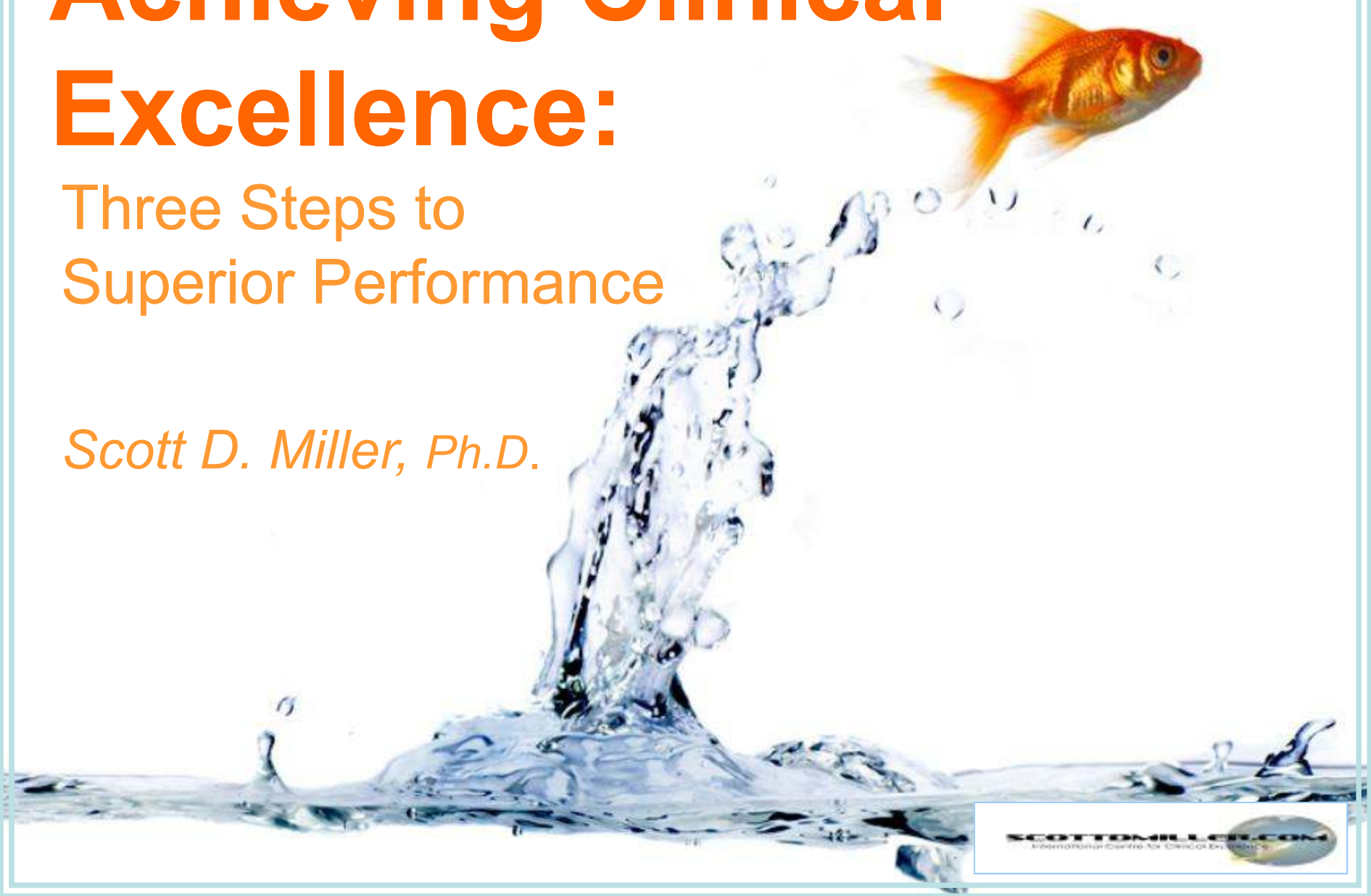
Achieving Clinical Excellence:

Three Steps to Superior Performance

Scott D. Miller, Ph.D.



http://twitter.com/scott_dm http://www.linkedin.com/in/scottdmphd

INTERNATIONAL CENTER FOR CLINICAL EXCELLENCE

Log in | Sign up | Help

Search GO

Home | Training | ICCE Trainers | Conferences | Events

Introductions | Connect | Learn | share

ABOUT US.

The International Center for Clinical Excellence offers a number of training opportunities amied at helping you, your agency, or third-party payers improve the effectiveness and efficiency of clinical services. These range from introductory to advanced onsite workshops and consultations that are available in North America, Europe and worldwide

Learn More

Our Founders | Our Trainers | Our Community

VIEW ALSO

Why the ICCE is important

Jason Seidel

Play Video

The Next trend may be global clinics

Cynthia Maeschalck

Play Video

JOIN US

Become a member

Sign up >

Already a member?

username

password

Click Here

THE ICCE BLOG

See all >

Nov 08 23:14

Introducing ORS and SRS to the head of the Danish Psychological...

Oct 26 05:48

A quick study on Global Mental...

Oct 26 01:09

Dealing with low scores on the SRS in couples therapy

Follow us

Achieving Clinical Excellence

The Facts

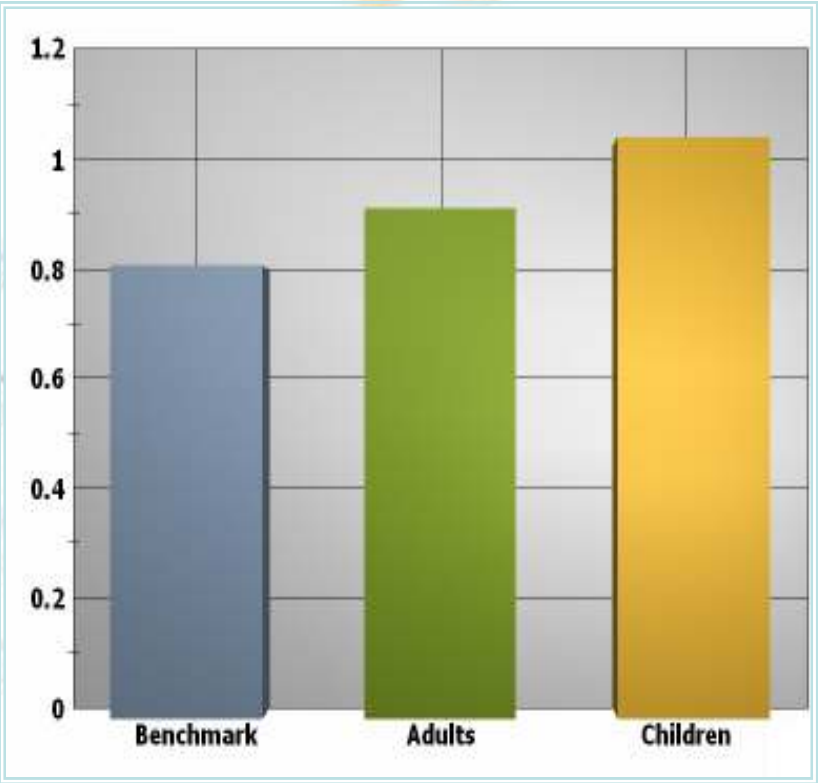
- In most studies of psychological treatments conducted over the last 30+ years, the average treated person is better off than 80% of those without the benefit of services;
- The average clinician achieves outcomes on par with success rates obtained in randomized clinical trials (with and without co-morbidity).

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, 76, 116-124.*

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.*



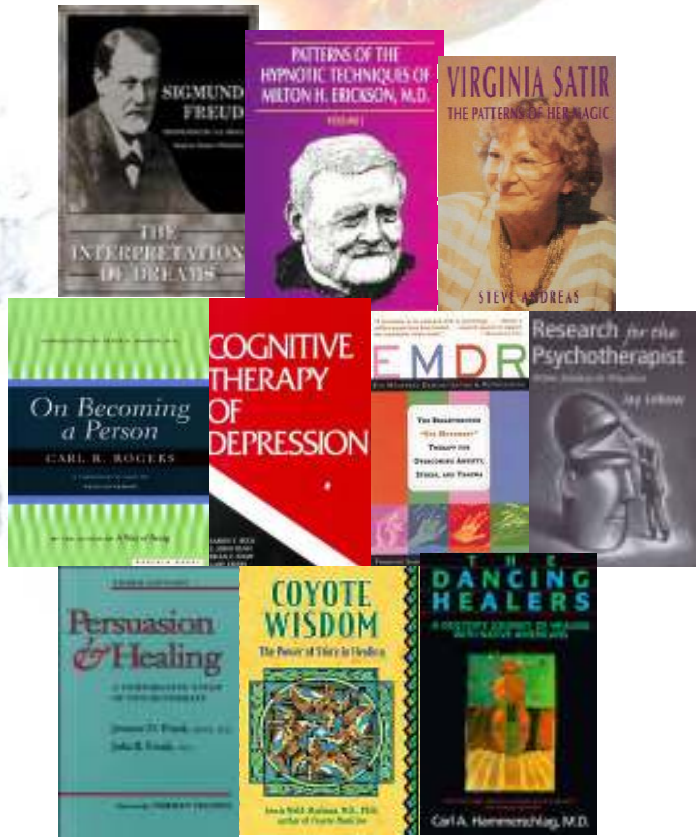
Kendall, P.C., Kipnis, D, & Otto-Salaj, L. (1992). When clients don't progress. *Cognitive Therapy and Research, 16*, 269-281.

