

GOOD THERAPY IS HARD WORK: SUPERSHRINKS AND FEEDBACK LOOPS

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LEARNING OBJECTIVES

1. What factors determine better outcomes in therapy?
2. What are common mistakes therapists make that can be easily corrected?
3. What does good therapy look like and how can we consistently embrace this model?

Supershrinks: What is the secret of their success?

SCOTT D. MILLER, MARK HUBBLE and BARRY DUNCAN
PSYCHOTHERAPY IN AUSTRALIA • VOL 14 NO 4 • AUGUST
2008

Clients of the best therapists improve at a rate at least 50 per cent higher and drop out at a rate at least 50 per cent lower than those of average clinicians. What is the key to superior performance? Are 'supershrinks' made or born? Is it a matter of temperament or training? Have they discovered a secret unknown to other clinicians or are their superior results simply a fluke, more measurement error than reality? We know that *who* provides the therapy is a much more important determinant of success than *what* treatment approach is provided. The age, gender, and diagnosis of the client has no impact on the treatment success rate, nor does the experience, training, and theoretical orientation of the therapist. In attempting to answer these questions, MILLER, HUBBLE and DUNCAN, have found that the best of the best simply work harder at improving their performance than others and attentiveness to feedback is crucial. When a measure of the alliance is used with a standardized outcome scale, available evidence shows clients are less likely to deteriorate, more likely to stay longer, and twice as likely to achieve a change of clinical significance.

WHAT THINGS DON'T MATTER?

- Patient demographics – age, gender, background
- Clinician demographics – age, gender, background, **EXPERIENCE!**
- Type of therapeutic model

Do Psychotherapists Improve With Time and Experience? A Longitudinal Analysis of Outcomes in a Clinical Setting

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Objective: Psychotherapy researchers have long questioned whether increased therapist experience is linked to improved outcomes. Despite numerous cross-sectional studies examining this question, no large-scale longitudinal study has assessed within-therapist changes in outcomes over time. **Method:** The present study examined changes in psychotherapists' outcomes over time using a large, longitudinal, naturalistic psychotherapy data set. The sample included 6,591 patients seen in individual psychotherapy by 170 therapists who had on average 4.73 years of data in the data set (range = 0.44 to 17.93 years). Patient-level outcomes were examined using the Outcome Questionnaire-45 and a standardized metric of change (prepost d). Two-level multilevel models (patients nested within therapist) were used to examine the relationship between therapist experience and patient prepost d and early termination. Experience was examined both as chronological time and cumulative patients seen. **Results:** Therapists achieved outcomes comparable with benchmarks from clinical trials. However, a very small but statistically significant change in outcome was detected indicating that on the whole, therapists' patient prepost d tended to diminish as experience (time or cases) increases. This small reduction remained when controlling for several patient-level, caseload-level, and therapist-level characteristics, as well as when excluding several types of outliers. Further, therapists were shown to vary significantly across time, with some therapists showing improvement despite the overall tendency for outcomes to decline. In contrast, therapists showed lower rates of early termination as experience increased. **Conclusions:** Implications of these findings for the development of expertise in psychotherapy are explored.

Keywords: expertise, therapist effects, therapist experience, psychotherapy training, clinical feedback

Supplemental materials: <http://dx.doi.org/10.1037/cou0000131.supp>

7 WHAT DOES MATTER?

- Determining your base line effectiveness
- Deliberate practice
- Getting feedback – “depends on and is informed by the others, working in tandem to create a ‘cycle of excellence’.”

FIRST, DOES THERAPY EVEN WORK?

