


The Good, the Bad, & the Ugly of MH/SA Services

Becoming Better at What We Do



Barry Duncan, Psy.D. www.heartandsoulofchange.com
561.239.3640 barry@duncan@comcast.net



Home | CDOJ directory | members | hericagencies

The Heart and Soul of Change Project is a practice-driven, training and research initiative that focuses on what works in therapy and research. We are currently looking for people on the front lines of client-based outcome feedback, or more simply called the Partners for Change Outcome Management System (PCOMS) Resources.

This is the place to find the latest and greatest about client directed, outcome informed (CDOI) ideas and practices. What is CDOI? Watch the video...

The Latest News
Winter Getaway Training! Register now for the Heart and Soul of Change Project (HSCP) Training of Trainers Conference, the first step in implementing CDOI at your agency or becoming a certified trainer for the HSCP. [Read more...](#)

Latest Blog
The Medical Model and the Last Free Webinar
 From a Caplan (1966) to a recent (2009) article, the trend toward describing, researching, teaching, practicing, and regulating psychotherapy in the terms of the medical model (as opposed to the equation: diagnosis plus prescriptive treatment = cure or symptom amelioration) began long ago. George Albee (2000) suggested that psychology made its first real deal with the medical model over fifty years ago. The deal was sealed. | [Read more...](#)

- Video
- Resources
- Community
- Training
- Partners
- Bookstore

Blog Archives:

- July 2010
- June 2010
- May 2010
- April 2010
- March 2010
- February 2010
- January 2010
- December 2009
- November 2009
- October 2009
- September 2009
- August 2009

Blog Topics:

- Becoming a Better Therapist
- CDOI
- Common factors
- Drugs
- Evidence based treatment
- Research
- Partners
- Research
- Intercultural

Hericagencies Listserve

We invite you to join the hericagencies listserve, a 24-hour, email-based list consisting of an international group of over 900 (and growing) therapists, counselors, case managers, supervisors, students, and agency managers interested in learning more about and implementing client-directed, outcome-informed (CDOI) work. What is CDOI? [Read more...](#)

History

The list started in 2001, when Jacqueline Sparks and Barry Duncan brainstormed ways to create a worldwide network that could support the mission of transforming mental health business-as-usual. Beginning with a handful of early pioneers, the list has grown and now stretches into all parts of the world. Members have 24/7 access to helpful ideas about how to get started with CDOI, how to introduce CDOI into different settings, and how to use the latest support tools and research. It has always been Jacqueline and Barry's belief that there is strength in numbers. List members support each other and learn from each other; a network can create change that would be impossible for an individual alone.

Vision

We envision a future where clients' heroic stories overshadow descriptions of illness and client-directed partnerships revolutionize "mental health" as we know it.

Mission

Winter Getaway! Training of Trainers



- HSCP Training of Trainers Conference: January 30-Feb. 3, 2012 (27 CEUs)**

This intensive training experience gives you all you need to train others and implement CDOI and PCOMS. And it provides the first step in becoming an HSCP Certified Trainer.

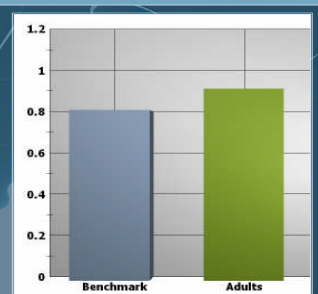
Psychotherapy The Good...



Study after study, and studies of studies show the average treated client is better off than 80% of the untreated sample.

Therapy Works As Good As RCTs

- Recent study:**
 - 2,000+ providers
 - 6,000+ clients
 - Outcomes equivalent to RCTs for depression, specifically the TDCRP.



Category	Value
Benchmark	0.8
Adults	0.9

Minami, T., Wampold, B., Serlin, R., Hamilton, E., Brown, J., Kircher, J. (2008). Benchmarking the effectiveness of psychotherapy treatment for adult depression in a managed care environment. *Journal of Consulting and Clinical Psychology, 76(1)*, 116-24.

Psychotherapy The Bad...



