Feedback Informed Treatment:

The Advanced Intensive

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FOR CLINICAL EXCELLENCE

Advanced Intensive

Goal for the Course

- *Provide participants with an in-depth understanding of and skills associated with "Feedback-Informed Treatment" (FIT)*

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Course Outline

- Course Objectives:
  - *The ICCE Core Competencies:*
    - *Research Foundations*
    - *Implementation*
    - *Measurement and Reporting*
    - *Continuing Professional Improvement*
- Certification

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Course Method

- What we will do:
  - Combination of didactic (lecture) and experiential (group activities & participant presentations):
    - *Reading assignments each day;*
    - *Daily goal/objective;*
    - *Daily feedback.*
  - Sign in each day
  - Your name badge and symbols:
    - *Each participant will have a change to interact with everyone present and an opportunity to serve as a group leader and presenter;*
    - *Leave your badge each day*

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GOALS FOR TODAY:

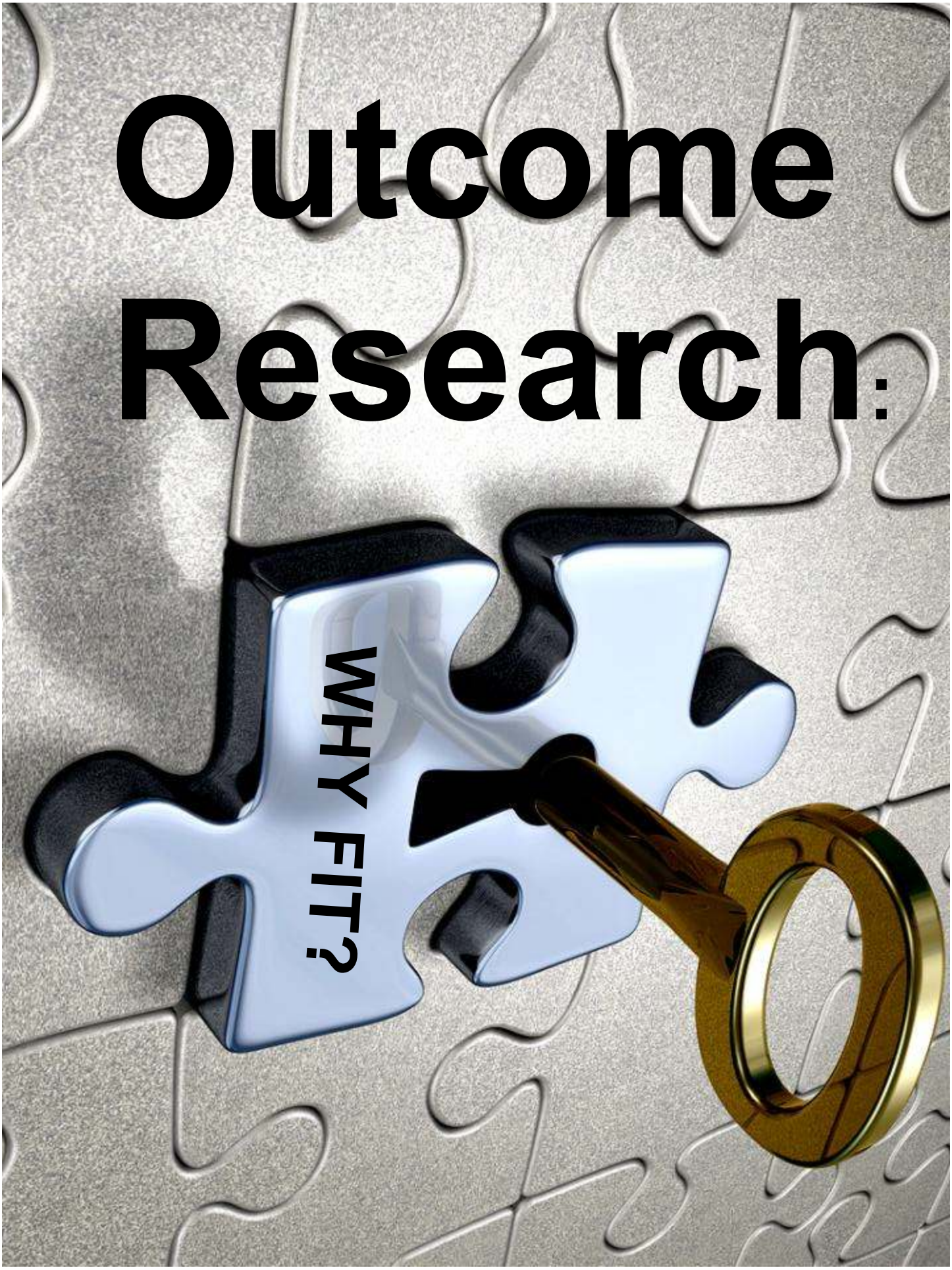
- *Participants will learn what outcome research indicates about the efficacy of treatment and clinicians, and how such findings support the use of FIT*

--Core Competency #1

- *Participants will learn how to create a feedback friendly environment.*

--Core Competency #2

Outcome Research:



Why FIT?