Service sector	Patients <i>n</i>	RCSI <i>n</i> (%)	Reliable improvement <i>n</i> (%)	Pre-treatment score Mean (s.d.)	Post-treatment score Mean (s.d.)	Pre-post difference ^a Mean (s.d.)	Effect size ^b
All clients	26 430	15 858 (60.0)	21 116 (79.9)	18.99 (5.24)	9.10 (6.28)	9.89 (6.48)	1.89
Primary	8788	5528 (62.9)	7258 (82.6)	19.36 (5.22)	8.73 (6.25)	10.63 (6.51)	2.03
Secondary	1071	386 (36.0)	707 (66.0)	21.47 (6.20)	13.75 (8.28)	7.72 (7.17)	1.47
Tertiary	68	18 (26.5)	35 (51.5)	20.17 (5.65)	14.41 (7.23)	5.76 (6.86)	1.10
University	4595	2740 (59.6)	3665 (79.8)	18.51 (5.12)	9.03 (5.57)	9.48 (6.13)	1.81
Voluntary	5225	2985 (57.1)	4032 (77.2)	18.76 (5.30)	9.46 (6.38)	9.29 (6.51)	1.77
Workplace	6459	4035 (62.5)	5221 (80.8)	18.58 (4.98)	8.56 (5.98)	10.02 (6.36)	1.91
Private	224	166 (74.1)	198 (88.4)	18.89 (5.00)	7.84 (5.26)	11.05 (5.82)	2.11

RCSI, reliable and clinically significant improvement.

a. All pre-post differences were significant by paired t-test, $P < 0.001$.

b. Mean difference divided by whole-sample pre-treatment standard deviation (5.24).

Stiles WB, Barkham M, Wheeler S. Duration of psychological therapy: Relation to recovery and improvement rates in UK routine practice. *British Journal of Psychiatry*. 2015;207(2):115-122. doi:10.1192/bjp.bp.114.145565

9 INDEED, WITH CAVEATS

- 60% have significant clinical improvement
- 30%+ don't improve
- 5%+ get worse!!!

These are still strong outcomes with strong effect sizes but keep in mind, supershrinks probably have improvement rates above 80%.

CLINICIAN ABILITY TO DETECT DETERIORATION

Hatfield, D., McCullough, L., B. Frantz, S. H., & Krieger, K. (2010). Do we know when our clients get worse? An investigation of therapists' ability to detect negative client change. *Clinical Psychology & Psychotherapy*, 17(1), 25-32.
<https://doi.org/10.1002/cpp.656>

Therapists did not perform well in identifying client deterioration without objective assessment/feedback tools.



WHAT'S GOING ON HERE?

“As the research by Hiatt and Hargrave shows, a more serious problem is when therapists do not know how they are performing or, worse, think they know their effectiveness without outside confirmation”

PG 19 - MILLER, HUBBLE and DUNCAN - PSYCHOTHERAPY IN
AUSTRALIA • VOL 14 NO 4 • AUGUST 2008

What makes a super shrink?

1. Possess a keen 'situational awareness':
2. Observant, alert, and attentive.
3. compare new information constantly with what they already know.

GIFTS

PROVIDING
THERAPISTS
REAL TIME
FEEDBACK

SHARE
YOUR
BASELINE
WITH
CLIENTS



SOLICITING CRITICISM IMPROVES OUTCOMES

“Supershrinks, as our own research shows, are exquisitely attuned to the vicissitudes of client engagement. In what amounts to a quantum difference between themselves and average therapists, they are more likely to ask for and receive negative feedback about the quality of the work and their contribution to the alliance.”

GETTING STARTED- DELIBERATE PRACTICE



- Building in checkpoints
- Asking for feedback with goal of getting negative feedback or barriers identified
- Plan for failure – what could go wrong?
How would you know?
- Reflect on each case each day? What did miss? How could you have been more effective
- With the client – am I missing something?

EASY STEPS: RECEIVE



Respond warmly/positively

Explore need/explain process

Check in and get permission

Expect to adjust your approach

Include client in your thoughts/actions

Validate emotional content

Evaluate and adjust as needed*****

THE OUTCOME RATING SCALE (ORS)

- ORS: A one-minute, four-question survey that clients complete at the beginning of a session. It measures the client's progress, distress, and functioning.
- Looking back over the last week ...
 - Individually
 - Interpersonally
 - Socially
 - Overall

THE SESSION RATING SCALE (SRS)

- This scale is a visual analog scale that assesses the therapeutic relationship by gathering information about the client's perceptions of the relationship, goals, topics, and approach to treatment. The SRS is administered, scored, and discussed at the end of each session.
- Questions about
 - Relationship
 - Goals
 - Approach/Topic
 - Overall

YALOM - 2017

- Authentic Healing Relationships is key
- We cannot anticipate what will or will not be key
- DX may impair or distort understanding
- Existential crisis MORE common and important
- Don't lose sight of whole person
- The goal is helping on how to have a meaningful life

A man with grey hair, wearing a light-colored shirt, is sitting on the ground with his back to the camera, leaning against the thick trunk of a tree. He has a dark bag or backpack on the ground next to him. The scene is set in a field of dry grass and small rocks, with a warm, golden light suggesting late afternoon or early morning. The background is a soft-focus landscape of rolling hills.

