

Feedback Informed Treatment

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Welcome!!!

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- *Healthy lives,*
- *Safe communities*



Focus

- Background
- Describe Feedback-Informed Treatment (FIT)
 - FIT's place in current context of evidence-based practice
 - Discuss importance of knowing one's baseline
 - Describe two measures for measuring the therapeutic alliance and outcomes
 - Describe the "deliberate practice" of FIT
- Case Examples along the way

Why research is important



Shoulders of giants



Background

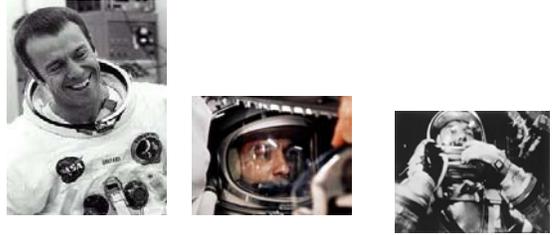
The Bottom Line

The hand that wields the scalpel is more important than where that hand went to school

• Scott Miller, 2010

Astronaut Alan Shepard

- Famous for the self-statement that would become known as “Shepard’s Prayer”



Case Analysis

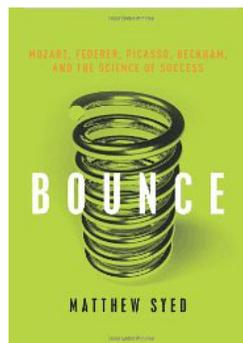
- Hired for his confidence and competence
 - An apparent hero
- Worked as hard for his goal as anyone ever
- Never doubted that success was in reach
- But was still aware that failure was possible
- Possessed deep domain-specific knowledge
- Summary: Had “The Right Stuff”, but don’t be fooled by his confidence and competence!

How does it work in other fields ?

- Practice is the key
 - Top musicians work at least 4hrs a day honing their craft
 - Top diagnosticians check back on their results
 - Top chess players read and play out chess games
 - Top athletes train based on video review
 - Top scientists constantly look to prove themselves wrong

Matthew Syed

- Bounce



Major Problem

- We live in an error-phobic culture
 - It is typical for students to be more concerned with getting an A than with learning to be better

K. Anders Ericsson

- *The enemy of excellence is proficiency.*



Shaun Quimby

- *Hey David, I could really use your thoughts on something. I have this really challenging case...*
- Final analysis:
- Shaun saves the day



Shaun's early days...



- Deliberate practice

One step further...

- **THINK:** Identify a problem; write out four possible responses you might give to a client; anticipate responses the client might give you; compare and select best apparent choice
- **ACT:** Try it out
- **REFLECT:** Actively review session. What went well? What did you skip? How can that inform your work?
 - Honor thy mistake as a hidden intention
- Rinse and repeat

Example: Me

- My case example
- Familiar? Ever had one of those months?
- Timing of contributions (e.g. not pouncing)
- Ensuring all documentation is available at intake
- Ensuring that family contact does not compromise client privacy or the relationship.
- Special focus on securing consult earlier in situations where clients present with high initial ORS scores (I'll explain)

Problem

- Even when we ask clients for their feedback, we often still don't learn!



Pogo Possum



Feedback-Informed Treatment

- Good news:
 - The average client in therapy winds up better off generally than 80% of those who don't enter
 - Mandated clients generally respond as well as voluntary clients
- Bad News:
 - Dropout rates range between 40-50%
 - 10% of clients get worse, and clinicians are rarely able to identify them.

Walfish et al 2010 (unpublished)

- No differences in how clinicians rated their overall skill level and effectiveness levels between disciplines.
- On average, clinicians rated themselves at the 80th percentile
- Less than 4% considered themselves average
- No one rated themselves below average
- Only 8% rated themselves lower than the 75th percentile
- 25% rated their performance at the 90th or higher compared to their peers

Dirty little secrets

- ... from outcome studies
 - More difference between the best and the worst therapists **within** any treatment method, than there is **between** treatment methods
 - Some therapists are better than others
 - Hiatt & Hargrave (1995) asked therapists to estimate their effectiveness in a treatment study
 - The LEAST effective therapists rated themselves as being among the most helpful

Are you experienced?

