Achieving Clinical Excellence:
Three Steps to Superior Performance

Scott D. Miller, Ph.D.

Advanced Intensive in Client Directed, Feedback Informed Treatment (FIT)

Through a combination of didactic presentations, skill building exercises and feedback, participants will learn:

- Empirical foundations of client-directed, feedback informed treatment (FIT)
- Evidence-based skills for improving client engagement in treatment services
- How to integrate real time outcome and alliance feedback into clinical practice
- How to measure and improve clinical effectiveness of individual clinicians, agencies, and larger systems of care

www.centerforclinicalexcellence.com

The International Center for Clinical Excellence is pleased to announce the first annual Advanced Intensive in Client Directed, Feedback Informed Treatment (FIT).

Chicago, February 8th – 11th 2011

Fee $1,095
Providers
Administrators
Researchers
Payers
Business executives
Regulators

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.


Achieving Clinical Excellence

• Since the 1960's:
  • Number of treatment approaches grown from 60 to 4,100.
  • 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.


The Study of Expertise: Sources of Superior Performance

Pop Quiz!

Achieving Clinical Excellence: The Study of Expertise

- Compared to other mental health professionals within your field (with similar credentials), how would you rate your overall clinical skills and effectiveness in terms of a percentile?
- What percentage (0-100%) of your clients get better (i.e., experience significant symptom reduction/reler) during treatment? What percentage stay the same? What percentage get worse?

Please estimate from 0-100%. For example, 25% = below average, 50% = average, 75% = above average.
Achieving Clinical Excellence: Sources of Inferior Performance

- Researchers Walfish, McAllister and Lambert surveyed a representative sample of psychologists, psychiatrists, social workers, marriage and family therapists from all 50 US states.
- On average, clinicians rated themselves at the 80th percentile:
  - No differences in how clinicians rated their overall skill level and effectiveness levels between disciplines.
  - Only 8% rated themselves lower than the 75th percentile.
  - 25% rated their performance at the 90th or higher compared to their peers.


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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 that none (0%) of their clients deteriorated.

- The facts:
  - Effectiveness rates vary widely: 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: 683 cases falling into 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."


Achieving Clinical Excellence: Sources of Inferior Performance

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

Achieving Clinical Excellence: Sources of Inferior Performance

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


Achieving Clinical Excellence: The Lifecycle of Inferior Performance

- All performers within a domain start off with an equal chance of superior performance:
  - Completed basic training and education
  - Begin work as an “apprentice” with supervision
  - Strive not to make mistakes
- After a few months (50 hours) of experience, most professionals achieve a stable average performance:
  - Automaticity sets in
  - Supervision and feedback decrease
- Outcomes remain unchanged or deteriorate over time while confidence increases

Achieving Clinical Excellence: The Lifecycle of Inferior Performance

"The enemy of excellence is proficiency…"


Achieving Clinical Excellence: Three Steps to Superior Performance

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


Step One: Knowing your Baseline

ORS
- Objectivity: (Process, 68 day)
- Interpersonality: (Family, 68 day)
- Sociability: (School, 68 day)
- Overall: (General score of 68 day)

Valid Reliable Feasible

SRS
- Relationship:
- Goals and Topics:
- Approach or Method:
- Overall:

Alliance

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

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

| Scored to the nearest millimeter. |

- Give at the beginning of the visit;
- Client places a hash mark on the line.
- Each line 10 cm (100 mm) in length.

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

Add the four scales together for the total score.

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

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

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**Child Outcome Rating Scale (CORS)**

**Me**
(How am I doing?)

- Family
(How are things in my family?)

- School
(How am I doing at school?)

- Everything
(How is everything going?)

Institute for the Study of Therapeutic Change

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

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

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.

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Institute for the Study of Therapeutic Change
www.itschange.org

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Step One: Knowing your Baseline

http://web.uccs.edu/lbecker/Psy590/escalc3.htm
Looking back over the last week, 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.

- Personally
- Socially
- Family, friends, relationships
- Sexually
- Work, school, household
- Overall
- General sense of well-being

Your name here

Your clients here
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)

**Supershrink**

William Andrews
Research Coordinator
HGI Practice Research Network


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The Excellence Challenge

Will you begin measuring the effectiveness of your work?
“Therapists typically are not cognizant of the trajectory of change of patients seen by therapists in general; that is, 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.

Achieving Clinical Excellence:
Integrating Outcome into Care

• In 1906, 85 year old British Scientist Sir Francis Galton attends a nearby county 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 Feedback into Service Delivery

“Wendy”

• 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).

Achieving Clinical Excellence:
Creating a “Culture of Feedback”

Outcome Rating Scale (ORS)

Looking back over the last week, 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 on the left represent low levels and marks to the right indicate high levels.

• When scheduling a first appointment, provide a rationale for seeking client feedback regarding outcome.
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Creating a “Culture of Feedback”

After your therapist introduces the ORS, please say:

• Actually, I think my problem will take a long time to resolve. Please don’t apply to me. One of my biggest fears is being evaluated. I think I’m going to have a panic attack.
The Excellence Challenge

Will you formally seek and use feedback to guide service delivery?

Achieving Clinical Excellence: Three Steps to Superior Performance

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

Deep, Domain-Specific Knowledge

Deliberate Practice

- “Unlike play, deliberate practice is not inherently motivating; and unlike work, it does not lead to immediate social rewards and monetary rewards...and [actually] generates costs…”

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

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 therapists' 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 client outcome between clinicians:

- General interpersonal skills not correlated with outcome;
- Only domain-specific interpersonal knowledge predicted outcome.

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 line below to let us know if how you feel.

Listening

Did not always listen to me

How Important

What we did and talked about was not really too 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.

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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.

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Achieving Clinical Excellence: Deliberate Practice and Feedback

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

Session Rating Scale (SRS V.3.0)

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<th>Name</th>
<th>Age (yrs):</th>
<th>Sex: M/F</th>
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Session #: Date: 

*Please rate today’s session by placing a hash mark on the line nearest to the description that best fits your experience.

- 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.
“Wendy”


Hey, step into my shoes…

A Case Example

Sigmund Freud
Service Presentation Format:

1. Name: 59
2. Age: Male
3. Gender: Caucasian
4. Ethnicity: Single, Never married
5. Relationship status: Not working
6. Employment status: Self, internet
7. Referral source: 4 years of age
8. Service start date: Outpatient
9. Current level of care: Anxiety, somatization, agoraphobia, multiple phobias
10. Reason for seeking care

Achieving Clinical Excellence: A Clinical Example

90% of those who complete the scale score higher.

Also...
Talk to your client about this item: [Approach or Method: 5.7].
Relationship: 8 out of 10.
Goals and Topics: 9.2 out of 10.
Approach or Method: 5.1 out of 10.
Overall: 8.7 out of 10.
Total Score = 32

Total = 32
Hey, step into my shoes...
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)

Achieving Clinical Excellence: Deliberate Practice and Feedback

“Wendy”

Training Module

Principle: Negative consumer feedback is associated with better outcomes.

Apply the principle to the following example:

CI: This hour has been incredibly helpful. Thank you. I'm giving you all 10's.

Thanks for that. Take just a moment though to think. Sometimes when people come to see me, they have a mental list of things they hoped to talk about.

Achieving Clinical Excellence: Three Steps to Superior Performance

Systemic Effect from Attrition of Below Average Counselors
The Excellence Challenge

Will you?

That's all folks!