**THE MOST VALUABLE THING
WE HAVE TO OFFER IS
OUR PRESENCE.**

**STOP TRYING TO THINK OF
SOMETHING WISE AND CLEVER.**

**YOUR JOB IS SIMPLY TO
OFFER YOUR FULL PRESENCE.**

- Irvin Yalom

BECAUSE WE MAY
NEVER KNOW WITH
PRECISION HOW WE HAVE HELPED,
WE THERAPISTS
HAVE TO LEARN TO
LIVE COMFORTABLY
WITH MYSTERY
AS WE ACCOMPANY PATIENTS ON
THEIR JOURNEY OF
SELF-DISCOVERY.

•••

Irvin Yalom

YALOM CONTINUED

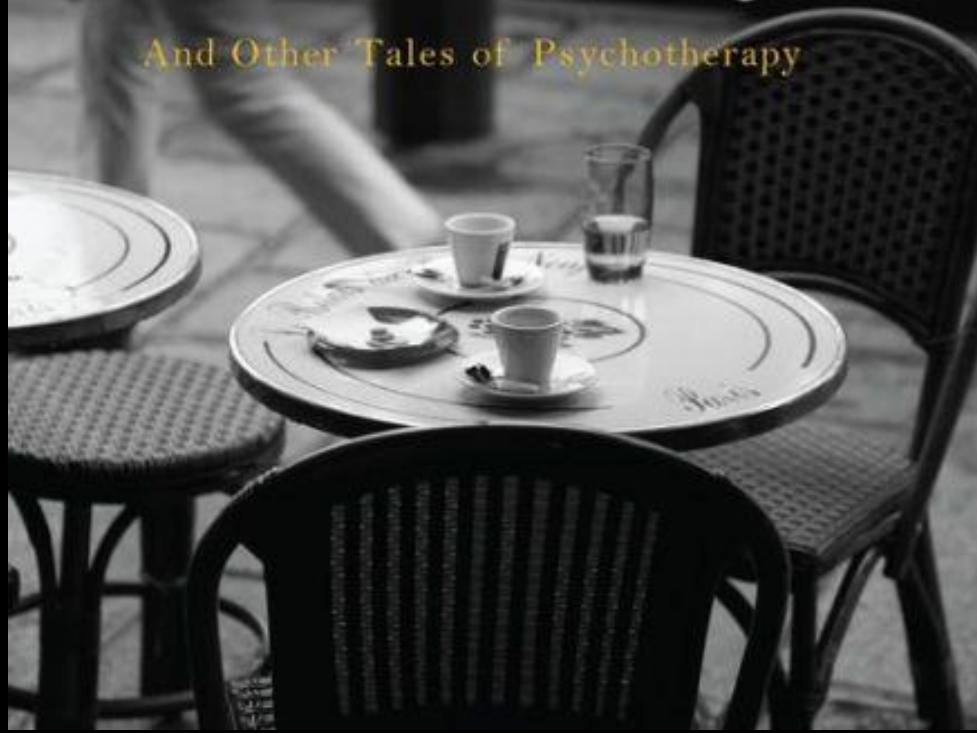
- PROCESS CHECKS
 - What is state of our encounter in the moment
 - Do you have questions for me?
 - Comment on relationship
 - Honest and transparent with focus on BOND between