- *In most studies of treatment conducted over the last 40 years, the average treated person is better off than 80% of the untreated sample.*
- *The outcome of behavioral health services equals and, in most cases, exceeds medical treatments.*
- *On average, mental health professionals achieve outcomes on par with success rates obtained in randomized clinical trials (with and without co-morbidity).*

Duncan, B., Miller, S., Wampold, B., & Hubble, M. (eds.) (2009). *The Heart and Soul of Change: Delivering What Works*. Washington, D.C.: APA Press.

Minami, T., Wampold, B., Serlin, R., Hamilton, E., Brown, G., Kircher, J. (2008). Benchmarking for psychotherapy efficacy. *Journal of Consulting and Clinical Psychology, 75 232-243.*

Why FIT?

Three "Stubborn" Facts

- *Drop out rates average 25%;*
- *Mental health professionals frequently fail to identify failing cases;*
- *1 out of 10 consumers accounts for 60-70% of expenditures.*

Aubrey, R., Self, R., & Halstead, J. (2003). Early nonattendance as a predictor of continued non-attendance and subsequent attribtion from psychological help. *Clinical Psychology, 32, 6-10.*

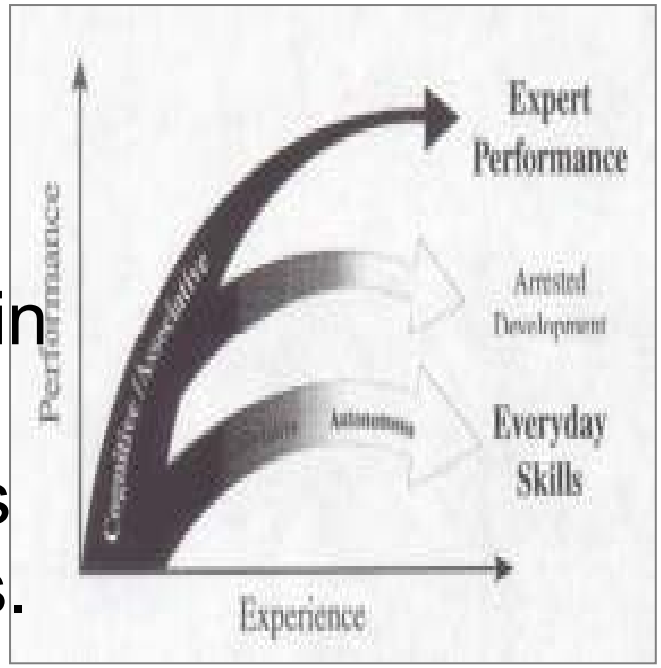
Chasson, G. (2005). Attrition in child treatment. *Psychotherapy Bulletin, 40*(1), 4-7.

Harmon, S.J., Lambert, M.J., Smart, D.M., Hawkins, E., Nielsen, S.L., Slade, K., Lutz, W., (2007) Enhancing outcome for potential treatment failures: Therapist-client feedback and clinical support tools. *Psychotherapy Research, 17(4), 379-392*

Lambert, M.J., Whipple, J., Hawkins, E., Vermeersch, D., Nielsen, S., & Smart, D. (2004). Is it time for clinicians routinely to track client outcome? A meta-analysis. *Clinical Psychology, 10*, 288-301.

Why FIT?

- The effectiveness of the "average" helper plateaus very early.
- Little or no difference in outcome between professionals, students and para-professionals.

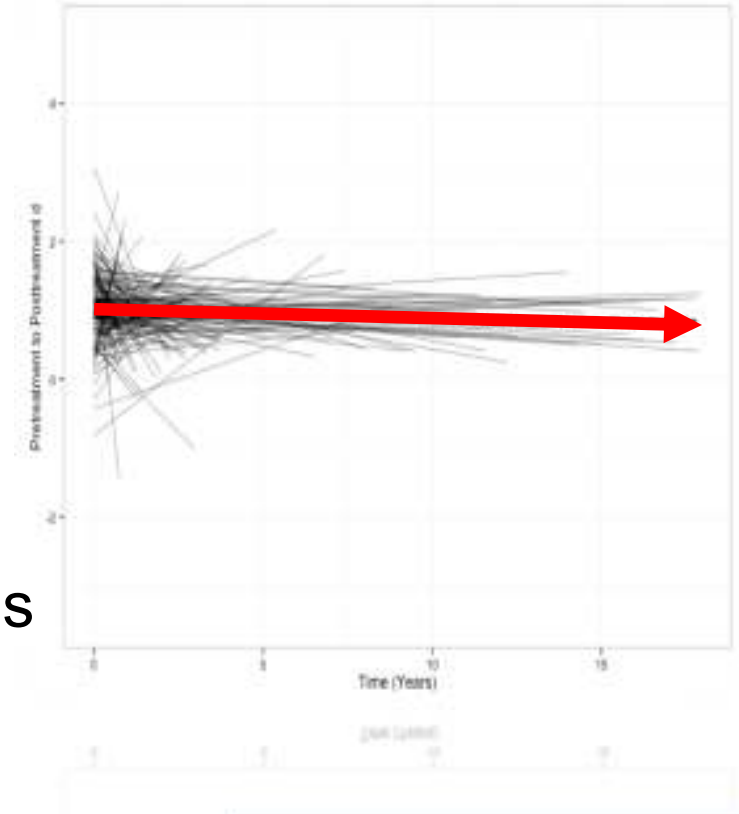


Ericsson, K.A., Charness, N., Feltovich, P. & Hoffman, R. (eds.). (2006). *The Cambridge Handbook of Expertise and Expert Performance* (pp. 683-704). New York: Cambridge University Press.

