The Heart and Soul of Change:

What Works in Therapy

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**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.


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**What Works in Therapy: Pop Quiz**

**Question #1:**
Research consistently shows that treatment works

**True**

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

What Works in Therapy: The Data

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Effect Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychotherapy</td>
<td>.8 - 1.2 ?</td>
</tr>
<tr>
<td>Marital therapy</td>
<td>.8</td>
</tr>
<tr>
<td>Bypass surgery</td>
<td>.8 ?</td>
</tr>
<tr>
<td>ECT for depression</td>
<td>.8 ?</td>
</tr>
<tr>
<td>Pharmacotherapy for arthritis</td>
<td>.61 ?</td>
</tr>
<tr>
<td>Family therapy</td>
<td>.58 ?</td>
</tr>
<tr>
<td>AZT for AIDS mortality</td>
<td>.47 ?</td>
</tr>
</tbody>
</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+ real clients
- Outcomes clinically equivalent to randomized, controlled, clinical trials.


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.


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/practiceml_04.html
What Works in Therapy: Pop Quiz

Question #3: FALSE
Of all the factors affecting treatment outcome, treatment model (technique or programming) is the most potent.

What Works in Therapy: Factors accounting for Success

Outcome of Treatment:
• 60% due to “Alliance” ([aka “common factors”] 8%/13%)
• 30% due to “Allegiance” Factors (4%/13%)
• 8% due to model and technique (1/13)

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.

What Works in Therapy: Research on the Alliance

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

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. Titus, Ph.D.,
Thomas Babor, Ph.D.,
Jean Donaldson, M.A.,
Howard Liddle, Ed.D.,
Janet C. Titus, Ph.D.,
Yvrah Kaminer, M.D.,
Charles Webb, Ph.D.,
Nancy Hamilton, M.P.A.,
and the CYT steering committee


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.


What Works in Therapy: Pop Quiz

Question #4:  **FALSE**  
Research shows that some treatment approaches are more effective than others.  

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.


What Works in Therapy:
Do Treatments vary in Efficacy?

• The research says, “NO!”
• The lack of difference cannot be attributed to:
  • Research design;
  • Time of measurement;
  • Year of publication;
• The differences which have been found:
  • Do not exceed what would be expected by chance;
  • At most account for 1% of the variance.

References:
**What Works in Therapy: Do Treatments vary in Efficacy?**

- 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.

- 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.
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 I error by not categorizing treatments thus eliminating numerous pairwise comparisons.


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 ES = .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).

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.
What Works in Therapy: Pop Quiz

Question #6: The bulk of change in successful treatment occurs earlier rather than later.

True
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.

What Works in Therapy: Project MATCH and Outcome

[Graph showing percent days abstinent by treatment condition]

What Works in Therapy: More Research on Outcome

Cannabis Youth Treatment Project

Approach

Dose

What Works in Therapy: Pop Quiz

Last Question!
The best way to insure effective, efficient, ethical and accountable treatment practice is for the field to adopt and enforce:

- Evidence-based practice;
- Quality assurance;
- External management;
- Continuing education requirements;
- Legal protection of trade and terminology.

False
What Works in Therapy: A Tale of Two Solutions...

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

What Works in Therapy: First Step

- Formalizing what experienced therapists do on an ongoing basis:
- Assessing and adjusting fit for maximum effect.

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.

What Works in Therapy: Integrating Formal Client Feedback into Care

- 161 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


What Works in Therapy: A Question of Focus

What Works in Therapy: More Research on Feedback

Shifting from Process to Outcome: Everyone Wins

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

Putting “What Works” to work in Therapy: Three Steps

1. Create a “Culture of feedback”;
2. Integrate alliance and outcome feedback into clinical care;
3. Learn to “fail successfully.”
What Works in Therapy: 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).

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.
Child Outcome Rating Scale (CORS)

Name: ____________________________
Sex: M/F
Date: ____________________________

How are you doing? How are things going in your life? Please make a mark on the scale for "Me" to indicate how you are feeling. The closer to the happy face, the better things are. The closer to the frowny face, things are not so good.

Me
(How am I feeling?)

Family
(How are things in my family?)

School
(How am I doing in school?)

Everything
(How is everything going?)

Young Child Outcome Rating Scale (YCORS)

Name: ____________________________
Age: _________
Sex: M/F
Date: ____________________________

How are things going? How are things going for you? How are you feeling now? Are things getting better or not getting better for you?

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Minneapolis, Minnesota
What Works in Therapy: Creating a “Culture of Feedback”

What Works in Therapy
Linking Treatment to Outcome

- 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.
What Works in Therapy
Linking Treatment to Outcome

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

Child Session Rating Scale (CSRS)

Listening

How Important

What We Did

Overall
Step Two: Integrating Feedback into Care
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).
- 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.

What Works in Therapy: Integrating Outcome into Care

Second session and beyond...
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.

- 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.
When is Change Reliable?
Two Methods

- Algorithm-driven “trajectories of change”:
  - Uses linear regression to plot client-specific trajectories;
  - Depicts the amount of change in scores needed to be attributable to treatment.

What Works in Therapy:
Integrating Outcome Into Care

www.talkingcure.com/training.asp?id=108
What Works in Therapy:
Integrating Outcome into Care
What Works in Therapy: Integrating Outcome into Care

- 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!

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.”

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 View of the Therapeutic Relationship

Client’s Theory of Change

Goals, Meaning or Purpose

Means or Methods

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.

What Works in Therapy

Step Three: Learning to Fail Successfully
What Works in Therapy: Learning to “Fail Successfully”

- Drop out rates range from 20-80% with an average of 47%:
  - Approximately half of people who drop out report a reliable change.
  - Importantly, the data indicate that had they stayed a few more sessions:
    - More change,
    - Change more durable.

- Of those who stay in care:
  - Studies indicate between 15-70% achieve a reliable change in functioning.
  - Therapists are likely to fail with 30-85% of people treated.

**Add another way:**

**Learn how to fail:**

- It is time for clinicians to actually track patient outcomes.
- As a result, clinicians:
  - Gain more information about what helps and what hinders treatment.
  - Identify which patients are likely to benefit from their interventions.
  - Adjust their practices to better meet patients' needs.

**Reference:**


What Works in Therapy

- ~20-80%, (X = 47%) Drop Out
- ~20-80%, (X = 47%) Continue
- ~50% Improved
- ~50% Unchanged or deteriorated
- 30-85% (X = 50%) Do not Improve
- 15-70% (X = 50%) Improve
- 21% Improve (if they stay)
- 46% Improve (with feedback to therapist)
- 56% Improve (with feedback to Therapist and Client)

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.

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!