FEEDBACK-INFORMED
TREATMENT

2018
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Welcome!

CONTACT

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- *Healthy lives, Safe communities*

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AGENDA

1. Opening Comments
2. Background: Responsivity Defined
3. Feedback Informed Treatment
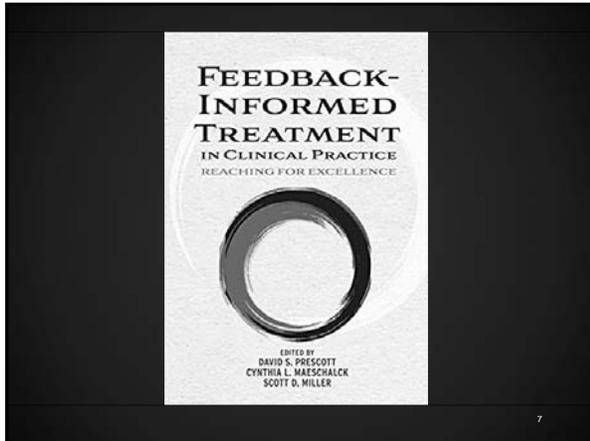4. Measuring Outcome and Alliance
5. Deliberate Practice

THREE CRITICAL SKILLS

- Measuring Outcomes
  – Global as well as risk, need, etc.
- Measuring the Alliance
  – Goals, tasks, relationship, strong client values
- Deliberate Practice
  – Solitary, often mundane activities aimed at
   professional development

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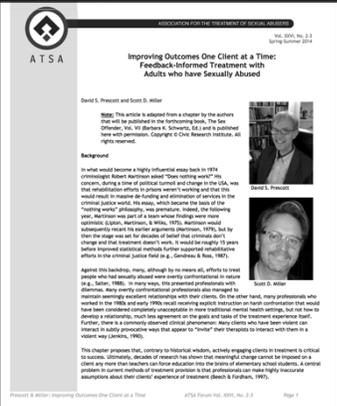
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WELCOME TO MY WORLD

BAD NEWS

- Lots of information

- Will take time to absorb

- Might involve thinking about assessing and treating people who have abused very differently

FOCUS

- 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

BACKGROUND: RESPONSIVITY DEFINED
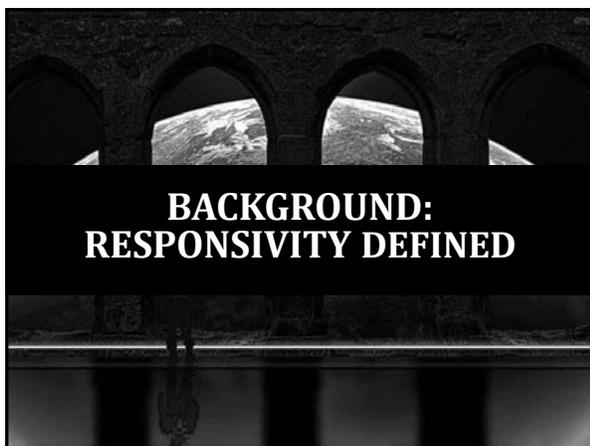
DEFINED

Responsivity definition, the quality or state of being responsive (dictionary.com)

BONTA (2007)

"3) the *responsivity principle* describes how the treatment should be provided. ...

"*Responsivity principle*: Maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioural treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender."

https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/rsk-nd-rspnsvty/index-en.aspx

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WHAT'S MISSING?

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HOW DID WE GET HERE?
- Quick look backwards
- Retrospective bias
- Great respect for all involved
- Intent: Tough on issues, tender on people
  - *People are not now as smart as they think; people used to be smarter than we now think they were* (Quinsey, Harris, Rice, & Cormier, 2006)

MY CONCERN

During the past 30 years, the majority of our progress has been technological

---

MARTINSON, 1974

probable duration of this ot know.

Does nothing work?

Do all of these studies lead us irrevocably to the concl
works, that we haven't the faintest clue abo
ders and reduce recidivism? And i

PAUL GENDREAU
- "Something works"
- "What works!"

