



What Works in Therapy



- “Accountability,” “Stewardship,” & “Return on Investment” the buzzwords of the day.
- Part of a world wide trend not specific to mental health and independent of any particular type of reimbursement system.

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.

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What Works in Therapy

Pop Quiz!

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What Works in Therapy: Pop Quiz

True

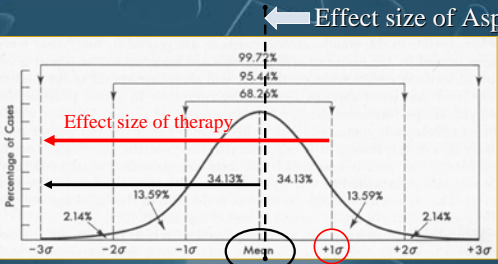
Question #1:

Research consistently shows that treatment works

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



Tutorial on "Effect Size"



← Effect size of Aspirin

← Effect size of therapy

← Mean

← +1σ

← +2σ

← +3σ

Percentage of Cases

99.73%
95.44%
68.26%
34.13%
13.59%
2.14%


3σ
2σ
1σ
Mean
+1σ
+2σ
+3σ

Rosenthal, R. (June 1990). How are we doing in soft psychology? *American Psychologist*, 45(6), 775-777.
Duncan, B., Miller, S., & Sparks, J. (2004). *The Heroic Client* (2nd ed.). Jossey-Bass: San Francisco, CA.

What Works in Therapy: The Data


Treatment	Effect Size
Psychotherapy	.8 - 1.2 σ
Marital therapy	.8
Bypass surgery	.8 σ
ECT for depression	.8 σ
Pharmacotherapy for arthritis	.61 σ
Family therapy	.58 σ
AZT for AIDS mortality	.47 σ

Lipsey, M.W., & Wilson, D.B. (1993). The efficacy of psychological, behavioral, and educational treatment. *American Psychologist*, 48, 1181-1209.
Shadish, W.R., & Baldwin, S.A. (2002). Meta-analysis of MFT interventions. In D.H. Sprenkle (Ed.), *Effectiveness research in marriage and family therapy* (pp.339-370). Alexandria, VA: AAMFT.



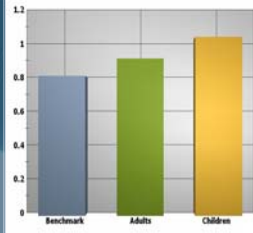
What Works in Therapy: The Data


Procedure or Target:	Number Needed to Treat (NNT)*:
Behavioral Health (depression in adults or children, aggression, conduct disorder, bulimia, PTSD)	3-7
Medicine (Acute MI, CHF, Graves Hyperthyroidism, medication treated erectile dysfunction, stages II and III breast cancer, cataract surgery, acute stroke, etc.)	3-7
Aspirin as a prophylaxis for heart attacks	129

*NNT is the number needed to treat in order to achieve one successful outcome that would not have been accomplished in the absence of treatment.
<http://www.cebm.utoronto.ca/glossary/nntsPrint.htm#table> 

What Works in Therapy: An Example

- **More good news:**
 - Research shows that only 1 out of 10 clients on the average clinician's caseload is not making any progress.
- **Recent study:**
 - 6,000+ treatment providers
 - 48,000 plus real clients
 - Outcomes clinically equivalent to randomized, controlled, clinical trials.




Kendall, P.C., Kipnis, D. & Otto-Salaj, L. (1992). When clients don't progress. *Cognitive Therapy and Research*, 16, 269-281.
 Minami, T., Wampold, B., Serlin, R., Hamilton, E., Brown, J., Kircher, J. (2008). Benchmarking the effectiveness of treatment for adult depression in a managed care environment: A preliminary study. *Journal of Consulting and Clinical Psychology*, 76(1), 116-122. 


What Works in Therapy: The "Good News"

The bottom line?

- The majority of helpers are effective and efficient *most* of the time.
- Average treated client accounts for only 7% of expenditures.




So, what's the problem...



What Works in Therapy: The "Bad News"

- Drop out rates average 47%;
- Therapists frequently fail to identify failing cases;
- 1 out of 10 clients accounts for 60-70% of expenditures.