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),* 116-124.

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;



Beutler, L., Malik, M., Alimohamed, S., Harwood, T., et al. (2005). Therapist variables. In M. Lambert (ed.). *Bergin and Garfields Handbook of Psychotherapy and Behavior Change* (5th Ed.). (pp. 227-306). New York: Wiley.

Miller, S., Hubble, M., & Duncan, B. (2007). Supershrinks. *Psychotherapy Networker, 31* (6), 36-45, 57.

Duncan, B., Miller, S., Wampold, B., & Hubble, M. (eds.) (2009). *The Heart and Soul of Change: Delivering What Works*. Washington, D.C.: APA Press.

Therapists versus Athletes

- 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 <u>nothing</u> to do with size, genetic changes, or performance enhancing drugs.*

Colvin, G. (2008). *Talent is Overrated*. New York: Portfolio.

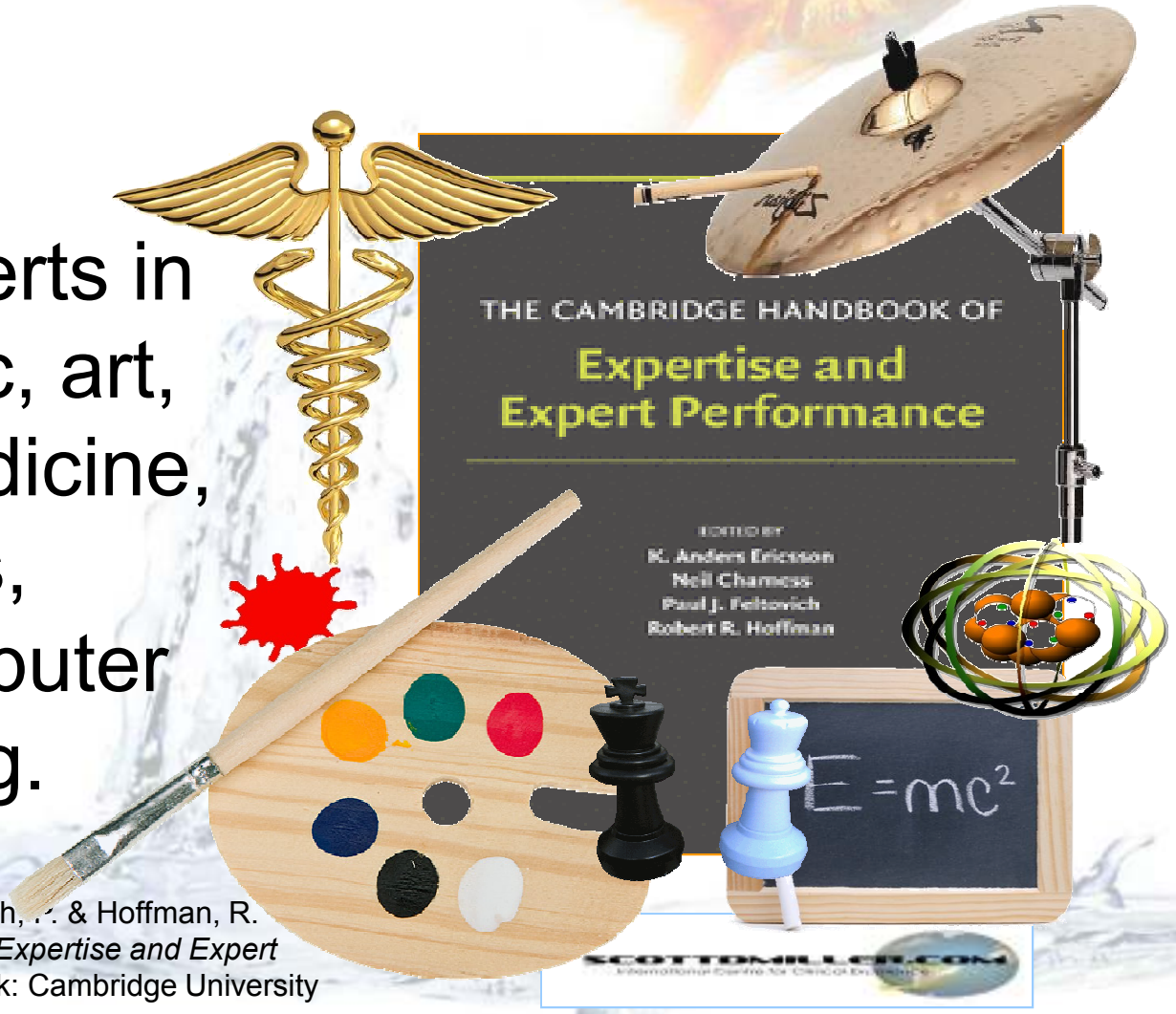
Ericsson, K.A., Krampe, R., & Tesch-Romer, C. (1993). The role of deliverate practice in the acquisition of expert performance. *Psychological Review, 100,* 363-406.

Schultz, R. & Curnow, C. (1988). Peak performance and age among super-atheletes. *Journal of Gerontology: Psychological Sciences, 43,* 113-120.

The Study of Expertise:

Sources of Superior Performance

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



Ericsson, K.A., Charness, N., Feltovich, P. & Hoffman, R. (eds.). *The Cambridge Handbook of Expertise and Expert Performance* (pp. 683-704). New York: Cambridge University Press.

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*

Walfish, S., McAllister, B., Lambert, M.J. (2012). An investigation of self-assessment bias in mental heal providers. *Psychological Reports, 110*, 639-644

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)

Walfish, S., McAllister, B., Lambert, M.J. (2012). An investigation of self-assessment bias in mental heal providers. *Psychological Reports, 110*, 639-644

Achieving Clinical Excellence:
Sources of Inferior Performance

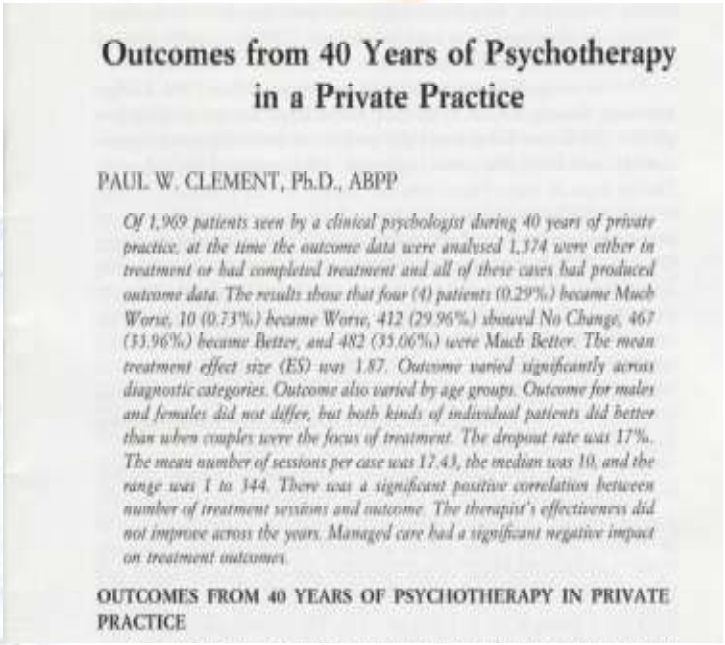
- Psychologist Paul Clement publishes a quantitative study of 26 years as a psychologist
  - *683 cases falling into 84 different DSM categories.*

"I had expected t
find that I had got
better and better
over the years… b
my data failed to suggest <u>any</u>…cha in my therapeutic effectiveness acrc the 26 years in question."

Clement, P. (1994). Quantitative evaluation of 26 years of private practice. *Professional Psychology, 25,* 173-176.

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!*



Outcomes from 40 Years of Psychotherapy in a Private Practice

PAUL W. CLEMENT, Ph.D., ABPP

Of 1,969 patients seen by a clinical psychologist during 40 years of private practice, at the time the outcome data were analysed 1,374 were either in treatment or had completed treatment and all of these cases had produced outcome data. The results show that four (4) patients (0.29%) became Much Worse, 10 (0.73%) became Worse, 412 (29.96%) showed No Change, 467 (33.96%) became Better, and 482 (35.06%) were Much Better. The mean treatment effect size (ES) was 1.87. Outcome varied significantly across diagnostic categories. Outcome also varied by age groups. Outcome for males and females did not differ, but both kinds of individual patients did better than when couples were the focus of treatment. The dropout rate was 17%. The mean number of sessions per case was 17.43, the median was 10, and the range was 1 to 344. There was a significant positive correlation between number of treatment sessions and outcome. The therapist's effectiveness did not improve across the years. Managed care had a significant negative impact on treatment outcomes.