1979: EDWARD S. BORDIN
- Therapeutic alliance:
  - Agreement on relationship
  - Agreement on goals
  - Agreement on tasks
  - (Norcross, 2002, would add client prefere
 - Over 1,000 studies have emphasized the importance of the alliance in psychotherapy since (Miller, 2011)

HOPE THEORY, 1999
- C.R. "Rick" Snyder:

- Agency Thinking
  - Awareness that a goal is attainable
- Pathways Thinking
  - Awareness of how to do it

- *"Therapists who are burned out or otherwise fail to convey hopefulness model low agency and pathways thinking."* (in Hubble, Duncan, & Miller, 1999)

MARSHALL, 2005
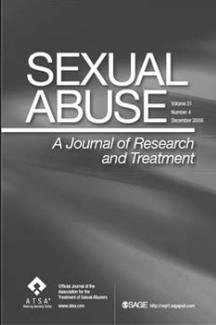
MARSHALL, 2005
- **Warm**
- **Empathic**
- **Rewarding**
- **Directive**

Problem:
Many people think they have these qualities, but don't

PARHAR, WORMITH, ET AL., 2008
- Meta-analysis of 129 studies
- *In general, mandated treatment was found to be ineffective ... particularly when the treatment was located in custodial settings, whereas voluntary treatment produced significant treatment effect sizes regardless of setting.*

Walfish et al., 2012

- 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

WHAT WORKS?

Who **works?**

Feedback-Informed Treatment

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
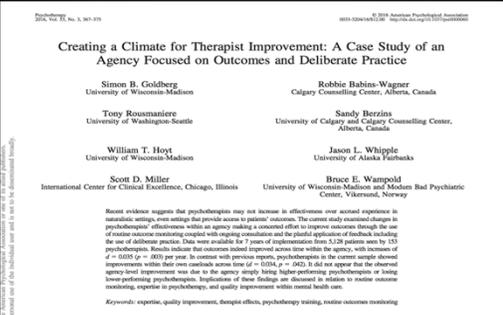   - The LEAST effective therapists rated themselves as being among the most helpful

ARE YOU EFFECTIVE?

- 581 therapists
- 6,146 real world clients
- Average sessions = 10

Wampold & Brown (2005)

- 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

ARE YOU EXPERIENCED?

Creating a Climate for Therapist Improvement: A Case Study of an Agency Focused on Outcomes and Deliberate Practice

Simon B. Goldberg
University of Wisconsin-Madison

Robbie Babins-Wagner
Calgary Counselling Center, Alberta, Canada

Tony Rousmaniere
University of Washington-Seattle

Sandy Berzins
University of Calgary and Calgary Counselling Center, Alberta, Canada

William T. Hoyt
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University of Alaska Fairbanks

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International Center for Clinical Excellence, Chicago, Illinois

Bruce E. Wampold
University of Wisconsin-Madison and Modum Bad Psychiatric Center, Vikersund, Norway

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

FIT IN CONTEXT

Defining "evidence-based"

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 RESULTS

1. Reduced therapist variability
2. Improved Outcomes
3. Improved detection of at-risk cases

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IMPORTANT

1. It's not just about being open to feedback
2. It's about getting data and using it effectively, with a goal of getting better.

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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!

OPENNESS AND SURPRISE
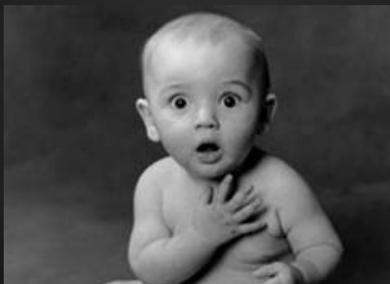
MILLER, DUNCAN, ET AL. 2006

- 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
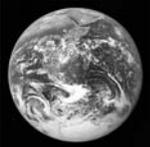
DELIBERATE PRACTICE
- The specifics:

- 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

ONE CONCRETE STEP

- If you were to establish a deliberate-practice plan to become a better therapist, what would be the first step you would take?

MEASURING OUTCOME AND THE 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)

I---I

Individually:
(Personal well-being)

I---I

Interpersonally:
(Family, close relationships)

I---I

Socially:
(Work, School, Friendships)

I---I

SESSION RATING SCALE

I did not feel heard, understood, and respected.	Relationship I-----------------------I	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 I-----------------------I	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 I-----------------------I	The therapist's approach is a good fit for me.
There was something missing in the session today.	Overall I-----------------------I	Overall, today's session was right for me.