Nyman, S. et al. (2010). Client outcomes across counselor training level within multitiered supervision model. *Journa of Counseling and Development, 88*, 204-209.

Why FIT?

- The largest study to date on the effect of experience on outcome;
- 170 Therapists followed over 17 years;
- On average outcomes declined over time.



Goldberg, S., Miller, S. et al. (2015). Do therapists improve with time and experience? *Journal of Counseling Psychology.*

Why FIT?

1. **What**: What has been said so far?

2. **So what**: What does this mean about how we have traditionally worked?

3. **Now what**: What does this mean about what we should do differently in the future?

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Two Paradigms

The "Medical" Model:

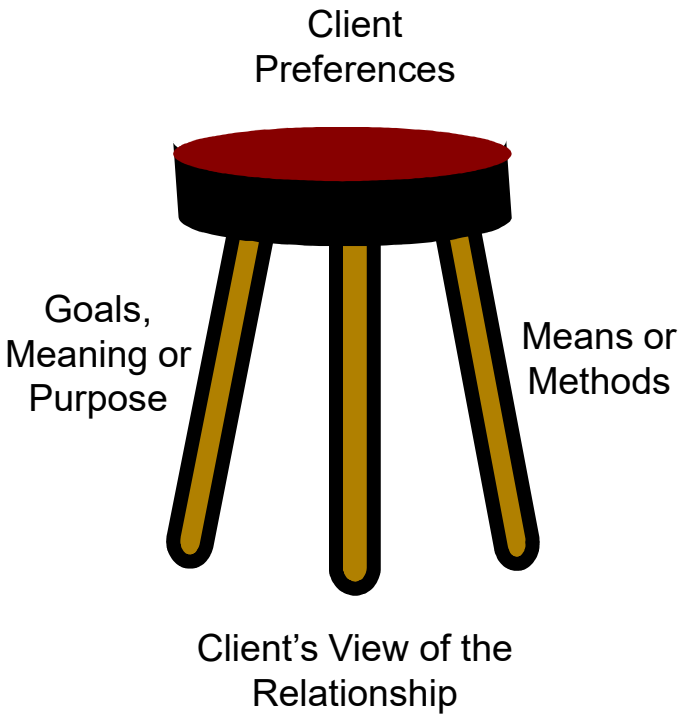
What treatment, by whom, is most effective for this individual with that specific problem, under which set of circumstances, and how does it come about?

The "Contextual" Model:

Is this relationship between this client and this service working for this individual at this time and place?

The Therapeutic Relationship

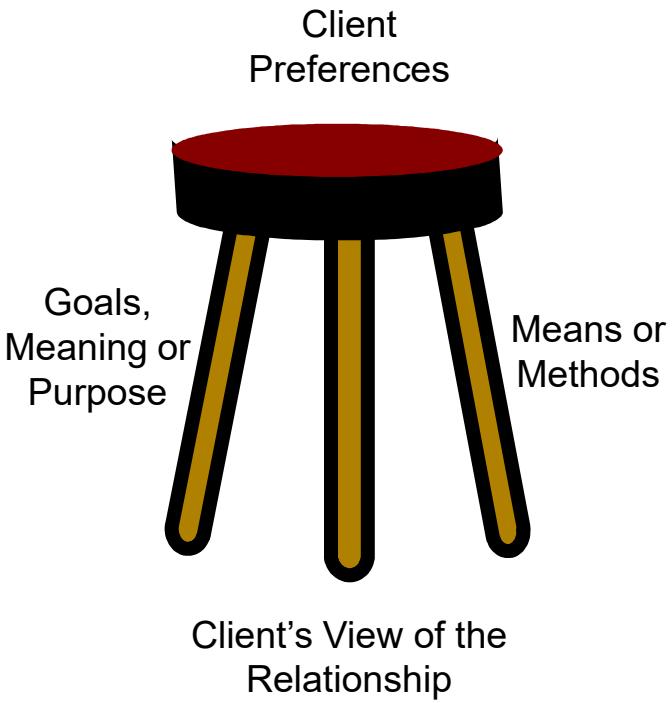
- Research on the power of the relationship reflected in literally thousands of research findings.



Norcross, J. (2009). The Therapeutic Relationship. In B. Duncan, S. Miller, B. Wampold, & M. Hubble (eds.). *The Heart and Soul of Change*. Washington, D.C.: APA Press.