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

What Works in Therapy: Pop Quiz

Question #2: False


Stigma, ignorance, denial, and lack of motivation are the most common reasons potential consumers do not seek the help they need.

Second to cost (81%), *lack of confidence* in the outcome of the service is the primary reason (78%). Fewer than 1 in 5 cite stigma as a concern.

http://www.apa.org/releases/practicepoll_04.html

Outcome: How do therapists compare?

In a recent survey on how much consumers trusted various professionals....



Talkingcure.com Psychotherapy in Australia (2001). Trust in therapists? 7(1), 4.

What Works in Therapy: Pop Quiz

Substance Abuse / Mental Health Services Administrator



United States Department of Health and Human Services

EVIDENCE-BASED PRACTICES
Shaping Mental Health Services Toward Recovery

- Cognitive Therapy
- Behavioral Therapy
- Cognitive Behavioral Therapy
- Motivational Interviewing
- Twelve Steps
- Dialectical Behavioral Therapy
- Multidimensional Family Therapy
- Structural Family Therapy
- Functional Family Therapy
- Skills Training
- Acceptance and Commitment Therapy
- Existential Therapy

- Client-centered Therapy
- Systemic Therapy
- Biopsychosocial Therapy
- Solution-focused Therapy
- Multimodal Therapy
- Psychodynamic Therapy
- Narrative Therapy
- Integrative Problem-Solving Therapy
- Eclectic Therapy
- Interpersonal Psychotherapy
- Transtheoretical Therapy

What Works in Therapy: Pop Quiz

Still Raging!

- Cognitive Therapy
- Behavioral Therapy
- Cognitive Behavioral Therapy
- Motivational Interviewing
- Twelve Steps
- Dialectical Behavioral Therapy
- Multidimensional Family Therapy
- Structural Family Therapy
- Functional Family Therapy
- Skills Training
- Acceptance and Commitment Therapy
- Existential Therapy

- Client-centered Therapy
- Systemic Therapy
- Biopsychosocial Therapy
- Solution-focused Therapy
- Multimodal Therapy
- Psychodynamic Therapy
- Narrative Therapy
- Integrative Problem-Solving Therapy
- Eclectic Therapy
- Interpersonal Psychotherapy
- Transtheoretical Therapy

What Works in Therapy: Pop Quiz

Question #3:

Of all the factors affecting treatment outcome, treatment model (technique or programming) is the *most potent*.

FALSE

Technique makes the smallest percentage-wise contribution to outcome of any known ingredient.

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What Works in Therapy: Factors accounting for Success

Outcome of Treatment:

- 60% due to "Alliance" ([jaka "common factors"] 8%/13%)
- 30% due to "Allegiance" Factors (4%/13%)
- 8% due to model and technique (1/13)

Factor	Percentage
Technique	1%
Allegiance	4%
Alliance	60%

Wampold, B. (2001). *The Great Psychotherapy Debate*. New York: Lawrence Erlbaum.

What Works in Therapy: Current State of Clinical Practice

Nonetheless, in spite of the data:

- Therapists firmly believe that the expertness of their techniques leads to successful outcomes;
- The field as a whole is continuing to embrace the medical model.
- Emphasis on so-called, "empirically supported treatments" or "evidence based practice."
- Embracing the notion of diagnostic groups.

Eugster, S.L. & Wampold, B. (1996). Systematic effects of participants role on the evaluation of the psychotherapy session. *Journal of Consulting and Clinical Psychology*, 64, 1020-1028.

What Works in Therapy: Research on the Alliance

- Research on the alliance reflected in over 1100 research findings.

Client's Theory of Change

Goals, Meaning or Purpose

Means or Methods

Client's View of the Therapeutic 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.


The Client's Theory of Change: Empirical Findings

- In the Hester, Miller, Delaney, and Meyer study:
 - A difference in outcome was found between the two groups depending on whether the treatment fit with the client's pre-treatment beliefs about their problem and/or the change process.
- When treatment of people diagnosed as schizophrenic was changed to accord their wishes and ideas:
 - More engagement;
 - Higher self-ratings; and
 - Improved objective scores.

