Achieving Clinical Excellence:
Three Steps to Superior Performance

Scott D. Miller, Ph.D.

http://twitter.com/scott_dm
http://www.linkedin.com/in/scottdmphd
Achieving Clinical Excellence
The Facts

• In most studies of psychological treatments conducted over the last 30+ years, the average treated person is better off than 80% of those without the benefit of services;

• The average clinician achieves outcomes on par with success rates obtained in randomized clinical trials (with and without co-morbidity).


What Works in Therapy:
An Example

• Recent study:
  • 6,000+ treatment providers
  • 48,000 plus real clients
  • Outcomes clinically equivalent to randomized, controlled, clinical trials.


Achieving Clinical Excellence
The Facts

• Since the 1960’s:
  • Number of treatment approaches grown from 60 to 400+;
  • 10,000 “how to” books published on psychotherapy;
  • 145 manualized treatments for 51 of the 397 possible diagnostic groups;

Over the last century, the best performance for all Olympic events has improved—in some cases by more than 50%!

- Today’s best high school time in the marathon beats the 1908 Olympic gold medal winning time by more than 20 minutes!
- Improvement has nothing to do with size, genetic changes, or performance enhancing drugs.
The Study of Expertise:
Sources of Superior Performance

• Studied experts in chess, music, art, science, medicine, mathematics, history, computer programming.

Achieving Clinical Excellence: The Study of Expertise

• Compared to other mental health professionals within your field (with similar credentials), how would you rate your overall clinical skills and effectiveness in terms of a percentile?

  Please estimate from 0-100%. For example, 25% = below average, 50% = average, 75% = above average

• What percentage (0-100%) of your clients get better (i.e., experience significant symptom reduction/relief) during treatment? What percentage stay the same? What percentage get worse?

Achieving Clinical Excellence: Sources of Inferior Performance

• Researchers Walfish, McAllister and Lambert surveyed a representative sample psychologists, psychiatrists, social workers, marriage and family therapists from all 50 US states:
  • No differences in how clinicians rated their overall skill level and effectiveness levels between disciplines.
  • On average, clinicians rated themselves at the 80th percentile:
    • None rated themselves below average;
    • Less than 4% considered themselves average;
    • Only 8% rated themselves lower than the 75th %tile;
    • 25% rated their performance at the 90th% or higher compared to their peers

Achieving Clinical Excellence: Sources of Inferior Performance

- With regard to success rates:
  - The average clinician believed that 80% of their clients improved as a result of being in therapy with them (17%, stayed the same, 3% deteriorated);
  - Nearly a quarter sampled believed that 90% or more improved!
  - Half reported than none (0%) of their clients deteriorated while in their care.
- The facts?
  - Effectiveness rates vary tremendously (RCT average RCI = 50%, best therapists = 70%);
  - Therapists consistently fail to identify deterioration and people at risk for dropping out of services (10 & 47%, respectively)


Achieving Clinical Excellence: Sources of Inferior Performance

- Psychologist Paul Clement publishes a quantitative study of 26 years as a psychologist
  - 683 cases falling into 84 different DSM categories.
  - “I had expected to find that I had got better and better over the years... but my data failed to suggest any... change in my therapeutic effectiveness across the 26 years in question.”

Achieving Clinical Excellence: Sources of Inferior Performance

• Reported results from a 40 year period, nearly 2000 different clients:
  • Outcomes not only failed to improve but actually began to decrease!


Achieving Clinical Excellence: Sources of Inferior Performance

The effectiveness of the “average” therapist plateaus very early.

Little or no difference in outcome between professional therapists, students and para-professionals.

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.