The Therapeutic Relationship

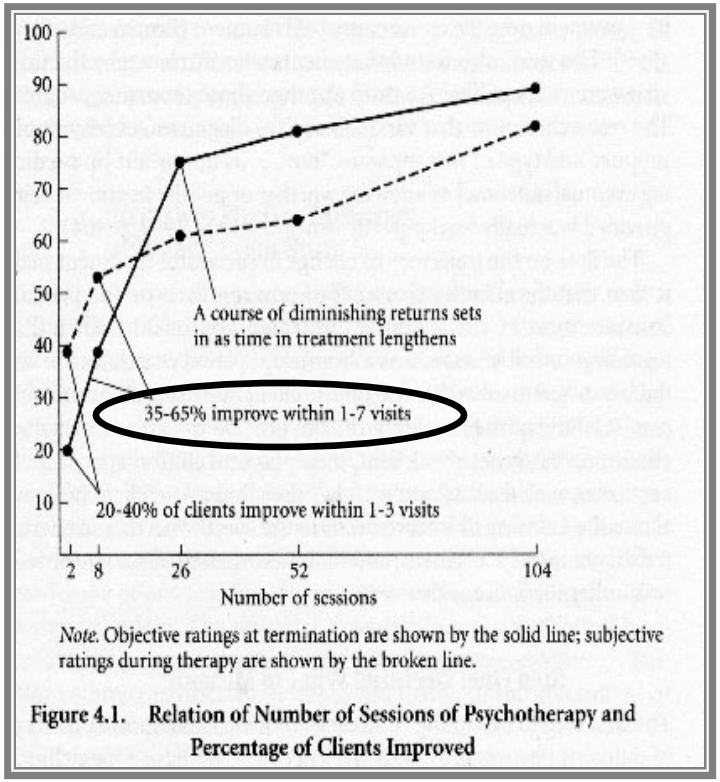
- Baldwin et al. (2007):
  - *Study of 331 consumers, 81 clinicians.*
  - *Therapist variability in the alliance predicted outcome.*
  - *Consumer variability in the alliance* unrelated *to outcome.*



Baldwin, S., Wampold, B., & Imel, Z. (2007). Untangling the Alliance-Outcome Correlation. *Journal of Consulting and Clinical Psychology, 75*(6), 842-852

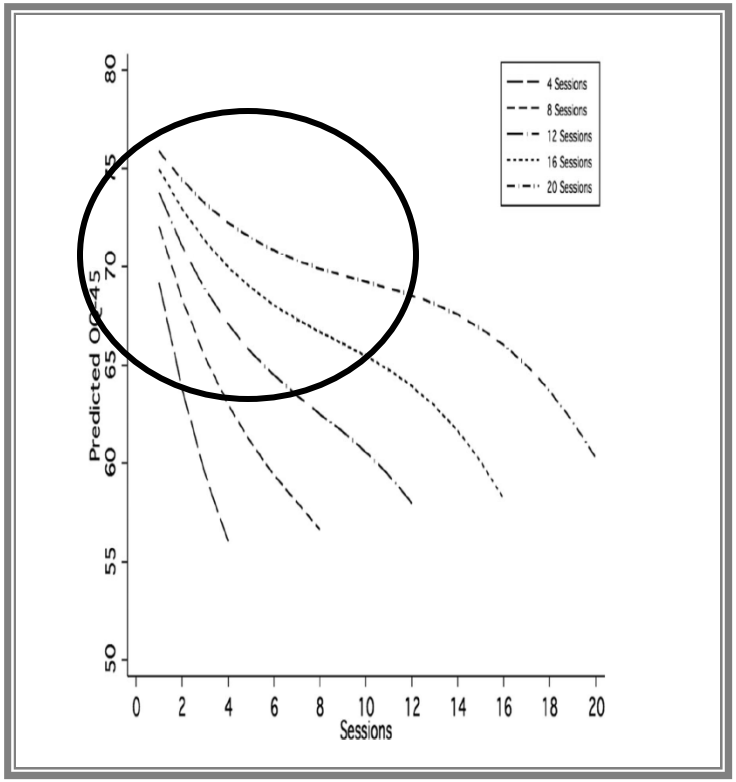
The Experience of Change

The Course of Progress in Successful Care



Note. Objective ratings at termination are shown by the solid line; subjective ratings during therapy are shown by the broken line.