OUTCOMES FROM 40 YEARS OF PSYCHOTHERAPY IN PRIVATE PRACTICE

Clement, P. (2008). Outcomes from 40 years of Psychotherapy. *American Journal of Psychotherapy, 62*(3), 215-239.

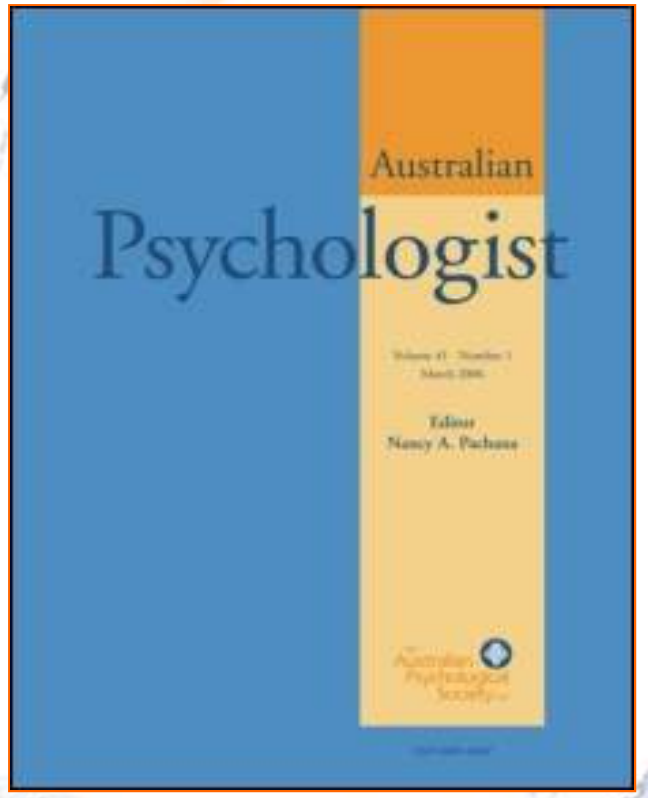
Achieving Clinical Excellence:
Sources of Inferior Performance

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

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.

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.



Atkins, D.C., & Christensen, A. (2001). Is professional training worth the bother? A review of the impact of psychotherapy training on client outcome. *Australian Psychologist, 36,* 122-130.

Achieving Clinical Excellence:
The Lifecycle of Inferior Performance

"The enemy of excellence is proficiency…"

Ericsson, K. A. (2006). The influence of experience and deliberate practice on the development of superior expert performance. In K.A. Ericsson, N. Charness, P. Feltovich, and R. Hoffman (eds.). *The Cambridge Handbook of Expertise and Expert Performance.* New York: Cambridge University Press, p. 683.

Achieving Clinical Excellence:

The "Supershrink" Project

Supershrink:

(n. soo-per-shrĭngk), slang

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

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

Ricks, D.F. (1974). Supershrink: Methods of a therapist judged successful on the basis of adult outcomes of adolescent patients. In D.F. Ricks, M. Roff, & A. Thomas (eds.). *Life History in Research in Psychopathology*. Minneapolis, MN: University of Minnesota Press.

Okiishi, J., Lambert, M., Nielsen, S., Ogles, B. (2003). Waiting for supershrink. *Clinical Psychology & Psychotherapy, 10*(6), 361-373.

Achieving Clinical Excellence:

Three Steps to Superior Performance

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

Miller, S., Hubble, M., & Duncan, B. (2007). Supershrinks: Learning from the field's most effective practitioners. *Psychotherapy Networker, 31*(6), 26-35, 56.

Step One:

Knowing your Baseline

ORS

Individually:
(Personal well-being)

I----------I

Interpersonally:
(Family, close relationships)

I----------I

Socially:
(Work, School, Friendships)

I----------I

Overall:
(General sense of well-being)

I----------I

Outcome

Valid
Reliable
Feasible

SRS

Relationship:

I did not feel heard, understood, and respected ----------I I felt heard, understood, and respected

Goals and Topics:

I----------I We worked on and talked about what I wanted to work on and talk about

Approach or Method:

I----------I The therapist's approach is a good fit for me.

Overall:

I----------I Overall, today's session was right for me

Alliance

Download free working copies at:
www.scottdmiller.com

Outcome Rating Scale (ORS)

Name _____ Age (Yrs):_____ Sex: M / F
Session # _____ Date: _____
Who is filling out this form? Please check one: Self_____ Other_____
If other, what is your relationship to this person? _____

Looking back over the last week (or since your last visit), including today, help us understand how you have been feeling by rating 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. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

Individually:
(Personal well-being)

I----------I

Interpersonally:
(Family, close relationships)

I----------I

Socially:
(Work, School, Friendships)

I----------I

Overall:
(General sense of well-being)

I----------I

- *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 _____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?)

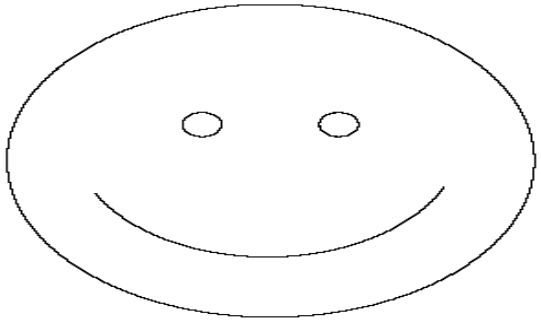
Institute for the Study of Therapeutic Change

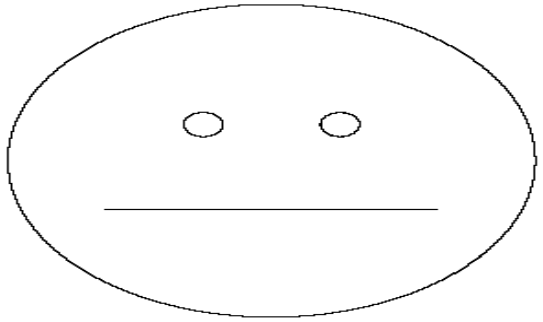
www.talkingcure.com

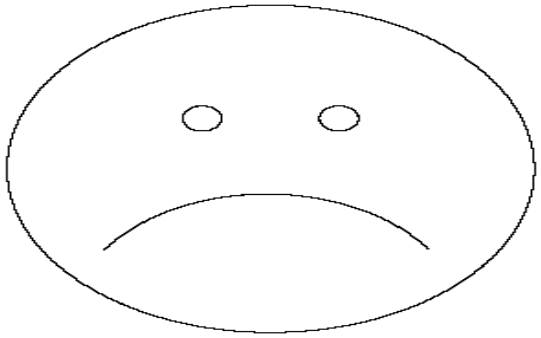
Young Child Outcome Rating Scale (YCORS)

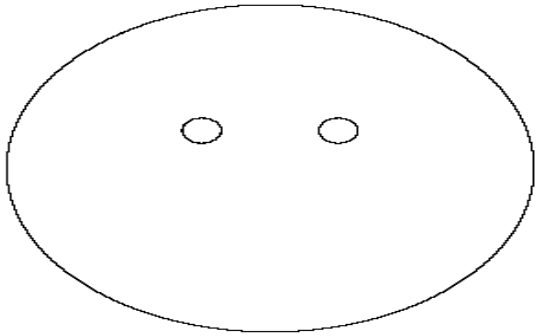
Name _____Age (Yrs):_____
Sex: M / F_____
Session # _____ Date: _____

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.