- Paul Clement (2008) analyzed his 40 year career as a therapist
- 683 cases, falling in 84 different DSM categories
- "I had expected to find that I had gotten better and better over the years...*but my data failed to suggest any...change in my therapeutic effectiveness across the 26 years in question.*"

Just one guy?



Wampold & Brown (2005)

- 581 therapists
- 6,146 real world clients
- Average sessions = 10
- 46% depression, 30% adjustment disorder, 11% anxiety, plus other diagnoses
- Who got the best outcomes?
 - Training makes no difference
 - Profession makes no difference
 - EXPERIENCE makes no difference
 - Diagnosis makes no difference

Proficiency versus Excellence

- Proficiency in most fields can be obtained within 6 months
- The same goes for therapy
 - Most people are at their most effective 1 year after licensing/registration
 - Confidence improves throughout career
 - Competence does not

Example: John



- Clinician
- History of being perceived as arrogant and unresponsive
- Job involves collateral contact
- Whatever the truth may be: It is what it is
- What matters is the client's perspective
- Established a supervisory process of TAR:
 - Think, Act, Reflect

FIT in Context

Evidence-Based Practice

- “Evidence-based practice in psychology is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.”
- *American Psychologist*, May 2006.



FIT defined

- Pantheoretical approach for evaluating and improving the quality and effectiveness of behavioral health services
- Involves routinely and formally soliciting feedback from consumers regarding the therapeutic alliance and outcome
- Uses the resulting information to inform and tailor service delivery
- Consistent with and operationalizes the American Psychological Association's (APA) definition of evidence-based practice...

FIT defined

- FIT involves “the integration of the best available research...and monitoring of patient progress (and of changes in the patient’s circumstances – e.g., job loss, major illness) that may suggest the need to adjust the treatment...(e.g., problems in the therapeutic relationship or in the implementation of the goals of the treatment)”

Problem

- Even when we ask clients for their feedback, we often still don’t learn!



The Goal

- Culture of feedback
- Integrating alliance and outcome data into clinical care
- Failing successfully



Culture of feedback

- Superior therapists elicit more negative feedback
- Atmosphere in which clients are free to rate their experiences
 - Without retribution
 - With a hope of having an impact
- Beyond displaying openness, this involves introducing the measures thoughtfully and thoroughly
- It is not just another form to fill out!

Example

- Anker, Duncan, & Sparks (2009) in JCCP
- Couples therapy (n = 410)
- Feedback condition
 - nearly 4 times the rate of clinically significant change
 - maintained a significant advantage at 6-month follow-up while attaining a significantly lower rate of separation or divorce.



Miller, Duncan, et al. 2006

- 75 therapists and 6,424 clients over two years
- Formal, ongoing feedback about the alliance and progress in treatment resulted in significant improvements
 - client retention and outcome
- clients of therapists who did not seek feedback regarding the alliance were three times less likely to return for a second session and had significantly poorer outcomes

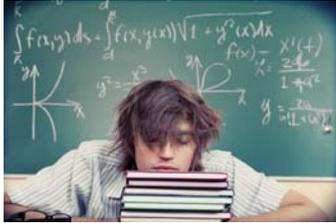
FIT

- Knowing our base rates
- The importance of feedback
- Deliberate practice
 - Think
 - Act
 - Reflect



Deliberate Practice

- The specifics:
 - Think
 - Act
 - Reflect
- TAR



One step further...

- **Think** Identify a problem; write out four possible responses you might give to a client; anticipate responses the client might give you; compare and select best apparent choice
- **Act** Try it out
- **Reflect** Actively review session. What went well? What did you skip? How can that inform your work?
 - Honor thy mistake as a hidden intention
 - Repeat these steps

Example: Me

- Ensuring safety and connection at start of sessions
- Identifying ambivalence earlier in session
- Improving the balance of ORS score exploration and respecting client narrative

Measuring Outcome and Alliance

What predicts change?

- Early change in therapy
 - Clients who do not see gains quickly tend to drop out
 - Around 20% just stay in therapy indefinitely
- Therapeutic Alliance
 - Feeling heard, respected, and understood
 - Agreed-upon goals
 - Agreed-upon methods
 - Client preferences

Why do we measure progress?

