

FIT “Advanced Intensive”

Putting Data to Work:

Integrating Outcome and Alliance
Data into Clinical Practice

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Feedback Informed Treatment

Goal for Today

Participants will learn how to interpret individual and aggregate data

--Core Competency #3.

Feedback Informed Treatment

- *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.

Wampold, B. & Imel, Z. (2015). *Great Psychotherapy Debate* (2nd Ed.). New York: Routledge.

The Evidence:

Three “Stubborn” Facts

- *Drop out rates range between 20-80% (Mean = 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 attrition from psychological help. *Clinical Psychology, 32*, 6-10.

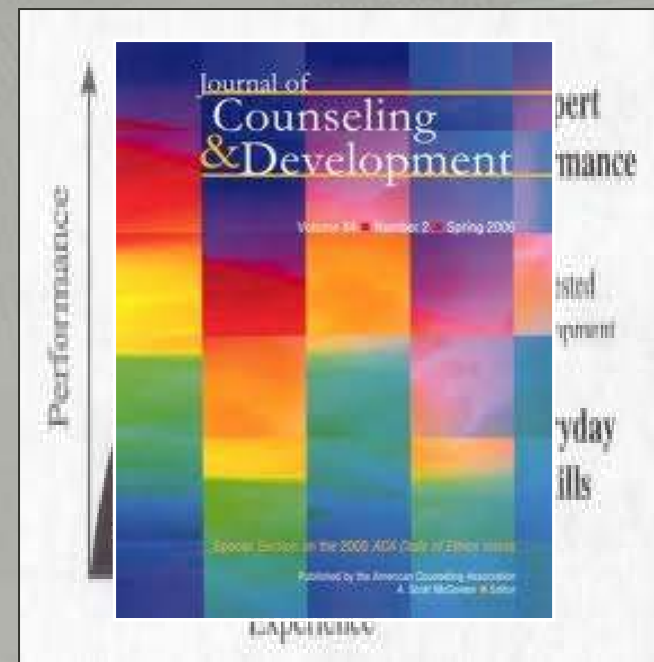
Chasson, G. (2005). Attrition in child treatment. *Psychotherapy Bulletin, 40*(1), 4-7.

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.

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



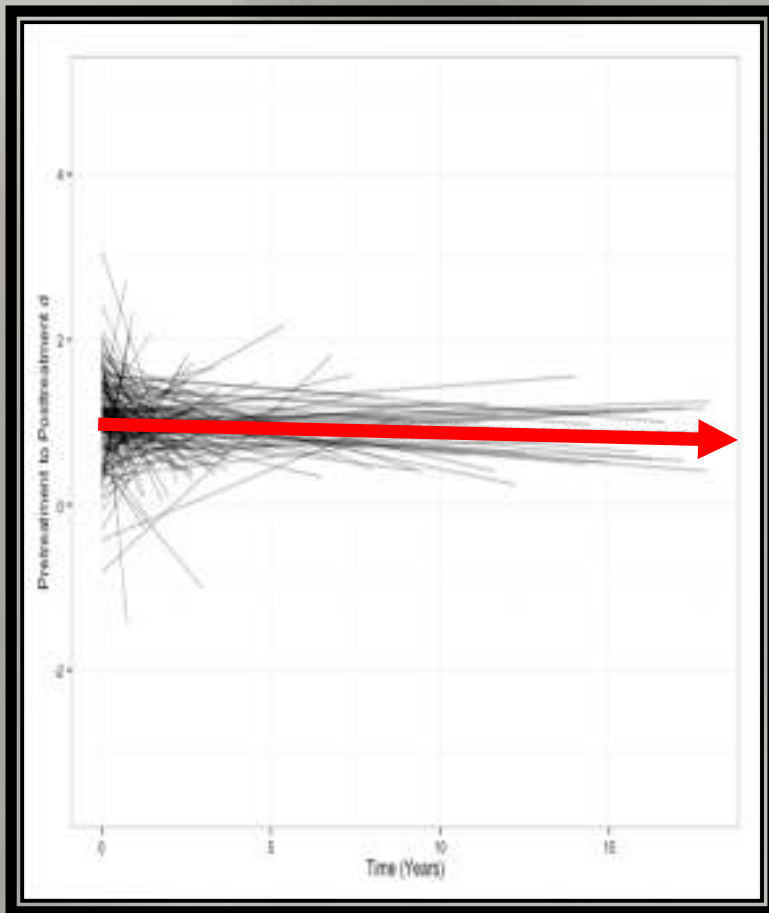
Ericsson, K.A., Charness, N., Feltovich, P. & Hoffman, R. (eds.). (2006). *The Cambridge Handbook of Expertise and Expert Performance* (pp. 683-704). New York: Cambridge University Press.