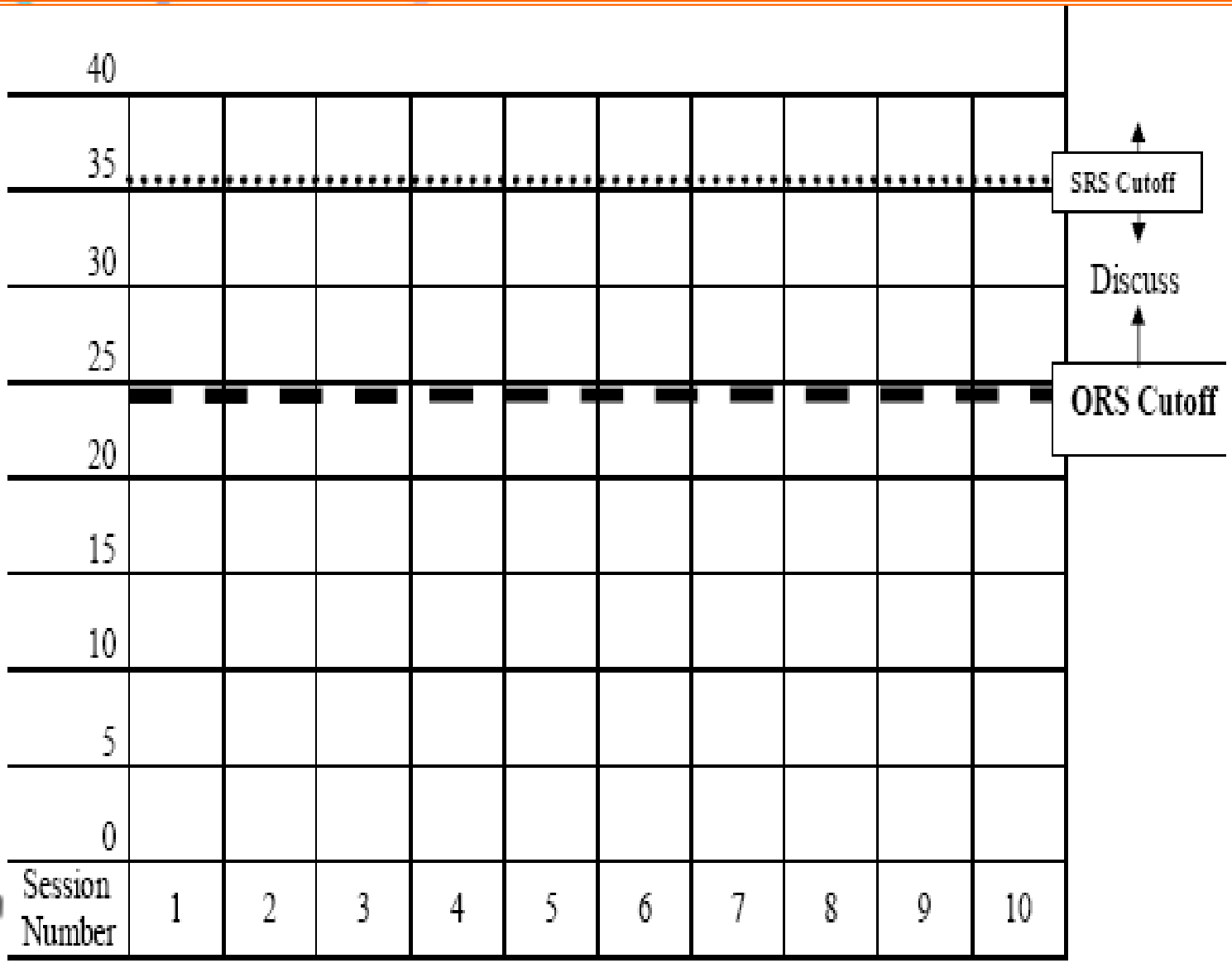


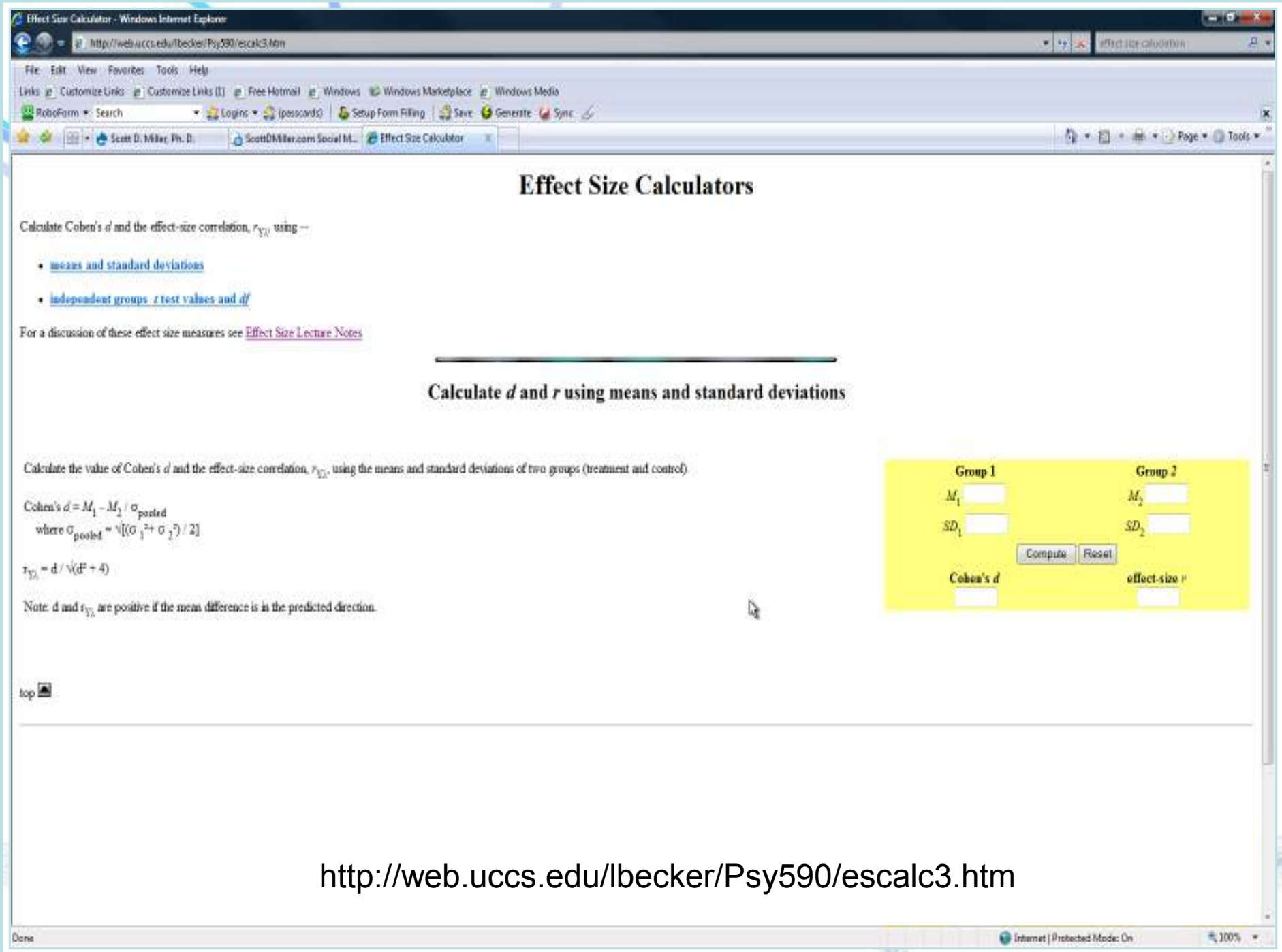




Institute for the Study of Therapeutic Change

www.talkingcure.com





http://web.uccs.edu/lbecker/Psy590/escalc3.htm

Step One:

Knowing your Baseline

MyOutcomes

User Name:
Password:

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 and the therapeutic alliance
- Provides the precision and reliability of an automated outcomes management system without extensive work, expense, or user burden

