The Heart and Soul of Change:
What Works in Therapy
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What Works in Therapy

• “Accountability,” “Stewardship,” & “Return on Investment” the buzzwords of the day.

• Part of a world wide trend not specific to mental health and independent of any particular type of reimbursement system.

What Works in Therapy

Question #1: Research consistently shows that treatment works. Study after study, and studies of studies show the average treated client is better off than 80% of the untreated sample.

True
**Tutorial on “Effect Size”**


**What Works in Therapy: The Data**

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychotherapy</td>
<td>.8 - 1.2 σ</td>
</tr>
<tr>
<td>Marital therapy</td>
<td>.8</td>
</tr>
<tr>
<td>Bypass surgery</td>
<td>.8 σ</td>
</tr>
<tr>
<td>ECT for depression</td>
<td>.8 σ</td>
</tr>
<tr>
<td>Pharmacotherapy for arthritis</td>
<td>.61 σ</td>
</tr>
<tr>
<td>Family therapy</td>
<td>.58 σ</td>
</tr>
<tr>
<td>AZT for AIDS mortality</td>
<td>.47 σ</td>
</tr>
</tbody>
</table>


**What Works in Therapy: The Data**

<table>
<thead>
<tr>
<th>Procedure or Target:</th>
<th>Number Needed to Treat (NNT)*:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health (depression in adults or children, aggression, conduct disorder, bulimia, PTSD)</td>
<td>3-7</td>
</tr>
<tr>
<td>Medicine (Acute MI, CHF, Graves Hyperthyroidism, medication treated erectile dysfunction, stages II and III breast cancer, cataract surgery, acute stroke, etc.)</td>
<td>3-7</td>
</tr>
<tr>
<td>Aspirin as a prophylaxis for heart attacks</td>
<td>129</td>
</tr>
</tbody>
</table>

*NNT is the number needed to treat in order to achieve one successful outcome that would not have been accomplished in the absence of treatment.

http://www.cebm.utoronto.ca/glossary/nntsPrint.htm#table

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**What Works in Therapy: An Example**

- **More good news:**
  - Research shows that only 1 out of 10 clients on the average clinician’s caseload is not making any progress.

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


What Works in Therapy: The “Good News”

The bottom line?
• The majority of helpers are effective and efficient most of the time.
• Average treated client accounts for only 7% of expenditures.

So, what’s the problem...?

What Works in Therapy: The “Bad News”

• Drop out rates average 47%;
• Therapists frequently fail to identify failing cases;
• 1 out of 10 clients accounts for 60-70% of expenditures.

What Works in Therapy: Pop Quiz

Question #2: False
Stigma, ignorance, denial, and lack of motivation are the most common reasons potential consumers do not seek the help they need.

Second to cost (81%), lack of confidence in the outcome of the service is the primary reason (78%). Fewer than 1 in 5 cite stigma as a concern.

http://www.apa.org/releases/practicepoll_04.html

Outcome: How do therapists compare?
In a recent survey on how much consumers trusted various professionals, therapists.

What Works in Therapy: Pop Quiz

- Cognitive Therapy
- Behavioral Therapy
- Cognitive Behavioral Therapy
- Motivational Interviewing
- Twelve Steps
- Dialectical Behavioral Therapy
- Multidimensional Family Therapy
- Structural Family Therapy
- Functional Family Therapy
- Skills Training
- Acceptance and Commitment Therapy
- Existential Therapy
- Client-centered Therapy
- Systemic Therapy
- Biopsychosocial Therapy
- Solution-focused Therapy
- Multimodal Therapy
- Psychodynamic Therapy
- Narrative Therapy
- Integrative Problem-Solving Therapy
- Eclectic Therapy
- Interpersonal Psychotherapy
- Transtheoretical Therapy

Still Raging!
What Works in Therapy: Pop Quiz

Question #3: **FALSE**

Of all the factors affecting treatment outcome, treatment model (technique or programming) is the most potent.

Technique makes the smallest percentage-wise contribution to outcome of any known ingredient.

What Works in Therapy: Factors accounting for Success

Outcome of Treatment:

- 60% due to “Alliance” ([aka “common factors”] 8%/13%)
- 30% due to “Allegiance”
- 8% due to model and technique (1/13)

Nonetheless, in spite of the data:
• Therapists firmly believe that the expertness of their techniques leads to successful outcomes;
• The field as a whole is continuing to embrace the medical model.
  • Emphasis on so-called, “empirically supported treatments” or “evidence based practice.”
  • Embracing the notion of diagnostic groups.