Figure 4.1. Relation of Number of Sessions of Psychotherapy and Percentage of Clients Improved



Howard, K. et al. (1986). The dose-effect relationship in psychotherapy. *American Psychologist, 41,* 159-164

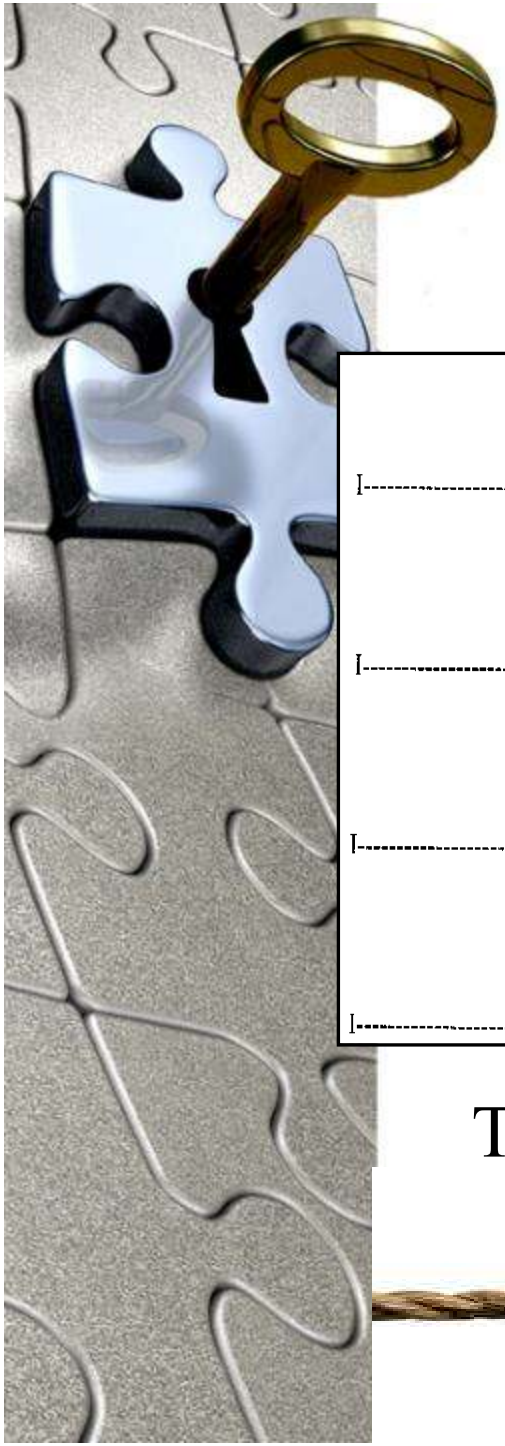
Baldwin, S. et al. (2009). Rates of change in naturalistic psychotherapy. *Journal of Consulting and Clinical Psychology, 77*, 203-211.

The Experience of Change

- 40% of clients experience reliable change within 5 sessions.
- If there is no change within the first 8 visits, there is a 90% risk of treatment not being helpful.
- As many as 25% of clients stay in treatment even when there is no measurable improvement.

Miller, S.D. (2014). Dinner with Paul McCartney (and others). https://www.scottdmiller.com/1327/

Determining the "FIT"



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

Valid

Reliable

Feasible

Relationship:

I did not feel heard, understood, and respected — I felt heard, understood, and respected

Goals and Topics:

We did not 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

The O.R.S

The S.R.S

Feedback Informed Treatment

The Evidence

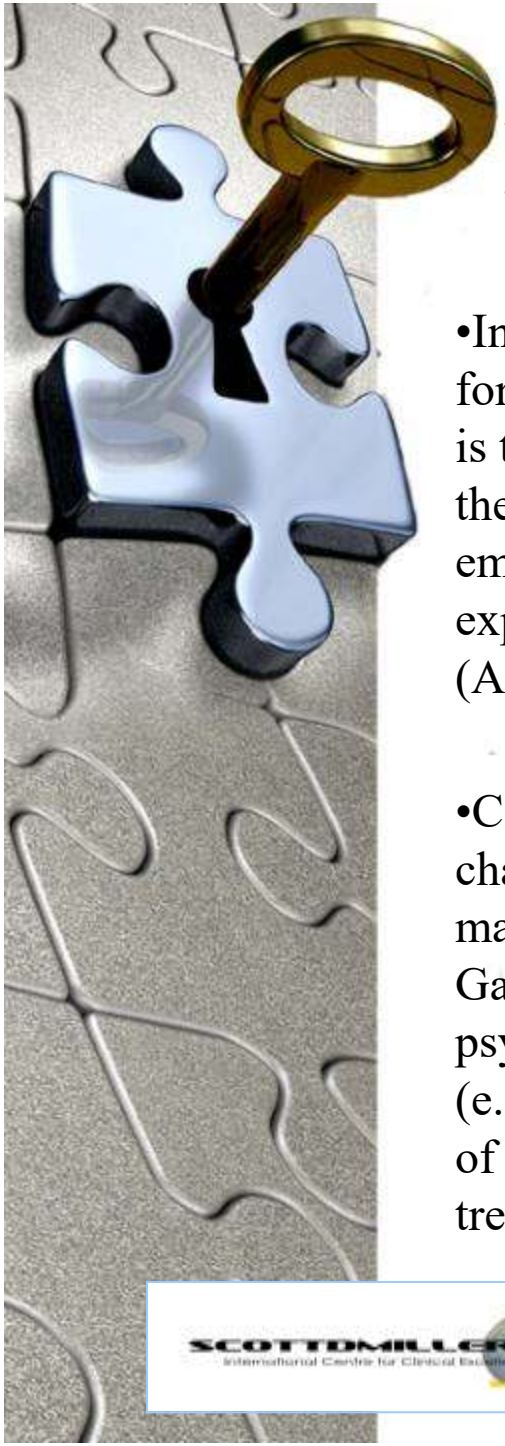
- Scores of RCT's involving thousands of clinically, culturally, and economically diverse consumers shows routine outcome monitoring can:
  - *Double the "effect size" (reliable and clinically significant change);*
  - *Decrease drop-out and deterioration rates;*
  - *Shorten lengths of stay in treatment;*
  - *Reduce the cost of care (non-feedback groups increased).*