References:


"In the past, workers with average skills, doing an average job, could earn an average lifestyle. But today average is officially over. Being average just won’t earn you what it used to. It can’t when so many more employers have access to so much more above average, inexpensive labor…"

Achieving Clinical Excellence: The Lifecycle of Inferior Performance

“The enemy of excellence is proficiency…”

Achieving Clinical Excellence: The “Supershrink” Project

**Supershrink:**
(n. soo-per-shrink), slang

- Unusually effective and talented psychotherapist;
- Widely believed to exist in real life;

(See virtuoso, genius, savant, expert, master)
Achieving Clinical Excellence: Three Steps to Superior Performance

1. Know your baseline;
2. Formal, routine, ongoing feedback;
3. Engage in “deliberate practice.”


Step One: Knowing your Baseline

ORS

<table>
<thead>
<tr>
<th>Functionality</th>
<th>(Personal well-being)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal</td>
<td>(Family, close relationships)</td>
</tr>
<tr>
<td>Social</td>
<td>(Work, school, friendships)</td>
</tr>
<tr>
<td>Overall</td>
<td>(General sense of well-being)</td>
</tr>
</tbody>
</table>

SRS

<table>
<thead>
<tr>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal and Topics:</td>
</tr>
<tr>
<td>Approach or Method:</td>
</tr>
<tr>
<td>Overall:</td>
</tr>
</tbody>
</table>

Valid Reliable Feasible

Outcome

Alliance

Download free working copies at: www.scottdmiller.com
Outcome Rating Scale (ORS)

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

Individually:
(Personal well-being)

Interpersonally:
(Family, close relationships)

Socially:
(Work, School, Friendships)

Overall:
(General sense of well-being)

Give at the beginning of the visit;

Client places a hash mark on the line.

Each line 10 cm (100 mm) in length.

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?)

Family
(How are things in my family?)

School
(How am I doing at school?)

Everything
(How is everything going?)

Institute for the Study of Therapeutic Change

www.talkintocare.com
Young Child Outcome Rating Scale (YCORS)

Name: ___________________________ Age (Yrs): ______
Sex: M / F ____________________________
Session #: ______ Date: ______

Choose one of the faces that shows how things are going for you. Or, you can draw one below that is just right for you.

[Imagery of smiley and sad faces]

Institute for the Study of Therapeutic Change

www.institutechange.com

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[Graph representation with Session Number and scores]

Session Number: 1 2 3 4 5 6 7 8 9 10

Scores:

40
35
30
25
20
15
10
5
0

SRS Cutoff

Discuss

ORS Cutoff
Step One:
Knowing your Baseline

http://web.uccs.edu/lbecker/Psy590/escalc3.htm
Step One:
Knowing your Baseline

<table>
<thead>
<tr>
<th>Performance Metrics</th>
<th>ACTIVE</th>
<th>INACTIVE</th>
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<tbody>
<tr>
<td>Clients</td>
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<tr>
<td>Episodes</td>
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<tr>
<td>Sessions</td>
<td>577</td>
<td>105</td>
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<tr>
<td>Average Baseline</td>
<td>3.85</td>
<td>2.85</td>
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<tr>
<td>Average Treatment Length (minutes)</td>
<td>2.95</td>
<td>2.83</td>
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<tr>
<td>Dropout Rate</td>
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<td>21%</td>
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<td><strong>Cohorts</strong></td>
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<tr>
<td>Average Intake CORS</td>
<td>20.39</td>
<td>23.63</td>
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<td>Average Intake SRS</td>
<td>35.19</td>
<td>31.01</td>
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<tr>
<td>Average Raw Change</td>
<td>5.65</td>
<td>5.51</td>
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<tr>
<td>Percentage Reaching Target</td>
<td>67.1%</td>
<td>70.4%</td>
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<tr>
<td>Effect Size</td>
<td>0.53</td>
<td>0.75</td>
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<tr>
<td>Relative Effect Size</td>
<td>0.23</td>
<td>0.21</td>
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<td><strong>Customer Items</strong></td>
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<td>Average Intake CORS</td>
<td>16.73</td>
<td>20.01</td>
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<tr>
<td>Average Intake SRS</td>
<td>34.87</td>
<td>34.63</td>
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<tr>
<td>Average Raw Change</td>
<td>5.11</td>
<td>1.73</td>
</tr>
<tr>
<td>Percentage Reaching Target</td>
<td>75.8%</td>
<td>66.5%</td>
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<tr>
<td>Effect Size</td>
<td>0.81</td>
<td>0.43</td>
</tr>
<tr>
<td>Relative Effect Size</td>
<td>0.04</td>
<td>-0.07</td>
</tr>
</tbody>
</table>
Achieving Clinical Excellence: The “Supershrink” Project