- Drop out rates average **47%**, **60% with adol. & SA clients**
- Therapists vary... a lot

Therapist Differences Incredible Variation Among Providers

TDCRP: top third psychiatrists giving placebo bested bottom third giving meds; clients of best therapists improve 50% more & dropped out 50% less; meds useful for clients of more effective therapists, not for less.

What accounts for the variability?



Wampold, B., & Brown, J. (2006). Estimating variability in outcomes attributable to therapists: A naturalistic study of outcomes in managed care. *Journal of Consulting and Clinical Psychology, 73* (5), 914-923.

Successful V. Unsuccessful Providers Focus on Strengths

Studied videos of 120 sessions of 30 clients.

- **Unsuccessful providers** focused on problems, neglected strengths.
- **Successful providers** focused on strengths before moving to problems...



Gassman, D. & Grawe, K. (2006). General change mechanisms: The relation between problem activation and resource activation in successful and unsuccessful therapeutic interactions. *Clinical Psychology and Psychotherapy, 13*, 1-11.

Duncan, B. (2010). *On becoming a better therapist*. Washington DC: American Psychological Association

Becoming Better Bottom Line

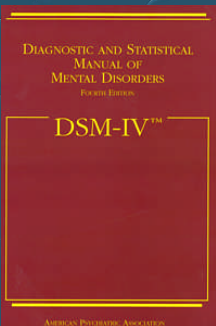
"The quality of the patient's participation . . . [emerges] as the most important determinant of outcome."

- Suggests something different
- Privilege clients' experience & rally their resources to the cause

The Bottom Line

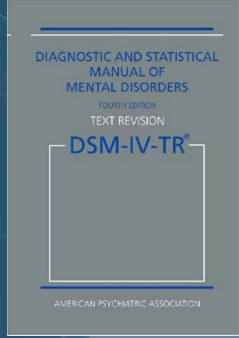
Orlinsky, D. E., Rennestad, M. H., & Wilutzki, U. (2004). Fifty years of process-outcome research. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 307-390). New York: Wiley.

The Killer D's of Client Diminishment



- ✓ Dysfunction
- ✓ Disorder
- ✓ Disability
- ✓ Disease
- ✓ Deficit
- ✓ Damaged
- ✓ Not Reliable or Valid
- ✓ None ever related to outcome

Diagnosis




“I have found little that is good about human beings. In my experience, most of them are trash.”
--Sigmund Freud, M.D.

More Quotable Quotes about *Diagnosis*

“Psychotherapy is the only form of treatment which, at least to some extent, appears to create the illness it treats” **Jerome Frank** (Frank, 1961, p. 7).

Reliability: “To say that we’ve solved the reliability problem is just not true...It’s been improved. But if you’re in a situation with a general clinician it’s certainly not very good. There’s still a real problem, and it’s not clear how to solve the problem” **Robert Spitzer**, lead editor of DSM III (Spiegel, 2005, p. 63).

Validity: “There is no definition of a mental disorder. It’s bullshit. I mean, you just can’t define it... these concepts are virtually impossible to define precisely with bright lines at the boundaries.” **Allen Francis**, lead editor of DSM IV (Greenberg, 2010, p. 1).



- Creates the illness
- Reliability not good
- It’s BS

Clients Are the Lions of Change



Until lions have their historians, tales of hunting will always glorify the hunter.
African Proverb

The of Change

Client outcome feedback makes consumers the historians of their own change

Partnering w/clients to monitor outcome engages most the potent factor of change


Individually: (Personal well-being)

Interpersonally: (Family, close relationships)

Socially: (Work, School, Friendships)

Overall: (General sense of well-being)

Therapists Variables that Predict Change

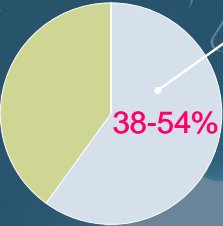


Therapists with the **best results:**

- Are better at the alliance across clients; alliance ability accounts for therapist differences

Baldwin et al. (2007). Unraveling the alliance-outcome correlation. *Journal of Consulting and Clinical Psychology*, 75(6), 842-852.
Anker, Owen, Duncan, & Sparks (2010). The alliance in couple therapy. *Journal of Consulting and Clinical Psychology*, 78(6), 635-645.
Owen, Duncan, Anker, & Sparks (2011). *Therapist variability in couple therapy*. Manuscript submitted for publication.