- Studies where therapists have had accurate information as to client progress have consistently shown outcomes improve for clients
- Effectiveness increases and negative outcomes reduce significantly
- Having a formal system of monitoring client progress improves outcomes by 30%

How do we measure progress?

- Objective measures
 - Clients who are not improving and likely to drop out
 - Clients who have made gains quickly and are likely to drop out or have trouble progressing
 - Clients who are getting worse
- Asking how have things been is not the same thing

Outcome Rating Scale

Overall:
(General sense of well-being)

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Individually:
(Personal well-being)

-----|

Interpersonally:
(Family, close relationships)

-----|

Socially:
(Work, School, Friendships)

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Session Rating Scale

I did not feel heard, understood, and respected.	Relationship	I felt heard, understood, and respected.
We did not work on or talk about what I wanted to work on and talk about.	Goals and Topics	We worked on and talked about what I wanted to work on and talk about.
The therapist's approach is not a good fit for me.	Approach or Method	The therapist's approach is a good fit for me.
There was something missing in the session today.	Overall	Overall, today's session was right for me.

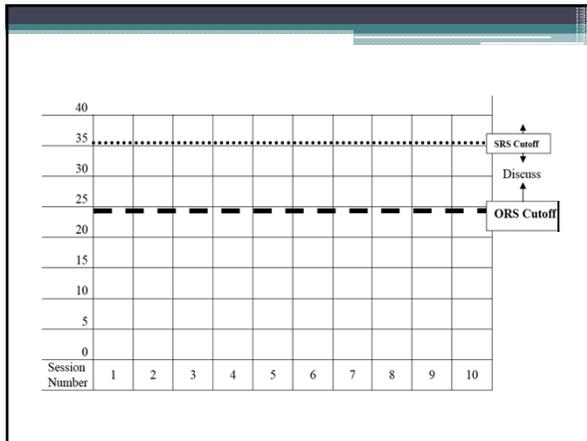
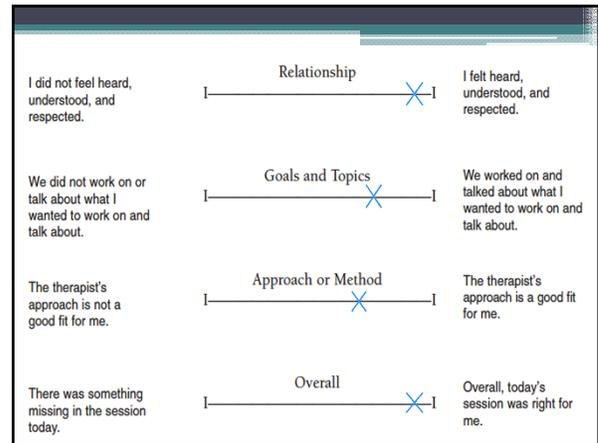
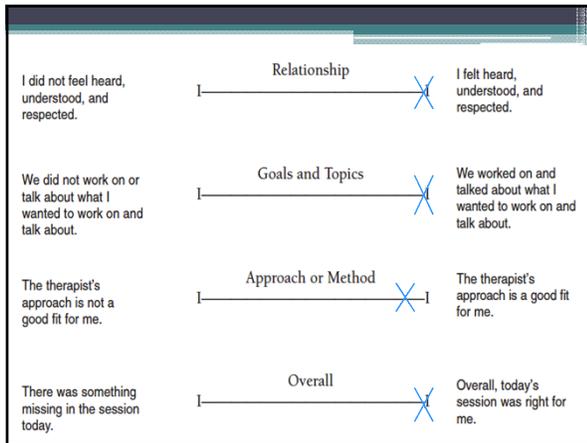
Learning to administer the SRS

Self-examination

- Individually
 - Write a brief introduction to the SRS that YOU would use with a client (no longer than 50 words)
- Small Groups
 - Read your introduction to a colleague
- Feedback
 - Write down anything in this introduction that you would like to do better
 - Ask your partner for feedback

Session Rating Scale

I did not feel heard, understood, and respected.	Relationship	X	I felt heard, understood, and respected.
We did not work on or talk about what I wanted to work on and talk about.	Goals and Topics	X	We worked on and talked about what I wanted to work on and talk about.
The therapist's approach is not a good fit for me.	Approach or Method	X	The therapist's approach is a good fit for me.
There was something missing in the session today.	Overall	X	Overall, today's session was right for me.