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

Malouff, J. (2012). The need for empirically supported psychology training standards. *Psychotherapy in Australia*, 18(3), 28-32.

Miller, S.D., & Hubble, M.A. (2011). The road to mastery. *The Psychotherapy Networker*, 35(2), 22-31, 60./

Feedback Informed Treatment



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

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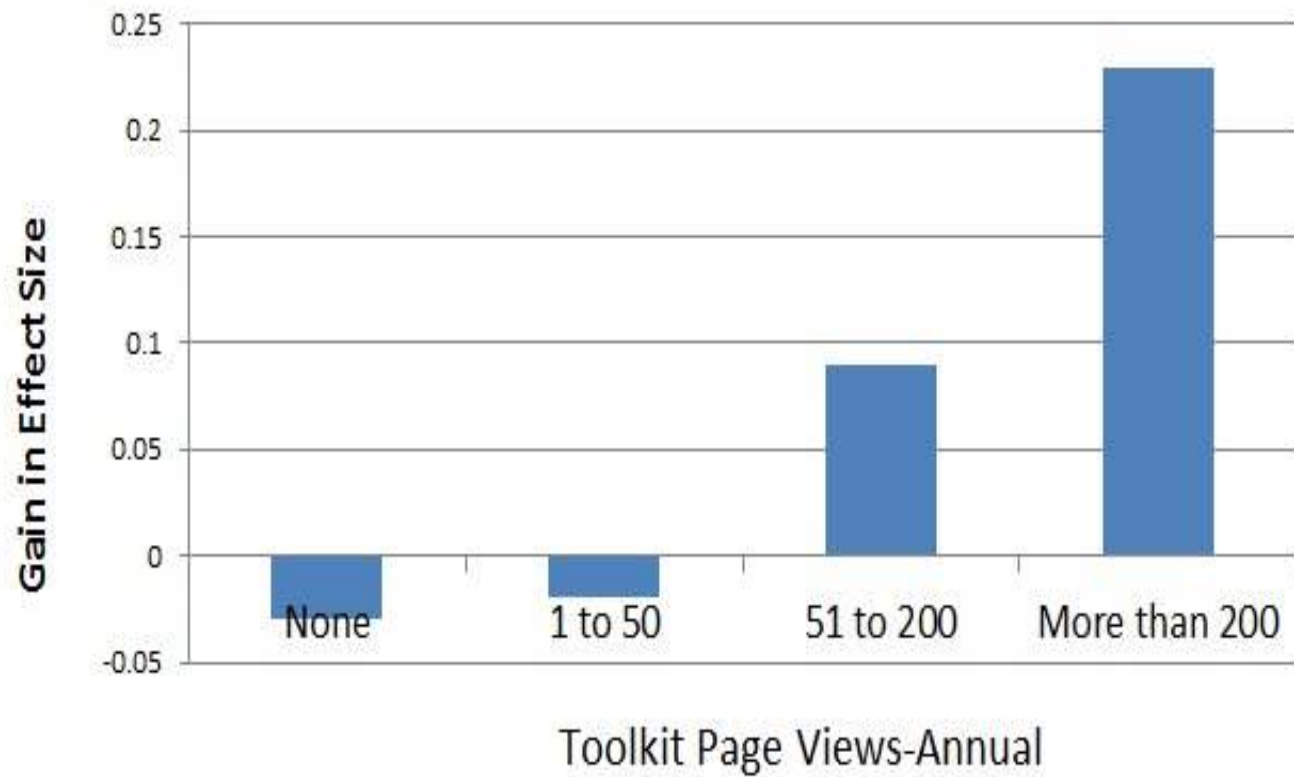
- Approximately 10% of adult clients deteriorate while in treatment.
- 14%-25% of children and youth deteriorate while in treatment.
- Severe deterioration is only detected in 1/3 of the cases by the therapist without formalized feedback.