Hester, R., Miller, W., Delaney, H., & Meyers, R. (1990). Effectiveness of the community reinforcement approach. Paper presented at the 24th annual meeting of the AAMFT, San Francisco, CA.
Duncan, B., & Miller, S. (2000). The client's theory of change: Consulting the client in the integrative process. *Journal of Psychotherapy Integration*, 10(2), 169-187.
Pathe, S., & Graynes, T. (1999). A pilot trial of treatment changes according to schizophrenic patients' wishes. *Journal of Nervous and Mental Disease*, 187(7), 441-443.
Kelli, R., Rosenberg, J., & Robinson, S. (2007). Whose treatment is it anyway? The role of consumer preferences in mental healthcare. *American Journal of Psychiatric Rehabilitation*, 10(1), 62-80.

What Works in Therapy: An Example

Cannabis Youth Treatment (CYT) Randomized Field Experiment



**Michael Dennis, Ph.D.,
Susan H. Godley, Ph.D.,
Guy S. Diamond, Ph.D.,
Frank M. Tims, Ph.D.,
Thomas Babor, Ph.D.,
Jean Donaldson, M.A.,
Howard Liddle, Ed.D.,
Janet C. Titus, Ph.D.,
Yifrah Kaminer, M.D.,
Charles Webb, Ph.D.,
Nancy Hamilton, M.P.A.,
and the CYT steering committee**
Presentation in Symposium 64, State-of-the-Art Advances in Substance Abuse Prevention and Treatment of the American Psychiatric Association Annual Conference, Philadelphia, PA, May 18-23, 2002.

Dennis, M., Godley, S., Diamond, G., Tims, F., Babor, T., Donaldson, J., Liddle, H., Titus, J., Kaminer, Y., Webb, C., Hamilton, N., Funk, R. (2004). The cannabis youth treatment (CYT) study: Main findings from two randomized trials. *Journal of Substance Abuse Treatment*, 27, 97-213.

What Works in Therapy: An Example

- 600 Adolescents marijuana users:
 - Between the ages of 12-15;
 - Rated as or more severe than adolescents seen in routine clinical practice settings;
 - Significant co-morbidity (3 to 12 problems [83%], alcohol [37%]; internalizing [25%], externalizing [61%]).
- Participants randomized into one of 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).

What Works in Therapy: An Example

Cannabis Youth Treatment Project

- Treatment approach accounted for little more than 0% of the variance in outcome.
- By contrast, ratings of the alliance predicted:
 - Premature drop-out;
 - Substance abuse and dependency symptoms post-treatment, and cannabis use at 3 and 6 month follow-up.

Tetzlaff, B., Hahn, J., Godley, S., Godley, M., Diamond, G., & Funk, R. (2005). Working alliance, treatment satisfaction, and post-treatment patterns of use among adolescent substance users. *Psychology of Addictive Behaviors*, 19(2), 199-207.

Siegle, K., Diamond, G., Diamond, G., & Liddle, H. (2005). Adolescent and parent alliance and treatment outcome in MDTF. *Journal of Consulting and Clinical Psychology*, 73(4), 689-698.

What Works in Therapy: Pop Quiz

Question #4:

Research shows that some treatment approaches are *more effective* than others

FALSE

All approaches work equally well with some of the people some of the time.

What Works in Therapy: An Example

- No difference in outcome between different types of treatment or different amounts of competing therapeutic approaches.

Godley, S.H., Jones, N., Funk, R., Ives, M Passetti, L. (2004). Comparing Outcomes of Best-Practice and Research-Based Outpatient Treatment Protocols for Adolescents. *Journal of Psychoactive Drugs*, 36(1), 35-48.

What Works in Therapy: Do Treatments vary in Efficacy?



- Meta-analysis of all studies published between 1989-Present comparing bona fide treatments for PTSD:
 - Approaches included desensitization, hypnotherapy, PD, TIP, EMDR, Stress Inoculation, Exposure, Cognitive, CBT, Present Centered, Prolonged exposure, TFT, Imaginal exposure.
 - Unlike earlier studies, controlled for inflated Type 1 error by not categorizing treatments thus eliminating numerous pairwise comparisons.