Relationship Factors

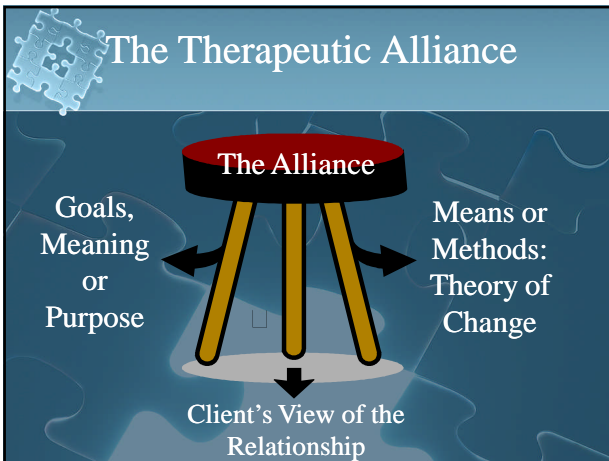


The Alliance:

- Relational Bond
- Agreement on goals
- Agreement on tasks

Seven Times the Impact of Model/Technique...Accounts for Most of Therapist Variance

Duncan, B., Miller, S., & Sparks, J. (2004). *The Heroic Client*. San Francisco: Jossey-Bass



TDCRP The Alliance

- Considered most sophisticated comparative clinical trial ever:
 - CBT, IPT, Drug, Placebo
- **No difference** in outcome
- The *client's* rating of the alliance at the second session the best predictor of outcome across conditions.

Elkin, I. et al. (1989). The NIMH TDCRP: General effectiveness of treatments. Archives of General Psychiatry, 46, 971-82.

Project MATCH The Alliance

- CBT, 12-step, & Motivational Interviewing
- **NO** difference in outcome
- The client's rating of the alliance the best predictor of:
 - Treatment participation;
 - Drinking behavior during treatment;
 - Drinking at 12-month FU

COMBINE...same thing

Anton, S. et al., (2006). Combined pharmaceutical and behavioral interventions for alcohol dependence. JAMA, 295, 203-217

Project MATCH Group (1997). Matching alcoholism treatment to client heterogeneity. Journal of Studies on Alcohol, 58, 7-29

Babor, T.F., & Del Boca, F.K. (eds.) (2003). Treatment matching in Alcoholism. Cambridge University Press, Cambridge, UK

Connors, G.K., & Carroll, K.M. (1997). The therapeutic alliance and its relationship to alcoholism treatment participation and outcome. Journal of Consulting and Clinical Psychology, 65(4), 588-98.

Cannabis Youth Treatment Project The Alliance

- 600 Adolescents marijuana users;
 - Significant co-morbidity (3-12 problems).
- 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).
- Alliance predicted: Premature drop-out; Substance abuse post-treatment, and cannabis use at 3 and 6 month follow-up.

Dennis, M., et al. (2004). The Cannabis Youth Treatment (CYT) Study: Mean findings from two randomized trials. Journal of Substance Abuse Treatment, 27, 197-213.

The Alliance: Over 1000 Research Findings


- Quality of the alliance more potent predictor of outcome than orientation, experience, or professional discipline— recall **Project MATCH & the CYT.**
- Clients rarely report negative reactions before deciding to terminate.
- Same holds true for youth and family therapy: Parents and Kids!

Research into Practice The Alliance

- Increasingly, the relationship is viewed as merely “setting the stage” for the “real” treatment:
 - Confronting distorted thoughts;
 - Recovering forgotten memories;
 - Asking special questions;
 - Tapping on or waving fingers in front of the face...but the data say:
- The alliance deserves far more **RESPECT.**
- **Because it ain't easy!**



Duncan, B. (2010). On becoming a better therapist. Washington, DC: APA.