Feedback Informed Treatment



- When therapists receive feedback that clients are deteriorating, they:
 - *Discuss it with the client (60% of the time)*
 - *Make efforts to assist with other resources (27% of the time)*
 - *Adjust therapeutic interventions (30% of the time)*
 - *Vary intensity or dose of service (9% of the time)*
 - *Consult with others (supervision, etc) (7% of the time)*

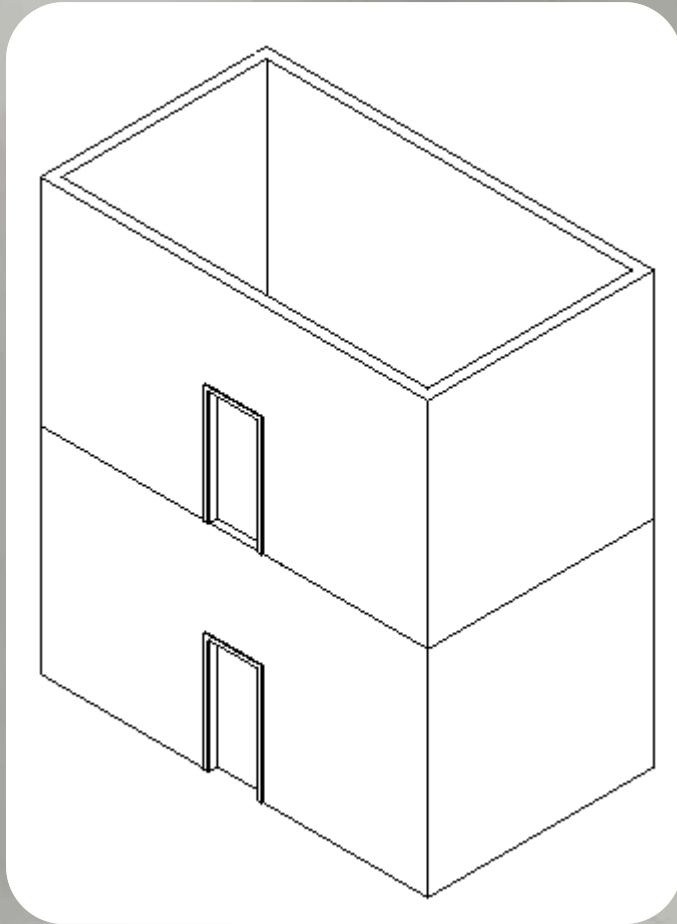
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Brown, J. (2014). Measurement + feedback = improved outcomes.
<https://psychoutcomes.org/DecisionSupportToolkit/ToolkitUsageAndOutcomes>. Retrieved August 20, 2014.

Putting Data to Work

Integrating Outcome into Care

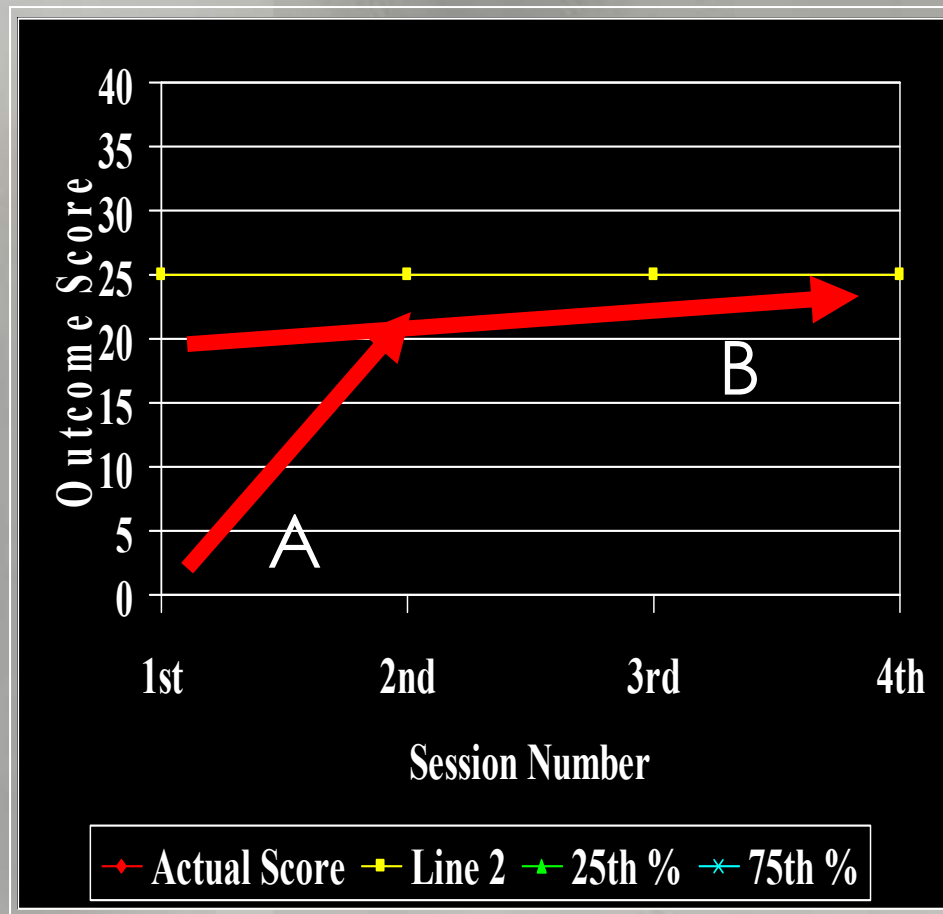


- Summary Statistics
- Session-by-Session

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The Clinical Cutoff



- The dividing line between a clinical and “non-clinical” population (25; Adol. 28; Kids, 32).

