



---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---



---

---

---

---

---

---

---

---



- Therapists
- Administrators
- Researchers
- Payers
- Business executives
- Regulators

---

---

---

---

---

---

---

---

## Worldwide Trends in Behavioral Health

“Do More with Less”

- Increasing caseloads, regulation, and documentation;
- Funding challenges;
- Demand for accountability.

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

---

---

---

---

---

---

---

---

## The Evidence

The “Good News”

- 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.

---

---

---


---

---

---

---

---



## The Evidence:

### Three “Stubborn” Facts

- *Drop out rates average 47%;*
- *Mental health professionals frequently fail to identify failing cases;*
- *1 out of 10 consumers accounts for 60-70% of expenditures.*

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

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

Hamon, 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.

---

---

---

---

---

---

---

---

---

---

---

---



## The Evidence:

- **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 multilayered supervision model. *Journal of Counseling and Development, 88*, 204-209.

---

---

---

---

---

---

---


---

---

---

---


---



## THE EVIDENCE

### How Do Therapists Develop?

- **The largest study to date on the effect of experience on outcome;**
- **75 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, 62*, 1-10.

---

---

---

---

---

---

---

---

---

---

---

---

## The Impossible Profession

Paperwork

Rising Caseloads

Regulatory Demands

Funding Challenges

Challenging Clinical Problems

Accountability

Quality Assurance

---

---

---

---

---

---

---

---

## The Impossible Profession: An Experiment

---

---

---

---

---

---

---

---

## Seeing More: What to "Watch"

•Research on the power of the relationship reflected in over 1100 research findings.

Client Preferences

Goals, Meaning or Purpose

Means or Methods

Client's View of the Relationship

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.

---

---

---

---

---

---

---

---

## Seeing More: What to "Watch"

•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.

Client's View of the Relationship

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

---

---

---

---

---

---

---

---

---

---

---

---

## Seeing More: What to "Watch"

### The Course of Progress in Successful Care

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.

---

---

---

---

---

---

---

---

---

---

---

---

## Seeing More: Another approach

**Overall:**  
(General sense of well-being)

---

**Individually:**  
(Personal well-being)

---

**Interpersonally:**  
(Family, close relationships)

---

**Socially:**  
(Work, School, Friendships)

**Relationship:**  
How do the two people feel about the relationship?

---

**Goals and Topics:**  
What do you want to do or think about or feel about?

---

**Approach or Method:**  
The therapist's approach to the goal is to...

---

**Overall:**  
Overall, how do you feel about the relationship?

Valid  
Reliable  
Feasible

The O.R.S The S.R.S

---

---

---

---

---

---

---

---

---

---

---

---



## Feedback Informed Treatment

### The Evidence

- Currently, 20 RCT's involving 10,000+ clinically, culturally, and economically diverse consumers:
- Routine outcome monitoring and feedback as much as doubles the "effect size" (reliable and clinically significant change);*
- Decreases drop-out rates by as much as half;*
- Decreases deterioration by 33%;*
- Reduces hospitalizations and shortened length of stay by 66%;*
- Significantly reduced cost of care (non-feedback groups increased).*

Miller, S.D., & Schuckard, E. (2014). Psychometrics of the ORS and SRS. Results from RCT's and meta-analyses of routine outcome monitoring and feedback: The available evidence. <http://www.slideshare.net/scottmiller/measure-and-feedback-miller-schuckard-2014>

---

---

---

---

---

---

---

---

---

---

---

---



## Feedback Informed Treatment

### The Evidence

- 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* (2<sup>nd</sup> Ed.). Washington, D.C.: APA Press.

---

---

---

---

---

---

---

---

---

---

---

---



## Feedback Informed Treatment

### The Evidence with Kids

- ORS and SRS reliable and valid assessments of progress and alliance;
- RCT involving 28 sites, and 340 youth, shows clients of therapists who receive feedback improved *faster*:
  - *More progress reports = stronger feedback effects;*
- Improving SRS scores result in better outcomes (v. worsening, or good throughout).