Schuckard, E., Miller, S., & Hubble, M (2017). Feedback Informed Treatment: Historical and empirical foundations. In D. Prescott, C., Maeschalck, & S. Miller (2017). Feedback Informed Treatment in clinical practice: reaching for excellence. Washington, DC: American Psychological Association.

Feedback Informed Treatment

- FIT is being used with broad and diverse group of adults, youth, and children in agencies and treatment settings around the world including:
  - *Inpatient*
  - *Outpatient*
  - *Residential*
  - *Prison-based (mandated care)*
  - *Case management*

Bohanske, B. & Franczak, M. (2009). Transforming public behavioral health care: A case example of consumer directed services, recovery, and the common factors. In B. Duncan, S. Miller, B. Wampold, & M. Hubble. (Eds.) (2009). *The Heart and Soul of Change* (2nd Ed.). Washington, D.C.: APA Press.



FIT & Evidence-Based Practice

•In the Task Force's recent report (APA, 2006), the following definition for EBPP was set forth: "Evidence-based practice in psychology (EBPP) is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (p. 273; emphasis included in the original text). Regarding the phrase "clinical expertise" in this definition, the Task Force expounded the following (APA, 2006; p. 276-277).

•Clinical expertise also entails the 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 (Lambert, Bergin, & Garfield,2004a). If progress is not proceeding adequately, the psychologist alters or addresses problematic aspects of the treatment (e.g., problems in the therapeutic relationship or in the implementation of the goals of the
treatment) as appropriate.

Presidential task force on evidence-based practice. (2006). Evidence-based practice in psychology. *American Psychologist, 61*(4), 271-285.

Feedback Informed Treatment:

"Creating a Culture of Feedback"

1. *Ability to adjust services to individual needs and preferences;*
2. *Improve quality and outcome;*
3. *More efficient resolution of presenting concerns or referral.*

