Achieving Clinical Excellence:
Three Steps to Superior Performance

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Achieving Clinical Excellence

The Facts

• In most studies of psychological treatments conducted over the last 30+ years, the average treated person is better off than 80% of those without the benefit of services;

• The average clinician achieves outcomes on par with success rates obtained in randomized clinical trials (with and without co-morbidity).


What Works in Therapy: An Example

Recent study:

- 6,000+ treatment providers
- 48,000 plus real clients
- Outcomes clinically equivalent to randomized, controlled, clinical trials.


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;


• Over the last century, the best performance for all Olympic events has improved—in some cases by more than 50%!

• Today’s best high school time in the marathon beats the 1908 Olympic gold medal winning time by more than 20 minutes!

• Improvement has nothing to do with size, genetic changes, or performance enhancing drugs.

The Study of Expertise: Sources of Superior Performance

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

Achieving Clinical Excellence: Sources of Inferior Performance

• Researchers Walfish, McAllister and Lambert surveyed a representative sample psychologists, psychiatrists, social workers, marriage and family therapists from all 50 US states:
  • *No differences in how clinicians rated their overall skill level and effectiveness levels between disciplines.*

• On average, clinicians rated themselves at the 80\textsuperscript{th} percentile:
  • *None rated themselves below average;*
  • *Less than 4\% considered themselves average;*
  • *Only 8\% rated themselves lower than the 75\textsuperscript{th} \%tile;*
  • *25\% rated their performance at the 90\textsuperscript{th}\% or higher compared to their peers*

Achieving Clinical Excellence: Sources of Inferior Performance

With regard to success rates:

- The average clinician believed that 80% of their clients improved as a result of being in therapy with them (17%, stayed the same, 3% deteriorated);
- Nearly a quarter sampled believed that 90% or more improved!
- Half reported than none (0%) of their clients deteriorated while in their care.

The facts?

- Effectiveness rates vary tremendously (RCT average RCI = 50%, best therapists = 70%);
- Therapists consistently fail to identify deterioration and people at risk for dropping out of services (10 & 47%, respectively)

Psychologist Paul Clement publishes a quantitative study of 26 years as a psychologist. He found that his data failed to suggest any change in his therapeutic effectiveness across the 26 years in question. The study included 683 cases falling into 84 different DSM categories.

• Reported results from a 40 year period, nearly 2000 different clients:
  • Outcomes not only failed to improve but actually began to decrease!

Achieving Clinical Excellence: Sources of Inferior Performance

- The effectiveness of the “average” therapist plateaus very early.

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

Achieving Clinical Excellence: The Lifecycle of Inferior Performance

“The enemy of excellence is proficiency…”

Achieving Clinical Excellence: The “Supershrink” Project

Supershrink:
(n. soo-per-shrĭngk), slang
• Unusually effective and talented psychotherapist;
• Widely believed to exist in real life;
(See virtuoso, genius, savant, expert, master)

1. Know your baseline;
2. Formal, routine, ongoing feedback;
3. Engage in “deliberate practice.”

Step One: Knowing your Baseline

ORS

Individually:
(Personal well-being)

Interpersonally:
(Family, close relationships)

Socially:
(Work, School, Friendships)

Overall:
(General sense of well-being)

Valid Reliable Feasible

SRS

Relationship:

Goals and Topics:

Approach or Method:

Overall:

Valid Reliable Feasible

Download free working copies at:
www.scottdmiller.com
**Outcome Rating Scale (ORS)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Age (Yrs):__</th>
<th>Sex: M / F</th>
<th>Session #:</th>
<th>Date:__</th>
<th>Who is filling out this form? Please check one: Self</th>
<th>Other:__</th>
<th>If other, what is your relationship to this person?</th>
</tr>
</thead>
</table>

Looking back over the last week (or since your last visit), including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. If you are filling out this form for another person, please fill out according to how you think he or she is doing.

- **Individually:**
  (Personal well-being)

```
I----------------------------------------------------------I
```

- **Interpersonally:**
  (Family, close relationships)

```
I----------------------------------------------------------I
```

- **Socially:**
  (Work, School, Friendships)

```
I----------------------------------------------------------I
```

- **Overall:**
  (General sense of well-being)

```
I----------------------------------------------------------I
```

- **Scored to the nearest millimeter.**

- **Add the four scales together for the total score**
Child Outcome Rating Scale (CORS)

Name __________________________ Age (Yrs): ___
Sex: M / F _______________________
Session #: ___ Date: _______________

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good.

Me
(How am I doing?)

I----------------------------------------I

Family
(How are things in my family?)