Bemish, S., Imel, Z., & Wampold, B. (2008). The relative efficacy of bona fide psychotherapies for treating posttraumatic stress disorder: A meta-analysis of direct comparisons. *Clinical Psychology Review*, 28, 746-758.

What Works in Therapy: Do Treatments vary in Efficacy?



- The results:
 - No difference in outcome between approaches intended to be therapeutic on both direct and indirect measures:
 - $D = .00$ (Upper bound $E.S = .13$)
 - $NNT = 14$.

(14 people would need to be treated with the superior tx in order to have 1 more success as compared to the "less" effective tx).

Bemish, S., Imel, Z., & Wampold, B. (2008). The relative efficacy of bona fide psychotherapies for treating posttraumatic stress disorder: A meta-analysis of direct comparisons. *Clinical Psychology Review*, 28, 746-758.

What Works in Therapy: Pop Quiz


Question #5:

Consumer ratings of the alliance are better predictors of retention and outcome than clinician ratings.

True


Remember the Alamo!

Remember Project MATCH



What Works in Therapy: Project MATCH and the Alliance

- The largest study ever conducted on the treatment of problem drinking:
 - Three different treatment approaches studied (CBT, 12-step, and Motivational Interviewing).
- NO difference in outcome between approaches.
- The client's rating of the therapeutic alliance the best predictor of:
 - Treatment participation;
 - Drinking behavior during treatment;
 - Drinking at 12-month follow-up.



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.) (2008). *Treatment matching in Alcoholism*. Cambridge University Press: Cambridge, UK.
 Comors, G.J., & 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.

What Works in Therapy: Pop Quiz

True

Question #6: If a particular approach, delivered in a given setting, by a specific provider is going to work, there should measurable improvement in the first six weeks of care.

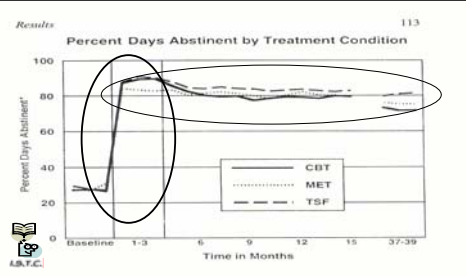
The bulk of change in successful treatment occurs earlier rather than later.

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What Works in Therapy: Project MATCH and Outcome

Results 113

Percent Days Abstinent by Treatment Condition



Legend: CBT (solid line), MET (dashed line), TSF (dotted line)

Y-axis: Percent Days Abstinent (0-100). X-axis: Time in Months (Baseline, 1-3, 6, 9, 12, 15, 37-39).

Babor, T.F., & Del Boca, F.K. (eds.) (2003). *Treatment Matching in Alcoholism*. United Kingdom: Cambridge, 113.

What Works in Therapy: Integrating Formal Client Feedback into Care

Figure 3. Improvement in effect size following feedback

Quarter	Year	Sample Size (n)	Effect Size
2nd quarter	2002	529	0.40
3rd quarter	2002	722	0.35
4th quarter	2002	723	0.45
1st quarter	2003	845	0.65
2nd quarter	2003	882	0.75
3rd quarter	2003	1020	0.85
4th quarter	2003	945	0.90
1st quarter	2004	865	0.95

Miller, S.D., Duncan, B.L., Sorrell, R., Brown, G.S., & Chalk, M.B. (2006). Using outcome to inform therapy practice. *Journal of Brief Therapy*, 5(1), 5-22.

What Works in Therapy: A Question of Focus

Focus Area	Number of Studies
Technique	1
Allegiance	4
Alliance	8
Outcome	13

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What Works in Therapy: More Research on Feedback


Session	Outcome-Informed Clinic (%)	Standard Practice (%)
0	0	0
1	5	0
2	35	0
3	45	0
4	48	0
5	48	0
6	48	5
7	48	10
8	48	15
9	48	20
10	48	25
11	48	30
12	48	35
13	48	38
14	48	40
15	48	42
16	48	43
17	48	44
18	48	45
19	48	45
20	48	45
21	48	45
22	48	45
23	48	45
24	48	45
25	48	45
26	48	45
27	48	45

Lambert, M.J., Okishi, J.C., Finch, A.E., Johnson, L.D. Outcome assessment: From conceptualization to implementation. *Professional Psychology: Research and Practice*, 29(1), Feb 1998, 63-70

Shifting from Process to Outcome: Everyone Wins

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

What Works in Therapy: The Triumph of Outcome over Process



Are you willing?