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What Works in Therapy: Research on the Alliance

• Research on the alliance reflected in over 1000 research findings.

The Client’s Theory of Change: Empirical Findings

- In the Hester, Miller, Delaney, and Meyer study:
  - A difference in outcome was found between the two groups depending on whether the treatment fit with the client’s pre-treatment beliefs about their problem and/or the change process.

- When treatment of people diagnosed as schizophrenic was changed to accord their wishes and ideas:
  - More engagement;
  - Higher self-ratings; and
  - Improved objective scores.


What Works in Therapy: An Example

Cannabis Youth Treatment (CYT) Randomized Field Experiment

Michael Dennis, Ph.D.,
Susan H. Godley, Rh.D.,
Guy S. Diamond, Ph.D.,
Frank M. Tims, Ph.D.,
Thomas Babor, Ph.D.,
Jean Donaldson, M.A.,
Howard Liddle, Ed.D.,
Janet C. Titus, Ph.D.,
Yifrah Kaminer, M.D.,
Charles Webb, Ph.D.,
Nancy Hamilton, M.P.A.,
and the CYT steering committee

What Works in Therapy: An Example

- 600 Adolescents marijuana users:
  - Between the ages of 12-15;
  - Rated as or more severe than adolescents seen in routine clinical practice settings;
  - Significant co-morbidity (3 to 12 problems [83%], alcohol [37%]; internalizing [25%], externalizing [61%]).

- Participants randomized into one of two arms (dose, type) and one of three types of treatment in each arm:
  - Dose arm: MET+CBT (5 wks), MET+CBT (12 wks), Family Support Network (12 wks)+MET+CBT;
  - Type arm: MET/CBT (5 wks), ACRT (12 weeks), MDFT (12 wks).

What Works in Therapy: An Example

Cannabis Youth Treatment Project

- Treatment approach accounted for little more than 0% of the variance in outcome.

- By contrast, ratings of the alliance predicted:
  - Premature drop-out;
  - Substance abuse and dependency symptoms post-treatment, and cannabis use at 3 and 6 month follow-up.


What Works in Therapy: Pop Quiz

Question #4: FALSE
Research shows that some treatment approaches are more effective than others.

What Works in Therapy: An Example

• No difference in outcome between different types of treatment or different amounts of competing therapeutic approaches.

What Works in Therapy:
Do Treatments vary in Efficacy?

- The research says, “NO!”

- The lack of difference cannot be attributed to:
  - Research design;
  - Time of measurement;
  - Year of publication;

- The differences which have been found:
  - Do not exceed what would be expected by chance;
  - At most account for 1% of the variance.


What Works in Therapy:
Do Treatments vary in Efficacy?

- Meta-analysis of all studies published between 1980-2006 comparing bona fide treatments for children with ADHD, conduct disorder, anxiety, or depression:
  - No difference in outcome between approaches intended to be therapeutic;
  - Researcher allegiance accounted for 100% of variance in effects.

What Works in Therapy: Do Treatments vary in Efficacy?

• Meta-analysis of all studies published between 1960-2007 comparing bona fide treatments for alcohol abuse and dependence:
  • No difference in outcome between approaches intended to be therapeutic;
  • Approaches varied from CBT, 12 steps, Relapse prevention, & PDT.
  • Researcher allegiance accounted for 100% of variance in effects.


What Works in Therapy: Do Treatments vary in Efficacy?

• Meta-analysis of all studies published between 1989-Present comparing bona fide treatments for PTSD:
  • Approaches included desensitization, hypnotherapy, PD, TIP, EMDR, Stress Inoculation, Exposure, Cognitive, CBT, Present Centered, Prolonged exposure, TFT, Imaginal exposure.
  • Unlike earlier studies, controlled for inflated Type 1 error by not categorizing treatments thus eliminating numerous pairwise comparisons;

What Works in Therapy: Do Treatments vary in Efficacy?

• The results:
  • No difference in outcome between approaches intended to be therapeutic on both direct and indirect measures;
  • $D = .00$ (Upper bound $E.S = .13$)
  • $NNT = 14$;

(14 people would need to be treated with the superior Tx in order to have 1 more success as compared to the “less” effective Tx).


