Supershinks
Learning from the Field’s Most Effective Practitioners
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(Mild-mannered clinician and researcher)

Do they exist? Who are they? Can we learn from them?
Supershrink: 
(n. soo-per-shrĭngk), slang
1. Unusually effective and talented psychotherapist;
2. Widely believed to exist in real life;
(See virtuoso, genius, savant, expert, master)


• Study of 6,146 adults seen in real-world clinical practice:
  • Average age of 40;
  • Completed at least 6 months of treatment (average sessions = 10);
  • Diagnosis included depression (46.3%), adjustment disorder (30.2%), anxiety (11%), bipolar disorder, PTSD, and other.

  581 full-time providers working independently in a networked managed care system:
  • 72.3% female, 27.7% male;
  • Average 21 years of experience;
  • 30.3% doctoral level, 63.7% master’s level, 3.6% medical degrees.


• Factors widely and traditionally believed to exert strong influence on outcome accounted for little or no variability:
  • Client diagnosis after accounting for severity and for case mix (less than 1%);
  • Client age and gender (0%);
  • Therapist age, experience level, professional degree or certification (0%);
  • Use of medication;
  • Within and between therapist regression to the mean.

Variability in outcomes between therapists (5-8%) equaled or exceeded the contribution of factors known to exert a significant impact on therapeutic success:

- Quality of the therapeutic alliance (5-8%);
- Allegiance to treatment approach (3-4%);
- Treatment model or method (less than 1%).

In short, some therapists were more effective than others:

- Medication generally helpful only when given by an effective practitioner.


No difference

The largest study in the history of research on treatment of depression:

- Compared CBT, IPT, an antidepressant and inert placebo;
- No difference in outcome between treatments.

Prescribers with the best outcomes also had the best outcomes when using a placebo:

- The three most effective prescribers achieved better outcomes when using a placebo than the three poorest prescribers did when using an antidepressant.


Data gathered in many studies over 25 years show:

- Significant differences in effect between clinicians (0-75%, mean 5-8%);
- Differences persist even when studies are carefully controlled (e.g., manuals, allegiance, skill & alliance level, competence [TDCRP, Project MATCH, MCSTPD]).

M.C.S.T.P.D.:
Multicenter Collaborative Study for the Treatment of Panic Disorder

- Carefully controlled study comparing CBT, medication, and a placebo either alone or in combination.
- People were excluded if:
  - Any history of psychosis;
  - Currently suffering from significant medical illness, suicidality, or significant substance abuse;
  - Contraindications to CBT or medication treatment, prior nonresponse to CBT or drugs.
- Therapists averaged 35 years of age and had ~10 years of experience:
  - All therapists trained to competency and certified in conducting panic control treatment (no improvement after trial began);
  - The majority identified CBT as primary theoretical orientation.
- Adherence and competency ratings high across clinicians throughout the study.


Overall, CBT and medication worked about equally well:

- Combination produced no better outcome than either treatment alone.
- Therapists differed significantly in magnitude of change experienced by consumers (0-18%):
  - Unrelated to age, gender match, experience with CBT.
  - The best and the worst therapists did not differ in adherence to protocol or in competency of services delivered.
• Differences in outcome appear to have nothing to do with:
  • Therapist age, gender, years of experience, theoretical orientation, professional discipline, training, supervision, personal therapy, specific or general competence, licensure or certification
  • Client severity (diagnosis), level of functioning at intake, length of treatment or prior treatment history;

• Real world consequences:
  • Clients of most effective therapists average 50% or more improvement and 50% or less drop out.
Some may be born...

Professional training, development, certification & identity based on the idea of “making” better therapists.


“The search for stable heritable characteristics (sports, chess, music, medicine, etc.) that could predict or at least account for superior performance of eminent individuals has been surprisingly unsuccessful.”


Learning from Supershink:

• What they do: (observable)
  • Distillation of “patterns,” clinical routines, techniques

• Who they are: (inferred)
  • Personal qualities (knowledge, manner, attributes, traits).

