ate</u>

di'libərit/

Adjective

Done consciously and intentionally

Prac·tice praktas/

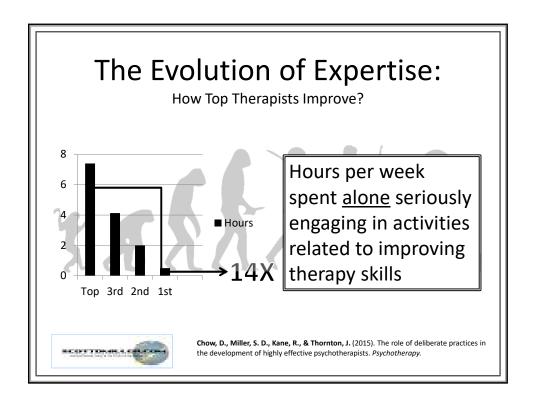
Nour

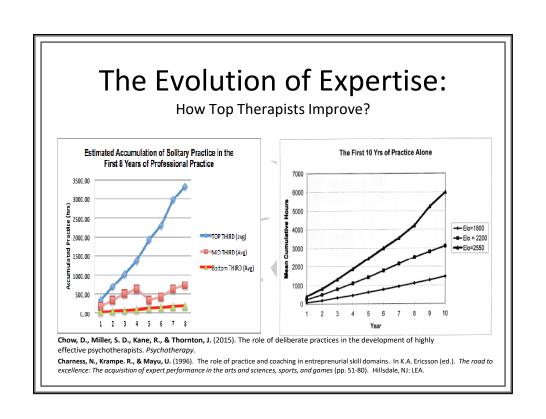
To carry out a particular activity regularly

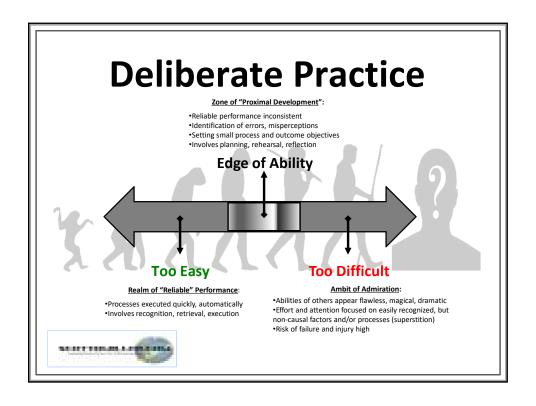
Hours per week spent <u>alone</u> seriously engaging in activities related to improving therapy skills

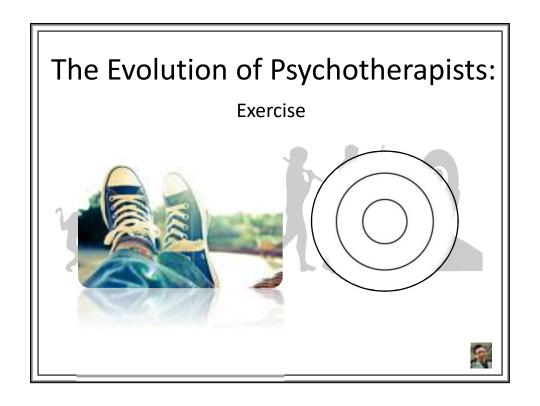


Chow, D., Miller, S. D., Kane, R., & Thornton, J. (2015). The role of deliberate practices in the development of highly effective psychotherapists. *Psychotherapy*.









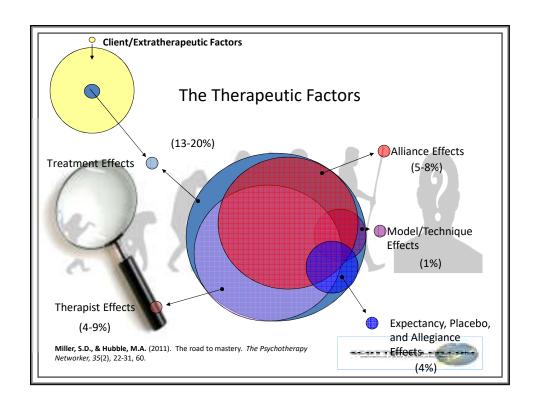
Deliberate Practice





- 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.