What Works in Therapy: Pop Quiz

Question #5:
Consumer ratings of the alliance are better predictors of retention and outcome than clinician ratings.

True

Remember the Alamo! Remember Project MATCH
What Works in Therapy:
Project MATCH and the Alliance

• The largest study ever conducted on the treatment of problem drinking:
  • Three different treatment approaches studied (CBT, 12-step, and Motivational Interviewing).
  • *NO* difference in outcome between approaches.
• The client’s rating of the therapeutic alliance the best predictor of:
  • Treatment participation;
  • Drinking behavior during treatment;
  • Drinking at 12-month follow-up.


What Works in Therapy:
Pop Quiz

Question #6:
The bulk of change in successful treatment occurs earlier rather than later.

True
If a particular approach, delivered in a given setting, by a specific provider is going to work, there should measurable improvement in the first six weeks of care.
What Works in Therapy: Project MATCH and Outcome


What Works in Therapy: More Research on Outcome

Cannabis Youth Treatment Project

Approach

Dose

http://www.chestnut.org/LI/Posters/CYT_%20MF_APA.pdf
What Works in Therapy: Pop Quiz

Last Question!
The best way to insure effective, efficient, ethical and accountable treatment practice is for the field to adopt and enforce:
• Evidence-based practice;
• Quality assurance;
• External management;
• Continuing education requirements;
• Legal protection of trade and terminology.

False

What Works in Therapy: A Tale of Two Solutions...

The Medical Model:
• Diagnosis-driven, “illness model”
• Prescriptive Treatments
• Emphasis on cure and competence
• “Client-centered”

Practice-based Evidence
• Client-directed (Fit)
• Outcome-informed (Effect)
• Emphasis on benefit over need
• Restore real-life functioning
What Works in Therapy: First Step

- Formalizing what experienced therapists do on an ongoing basis:
  - Assessing and adjusting fit for maximum effect.


What Works in Therapy: Integrating Formal Client Feedback into Care

Valid
Reliable
Feasible

The O.R.S

The S.R.S

Download free working copies at: http://www.talkingcure.com/index.asp?id=106
What Works in Therapy: Integrating Formal Client Feedback into Care

Cases in which therapists “opted out” of assessing the alliance at the end of a session:

- Two times more likely for the client to drop out;
- Three to four times more likely to have a negative or null outcome.


What Works in Therapy: Integrating Formal Client Feedback into Care

What Works in Therapy: A Question of Focus

What Works in Therapy: More Research on Feedback

Shifting from Process to Outcome: Everyone Wins

<table>
<thead>
<tr>
<th>Consumers:</th>
<th>Clinicians:</th>
<th>Payers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individualized care</td>
<td>Professional autonomy</td>
<td>Accountability</td>
</tr>
<tr>
<td>Needs met in the most effective and efficient manner possible (value-based purchasing)</td>
<td>Ability to tailor treatment to the individual client(s) and local norms</td>
<td>Efficient use of resources</td>
</tr>
<tr>
<td>Ability to make an informed choice regarding treatment providers</td>
<td>Elimination of invasive authorization and oversight procedures</td>
<td>Better relationships with providers and decreased management costs</td>
</tr>
<tr>
<td>A continuum of possibilities for meeting care needs</td>
<td>Paperwork and standards that facilitate rather than impede clinical work</td>
<td>Documented return on investment</td>
</tr>
</tbody>
</table>

What Works in Therapy: The Triumph of Outcome over Process

Are you willing?

“Ja, vi elsker dette landet, Som det stiger frem…”
### What Works in Therapy: So, why not?

<table>
<thead>
<tr>
<th>Takes too much time</th>
<th>The “latest” “bureaucratic” gimmick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management will use the results against therapists</td>
<td>Nice theory, doesn’t work in the real world</td>
</tr>
<tr>
<td>This gets in the way of forming a good therapeutic relationship</td>
<td>Clients will get bored or object</td>
</tr>
<tr>
<td>How will more paperwork make me more efficient?</td>
<td></td>
</tr>
</tbody>
</table>

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Imagine…
Putting “What Works” to work in Therapy: Three Steps

1. Create a “Culture of feedback”;
2. Integrate alliance and outcome feedback into clinical care;
3. Learn to “fail successfully.”