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


Distillation:

• Cognitive Therapy
• Behavioral Therapy
• Cognitive Behavioral Therapy
• Motivational Interviewing
• Twelve Steps
• Dialectical Behavioral Therapy
• Multidimensional Family Therapy
• Structural Family Therapy
• Functional Family Therapy
• Social Skills Training
• Assertive Community Treatment
• Aggression Replacement Therapy

EMDR
• Family Effectiveness Training
• Multisystemic Therapy
• Solution-focused Therapy
• Brief Strategic Family Therapy
• Psychodynamic Therapy
• Parent Management Training
• Integrative Problem-Solving Therapy
• Intergenerational Psychotherapy
• Transcendental Therapy

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

Four recent examples

• Study of real-world clients seen in UK National Health Service settings treated with CBT, PCT, or PDT or CBT, PCT, PDT plus integrative, art, or supportive therapy.
  • Little or no meaningful difference between treatment approaches;
  • Improvement across treatment accounted for 100 times more variance in outcome than the specific approach.

• Meta-analysis of all studies published between 1980-2006 comparing bona fide treatments for children with ADHD, conduct disorder, anxiety, or depression:
  • No difference in outcome between approaches intended to be therapeutic;
  • Researcher allegiance accounted for 100% of variance in effects.


Stiles, W., Barkham, M., Twigg, E. et al. (2006). Effectiveness of cbt, pct, and pd therapies as practiced in UK National Health Service. *Psychological Medicine, 36*, 555-566.

Four recent examples

- Meta-analysis of all studies published between 1960-2007 comparing bona fide treatments for alcohol abuse and dependence:
  - No difference in outcome between approaches intended to be therapeutic;
  - Approaches varied from CBT, 12 steps, Relapse prevention, & PDT;
  - Researcher allegiance accounted for 100% of variance in effects.

- 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, & Imaginal exposure.
  - Unlike earlier studies, controlled for inflated Type I error by not categorizing treatments thus eliminating numerous pairwise comparisons.

- Interest in people as individuals;
- Insight into one’s own personality characteristics;
- Sensitivity to the complexities of motivation;
- Tolerance;
- Ability to establish warm and effective relationships with others.
Two primary themes:

- Sense of self-relatedness:
  - Mindful
  - Not having an agenda
  - Concern for others
  - Intelligent
  - Flexible personality structure
  - Intuitive
  - Self-aware
  - Thoughtful
  - Knows own issues
  - Able to take care of self
  - Open, patient, creative…

Two Studies:

- 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 gotten better and better over the years... but my data failed to suggest any... change in my therapeutic effectiveness across the 26 years in question."


Two Examples:

- Researchers Hiatt & Hargrave publish an outcome study:
  - Significant differences in effectiveness between clinicians.

  "The least helpful practitioners rated themselves as effective as the most helpful.

Reviewing the evidence:
(What doesn’t make a difference?)

• Client age, gender, diagnosis after accounting for severity and for case mix, prior treatment history, or length of treatment;
• Therapist age, gender, years of experience, professional discipline, degree, training, theoretical orientation, amount of supervision, personal therapy, specific or general competence, use of EBP, licensure or certification, within or between regression to the mean.

Supershrink:
(n. soo-per-shrink)
a. seeks, obtains, and maintains more consumer engagement;
b. exceptionally alert to risk of drop out and treatment failure;
c. pushes the limits of their current realm of reliable performance.

“The quality of the patient’s participation in therapy stands out as the most important determinant of outcome...[this] can be considered fact established by 40-plus years of research on psychotherapy.”

The Medical Model:
- Diagnosis-driven, “illness model”
- Prescriptive Treatments
- Emphasis on quality and competence
- Cure of “illness”

The Contextual Model
- Client-directed (Fit)
- Outcome-informed (Effect)
- Emphasis on benefit over need
- Restore real-life functioning

The O.R.S
- Scored to the nearest millimeter.
- Add the four scales together for the total score.