My Task, Your Task You Know It Ain't Easy




- Gotta try and understand the anger; gotta figure out a way for it all to make sense
- Gotta find stuff about the client to like, to appreciate
- Gotta validate her experience, work on her goals, and get her involved in purposeful work

Alliance As An Overarching Framework The Alliance is the

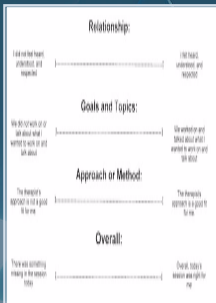
- Transcends any beh & is a property of all—from tech. to scheduling appt
- Purpose is to engage in purposive work
- Have to earn it each & every time; alliance is our craft; practice elevates to art

The Alliance The of Change

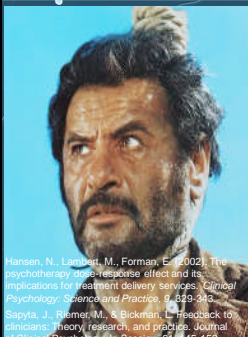


Alliance feedback enables a fit between client expectations, preferences, and services

Does not leave the alliance to chance—applying over 1000 studies showing the relationship of the alliance to positive outcomes



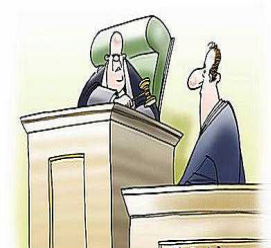
And the Ugly Providers Don't Know



- 20-70% range
- Graded their effectiveness, A+ to F—67% said A or better; none rated below average.
- Providers don't know how effective they are

Hansen, N., Lambert, M., Forman, E. (2002). The psychotherapy dose-response effect and its implications for treatment delivery services. *Clinical Psychology: Science and Practice, 9*, 439-447.
Sapota, J., Blumer, M., & Beckman, L. Feedback to clinicians: theory, research, and practice. *Journal of Clinical Psychology, In Session, 61*, 145-153.


More Ugly Bad Judges of Outcome



Fortunately the jury recognizes the need for leniency. Unfortunately I recognise you as the idiot who cut me off this morning.


- Providers were aware of study purpose, measure, & informed of 8% base rate
- Predicted deterioration in only 1 of 550 cases; did not identify 39 out of 40.
- Actuarial method correctly predicted 36 of the 40.

To The Rescue Practice Based Evidence



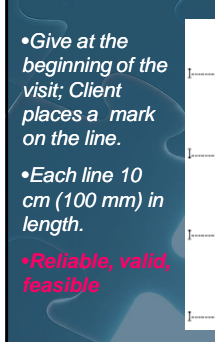
- Howard et al. (1996) advocated for the systematic eval. of client response during treatment to "determine the appropriateness of the current tx...the need for further tx...[and] prompt a clinical consultation for patients who [were] not progressing at expected rates"

Feedback and Outcome Lambert's Six Trials



- All 6 sig. gains for feedback
- 22% of TAU at-risk cases improved compared with 33% for feedback to therapists, 39% for feedback to therapists & clients, & 45% when supplemented with support tools
- A strong case for routine measurement of outcome in everyday clinical practice

Becoming Better Measuring Outcome



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

Individually:
(Personal well-being)

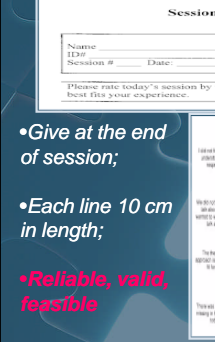
Interpersonally:
(Family, close relationships)

Socially:
(Work, School, Friendships)

Overall:
(General sense of well-being)

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

The Session Rating Scale Measuring the Alliance



Session Rating Scale (SRS V.3.0)

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

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

- Give at the end of session;
- Each line 10 cm in length;
- Reliable, valid, feasible

Relationship:

How well have I understood and accepted the therapist's goals and methods? _____ How well understood and accepted?

Goals and Topics:

How much of what I want to work on and what the therapist wants to work on? _____ How much of what I want to work on and what the therapist wants to work on?