What Works in Therapy: 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).
What Works in Therapy:
Creating a “Culture of Feedback”

Introducing the ORS: A Case Example

• Scored to the nearest millimeter.
• Add the four scales together for the total score.

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

What Works in Therapy:
Measuring Outcome

<table>
<thead>
<tr>
<th>Individually: (Personal well-being)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonally: (Family, close relationships)</td>
</tr>
<tr>
<td>Socially: (Work, School, Friendships)</td>
</tr>
<tr>
<td>Overall: (General sense of well-being)</td>
</tr>
</tbody>
</table>
Child Outcome Rating Scale (CORS)

Name: ___________________________ Age (Yrs): ______
Sex: M/F ______ Sessions # ______ 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?)

Family
(How are things in my family?)

School
(How am I doing at school?)

Everything
(How is everything going?)

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Young Child Outcome Rating Scale (YCORS)

Name: ___________________________ Age (Yrs): ______
Sex: M/F ______ Sessions # ______ 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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What Works in Therapy: Creating a “Culture of Feedback”

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).
What Works in Therapy: 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 so this form does not apply to me.

After your therapist introduces the ORS, please say:

• How should I fill this out so that we can keep meeting?

After your therapist introduces the ORS, please say:

• One of my biggest fears is being evaluated, I think I’m going to have a panic attack. What Works in Therapy: Linking Treatment to Outcome

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.

Session Rating Scale (SRS V.3.0)

<table>
<thead>
<tr>
<th>Name</th>
<th>Age (Yrs):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visit</td>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

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

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**What Works in Therapy: Integrating Formal Client Feedback into Care**

**Severity Adjusted Effect Size**
(SAIC sample)

- **9000 cases**
- **>1.2 σ**

![Graph showing severity adjusted effect size](image)

**What Works in Therapy: Linking Treatment to Outcome**

**Session Rating Scale (SRS V.3.0)**

- **Give at the end of session:**
- **Each line 10 cm in length:**
- **Score in cm to the nearest mm:**
- **Discuss with client anytime total score falls below 36**

![Session Rating Scale](image)

- **Name:**
- **Age (years):**
- **Sex:**
- **Session #:**
- **Date:**

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

Did not always listen to me. [ ] Listened to me. [ ]

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

How Important

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 icons 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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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.
• After your therapist explains the SRS to you, please ask:
  • Is this part of your job evaluation?
  • After your therapist explains the SRS to you, please:
  • But don’t you know how I feel?

What Works in Therapy:
Creating a “Culture of Feedback”

Step Two:
Integrating Feedback into Care
What Works in Therapy: Integrating Outcome into Care

Who drops out?

- The dividing line between a clinical and “non-clinical” population (25; Adol. 28; kids 30).

Facts:
- Between 25-33% of clients score in the “non-clinical” range.
- Clients scoring in the non-clinical range tend to get worse with treatment.
- The slope of change decreases as clients approach the cutoff.

The higher the score:
A. The lower the dose and intensity;
B. The higher the dose and intensity;
C. It depends on the diagnosis;
D. It depends on what command says;
E. Let me look at my colleague’s answer.

What Works in Therapy: Integrating Outcome into Care

Because people scoring above the clinical cutoff tend to get worse with treatment:

- Explore why the client decided to enter therapy.
- Use the referral source’s rating as the outcome score.
- Avoid exploratory or “depth-oriented” techniques.
- Use strength-based or focus on circumscribed problems in a problem-solving manner.

The Prisoner: A Clinical Example

Goals, Meaning or Purpose
Client’s Theory of Change
Client’s View of the Therapeutic Relationship
Means or Methods
Managing Client Feedback:
Scores above the clinical cut off at Intake

Integrating Outcome into Care:
A Clinical Example

Teen People:
A Clinical Example

Client's View of the Therapeutic Relationship
Client's Theory of Change
Means or Methods
Goals, Meaning or Purpose
What Works in Therapy:
Integrating Outcome into Care

Second session and beyond...

What should the clinician do when the client’s scores are better (or worse) than the previous session?

*It depends…*

- On the magnitude of the change.
- On when the change takes place.
What Works in Therapy: Integrating Outcome into Care

- Do not change the dose or intensity when the slope of change is steep.
- Begin to space the visits as the rate of change lessens.
- See clients as long as there is meaningful change & they desire to continue.