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

Download free working copies at:
http://www.talkingcure.com/index.asp?id=106
Anker Couples Study

- 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%


In 2004, Lego coming off its worst year ever:

- $238,000,000 loss;
- Numerous strategic blunders and failed product initiatives:
  - PC software games;
  - Product licensing agreements;
  - Designs that left consumers puzzled rather than entertained.

Technological advances were forcing an overhaul of Lego’s best-selling product the “Mindstorm” Robot:

- Decided to outsource its innovation to a panel of citizen developers!
- Included a “right to hack” in the robot software license!
The Generation C phenomenon captures the avalanche of consumer-generated 'content'. The two main drivers fuelling this trend? (1) The creative urges each consumer undeniably possesses; and (2) The manufacturers of content-creating tools, who relentlessly push us to unleash that creativity. Instead of asking consumers to watch, to listen, to play, to passively consume, the race is on to get them to create, to produce, and to participate.

http://www.trendwatching.com/trends/GENERATION_C.htm

Severity Adjusted Effect Size (SAIC sample)

First/last alliance

Who are they?
• Give at the end of each session;
• Each line 10 cm in length;
• Score in cm to the nearest mm;
• Discuss with client anytime total score falls below 36.
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;
- Take the “temperature” at the end of each visit;
- Feedback is critical to success.

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

Creating a “Culture of Feedback”

Session Rating Scale (SRS V.3.0)

- Clients who [are] identified early as non-responders to treatment ...[have] improved outcome and increased attendance..."
Two inconvenient truths about psychotherapy:

- Drop out rates average 47%.
- Lack of change or deterioration in the early stages of treatment is associated with drop out and poor treatment response.


Cases in which therapists “opted out” of assessing the alliance at the end of a session:
- Two times more likely for the client to drop out;
- Three to four times more likely to have a negative or null outcome.


Miller, Duncan, Brown et al. (2007) compared retention rates of 6,424 clinically, culturally, and economically diverse clients:
- Alliance questionnaire built into medical record system.
- Clinicians reminded at the end of each session to check formally about the alliance.

The rate of change depends on the level of distress at intake.


- The bulk of change occurs sooner rather than later;
- The rate of change depends on the level of distress at intake;
Early change in treatment is a robust predictor of outcome and retention in treatment.


Creating a “Culture of Feedback”

Outcome Rating Scale (ORS)

- 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).

Creating a “Culture of Feedback”

- In 1906, 85 year old British Scientist Sir Francis Galton attends a 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!
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.


Supershrink:

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


• Studied experts in chess, music, art, science, medicine, mathematics, history, computer science, and other fields.

• The amount of "deliberate practice"


• Key difference between experts and others:

- The amount of "deliberate practice"


• Little or no difference in outcome between professional therapists, students, and minimally trained paraprofessionals;

• The effectiveness of the "average" therapist plateaus very early.


“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...”
Deliberate Practice:

- 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. At least 4 hours per day.

- 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.

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Deliberate Practice:

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.

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Deliberate Practice:

An Example

- **Step One: Identify “at risk” case**
  
  a. Client scores a 40 on the SRS at the conclusion of the first visit.

- **Step Two: Think**
  
  a. Develop a strategy
  1. Minimum 4 different gambits with 2 additional responses each;
  b. Connect the strategy to a specific target outcome.

- **Step Three: Act**
  
  a. Conduct the session;
  b. Take a break prior to the end of the visit to “self-record” noting the steps in the planned strategy that were missed.

- **Step Four: Reflection**
  
  a. Review self-record;
  b. Identify specific actions and alternate methods to implement strategy;
  c. Review video:
    (stop/commit/imagine course and consequences/start)
Training Module

Principle: Negative consumer feedback is associated with better outcomes.

Apply the principle to the following example:

Cl: This hour has been incredibly helpful. Thank you. I'm giving you all 10's.

Thanks for that. Take just a moment though to think. Sometimes when people come to see me, they have a mental list of things they hoped to talk about...
Systemic Effect from Attrition of Below Average Counselors

Percentage of Original Below Average Counselors to Overall Staff
Agency Aggregate Effect Size


That's all folks!

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