Schuckard, E., & Miller, S.D. (2016). Measures and feedback: The latest evidence. <http://www.esvl.org/esvl/wp-content/uploads/2016/01/Measures-and-Feedback-2016.pdf>. Retrieved January 11, 2017.  
Bickman, L., Douglas Kelley, S., Brock, C., de Andrade, A. R., & Riemer, M. (2011). Effects of routine feedback to clinicians on mental health outcomes of youth: Results of a randomized trial. *Psychiatric Services*, 62, 1423-1428. doi:10.1176/appi.ps.002010.011  
Owen, J., Miller, S., Seale, J., & Chow, D. (2016). The working alliance in treatment of military adolescents. *Journal of Consulting and Clinical Psychology*. <http://dx.doi.org/10.1037/ccp0000035>

---

---

---

---

---

---

---


---

---

---

---

---



## What Works in Therapy

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

---

---

---

---

---

---

---

---

---

---

---

---



**Partners for Change Outcome Management System (PCOMS):**  
International Center for Clinical Excellence

The Partners for Change Outcome Management System (PCOMS) is a free feedback program for improving the treatment outcomes of adults and children participating in a wide range of mental health interventions. PCOMS is designed to measure the outcomes of participating in treatment and to assist those in making quality and ongoing adjustments. Participants can report on their behavioral health care through a part of the Internet/Intranet care relationship.

PCOMS, which incorporated all best treatment evidence, consists of two brief forms that measure actual providers of community services:

- The Partners for Change Outcome Management System (PCOMS) is a free feedback program for improving the treatment outcomes of adults and children participating in a wide range of mental health interventions.
- The Partners for Change Outcome Management System (PCOMS) is a free feedback program for improving the treatment outcomes of adults and children participating in a wide range of mental health interventions.

The program addresses the need in the delivery of the treatment system. PCOMS is a continuous loop that feeds back information to help improve the quality of care. PCOMS is a free feedback program for improving the treatment outcomes of adults and children participating in a wide range of mental health interventions.

<http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=249>

---

---

---

---

---

---

---

---

---

---


---

---



## Feedback Informed Treatment

“The devil is in the details...”





---

---

---

---

---

---

---

---

---

---

---

---



## Three Steps for becoming FIT:

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

---

---

---

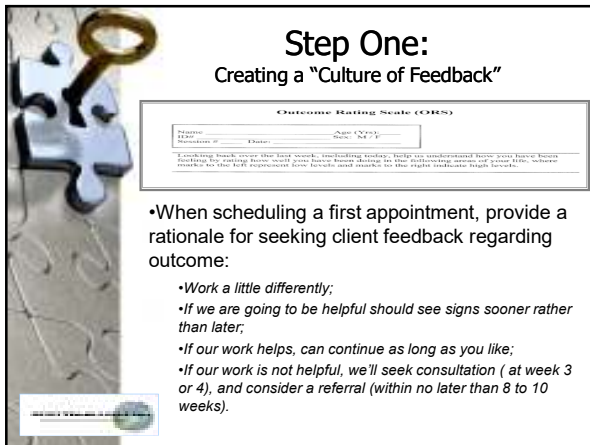
---

---

---

---

---



## Step One: Creating a "Culture of Feedback"

**Outcome Rating Scale (ORS)**

Patient: \_\_\_\_\_ Date: \_\_\_\_\_  
 Therapist: \_\_\_\_\_ Date: \_\_\_\_\_

\*Outcome Rating Scale (ORS) is a self-report measure of client functioning. The ORS is a 10-item scale that asks clients to rate their functioning on a scale of 0 to 10. The ORS is a self-report measure of client functioning. The ORS is a 10-item scale that asks clients to rate their functioning on a scale of 0 to 10. The ORS is a self-report measure of client functioning. The ORS is a 10-item scale that asks clients to rate their functioning on a scale of 0 to 10.

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

---

---

---

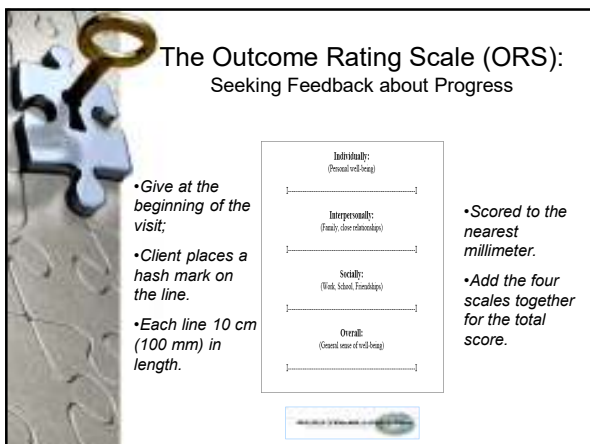
---

---

---

---

---



## The Outcome Rating Scale (ORS): Seeking Feedback about Progress

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

Individually: (Personal life)	_____
Interpersonally: (Family, close relationships)	_____
Socially: (Work, school, community)	_____
Overall: (General sense of well-being)	_____

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

---

---

---

---

---

---

---

---



**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 circle a smile 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 at my family?)