Supershrink:
(n. soo-per-shrink), slang

• Unusually effective and talented psychotherapist;

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(See virtuoso, genius, savant, expert, master)

Achieving Clinical Excellence: Three Steps to Superior Performance

Step 2:
Formal, Routine, Ongoing Feedback

“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.”
Excellent performers judge their performance differently:

• Compare to their “personal best”
• Compare to the performance of others
• Compare to a known national standard or baseline


Step Two:
Formal, Routine, Ongoing Feedback
In 1906, 85 year old British Scientist Sir Francis Galton attends a nearby county fair:

- Happens on a weight judging competition:
  - People paid a small fee to enter a guess.
- Discovers that the average of all guesses was significantly closer than the winning guess!

Achieving Clinical Excellence: Integrating Outcome into Care


Achieving Clinical Excellence:
Integrating Outcome into Care

Mean Effect Size:
Baseline Outcome Feedback


Achieving Clinical Excellence:
The Impact of Feedback on Outcome

Figure 3. Improvement in effect size following feedback

Baseline Outcome Feedback 65%

6/5/2017
Achieving Clinical Excellence:
The Impact of Feedback on Outcome

- 461 Norwegian couples seen in marital therapy
- Two treatment conditions:
  - Treatment as Usual (routine marital therapy without feedback);
  - Marital therapy with feedback;
- Groups indistinguishable at the outset of care.
- The percentage of couples in which both meet or exceed the target or better:
  - Treatment as usual: 17%
  - Treatment with feedback: 51%
  - Feedback: 50% less separation/divorce


Achieving Clinical Excellence:
Three Steps to Superior Performance

[Graph showing systemic effect from attrition of below average counselors]

- Percentage of Original Below Average Counselors to Overall Staff
- Agency Aggregate Effect Size
Step Two:  
Formal, Routine, Ongoing Feedback

Achieving Clinical Excellence:  
Creating a “Culture of Feedback”

- 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 (session 3 or 4), and consider a referral (within no later than 8 to 10 visits).

The Excellence Challenge

Will you formally seek and use feedback to guide service delivery?

Achieving Clinical Excellence:
Three Steps to Superior Performance

“Successful people spontaneously do things differently from those individuals who stagnate... Elite performers engage in... effortful activity designed to improve individual target performance.”


Step Three:
Engaging in Deliberate Practice
Achieving Clinical Excellence:
How Deliberate Practice Works

• Research indicates that performers (math, science, sports, chess, etc.) reliant on general cognitive strategies or inference methods behave expertly on almost no tasks;
• Similarly, available evidence shows that training clinicians in “evidence-based,” manualized therapies, diagnosis, and even the alliance has little if any impact on outcome.


Achieving Clinical Excellence:
Deliberate Practice

• Deliberate practice includes:
  a. Working hard at overcoming “automaticity”;
  b. Planning, strategizing, tracking, reviewing, and adjusting plan and steps;
  c. Consistently measuring and then comparing performance to a known baseline or national standard or norm.

• Elite performers engage in practice designed to improve target performance:
  a. Every day of the week, including weekends;
  b. For periods of 45 minutes maximum, with periods of rest in between;
  c. The best up to 4 hours per day.
"Unlike play, deliberate practice is not inherently motivating; and unlike work, it does not lead to immediate social and monetary rewards...and [actually] generates costs...".