Irvin D. Yalom

Author of Love's Executioner

Creatures of a Day

And Other Tales of Psychotherapy

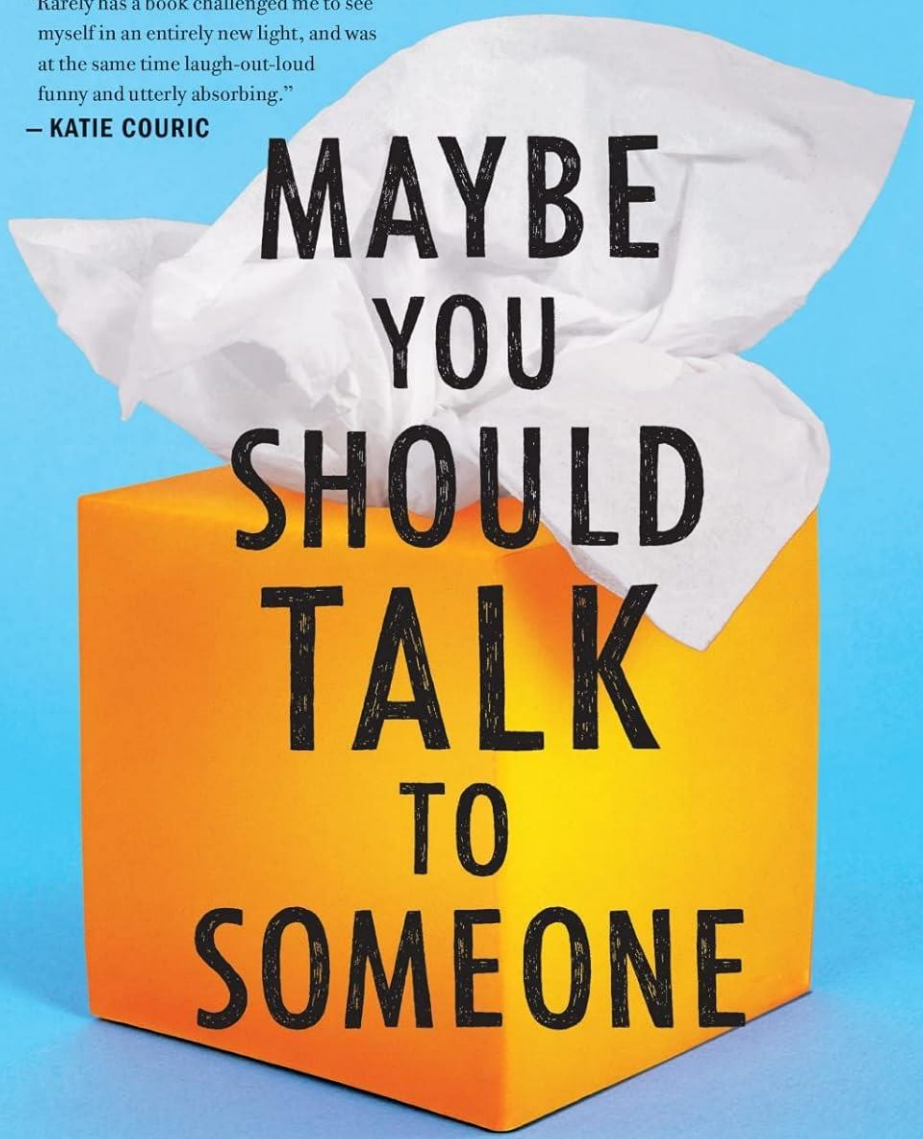


A NEW YORK TIMES BESTSELLER

Lori Gottlieb

"Rarely has a book challenged me to see myself in an entirely new light, and was at the same time laugh-out-loud funny and utterly absorbing."