The Reliable Change Index (RCI):

- The average amount of change in scores needed in order to be attributable to treatment regardless of the persons score on the ORS at intake.
- On the ORS, the RCI = 5 points.
- The benefit is simplicity; the problem is:
  - The RCI underestimates the amount of change required to be considered reliable for people scoring lower at intake;
  - The RCI overestimates the amount of change required to be considered reliable for people scoring higher at intake.

When is Change Reliable?

Two Methods

- Algorithm-driven “trajectories of change”:
  - Uses linear regression to plot client-specific trajectories;
  - Depicts the amount of change in scores needed to be attributable to treatment.
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!
“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.”

Let it Be…
A Case Example

Service Presentation Format:

1. Name(s):
2. Age(s):
3. Gender(s):
4. Ethnicity:
5. Relationship status:
6. Employment status:
7. Referral source:
8. Service start date:
9. Current level of care:
10. Reason for seeking care:

38, 9
Female, Male
Hispanic
Widowed
Laborer, 3rd grade
Child protective service
November (5 months ago)
Outpatient
9 year old son reported being hit
What Works in Therapy: Integrating Outcome into Care

Stay or alter course?

I WANT YOU TO DECIDE!
What Works in Therapy:
Integrating Outcome into Care

• Outcome of treatment varies depending on:
  • The unique qualities of the client;
  • The unique qualities of the therapist;
  • The unique qualities of the context in which the service is offered.

Directions for change when you need to change directions:

• What: 1%
• Where: 2-3%
• Who: 8-9%

1. What does the person want?
2. Why now?
3. How will the person get there?
4. Where will the person do this?
5. When will this happen?

Collaborative Teaming & Feedback

When?
• At intake;
• “Stuck cases” day;

How?
• Client and/or Therapist peers observe “live” session;
• Each reflects individual understanding of the alliance sought by the client.
• Client feedback about reflections used to shape or reshape service delivery plan.

What Works in Therapy: Integrating Outcome into Care

Relationship:
I could feel heard, understood, and respected.

Goals and Topics:
We did much work on x and talked about x.

Approach or Method:
The therapist’s approach was great for me.

Overall:
The therapist’s approach was great.

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www.talkingcure.com
“I’ve fallen in love… with the needle”

A Case Example

Service Presentation Format:

1. Name: Gina
2. Age: 28
3. Gender: Female
4. Ethnicity: Native American
5. Relationship status: Single mother
6. Employment status: Unemployed
7. Referral source: Courts, prior treatment (3X)
8. Service start date: 1 week ago
9. Current level of care: Residential
10. Reason for seeking care: Polysubstance dependence
What Works in Therapy: Integrating Outcome into Care

Trajectory of Change
(Updated: Tuesday)

TextID Text Message
1 Client is scoring in the severe range of distress. Normative data indicate that fewer than 50% of people in this range at their initial session. Research predicts rapid improvement in the first handful of sessions. Such rapid improvement, however, increases the likelihood of dropping out of treatment before the necessary results have been achieved. Rule out recent crisis, trauma, and sudden risk.

2

3

4

5

6

7

8

9

10

Red

Yellow

Green

White

Client scores are somewhat better. However, progress is somewhat slower than expected. Be aware that the type and amount of treatment needs their approval. Address any item on the SRS that is 2 or more points from 10.
What Works in Therapy: Integrating Outcome into Care

Stay or alter course?

I WANT YOU TO DECIDE!

What Works in Therapy: Integrating Outcome into Care

**Relationship:**
- I felt heard, understood, and respected.
- Not heard, understood, and respected.

**Goals and Topics:**
- We did work on or talk about what I wanted to work on and talk about.
- We worked on and talked about what I wanted to work on and talk about.

**Approach or Method:**
- The therapist's approach is not a good fit for me.
- The therapist's approach is a good fit for me.

**Overall:**
- Overall, today's session was right for me.

Thanks for your feedback

All done here.

OK.
Step Three: Learning to Fail Successfully

What Works in Therapy: Learning to “Fail Successfully”

• Drop out rates range from 20-80% with an average of 47%:
  • Approximately half of people who drop out report a reliable change.
  • Importantly, the data indicate that had they stayed a few more sessions:
    • More change;
    • Change more durable.