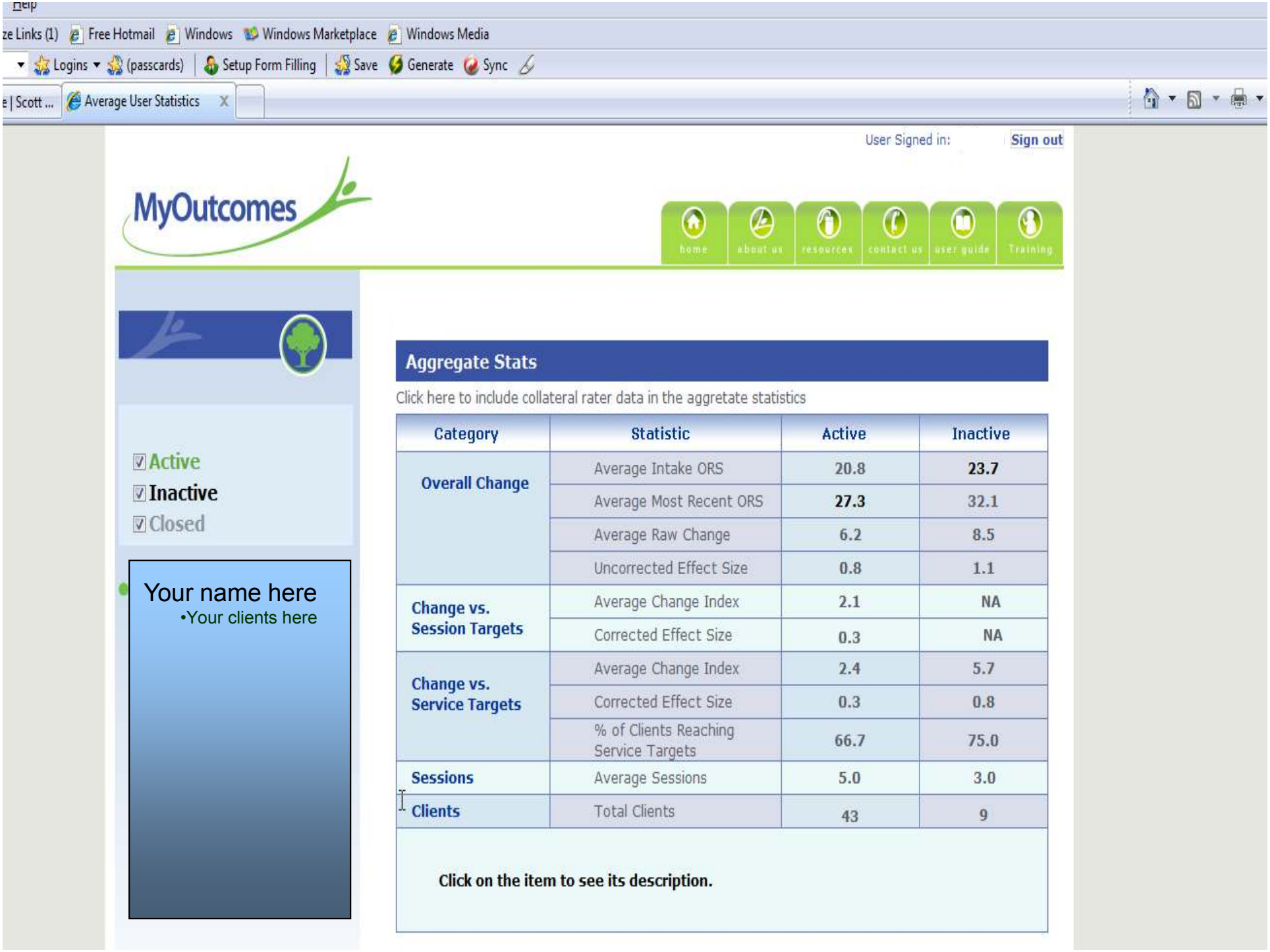
Features of MyOutcomes

- 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 supervisory, administrative, and payment purposes

Benefits of MyOutcomes

- Proven valid and reliable in peer-reviewed studies
- 2-minute length boosts compliance and allows easy integration into treatment
- Has been shown to double treatment effect size

About Privacy Terms and Conditions


Help
ze Links (1)
Free Hotmail
Windows
Windows Marketplace
Windows Media
Logins
(passcards)
Setup Form Filling
Save
Generate
Sync
e | Scott ...
Average User Statistics
User Signed in:
Sign out
MyOutcomes
home
about us
resources
contact us
user guide
Training
Active
Inactive
Closed
Your name here
•Your clients here
Aggregate Stats
Click here to include collateral rater data in the aggretate statistics
Category
Statistic
Active
Inactive
Overall Change
Average Intake ORS
20.8
23.7
Average Most Recent ORS
27.3
32.1
Average Raw Change
6.2
8.5
Uncorrected Effect Size
0.8
1.1
Change vs. Session Targets
Average Change Index
2.1
NA
Corrected Effect Size
0.3
NA
Change vs. Service Targets
Average Change Index
2.4
5.7
Corrected Effect Size
0.3
0.8
% of Clients Reaching Service Targets
66.7
75.0
Sessions
Average Sessions
5.0
3.0
Clients
Total Clients
43
9
Click on the item to see its description.

The Excellence Challenge

Will you begin measuring the effectiveness of your work?

Achieving Clinical Excellence:

Three Steps to Superior Performance

Step 2:

Formal, Routine, Ongoing Feedback

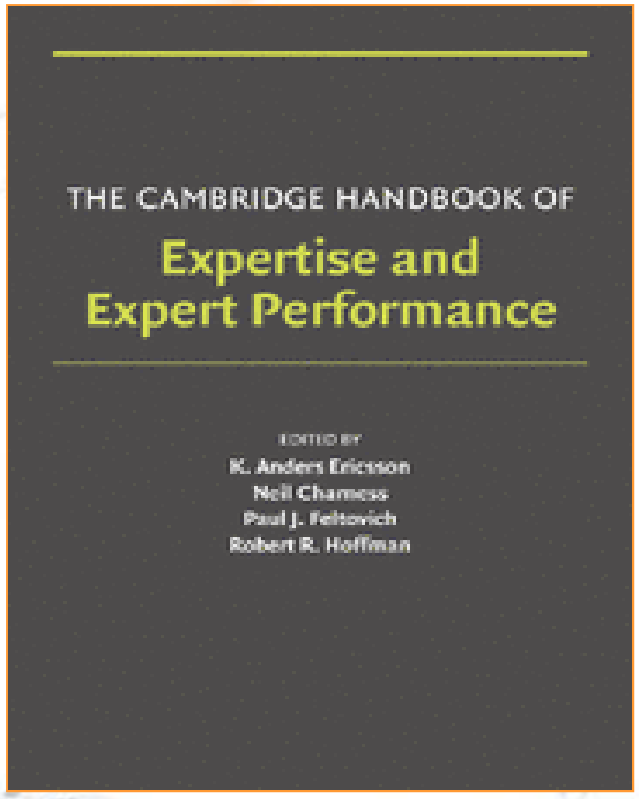
"Therapists typically are not cognizant of the trajectory of change of patients seen by therapists in general…that is to say, they have no way of comparing their treatment outcomes with those obtained by other therapists."

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.

Achieving Clinical Excellence:
Three Steps to Superior Performance

Excellent performers judge their performance differently:

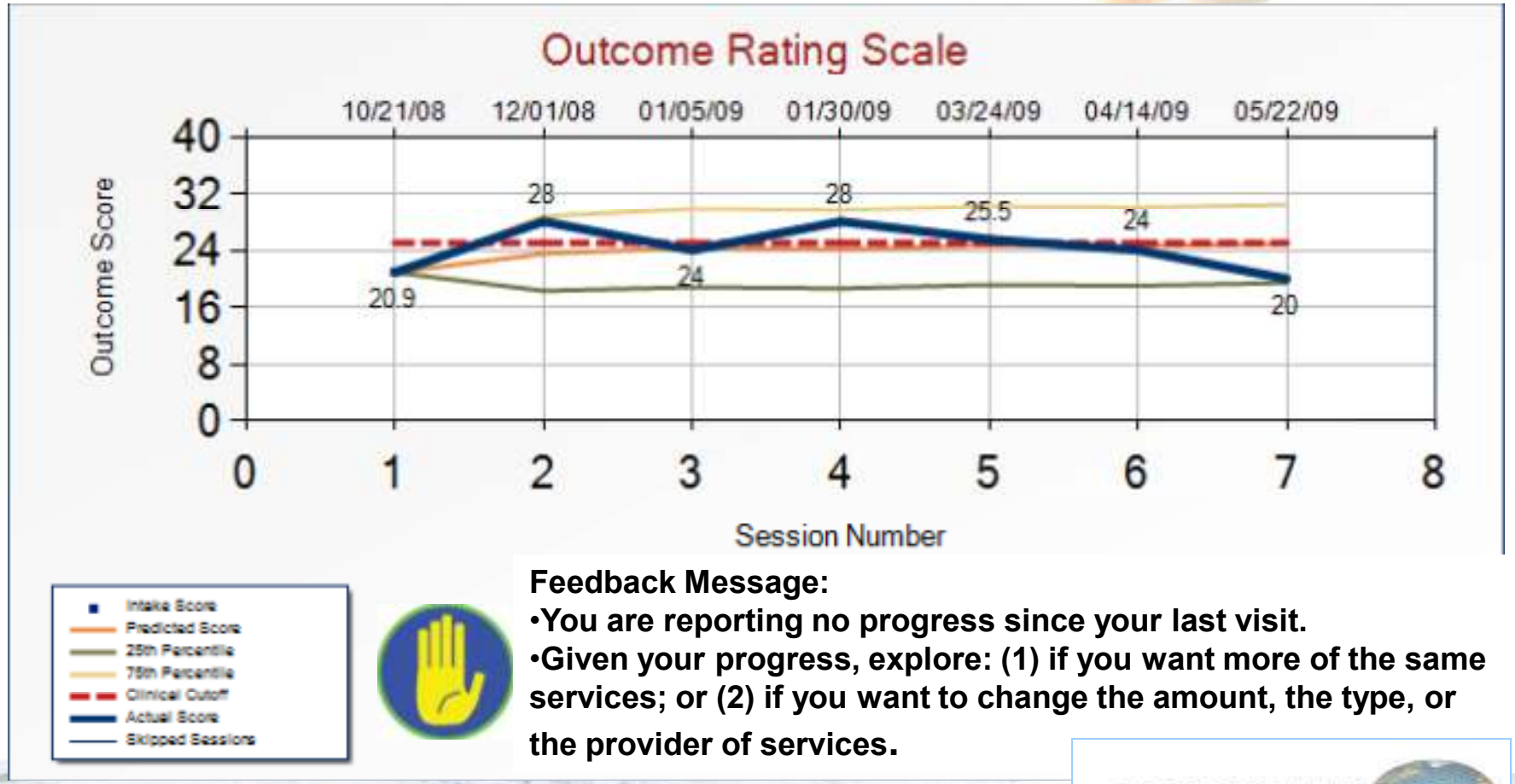
- *Compare to their "personal best"*
- *Compare to the performance others*
- *Compare to a known national standard or baseline*



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.