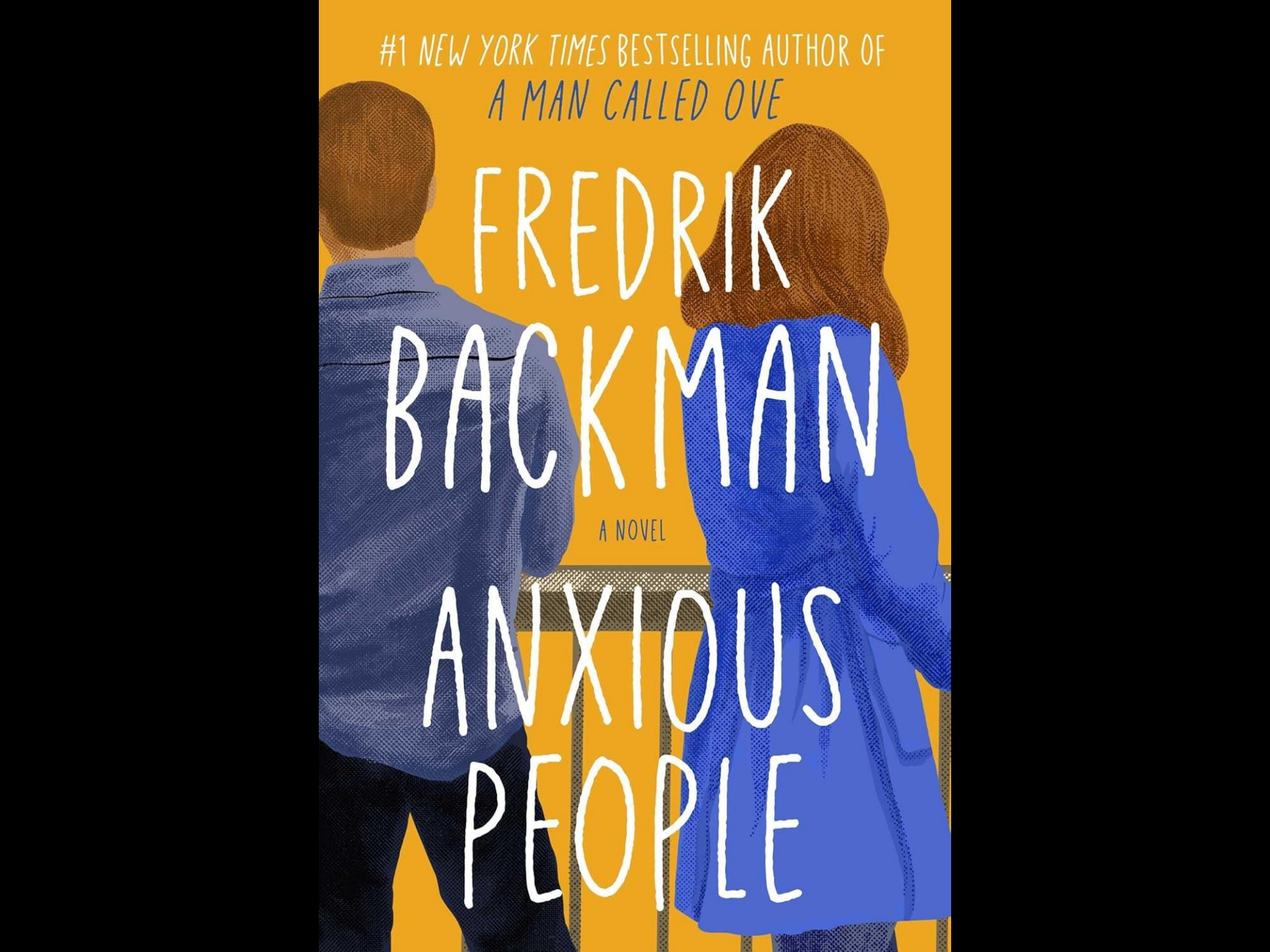
— KATIE COURIC



MAYBE
YOU
SHOULD
TALK
TO
SOMEONE

A Therapist, *Her* Therapist, and Our Lives Revealed

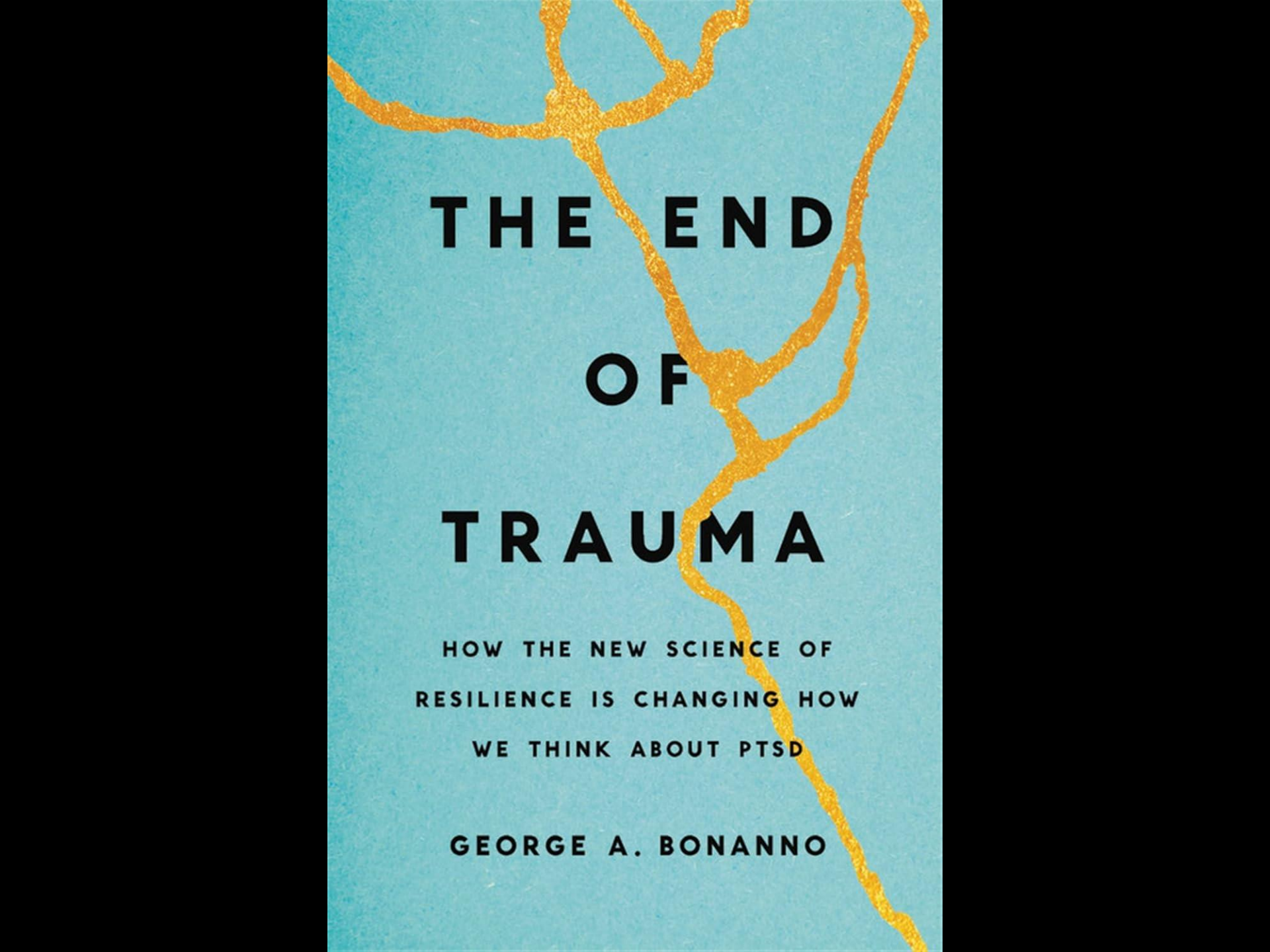
#1 NEW YORK TIMES BESTSELLING AUTHOR OF
A MAN CALLED OVE



FREDRIK
BACKMAN

A NOVEL

ANXIOUS
PEOPLE



**THE END
OF
TRAUMA**

HOW THE NEW SCIENCE OF
RESILIENCE IS CHANGING HOW
WE THINK ABOUT PTSD

GEORGE A. BONANNO

THE RESILIENCY PARADOX AND THE FLEXIBILITY SEQUENCE (BONANNO, 2021)

We have not been able to identify reliable correlates of resilience and stacking numerous related variables produces mediocre predictions because there is too much situational variability in stress responses and cost-benefit relationships of behavioral adjustment are inherently complex.

FLEXIBILITY SEQUENCE

- **Context Sensitivity:** What is happening? What do I need?
- **Repertoire:** What am I able to do? What have I done in the past?
- **Feedback monitoring:** Is this working? Adjust, replace, alter and repeat sequence if necessary.