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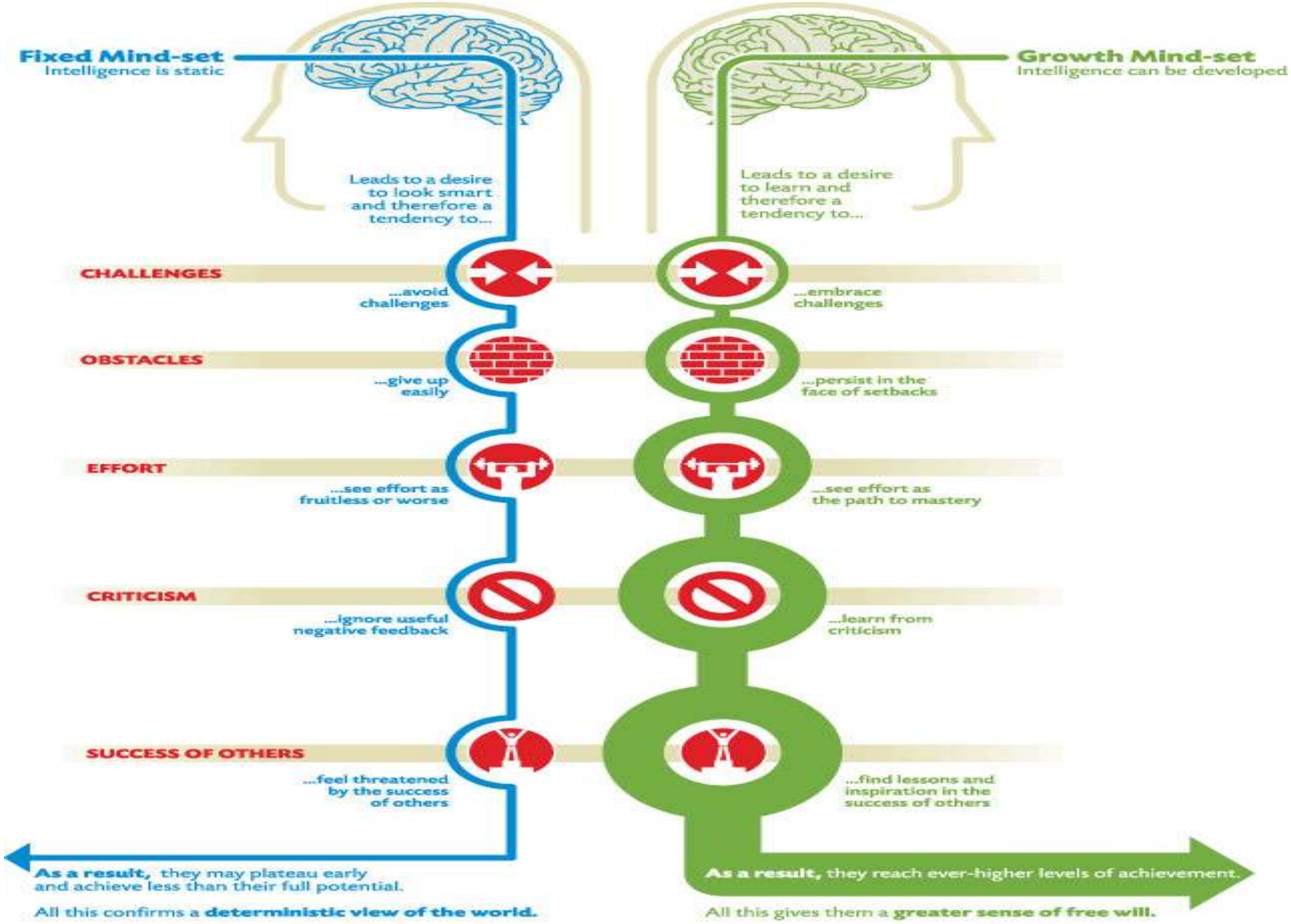
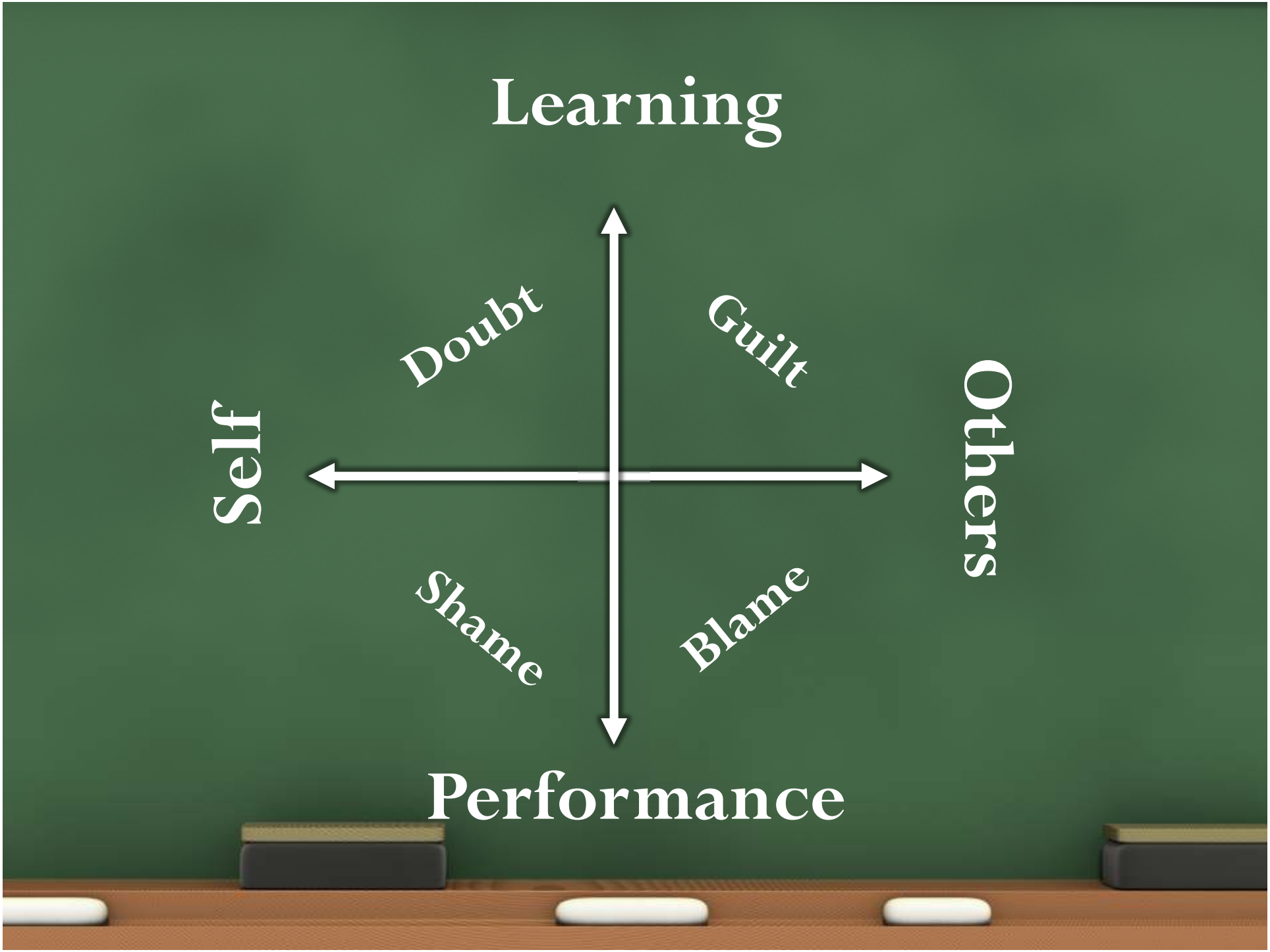