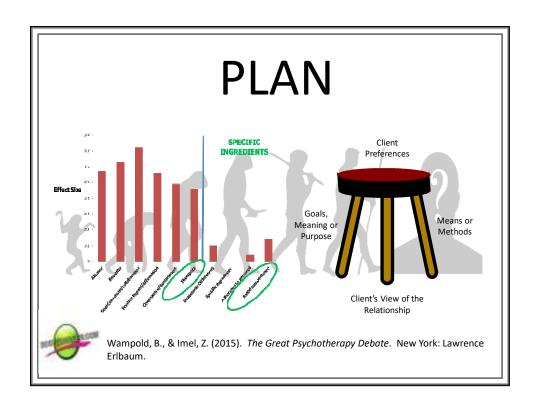


Deliberate Practice

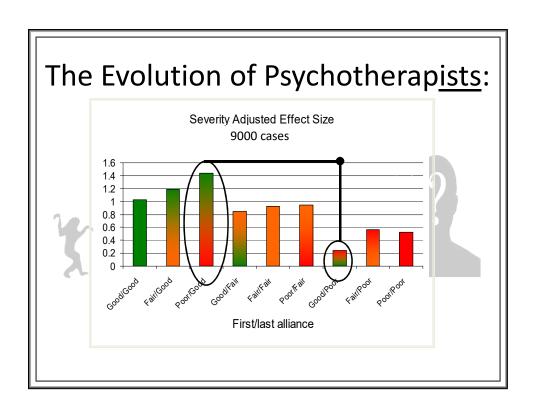
- •Model & Technique (1%): Structure, explanation, strategy, ritual
- •Hope & Allegiance (4%): Belief in the process and expectation of results
- •Relationship (8-9%): Understanding, empathy, collaboration



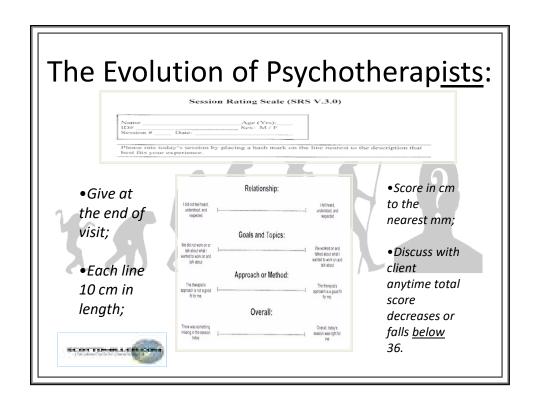
Wampold, B., & Imel, Z. (2015). *The Great Psychotherapy Debate*. New York: Lawrence Erlbaum.







The Evolution of Psychotherapists: Session Rating Scale (SRS V.3.0) Name | Na



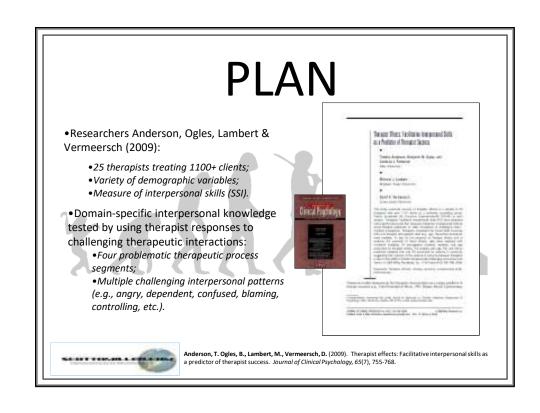
Getting Negative Feedback:

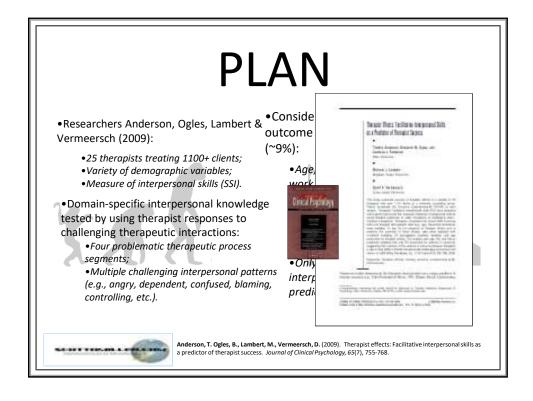


- •Descriptive not evaluative
- •Observations not inferences
- Specific not general
- •Quantities not qualities
- •Task not person-oriented
- •Tied to the self-perceived needs of the receiver
- •Concerned with behavior over which the receiver has control
- •Clarified with the receiver

INTERNATIONAL CENTER

FOR CLINICAL EXCELLENCE





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?

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FOR CLINICAL EXCELLENCE