Step Two:

Formal, Routine, Ongoing Feedback



Feedback Message:

•You are reporting no progress since your last visit.

•Given your progress, explore: (1) if you want more of the same services; or (2) if you want to change the amount, the type, or the provider of services.

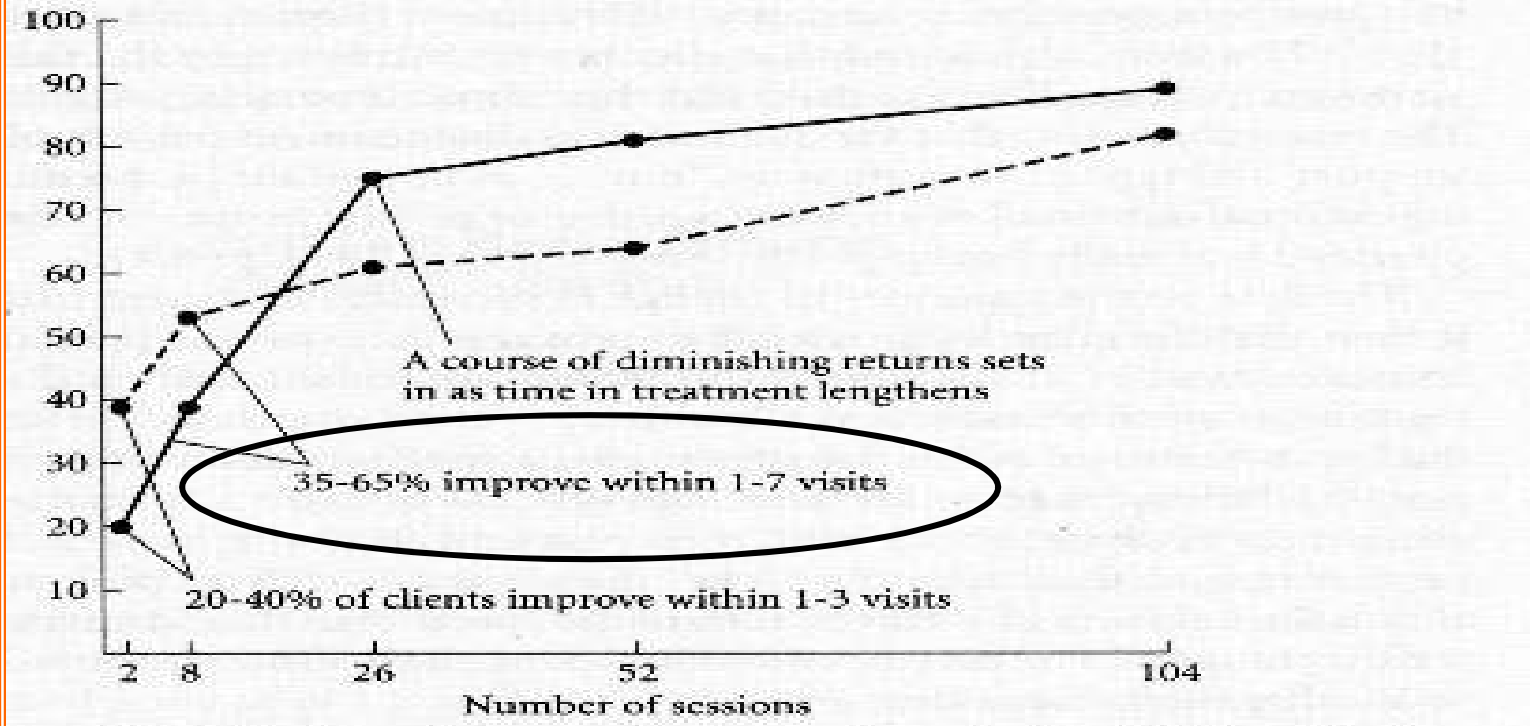
Achieving Clinical Excellence:

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!

Achieving Clinical Excellence:

Integrating Outcome into Care



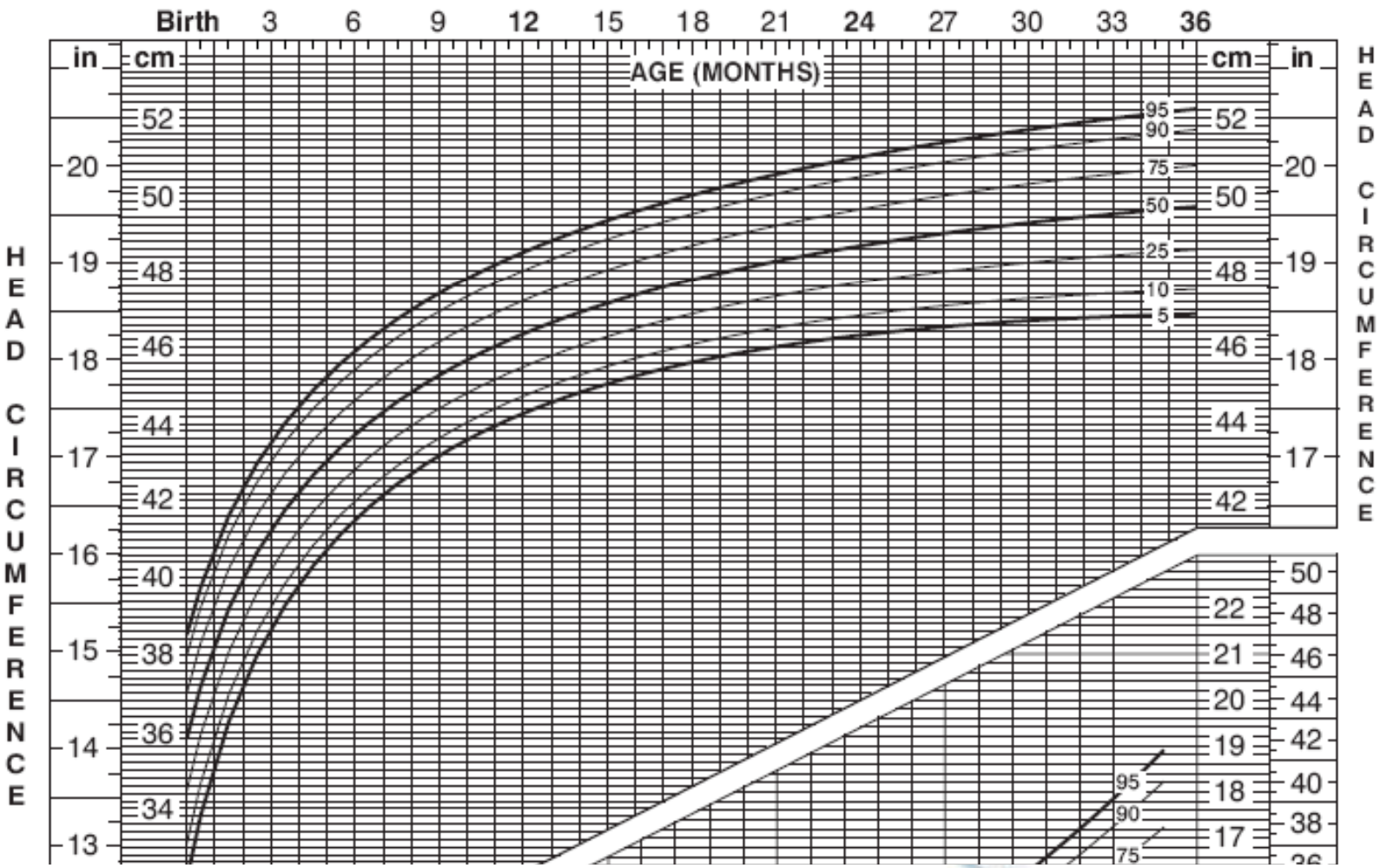
Note. Objective ratings at termination are shown by the solid line; subjective ratings during therapy are shown by the broken line.

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

Howard, K., et al. (1986). The dose-effect response in psychotherapy. *American Psychologist, 42*, 159-164.