Fixed Mind-set
Intelligence is static
Growth Mind-set
Intelligence can be developed
Leads to a desire to look smart and therefore a tendency to...
Leads to a desire to learn and therefore a tendency to...
CHALLENGES
...avoid challenges
...embrace challenges
OBSTACLES
...give up easily
...persist in the face of setbacks
EFFORT
...see effort as fruitless or worse
...see effort as the path to mastery
CRITICISM
...ignore useful negative feedback
...learn from criticism
SUCCESS OF OTHERS
...feel threatened by the success of others
...find lessons and inspiration in the success of others
As a result, they may plateau early and achieve less than their full potential.
All this confirms a deterministic view of the world.
As a result, they reach ever-higher levels of achievement.
All this gives them a greater sense of free will.
GRAPHIC BY NIGEL HOLMES


Learning
Doubt
Guilt
Self
Others
Shame
Blame
Performance

The Outcome Rating Scale (ORS):

Outcome Rating Scale (ORS)

Name _____ Age (Yrs): _____
ID# _____ Sex: M / F
Session # _____ Date: _____

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.

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

- *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 (at week 3 or 4) and consider a referral (within no later than 8 to 10 weeks).*

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

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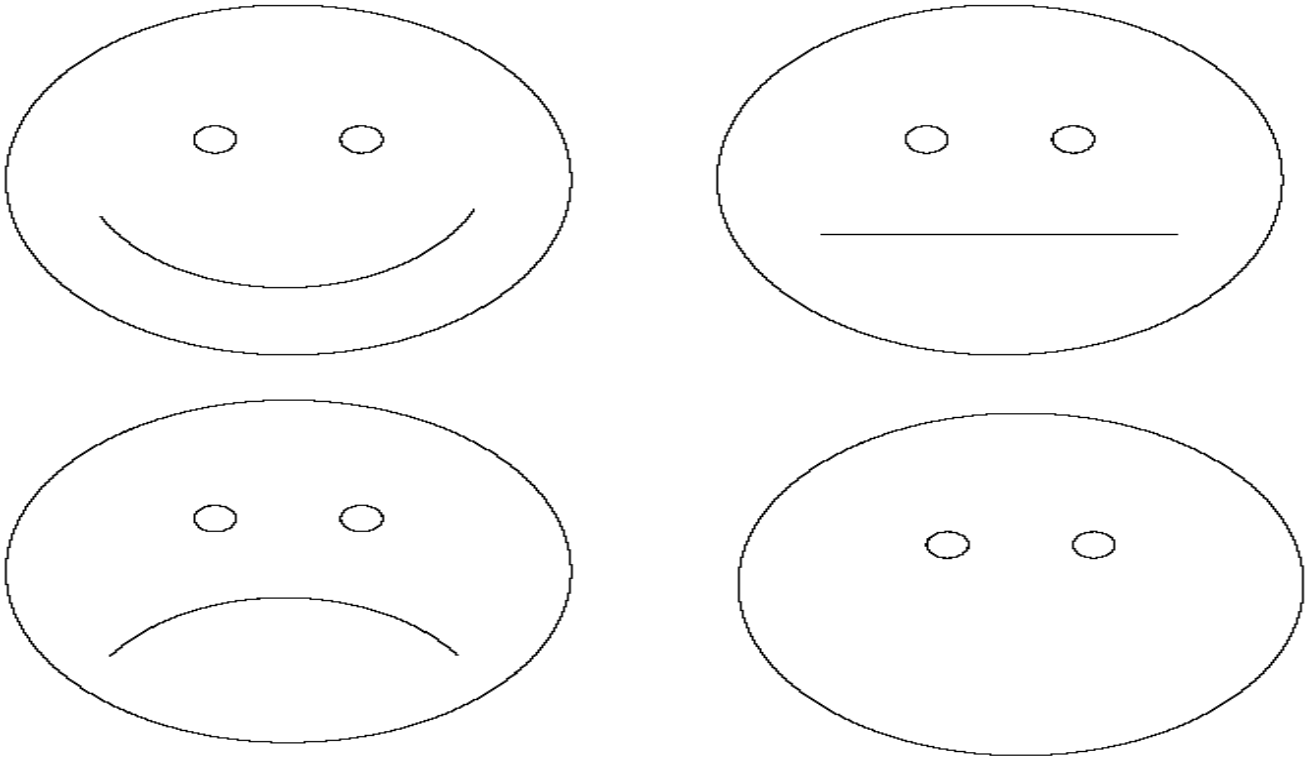
Young Child Outcome Rating Scale (YCORS)

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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The Outcome Rating Scale (ORS):

- Why does the ORS ask these particular questions?
- Why are there no numbers on the scale?
- Is it OK to add additional questions? Why or why not?
- What is the difference between "Individual" and "Overall?"
- What if the person:
  - Has no social life?
  - Has no family?
  - Is not in school?
  - Has no job?
- What if they want to give different answers for the different dimension of the same question?