What Works in Therapy: Creating a "Culture of Feedback"

Outcome Rating Scale (ORS)

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

Looking back over the last week, including today, help us understand how you have been feeling by marking how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

- 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).

What Works in Therapy: Measuring Outcome

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

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

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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 fit on paper. The closer to the sunny 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?)

☺ ————— ☹

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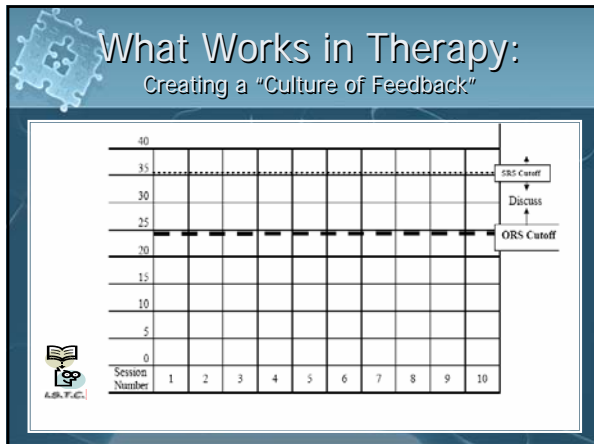
Young Child Outcome Rating Scale (YCORS)

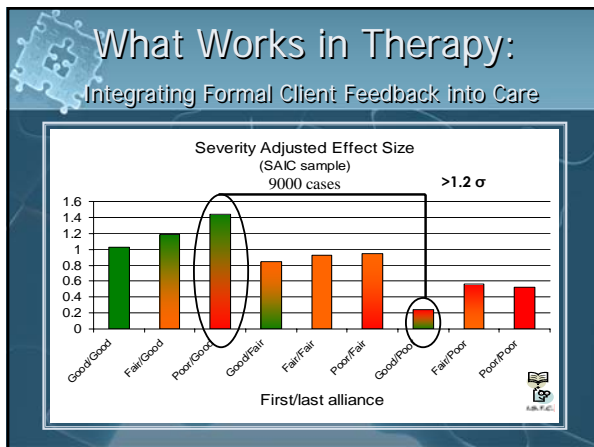
Name: _____ Age (Yrs): _____
 Sex: M / F Session #: _____ Date: _____

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.

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What Works in Therapy Linking Treatment to Outcome

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;

Relationship:

Goals and Topics:

Approach or Method:

Overall:

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

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Child Session Rating Scale (CSRS)

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

How was our time together today? Please put a mark on the lines below to let us know how you feel.

Listening

did not always listen to me. ————— 1 ————— 1 listened to me.

How Important

What we did and talked about was not really that important to me. ————— 1 ————— 1 What we did and talked about were important to me.

What We Did

I did not like what we did today. ————— 1 ————— 1 I liked what we did today.

Overall



I wish we could do something different. ————— 1 ————— 1 I hope we do the same kind of things next time.



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Young Child Session Rating Scale (YCSRS)

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

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

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What Works in Therapy



Step Two:
Integrating
Feedback into
Care

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What Works in Therapy: Integrating Outcome into Care

Who drops out?

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

What Works in Therapy: Integrating Outcome into Care

The higher the intensity of treatment to the expected trajectory of change:

A. The lower the dose and intensity;
 B. The higher the dose and intensity;
 C. It depends on the command;
 D. It depends on what
 E. It depends on the client's response.

Figure 3. Outcome Score Graph to Entry Non-Clinical Outcome
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What Works in Therapy: Integrating Outcome into 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.

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What Works in Therapy: Integrating Outcome into Care



Second session
and beyond...

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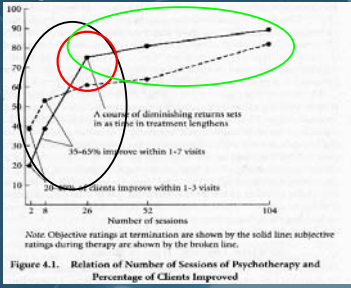
What Works in Therapy: Integrating Outcome into Care



- What should the clinician do when the client's scores are better (or worse) than the previous session?
- It depends...*
 - On the magnitude of the change.
 - On when the change takes place.