Approach or Method:

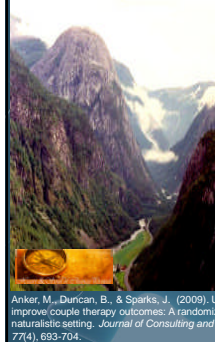
The therapist's approach is helpful to me _____ The therapist's approach is helpful to me.

Overall:

Overall, how satisfied am I with this session? _____ Overall, how satisfied am I with this session?

- Score in cm to the nearest mm;
- Discuss with client anytime total score falls below 36

PCOMS Isn't It Good, Norwegian Wood



- Feedback v TAU; Both persons reliable or sig. change— 50.5% v. 22.6%; ES: .50; 4 xs # of clin. sig. change
- FU: TAU-34.2% v. 18.4% Feedback sep./divorce rate

Anker, M., Durican, B., & Sparks, J. (2009). Using client feedback to improve couple therapy outcomes: A randomized clinical trial in a naturalistic setting. *Journal of Consulting and Clinical Psychology, 77*(4), 693-704.

Reese, Norsworthy, & Rowlands (2009) First Independent Study

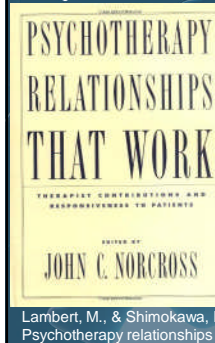


- N=148: Feedback group doubled controls (10.4 vs. 5.1 pts); ES: .48
- Like Norway study, clients, regardless of risk status, benefit from continuous feedback
- And also a replication study published

Reese, R., Norsworthy, L., & Rowlands, S. (2009). Does a continuous feedback model improve psychotherapy outcomes? *Psychotherapy, 46*, 418-431.

Reese, R., Toland, M., Stone, N., & Norsworthy, L. (2010). Effect of client feedback on couple psychotherapy outcomes. *Psychotherapy, 47*, 616-630.

Meta-analysis by Lambert & Shimokawa (2011) of PCOMS (the ORS and SRS)



**PSYCHOTHERAPY
RELATIONSHIPS
THAT WORK**

THERAPIST CONTRIBUTIONS AND RESPONSIVENESS TO PATIENTS

EDITED BY
JOHN C. NORCROSS

- Those in feedback group had 3.5 higher odds of experiencing reliable change
- Those in feedback group had less than half the odds of experiencing deterioration
- Feedback attained .48 ES

Lambert, M., & Shimokawa, K. (2011). Collecting client feedback. In J. Norcross (Ed.), *Psychotherapy relationships that work, 2nd ed.* New York: Oxford University Press


Two More in the Works Veterans and Youth

Just completed: RCT Comparison of returning Afghanistan and Iraq Vets In group treatment for substance abuse, improved outcomes and reduced drop outs

Just started RCT of intervention in the schools with children and adolescents with behavioral problems

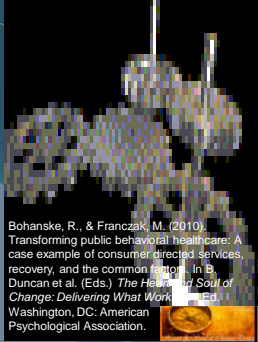
Schulman, D., Duncan, B., & Reese, J. (in preparation). Using client feedback to improve outcomes with Iraq/Afghanistan veterans.

Murphy, J., Duncan, B., & Gillaspay, A. (in process clinical trial). Using client feedback to improve school intervention outcomes.



Effects on Efficiency Cancellations, No Shows, LOS

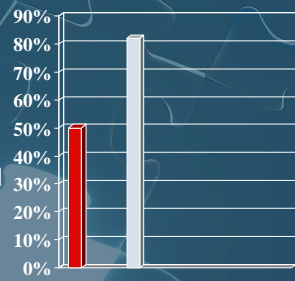
- Claude (reported in Bohanske & Franczak) compared ave. # of sessions, canc., no shows, and % of long-term cases before and after OM in 2130 closed cases in a CMHC.
- Ave. # of sessions dropped 40% (10 to 6) while outcomes improved by 7%; canc. and no show rates were reduced by 40% and 25%; and % of long term null cases diminished by 80% (10% to 2%).
- An estimated savings of \$489,600.