**School**  
 (How am I doing at school?)

**Everything**  
 (How is everything going?)

International Center for Clinical Excellence  
 www.centerforclinicalexcellence.com

---



---



---



---



---



---



---

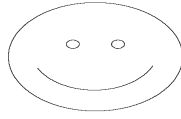
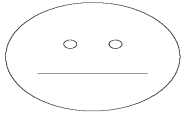



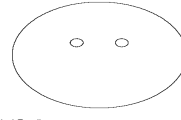
---

**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.

International Center for Clinical Excellence  
 www.centerforclinicalexcellence.com  
 © 2003, Barry L. Duncan, Scott D. Miller, Andy Huggins, and Jacqueline A. Sparks  
 Licensed for personal use only

---



---



---



---



---




---



---



---



## The Outcome Rating Scale (ORS): Seeking Feedback about Progress

40											↑	ORS Cutoff
35											↑	Discuss
30											↑	
25											↑	
20											↑	
15											↑	
10											↑	
5											↑	
0											↑	
Session Number	1	2	3	4	5	6	7	8	9	10		

International Center for Clinical Excellence  
 www.centerforclinicalexcellence.com

---



---



---



---



---



---



---



---

## Step One: Creating a "Culture of Feedback"

Session Rating Scale (SRS V.3.0)

Name: \_\_\_\_\_ Age (Yrs): \_\_\_\_\_  
 Date: \_\_\_\_\_ 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.

- 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;*
- Not interest in perfect scores;*
- Feedback is critical to success.*

•Restate the rationale at the beginning of the first session and prior to administering the scale.

---

---

---

---

---

---

---

---

---

---

---

---

## Seeking Feedback about the "working relationship"

Session Rating Scale (SRS V.3.0)

Name: \_\_\_\_\_ Age (Yrs): \_\_\_\_\_  
 Date: \_\_\_\_\_ 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.

Relationship: I do not feel connected or related.	I feel connected and related.
Goals and Topics: We do not work on or discuss what we want or need.	We work on or discuss what we want or need.
Approach or Method: The session does not feel helpful to me.	The session seems helpful to me.
Overall: There is nothing I like about this session.	Overall, I like what we get to do.

- Give at the end of visit;*
- Each line 10 cm in length;*
- Score in cm to the nearest mm;*
- Discuss with client anytime total score decreases or falls below 36.*

---

---

---

---

---

---

---

---

---

---

---

---

## Child Session Rating Scale (CSRS)

Child Session Rating Scale (CSRS)

Name: \_\_\_\_\_ Age (Yrs): \_\_\_\_\_  
 Year: M / F  
 Session #: \_\_\_\_\_ Date: \_\_\_\_\_

Starts with our hair together today? Please put a check on the line below to let us know if some days (yes).

Listening did not always listen to me.	I listened to me.
How important What we did and talked about was not really that important to me.	What we did and talked about was 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.

---

---

---

---

---

---

---

---

---

---

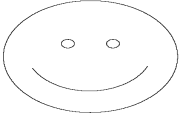
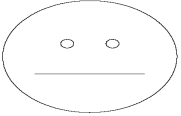
---



---

**Young Child Session Rating Scale (YCSRS)**

Name \_\_\_\_\_ Age (Yrs) \_\_\_\_\_  
 Sex: M / F \_\_\_\_\_  
 Sessions # \_\_\_\_\_ Date: \_\_\_\_\_

Choose one of the faces that shows how it was for you to be here today. Or, you can draw one below that is just right for you.

International Center for Clinical Excellence  
 www.centerforclinicalexcellence.com

© 2003, Barry L. Duncan, Scott D. Miller, Andy Higgins, & Jacqueline Sparks  
 Licensed for personal use only.