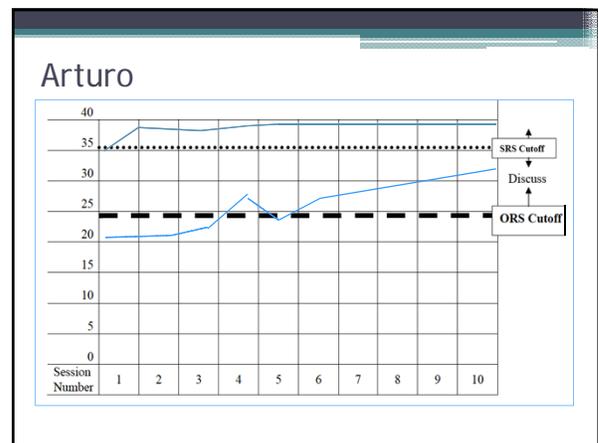


Arturo, 17

- Sexual abuse of two children three years previous. Assessment showed him to be low risk
- Others' goals = no more victims
- My goal was building a better life
- His goal was getting others off his back
- As Jay Haley observed: The problem is being in therapy

Arturo's initial ORS

- Scored at 31; cause for concern
- Discussed situational factors throughout first session and arrived at 21
- SRS was 35. Discussed how he was mostly angry about having to be in treatment at all
- Arrived at goal of showing others he was not who he had been three years earlier.
- ORS and SRS both improved



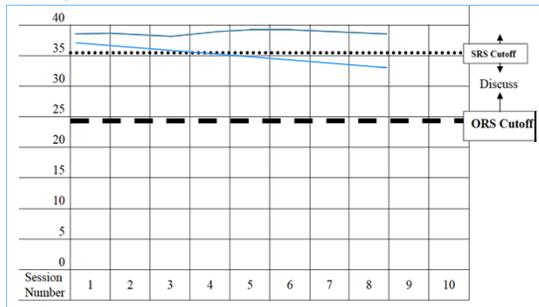
Arturo and deliberate practice

- I had to review the goal before each session and intersperse it throughout in order to keep it alive and ensure it wasn't just a token goal
- Arturo was able to discuss what happened because as far as he was concerned he had a new identity. He had a plan for preventing sexual aggression and for preventing allegations

Eric, 12

- Trauma and physical aggression, at home and school; had assaulted children at church
 - Explained limits on confidentiality
- Initial ORS score of 38 (at risk)
- SRS was 38. Said I would do better if I took him out to McDonald's
- Wouldn't discuss his scores:
 - Would describe situations at home, school, community; massive disparity with scores

Eric



Eric: Teaching point

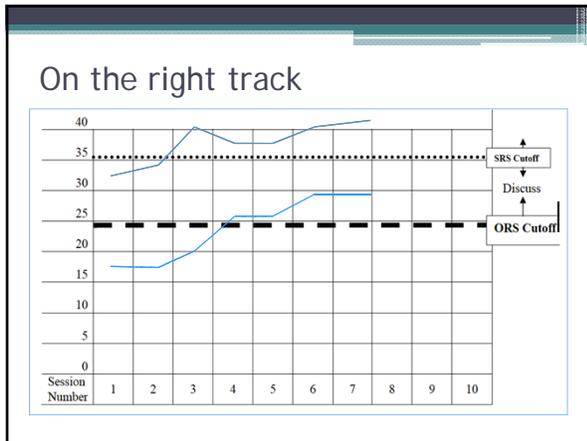
- By using the scales as a tool for clinical dialog, I was able to pick up on risk for dropout and trouble earlier than I might have.
 - After all, I was enthusiastic to provide treatment
 - Others were too, despite lack of success
- We continued for several sessions, still no dialog on the feedback measures.