Bohanske, R., & Franczak, M. (2010). Transforming public behavioral healthcare: A case example of consumer directed services, recovery, and the common factors. In B. Duncan et al. (Eds.) *The Heart and Soul of Change: Delivering What Works*. Ed. 1. Washington, DC: American Psychological Association.

Addiction Services: Retention Before and After

- Improved Completion Rates:**
 - 50% or Less Before
 - 82% After
- With Improved Outcomes, Increased Satisfaction, and Decreased Complaints



Bohanske, R., & Franczak, M. (2010). Transforming public behavioral healthcare: A case example of consumer directed services, recovery, and the common factors. In B. Duncan et al. (Eds.) *The Heart and Soul of Change: Delivering What Works*, 2nd Ed. Washington, DC: American Psychological Association.

Becoming Better Recapture Your At Risk Clients

- Feedback tailors therapy based on response, provides an early warning system to prevents drop-outs & negative outcomes, & solves therapist variability—feedback improves performance



And...Finally

- Puts the client's **voice** center stage
- Allows services to be **client and family driven**
- Brings **consumers** into the **inner circle** of decisions
- Partners** in monitoring the benefit and fit of services




First Things First Why You Might Be Reluctant

- Finding out is risky
- What if you find out that you are not so good? What if you are in the wrong profession?
- The only way we improve is thru feedback. It takes courage. But so does walking in a room with someone in distress.

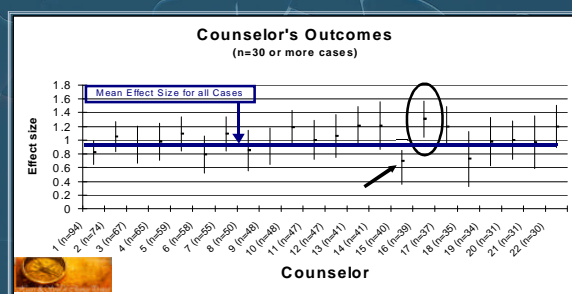


Regarding Therapist Variability Feedback Improves Outcomes



- Norway: 9 of 10 got better outcomes
- Feedback raised effectiveness of the lower ones to their more successful colleagues.
- Therapist in low effectiveness group became the BEST with feedback!

Provider Variation Feedback Improves Effectiveness



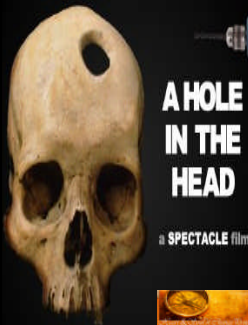
Miller, S.D., Duncan, B.L., Sorrell, R., & Brown, G.S. (February, 2005). The Partners for Change Outcome Management System. *Journal of Clinical Psychology, 61*(2), 199-208.

Many Believe They Already Know

- The info the measures reveal—that are attuned to client's experience & the forms superfluous.
- Norway study: all therapists believed they already acquired outcome & alliance info—that formal feedback wouldn't improve their effectiveness.
- 9 of 10 improved; only 1 correct.



First Things First Why You Might Be Reluctant




You might be thinking that you need more paperwork like a hole in the head. Therapists can get really worked up over anything that adds paperwork, especially when they don't see it as clinically useful.

First Things First Why You Might Be Reluctant



- Feedback about the benefit & fit need not be cumbersome or intrusive. Only a couple of minutes & no intrusive questions.
- Feedback the best hope to improve, clients appreciate your dedication to getting it right, & it is painless and can fit your natural way.

Answers the Call Consumer-Centered, Recovery-Based



- **New Freedom Commission:** Care is consumer-centered, with providers working in full partnership with the consumers they serve to develop individualized plans of care.
- **SAMHSA and Partners:** National Consensus Statement on Mental Health Recovery
- **PCOMS** only system that partners with consumers