I----------------------------------------I

School
(How am I doing at school?)

I----------------------------------------I

Everything
(How is everything going?)

I----------------------------------------I

Institute for the Study of Therapeutic Change

www.talkingcure.com
Young Child Outcome Rating Scale (YCORS)

Name __________________________ Age (Yrs): ___
Sex: M / F ___ Date: ______________________
Session #: _____________________________

Choose one of the faces that show how things are going for you. Or, you can draw one below that is just right for you.

Institute for the Study of Therapeutic Change

www.talkingsure.com

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Step One: Knowing your Baseline

Determining your "effect size"

http://web.uccs.edu/lbecker/Psy590/escalc3.htm

Effect Size Calculators

Calculate Cohen’s $d$ and the effect-size correlation, $r_{xy}$ using -

- means and standard deviations
- independent groups $t$ test values and $df$

For a discussion of these effect size measures see Effect Size Lecture Notes

Calculate $d$ and $r$ using means and standard deviations

Calculate the value of Cohen’s $d$ and the effect-size correlation, $r_{xy}$, using the means and standard deviations of two groups (treatment and control).

Cohen’s $d = M_1 - M_2 / \sigma_{pooled}$

where $\sigma_{pooled} = \sqrt{\frac{\sigma_1^2 + \sigma_2^2}{2}}$

$r_{xy} = d / \sqrt{(df + 4)}$

Note: $d$ and $r_{xy}$ are positive if the mean difference is in the predicted direction.

http://web.uccs.edu/lbecker/Psy590/escalc3.htm
Step One:
Knowing your Baseline

MyOutcomes
A user-friendly, Web-based tool for monitoring and improving outcomes for behavioral health treatment

What is MyOutcomes?
- An interactive Web-based application that administers the Partners for Change Outcome Management System (PCOMS)
- Monitors and improves treatment effectiveness by providing information on treatment outcomes and the therapeutic alliance
- Provides the precision and reliability of an automated outcomes management system without extensive work, expense, or user burden

Features of MyOutcomes
- Identifies in real time clients who are at risk for negative or null outcomes
- Provides empirically based suggestions to increase the likelihood of success
- Aggregates data into reports on provider, program, and agency effectiveness for supervisory, administrative, and payment purposes

Benefits of MyOutcomes
- Proven valid and reliable in peer-reviewed studies
- 2-minute length boosts compliance and allows easy integration into treatment
- Has been shown to double treatment effect size
## Aggregate Stats
Click here to include collateral rater data in the aggregate statistics

<table>
<thead>
<tr>
<th>Category</th>
<th>Statistic</th>
<th>Active</th>
<th>Inactive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Change</strong></td>
<td>Average Intake ORS</td>
<td>20.8</td>
<td>23.7</td>
</tr>
<tr>
<td></td>
<td>Average Most Recent ORS</td>
<td>27.3</td>
<td>32.1</td>
</tr>
<tr>
<td></td>
<td>Average Raw Change</td>
<td>6.2</td>
<td>8.5</td>
</tr>
<tr>
<td></td>
<td>Uncorrected Effect Size</td>
<td>0.8</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Change vs. Session Targets</strong></td>
<td>Average Change Index</td>
<td>2.1</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Corrected Effect Size</td>
<td>0.3</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Change vs. Service Targets</strong></td>
<td>Average Change Index</td>
<td>2.4</td>
<td>5.7</td>
</tr>
<tr>
<td></td>
<td>Corrected Effect Size</td>
<td>0.3</td>
<td>0.8</td>
</tr>
<tr>
<td></td>
<td>% of Clients Reaching Service Targets</td>
<td>66.7</td>
<td>75.0</td>
</tr>
<tr>
<td><strong>Sessions</strong></td>
<td>Average Sessions</td>
<td>5.0</td>
<td>3.0</td>
</tr>
<tr>
<td><strong>Clients</strong></td>
<td>Total Clients</td>
<td>43</td>
<td>9</td>
</tr>
</tbody>
</table>

Click on the item to see its description.
The Excellence Challenge

Will you begin measuring the effectiveness of your work?
Step 2:
Formal, Routine, Ongoing Feedback

“Therapists typically are not cognizant of the trajectory of change of patients seen by therapists in general...that is to say, they have no way of comparing their treatment outcomes with those obtained by other therapists.”