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?

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
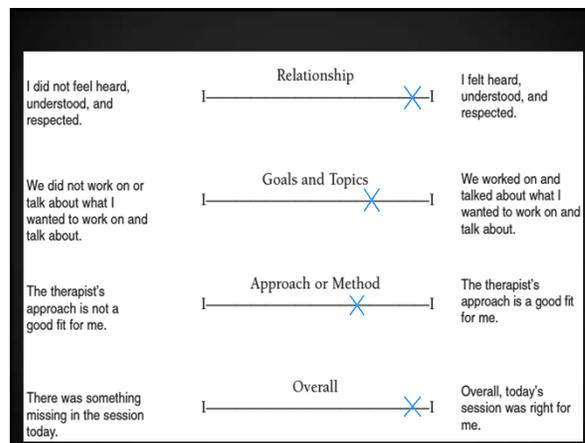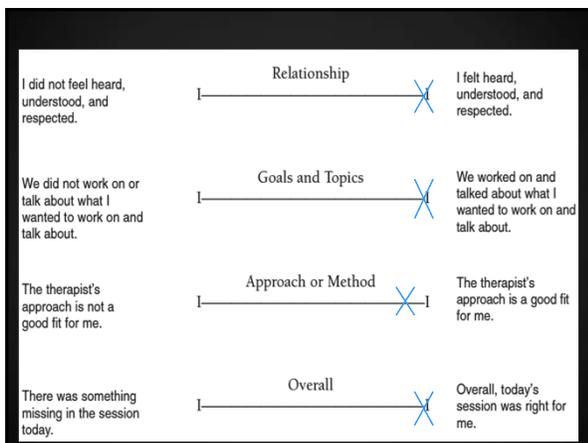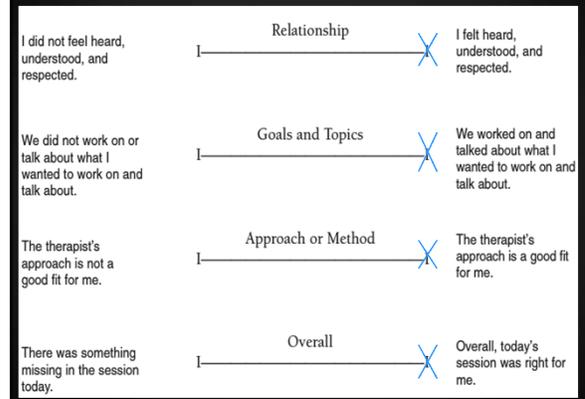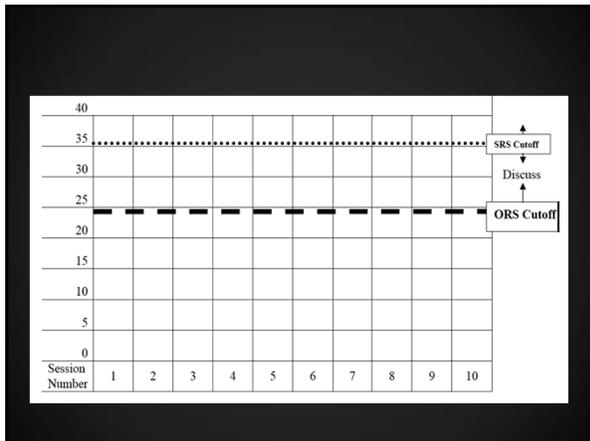
ARTURO, 17

- 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
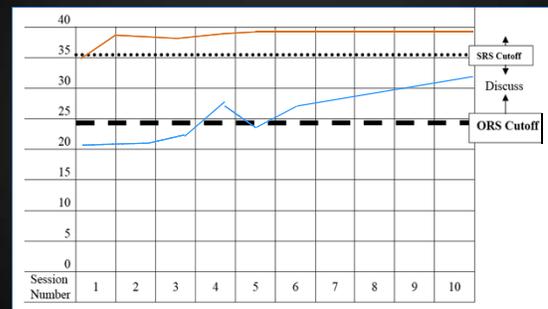
ARTURO AND DELIBERATE PRACTICE

- 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

TO OBTAIN SRS AND ORS

http://centerforclinicalexcellence.com

Click the link for "Performance Measures"