Achieving Clinical Excellence:

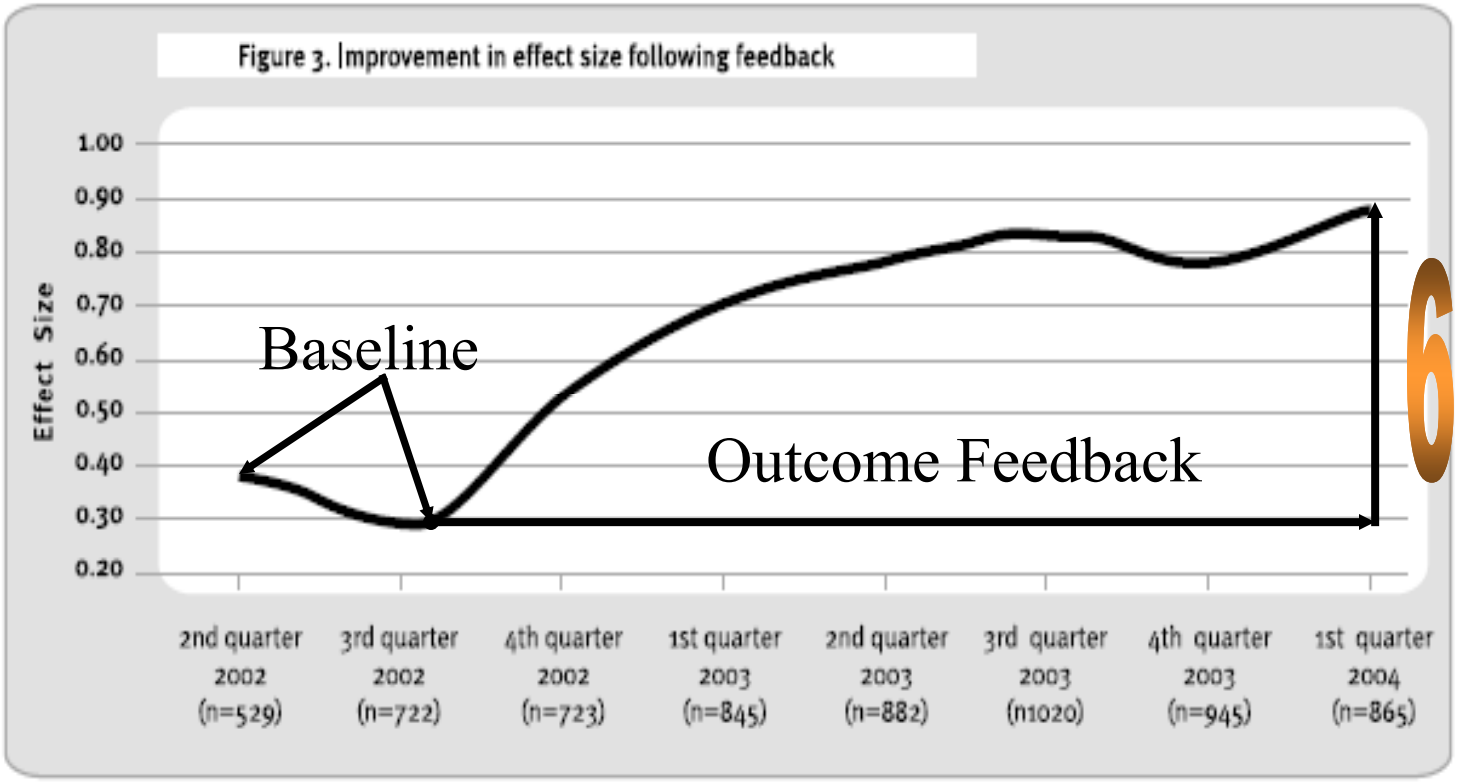
Integrating Outcome into Care



Achieving Clinical Excellence:

The Impact of Feedback on Outcome

ii



65%

Miller, S.D., Duncan, B.L., Sorrell, R., Brown, G.S., & Chalk, M.B. (2007). Using outcome to inform therapy practice. *Journal of Brief Therapy, 5*(1).

Achieving Clinical Excellence:

The Impact of Feedback on Outcome

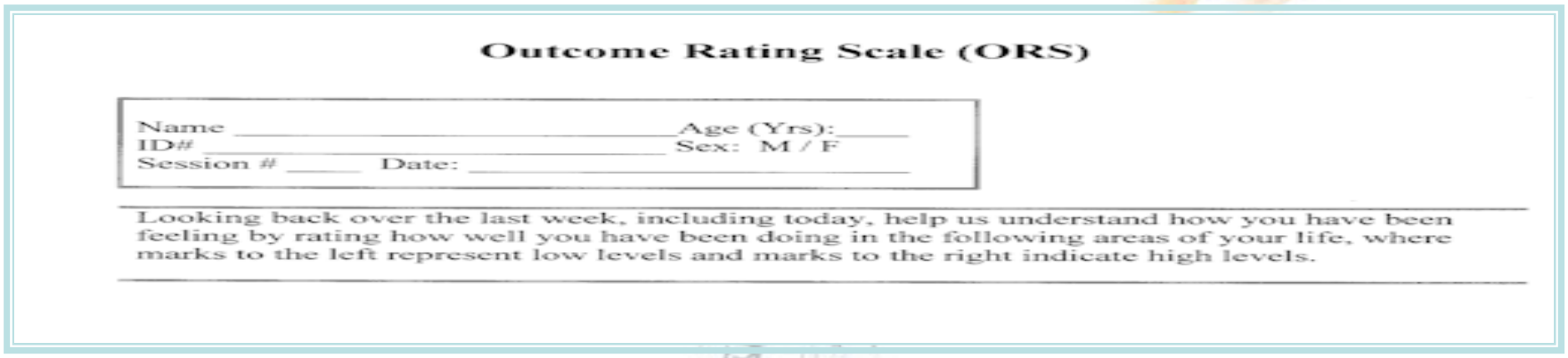

Using Client Feedback to Improve Couple Therapy Outcomes:
A Randomized Clinical Trial in a Naturalistic Setting

- 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*

Anker, M., Duncan, B., & Sparks, J. (2009). The effect of feedback on outcome in Marital therapy. *Journal of Consulting and Clinical Psychology,* 77(4), 693-704.

Achieving Clinical Excellence:

Creating a "Culture of Feedback"



Outcome Rating Scale (ORS)

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

Looking back over the last week, including today, help us understand how you have been feeling by rating 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).*

SCOTTDMILLER.COM

The Excellence Challenge

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

Achieving Clinical Excellence:

Three Steps to Superior Performance

Step Three:

Engaging in Deliberate Practice

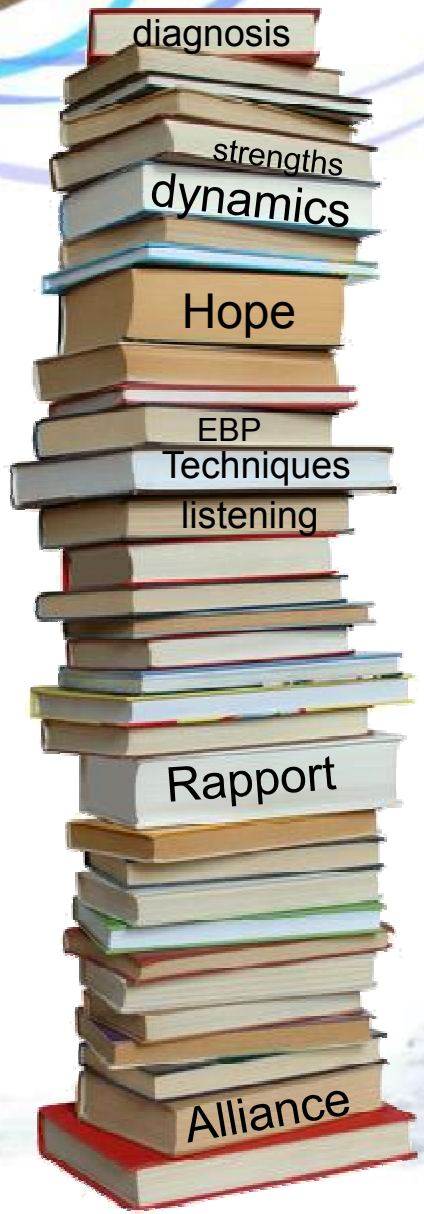
"Successful people spontaneously do things differently from those individuals who stagnate...Elite performers engage in...effortful activity designed to improve individual target performance."

Brown, J., Lambert, M., Jones, E., & Minami, T. (2005). Identifying highly effective psychotherapists in a managed care setting. *The American Journal of Managed Care, 11*, 513-520.

Collier, C. (November 2006). Finalword: The expert on experts. *Fast Company*, 116.

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;

Deep "Domain-Specific" Knowledge

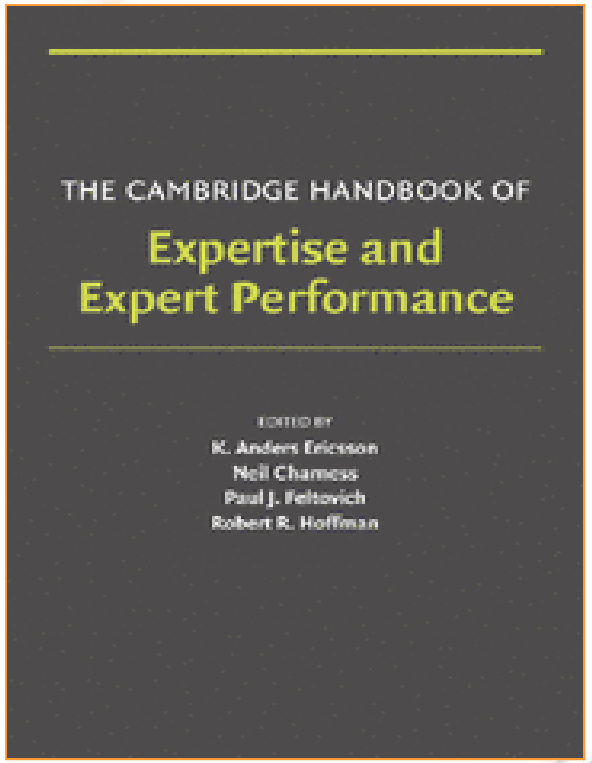
•Similarly, available evidence shows that training clinicians in "evidence-based," manualized therapies, diagnosis, *and even the alliance* has little if any impact on outcome.

