


*How Being Bad
Can Make You Better*

*Tailoring Services
for Each Client*



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

Sage Psychotherapy Scholar:
Mae West?



*When I'm good,
I'm very good,
but when I'm bad,
I'm better.*


Granted, at first blush, these hardly seem like words for therapists to live by—but, as it turns out, they are.

Becoming Better
Helping Every Single Client



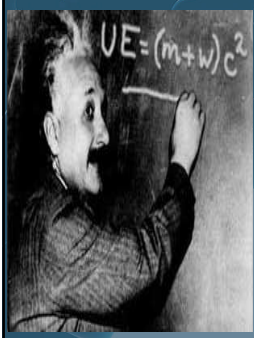
- When clients are not benefiting provides the opportunity to do your best work—gives you the possibility of being helpful to everyone you see. Sound too good to be true? It's not.

Becoming Better
Identifying Clients Not Responding




- When outcome is bad in other words, you can make it better by changing something about the therapy to turn things around; and if things don't turn around, by moving the client on to a different provider or service

Becoming Better
Two Choices: Not Rocket Science



- Either the client is improving or not. If not, the client is at risk.
- Engage client in discussion about progress, and what should be done differently if there isn't any.
- Keeps clients engaged so that a new direction can be planned.

Becoming Better
When I'm Good, I'm Very Good



- When ORS scores increase, when you're good, a crucial step to be very good is help clients see gains as a consequence of their own efforts and make sense of its meaning so repeat in the future.

Becoming Better Linking Outcome to Treatment

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

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

- See clients *more* frequently 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.

Becoming Better What to Do Next

- Involve the client in monitoring progress & the decision about what to do next, to elicit his or her ideas & formulate a plan.
- The discussion repeated in all meetings, but later ones gain significance and warrant additional action: Checkpoint and Last Chance Discussions.

Becoming Better Client Not Improving

- *Okay, so things haven't changed since the last time we talked. How do you make sense of that? Should we be doing something different here, or should we continue on course steady as we go? If we are going to stay on the same track, how long should we go before getting worried? When will we know when to say "when?"*

Becoming Better When to Say When

- Stimulates both client and therapist to struggle with continuing a process that is yielding little or no benefit.
- To support what is working & challenge what is not. Urgency increases over time

Checkpoint Session: An Opportunity to Be Better

- Be transparent—comment about the lack of progress and seek feedback from the client about what he/she thinks it means

Becoming Better First, the Alliance


- "It doesn't look like we are getting anywhere. Let's go over the SRS to make sure you are getting exactly what you are looking for." Going thru SRS and eliciting client responses in detail can help you & the client get a better sense of what may not be working.

Checkpoint Conversation
Do Something Different




- Nothing may come of talk about the alliance. Don't worry. Making effort helps.
- Invite others from support system, use a team or co-therapist, a different approach; referral to another therapist, religious advisor, or self-help group—whatever seems of value.
- Any ideas are implemented, and progress is monitored.

Becoming Better
The Last Chance Discussion




- Driving into desert running on empty, "last chance for gas."
- Depicts the necessity of stopping and discussing the implications of continuing w/o change.

Becoming Better
Never the LAST CHANCE



- Doesn't mean the "last chance" for your client—but rather the last chance of a change plan or pairing. No last chance for your client—referral can make the difference!

Last Chance Thoughts
The Longer w/o Change, the Quicker to #5




1. What does the client say?
2. What have you done differently?
3. What can be done differently now?
4. What other resources can be rallied?
5. Is it time to fail successfully?

Becoming Better
Helping Every Single Client



- All clients can't benefit. Still a way to be helpful.
- Might have felt like a failure. But when I'm bad, I'm better. Now successful when client achieves change & when, in the absence of change, I get out of the way.

Becoming Better
The Last Chance Discussion



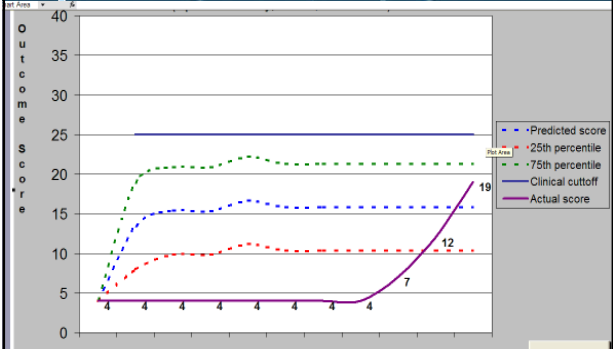
- At the least, consultation
- Referral seriously discussed.
- Rarely justified to continue past typical period.
- Rarely is not never. Highly idiosyncratic & uniquely negotiated. Keeps us honest, addresses the lack of change transparently—new for me.

When I'm Bad, I'm Better Failing Successfully



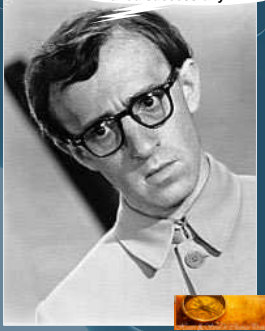
- Repeat commitment to help them achieve goals.
- Failure says nothing about them or their potential.
- If client wants, meet until arrangements are made.
- But rarely continue with clients who show no improvement.

Failing Successfully



Sessions	Predicted score	+25th percentile	+75th percentile	Clinical cutoff	Actual score
0	4	4	4	25	4
1	15	8	20	25	4
2	15	10	20	25	4
3	15	10	20	25	4
4	15	10	20	25	4
5	15	10	20	25	4
6	15	10	20	25	4
7	15	10	20	25	7
8	15	10	20	25	7
9	15	10	20	25	7
10	15	10	20	25	19

Watershed Client Failing Successfully



I wish my helper had failed successfully

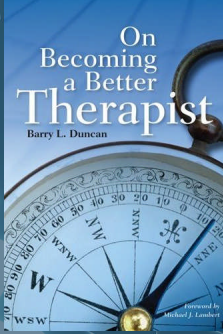
- I believed in PBE, but...
- Awakened me to the pitfalls; taught me to fail successfully.
- Avoid a "chronic" client—the iatrogenic effects of continuing therapy w/o benefit.
- ORS allows us to ask ourselves hard questions.

Becoming Better Feedback Is My Compass




Not an uninhabited terrain of technical procedures, nor the predictable path of diagnosis, prescription, & cure. Cannot be described w/o the client & therapist, co-adventurers in a journey across uncharted territory. Common factors provide landmarks for this interpersonal & idiosyncratic trip, & specific models provide well-traveled directions to consider, but feedback provides the compass, showing the way to the desired destination.

Being Bad Can Make You Better



- Helps clients you are already effective with by empowering change—helps those not benefiting by enabling other options and, in absence of change, the ability to move the client on.
- When we're good, we're very good, but when we're bad, we can be even better.

Nuances of the Measures Not a Perfunctory Piece of Paper



- Administering, But Don't Get It.** Clients Must Understand Purpose (monitoring outcome, privileging their perspective); Therapists Must Understand Same + Make Them Meaningful
- Administering, Using Some,** But Not the Clinical Cutoff or Numbers...Heuristic Clinical Use but No Continuity or Coherence
- Administering, Using Some,** But Not Connecting to Client's Experience or Reasons for Service; Data Integrity Questionable
- Administering the SRS,** But Seeing as Reflective of Competence Rather than an Alliance Building Tool