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What Works in Therapy: Integrating Outcome into Care

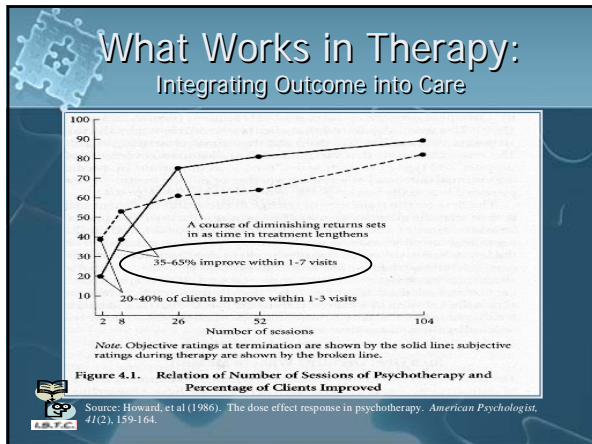


Note: Objective ratings at termination are shown by the solid line; subjective ratings during therapy are shown by the broken line.

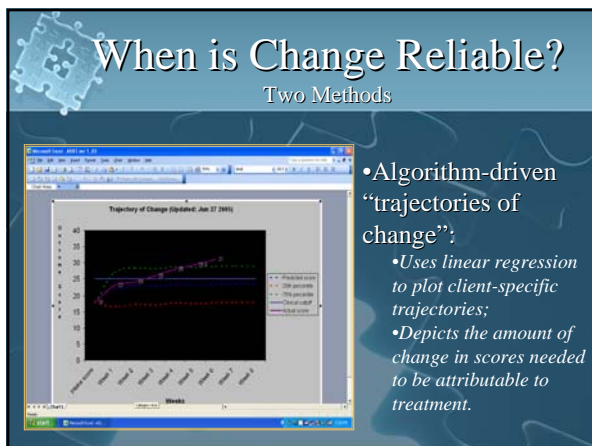
Figure 4.1. Relation of Number of Sessions of Psychotherapy and Percentage of Clients Improved

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- Do not change the dose or intensity 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.



- ## What Works in Therapy: Integrating Outcome into Care
- The Reliable Change Index (RCI):
 - The average amount of change in scores needed in order to be attributable to treatment *regardless of the persons score on the ORS at intake.*
 - On the ORS, the RCI = 5 points.
 - The benefit is simplicity; the problem is:
 - The RCI underestimates the amount of change required to be considered reliable for people scoring lower at intake;
 - The RCI overestimates the amount of change required to be considered reliable for people scoring higher at intake.



What Works in Therapy: Integrating Outcome into Care



MyOutcomes
A user-friendly, Web-based tool for monitoring and improving outcomes for behavioral health treatment.

What is MyOutcomes?

- An interactive Web-based application that administers the Partners for Change Outcome Management System (PCOMS).
- Monitors and improves treatment effectiveness by providing information on treatment outcomes to the service provider.
- Includes the precision and reliability of an automated outcomes management system without extensive work, expense, or user burden.

Features of MyOutcomes


- Identifies in real time clients who are at risk for negative or null outcomes.
- Provides empirically based suggestions to increase the likelihood of success.
- Aggregates data into reports on provider, program, and agency effectiveness for regulatory, administrative, and payment purposes.