Excellent performers judge their performance differently:

• Compare to their “personal best”
• Compare to the performance of others
• Compare to a known national standard or baseline

Step Two: Formal, Routine, Ongoing Feedback

Feedback Message:
• You are reporting no progress since your last visit.
• Given your progress, explore: (1) if you want more of the same services; or (2) if you want to change the amount, the type, or the provider of services.
In 1906, 85 year old British Scientist Sir Francis Galton attends a nearby county fair; happens on a weight judging competition:

- People paid a small fee to enter a guess.
- Discovers that the average of all guesses was significantly closer than the winning guess!
Achieving Clinical Excellence: Integrating Outcome into Care
Achieving Clinical Excellence: The Impact of Feedback on Outcome

Achieving Clinical Excellence: The Impact of Feedback on Outcome

• 461 Norwegian couples seen in marital therapy

• Two treatment conditions:
  • Treatment as Usual (routine marital therapy without feedback);
  • Marital therapy with feedback;

• Groups indistinguishable at the outset of care.

• The percentage of couples in which both meet or exceed the target or better:
  • Treatment as usual: 17%
  • Treatment with feedback: 51%
  • Feedback: 50% less separation/divorce

Achieving Clinical Excellence: Creating a “Culture of Feedback”

• When scheduling a first appointment, provide a rationale for seeking client feedback regarding outcome.
  
  • Work a little differently;
  
  • If we are going to be helpful should see signs sooner rather than later;
  
  • If our work helps, can continue as long as you like;
  
  • If our work is not helpful, we’ll seek consultation (session 3 or 4), and consider a referral (within no later than 8 to 10 visits).
The Excellence Challenge

Will you formally seek and use feedback to guide service delivery?
Step Three: Engaging in Deliberate Practice

“Successful people spontaneously do things differently from those individuals who stagnate...Elite performers engage in...effortful activity designed to improve individual target performance.”


Achieving Clinical Excellence: How Deliberate Practice Works

• Research indicates that performers (math, science, sports, chess, etc.) reliant on general cognitive strategies or inference methods behave expertly on almost **no** tasks;

Deep “Domain-Specific” Knowledge

• Similarly, available evidence shows that training clinicians in “evidence-based,” manualized therapies, diagnosis, and even the alliance has little if any impact on outcome.

• 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.

Achieving Clinical Excellence: Engaging in Deliberate Practice

• 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.).

Achieving Clinical Excellence: Engaging in Deliberate Practice

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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.

• Give at the end of each session;

• Each line 10 cm in length;

• Score in cm to the nearest mm;

• Discuss each visit but always when:
  • The total score falls below 36.
  • Decreases of 1 point.
Child Session Rating Scale (CSRS)

Name ____________________ Age (Yrs): ____
Sex: M / F
Session # ____ Date: ______________________

How was our time together today? Please put a mark on the lines below to let us know if how you feel.

Listening

I did not always listen to me.

I listened to me.

How Important

What we did and talked about was not really that important to me.

What we did and talked about were important to me.

What We Did

I did not like what we did today.

I liked what we did today.

Overall

I wish we could do something different.

I hope we do the same kind of things next time.

Institute for the Study of Therapeutic Change
Young Child Session Rating Scale (YCSRS)

Name ____________________ Age (Yrs): __
Sex: M / F ______
Session # ___ Date: ____________

Choose one of the faces that shows how it was for you to be here today. Or, you can draw one below that is just right for you.

[Four faces are shown, each representing different emotions: happy, neutral, sad, and very sad.]
Principle:
Negative consumer feedback is associated with better treatment outcome.

Finding:
Consumers who experience a problem but are extremely satisfied with the way it is handled are twice as likely to be engaged as those who never experience a problem.

Achieving Clinical Excellence: Deliberate Practice and Feedback

• 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;
  • Take the “temperature” at the end of each visit;
  • Feedback is critical to success.
• Restate the rationale at the beginning of the first session and prior to administering the scale.
Achieving Clinical Excellence: Achieving Clinical Excellence: Deliberate Practice and Feedback

- **Step One: Identify “at risk” case**
  
a. Client scores a 40 on the SRS at the conclusion of the first visit.

- **Step Two: Think**
  
a. Develop a strategy
    
    1. Minimum 4 different gambits with 2 additional responses each;
  
b. Connect the strategy to a specific target outcome.

- **Step Three: Act**
  
a. Conduct the session;
  
b. Take a break prior to the end of the visit to “self-record” noting the steps in the planned strategy that were missed.

- **Step Four: Reflection**
  
a. Review self-record;
  
b. Identify specific actions and alternate methods to implement strategy.
  
c. Review video: (stop/commit/imagine course and consequences/start)
The Excellence Challenge

Will you?

I WANT YOU TO TAKE ACTION!
That's all folks!