---

---

---

---

---

---

---

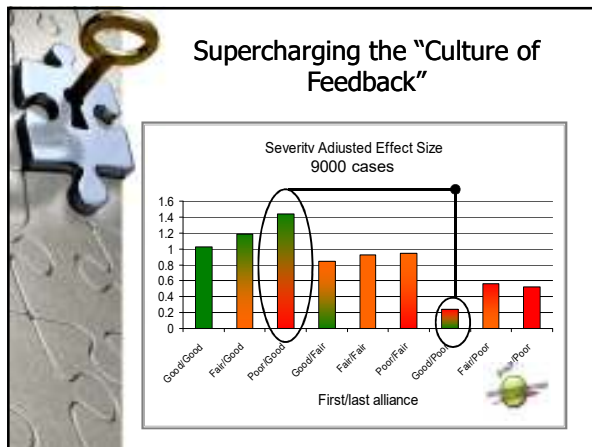
---

---

---

---

---




---

---

---

---

---

---

---

---

---

---

---

---

### Step Two: Becoming FIT

Integrating Feedback into Care





---

---

---

---

---

---

---

---


---

---

---

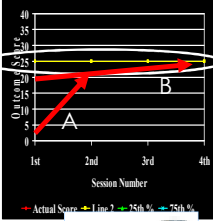
---

## Step Two: Integrating Feedback into Care



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

### Who drops out?



Actual Score    Line?    25%    25%

---

---

---

---


---

---


---

---

## Step Two: Using the “Clinical Cut-off” to Inform 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.



---

---

---

---


---


---

---

---

## Step Two: Becoming FIT





### Integrating Feedback into Ongoing Care

---

---

---

---

---

---

---

---

### Step Two: Integrating Feedback into Care

•Do not change the dose or intensity when the slope of change is steep.

•Decrease dose or intensity as the rate of change lessens.

•See clients as long as there is meaningful change & they desire to continue.

---

---

---

---

---

---

---

---

---

---

### Step Two: Integrating Feedback into Care

•Consider changing the focus, type, dose or intensity when the slope of change is flat, uneven, or decreasing early in care.

•Consider changing the type or adding additional services if the slope of change is uneven or flat.

•Change the type, location, and provider of services.

---

---

---

---

---

---

---

---

---

---

### Step Two: Integrating Feedback into Care

•Computer-generated “trajectories of change”:

- Uses a normative database to plot client-specific trajectories;
- Depicts the amount of change in scores needed to be attributable to treatment and predictive of eventual success.

---

---

---

---

---

---

---

---

---

---



## Step Two: Integrating Feedback into Care

“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.”



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.

---

---

---

---

---


---

---

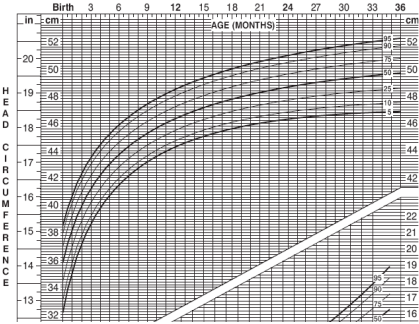
---

---

---



## Step Two: Integrating Feedback into Care




---

---

---

---

---


---

---

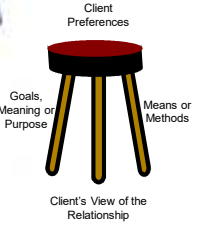
---

---

---



## Integrating Feedback into Care



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?*

Miller, S.D. et al. (2005). Making treatment count. *Psychotherapy in Australia*, 71, 42-61.

---

---

---

---

---


---

---

---

---

---



## Integrating Feedback into Care


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.




---

---

---

---

---

---

---

---



## Step Three: Becoming FIT



### Learning to Fail Successfully




---

---

---

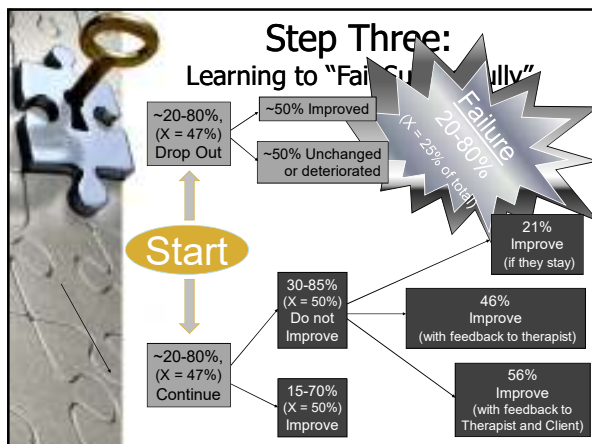
---

---

---

---

---




---

---

---

---

---

---

---

---