- Basic 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.

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Integrating Outcome into Care

- When scores are above the clinical cutoff:

- *Explore why the client decided to enter therapy.*

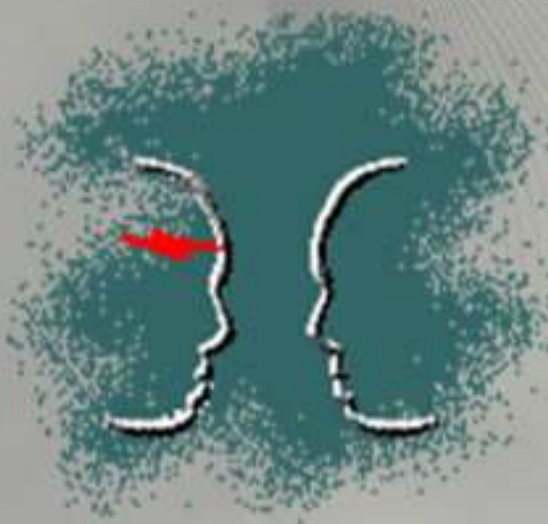
- *Where is the distress?*

- *Use the referral source's rating as the outcome score.*

- *Avoid exploratory or "depth-oriented" techniques.*

- *Is this as "good as it gets?"*

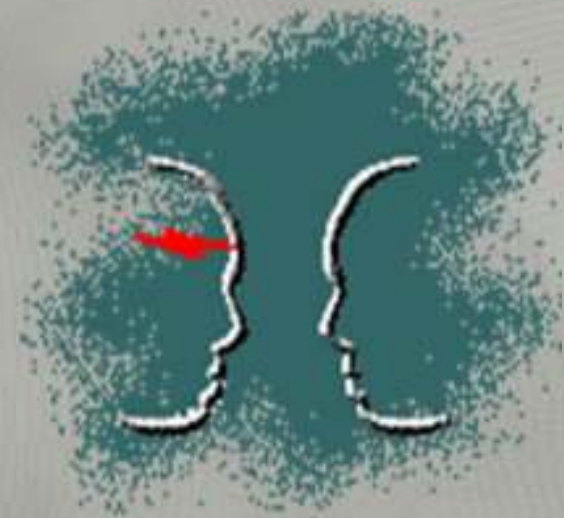
- *Focus on a circumscribed problem in a problem-solving manner.*



Putting Data to Work

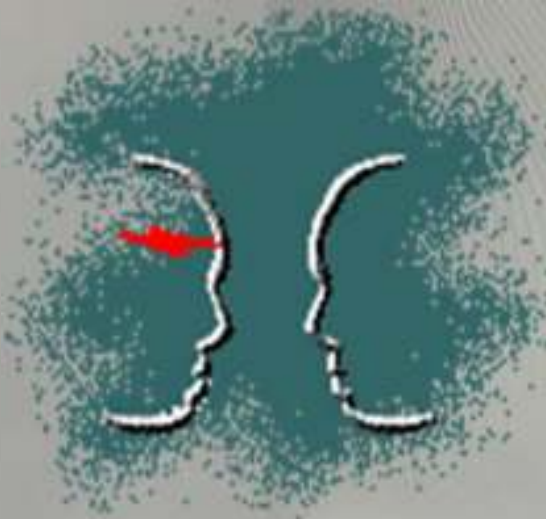
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- When scores are *below* the clinical cutoff:
 - *Average intake score in a typical community mental health outpatient sample is 19;*
 - *Expect early change;*
 - *The lower the intake score, the earlier and greater amount of change experienced;*
 - *Consider whether the score is a statement (e.g., suicide [12], etc.).*



Putting Data to Work

Integrating Outcome into Care



- When scores are *at or near* the clinical cutoff:

- *Expect durable change to accrue over time rather than in the short term;*
- *Adjust dose and intensity of services to fit a longer event horizon;*
- *Person may have adjusted to a concern/problem of considerable duration.*