Eric: TAR

- Mistake: Talked to father. Inferred violation of trust
- Action plan of emphasizing I'm Eric's therapist and not his father's; Emphasized a calm and soothing approach.
- It worked, but only to the point where he described homicidal intent and no safety plan
- Out of concern for younger people, I called for a team meeting. Beyond my inability to reach Eric, the safety concerns were over-arching.

The Moral

- Local ethical codes left me with no choice
- I might have been the wrong therapist, but I accurately predicted that things might get worse.
- I might have been the wrong therapist, but thanks in part to the ORS & SRS I was the right clinician!
- The others who were waiting patiently for him to become safer would have waited a long time at great expense.



- ### Putting it all together
- Organizations that have implemented the FIT approach have seen the following benefits
 - Drop out rates reduced by 50%
 - Effectiveness of therapy increased by 65%
 - Complaints about staff reduced to zero

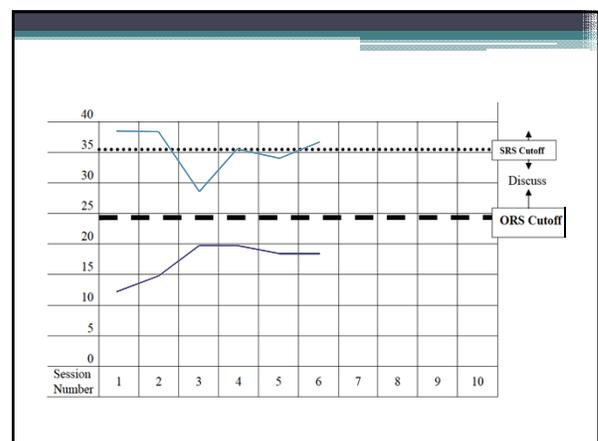
- ### Summary
- Average therapy is good therapy
 - In the real world, many of us are performing below average
 - We can't all be super-shrinks, but we can use their techniques to get us up to average or above
 - Our clients have a much lower chance of dropping out if we incorporate feedback
 - Our clients have a much greater chance of improving if we use feedback

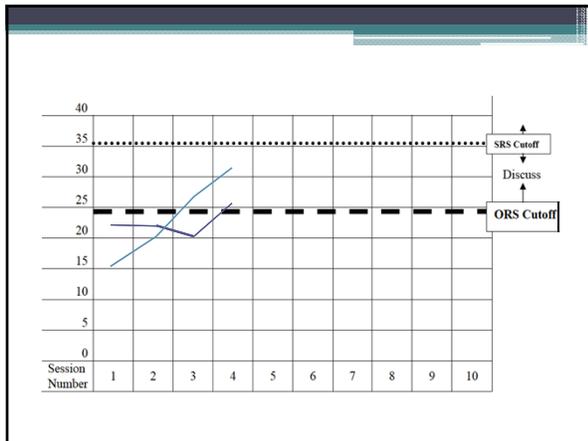
- ### Challenge
1. Do you believe that your performance as a therapist could be improved by monitoring outcomes as soliciting feedback
 2. In everything covered today, what is the one thing you think would make the biggest difference
 3. Is there any reason you don't plan to do this with at least one client tomorrow

To Obtain SRS and ORS

<http://centerforclinicaexcellence.com>

Click the link for "Performance Measures"





Introducing the ORS

- We work a little differently at this agency. Our first priority is making sure that you get the results that you want. For this reason it is very important that you are involved in monitoring our progress throughout therapy. We like to do this formally by using a short paper and pencil measure called the Outcome Rating Scale. It takes about a minute. Basically, you'll fill it out at the beginning of each sessions and then we'll talk about the results...

Continued...

- A fair amount of research shows that if we are going to be successful in our work together, we should see signs of improvement sooner rather than later. If what we're doing work, then we'll continue. If not, however, then I'll try to change or modify the treatment. If things still don't improve, then I'll work with you to find someone or someplace else for you to get the help you want. Does that make sense to you?

Introducing the SRS

- At the end of each session, you can fill out one additional form, the Session Rating Scale. Again, it's very short, taking about a minute or less to complete and score. This scale helps me to know how the session went. It takes the "temperature" of the visit, so to speak. I ask you to fill this out because the research shows your experience of our work together during the visit is a good predictor of whether we're successful. I'll explain more about this at the end of the session. Does this make sense?