Benefits of MyOutcomes

- Proven valid and reliable in peer-reviewed studies.
- Increases length between relapse and allows easy integration into treatment.
- Has been shown to double treatment effect size.

www.talkingcure.com/training.asp?id=108

What Works in Therapy: Integrating Outcome into Care



0052

Looking back over the last week, including today, help us understand how you have been feeling by marking how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

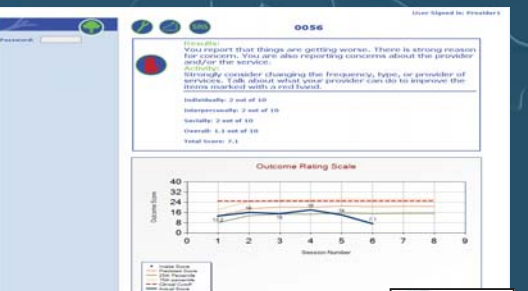
Individuality (Personal well-being)

Interpersonally (Family, close relationships)

Work/School (Work, school, productivity)

Overall (Overall sense of well-being)

What Works in Therapy: Integrating Outcome into Care



0056

Outcome Rating Scale

40
32
24
16
8
0

0 1 2 3 4 5 6 7 8 9

Session Number

Outcome Rating Scale Legend:
- Overall Score
- Individuality
- Interpersonally
- Work/School
- Overall

What Works in Therapy: Integrating Outcome into Care

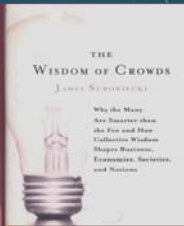


- In 1906, 85 year old British Scientist Sir Francis Galton attends a nearby county judging competition:
 - People paid a small fee to enter a guess.
- Discovers that the average of all guesses was significantly closer than the winning guess!

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What Works in Therapy: Integrating Outcome 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* (6), 914-923.

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What Works in Therapy: Integrating Outcome into Care

Outcome of treatment varies depending on:

- The unique qualities of the client;
- The unique qualities of the therapist;
- The unique qualities of the context in which the service is offered.



Directions for change when you need to change directions:

- What: 1%
- Where: 2-3%
- Who: 8-9%

What Works in Therapy: Integrating Outcome 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?*

Client's Theory of Change

Goals, Meaning or Purpose Means or Methods

Client's View of the Therapeutic Relationship

Miller, S.D., Mee-Lee, D., & Plum, W. (2005). Making treatment count. *Psychotherapy in Australia, 10*(4), 42-56.

What Works in Therapy: Integrating Outcome 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.*

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What Works in Therapy



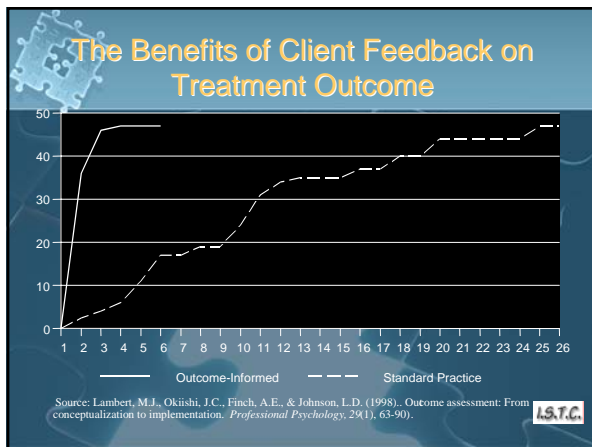
Step Three:
**Learning to Fail
Successfully**

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The "Random Walk" in Psychotherapy

- In 2000, Burton Malkiel shows how a broad portfolio of stocks selected at random will match the performance of one carefully chosen by experts.
 - Dividend yields: Pros 1.2%; Darts 2.3%, DJIA 3.1%.
- Similarly, research shows there is little or no correlation between a therapy with poor outcome and the likelihood of success in the next therapy.

Liang, B. (Liang, B. (1999). Price pressure: Evidence from the "dashboard column." *Journal of Business*, 71(1).
Liang, B. (1996). The "dashboard column." The pros, the darts, and the market. <http://ssrn.com/abstract=1068>.



What Works in Therapy: Review

- ✓ **Call for:**
 - ✓ Accountability;
 - ✓ Measurable outcomes;
 - ✓ Efficient use of resources;
 - ✓ Documented "return on investment"
- ✓ **The response:**
 - ✓ Practice-based practice;
 - ✓ Training and supervision targeted to outcomes of individual therapists and programs;
 - ✓ Continuous monitoring and real-time utilization of outcome data;
 - ✓ Treatment planning and programs structured and informed by local norms and algorithms.
 - ✓ Regulatory bodies use outcome data for value-based oversight and purchasing of treatment services.



The Heart and Soul of Change

That's all folks!



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