**Achieving Clinical Excellence:**

**Deliberate Practice**

- Involves planning, rehearsal, reflection
- Effort and attention focused on easily recognized, dramatic
- Processes executed quickly, automatically
- Identification of errors, misperceptions
- Setting small process and outcome objectives
- Involves planning, rehearsal, reflection
- Encourages a "Growth" mindset

**Zone of “Proximal Development”**:  
- Reliable performance inconsistent
- Identification of errors, misperceptions
- Setting small process and outcome objectives
- Involves planning, rehearsal, reflection
- Encourages a "Growth" mindset

**Realm of “Reliable” Performance**:  
- Processes executed quickly, automatically
- Involves recognition, retrieval, execution

**Ambit of Admiration**:  
- Abilities of others appear flawless, magical, dramatic
- Effort and attention focused on easily recognized, but non-causal factors and/or processes (superstition)
- Risk of failure and injury high
- Temptation to adopt “Fixed” mindset

**Edge of Ability**

- Too Easy
- Too Difficult


Achieving Clinical Excellence: The Importance of Community

• Supportive Community:
  • WHO will guide you?
  • WHEN will you do DP?
  • WHAT will you compare your work to?
  • HOW will you seek feedback?

• Supportive Community:
  • Access to experts;
  • Time for practice & reflection;
  • Norm reference;
  • Culture of feedback


Achieving Clinical Excellence: The Basics

Client/Extratherapeutic Factors

Treatment Effects (13-20%)

Therapist Effects (4-9%)

The Therapeutic Factors

Alliance Effects (5-8%)

Model/Technique Effects (1%)

Expectancy, Placebo, and Allegiance Effects (4%)
Achieving Clinical Excellence: The Basics

- **Model & Technique (1%)**: Structure, explanation, strategy, ritual
- **Hope & Allegiance (4%)**: Belief in the process and expectation of results
- **Relationship (8-9%)**: Understanding, empathy, collaboration


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BASICS

- Client Preferences
- Means or Methods
- Client's View of the Relationship
- Goals, Meaning or Purpose

• 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.


• Researchers Anderson, Ogles, Lambert & Vermeersch (2009):
  • 25 therapists treating 1100+ clients;
  • Variety of demographic variables;
  • Measure of interpersonal skills (SSI).
  • Domain-specific interpersonal knowledge tested by using therapist responses to challenging therapeutic interactions:
    • Four problematic therapeutic process segments;
    • Multiple challenging interpersonal patterns (e.g., angry, dependent, confused, blaming, controlling, etc.).
  • Considerable differences in outcome between clinicians (~9%):
    • Age, gender, percentage of work time spent conducting therapy, theoretical orientation not correlated with outcome;
    • General interpersonal skills not correlated with outcome;
    • Only domain-specific interpersonal knowledge predicted outcome

• Give at the end of each session;
• Each line 10 cm in length;
• Score in cm to the nearest mm;
• Discuss each visit but always when:
  • The total score falls below 36.
  • Decreases of 1 point.
Young Child Session Rating Scale (YCSRS)

Name: ___________________ Age (Yrs): ______
Sex: M / F
Session #: ______ 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.

Smile

Neutral

Frown

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www.isotc.org

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Group Session Rating Scale (GSRS)

Name: ___________________ Age (Yrs): ______
ID# ___________________ Gender: __________
Session #: ______ Date: ______

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

Relationship

Goals and Topics

Approach or Method

Overall

International Center for Clinical Excellence
www.scdollars.com
• 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.

Achieving Clinical Excellence: Deliberate Practice and Feedback

Session Rating Scale (SRS V.3.0)

Name: ____________________________  Age (Years): ________
Session #: ________________________  Sex: M/F: ________

*Please rate today’s session by placing a hash mark on the line nearest to the description that best fits your experience.*
Achieving Clinical Excellence: A Clinical Example

Hey, step into my shoes…

A Case Example


Severity Adjusted Effect Size (SAIC sample)

Principle:
Negative consumer feedback is associated with better treatment outcome.

Finding:
Consumers who experience a problem but are extremely satisfied with the way it is handled are twice as likely to be engaged as those who never experience a problem.
Achieving Clinical Excellence: Useful Feedback

- Descriptive not evaluative
- Observations not inferences
- Specific not general
- Quantities not qualities
- Task not person-oriented
- Tied to the self-perceived needs of the receiver
- Concerned with behavior over which the receiver has control
- Clarified with the receiver

That's all folks!