What Works in Therapy: Learning to “Fail Successfully”

- Of those who stay in care:
  - Studies indicate between 15-70% achieve a reliable change in functioning.
  - Therapists are likely to fail with 30-85% of people treated.

- Said another way:
  - Therapists are likely to fail with 30-85% of people treated.

- Studies indicate between 15-70% achieve a reliable change in functioning.

- Therapists are likely to fail with 30-85% of people treated.

---

Start

- ~20-80%, (X = 47%) Drop Out
- ~50% Improved
- ~50% Unchanged or deteriorated
- 30-85% (X = 50%) Do not Improve
- 15-70% (X = 50%) Improve

- 21% Improve (if they stay)
- 46% Improve (with feedback to therapist)
- 56% Improve (with feedback to Therapist and Client)

---


The “Random Walk” in Psychotherapy

• In 2000, Burton Malkiel shows how a broad portfolio of stocks selected at random will match the performance of one carefully chosen by experts.
  • Dividend yields: Pros 1.2%; Darts 2.3%, DJIA 3.1%.
• Similarly, research shows there is little or no correlation between a therapy with poor outcome and the likelihood of success in the next therapy.


What Works in Therapy

Failing Successfully:
A Clinical Example
What Works in Therapy: Integrating Outcome into Care

Service Presentation Format:

1. Name: Rick
2. Age:
3. Gender: Male
4. Ethnicity: European
5. Relationship status: Married, 1 child
6. Employment status: Unemployed
7. Referral source:
8. Service start date:
9. Current level of care: Outpatient
10. Reason for seeking care:

What Works in Therapy:

A Clinical Example

[Diagram showing trajectory of change and text message]

TextID 1
Text Message
This client scored more like people who are in and likely to benefit from clinical services. Begin treatment as usual.
What Works in Therapy:
A Clinical Example

• Discuss high process scores:
  • When the usual amount of time it takes for change to occur has been exceeded.

• What does this client's score mean?
  • When the usual amount of time it takes for change to occur has been exceeded.
What Works in Therapy: A Clinical Example

[Graph showing trajectory of change for Client ID: RC]

Client scores have not changed significantly since the outset of care. Things to consider changing: [ ] type [ ] amount, or [ ] provider.

Text Message:
- Red
- Yellow
- Green
- White

Add New Message
- Preserve
- Change
- RESTORE

When...
YOU FAIL!

A Clinical Example
### What Works in Therapy:

**Integrating Outcome into Care**

**Service Presentation Format:**

1. **Name:** Alisha
2. **Age:** 20
3. **Gender:** Female
4. **Ethnicity:** Jamaican-American
5. **Relationship status:** Single, living at home
6. **Employment status:** Unemployed
7. **Referral source:** Parents
8. **Service start date:** Outpatient
9. **Current level of care:** Hallucinations
10. **Reason for seeking care:** Hallucinations
What Works in Therapy:
Learning to “Fail Successfully”

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 to the left represent low levels and marks to the right indicate high levels. If you are filling out this form for someone else, please fill it out according to how you think he or she is doing.

<table>
<thead>
<tr>
<th>Area</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individually (Personal well-being)</td>
<td>6.5</td>
</tr>
<tr>
<td>Interpersonally (Family, close relationships)</td>
<td>7.7</td>
</tr>
<tr>
<td>Socially (Work, school, friendships)</td>
<td>6.5</td>
</tr>
<tr>
<td>Overall (General sense of well-being)</td>
<td>6.2</td>
</tr>
</tbody>
</table>

Institute for the Study of Therapeutic Change
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The Benefits of Client Feedback on Treatment Outcome


What Works in Therapy: Review

✓ Call for:
  ✓ Accountability;
  ✓ Measurable outcomes;
  ✓ Efficient use of resources;
  ✓ Documented “return on investment”

✓ The response:
  ✓ Practice-based practice;
  ✓ Training and supervision targeted to outcomes of individual therapists and programs;
  ✓ Continuous monitoring and real-time utilization of outcome data;
  ✓ Treatment planning and programs structured and informed by local norms and algorithms;
  ✓ Regulatory bodies use outcome data for value-based oversight and purchasing of treatment services.
The Heart and Soul of Change

That's all folks!