Duncan, B., Miller, S., Wampold, B., & Hubble, M. (eds.) (2009). *The Heart and Soul of Change* (2nd ed.). Washington, D.C.: APA Press.

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.*



Ericsson, K.A., Krampe, R., & Tesch-Romer, C. (1993). The role of deliverate practice in the acquisition of expert performance. *Psychological Review, 100,* 363-406.

Achieving Clinical Excellence:
Engaging in Deliberate Practice

- 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.).*

Therapist Effects: Facilitative Interpersonal Skills as a Predictor of Therapist Success

Timothy Anderson, Benjamin M. Ogles, and Candace L. Patterson
Ohio University

Michael J. Lambert
Brigham Young University

David A. Vermeersch
Loma Linda University

This study examined sources of therapist effects in a sample of 25 therapists who saw 1,141 clients at a university counseling center. Clients completed the Outcome Questionnaire-45 (OQ-45) at each session. Therapists' facilitative interpersonal skills (FIS) were assessed with a performance task that measures therapists' interpersonal skills by rating therapist responses to video simulations of challenging client–therapist interactions. Therapists completed the Social Skills Inventory (SSI) and therapist demographic data (e.g., age, theoretical orientation) were available. To test for the presence of therapist effects and to examine the source(s) of these effects, data were analyzed with multilevel modeling. Of demographic predictor variables, only age accounted for therapist effects. The analysis with age, FIS, and SSI as predictors indicated that only FIS accounted for variance in outcomes suggesting that a portion of the variance in outcome between therapists is due to their ability to handle interpersonally challenging encounters with clients. © 2009 Wiley Periodicals, Inc. J Clin Psychol 65: 755–768, 2009.

Keywords: therapist effects; therapy outcome; interpersonal skills; effectiveness

Numerous studies demonstrate that therapist characteristics are a unique predictor of therapy outcome (e.g., Crits-Christoph & Mintz, 1991; Dinger, Strack, Leichsenring,

Correspondence concerning this article should be addressed to: Timothy Anderson, Department of Psychology, Ohio University, Athens, OH 45701; e-mail: andersot@ohio.edu

Anderson, T. Ogles, B., Lambert, M., Vermeersch, D. (2009). Therapist effects: Facilitative interpersonal skills as a predictor of therapist success. *Journal of Clinical Psychology, 65*(7), 755-768.

Achieving Clinical Excellence:
Engaging in Deliberate Practice

- 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*

Anderson, T. Ogles, B., Lambert, M., Vermeersch, D. (2009). Therapist effects: Facilitative interpersonal skills as a predictor of therapist success. *Journal of Clinical Psychology, 65*(7), 755-768.

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 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 <u>below</u> 36.*
  - *Decreases of 1 point.*

Child Session Rating Scale (CSRS)

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

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

Listening

_____ did not always listen to me.

I----------I

_____ listened to me.

How Important

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

I----------I

What we did and talked about were important to me.

What We Did

I did not like what we did today.

I----------I

I liked what we did today

Overall

I wish we could do something different.

I----------I

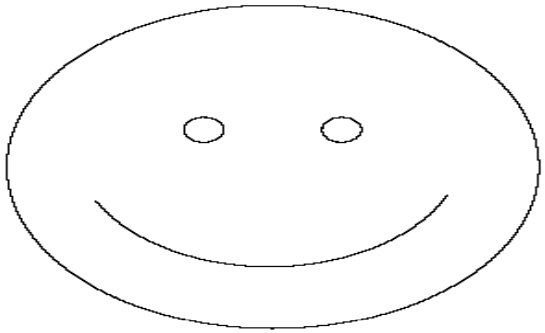
I hope we do the same kind of things next time.

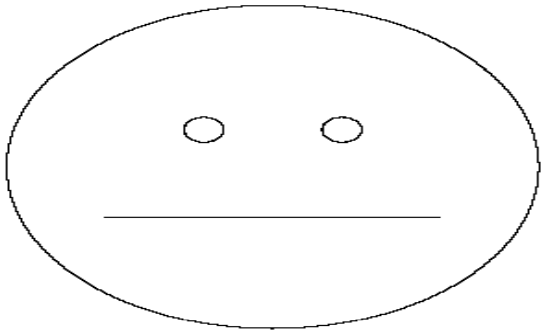
Institute for the Study of Therapeutic Change

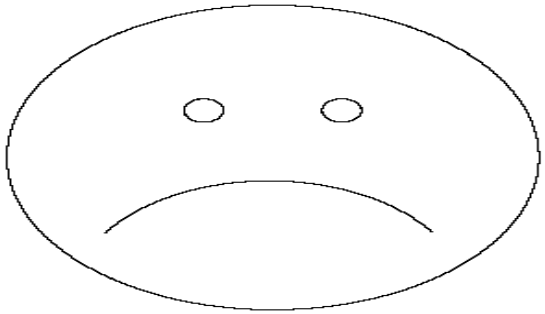
Young Child Session Rating Scale (YCSRS)

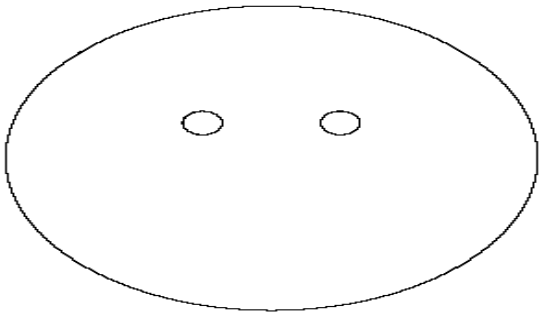
Name _____Age (Yrs):_____
Sex: M / F_____
Session # _____ Date: _____

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.







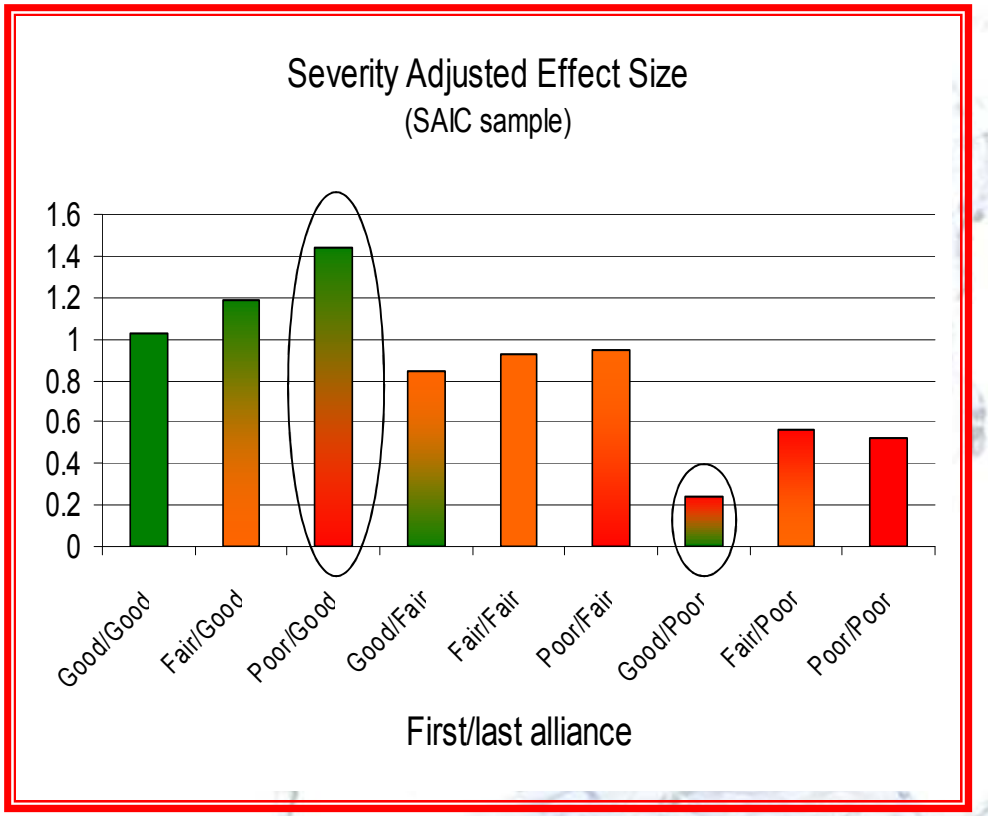


Institute for the Study of Therapeutic Change

www.talkingcure.com

Achieving Clinical Excellence:

Deliberate Practice and Feedback



Principle:

Negative consumer feedback is associated with better treatment outcome.

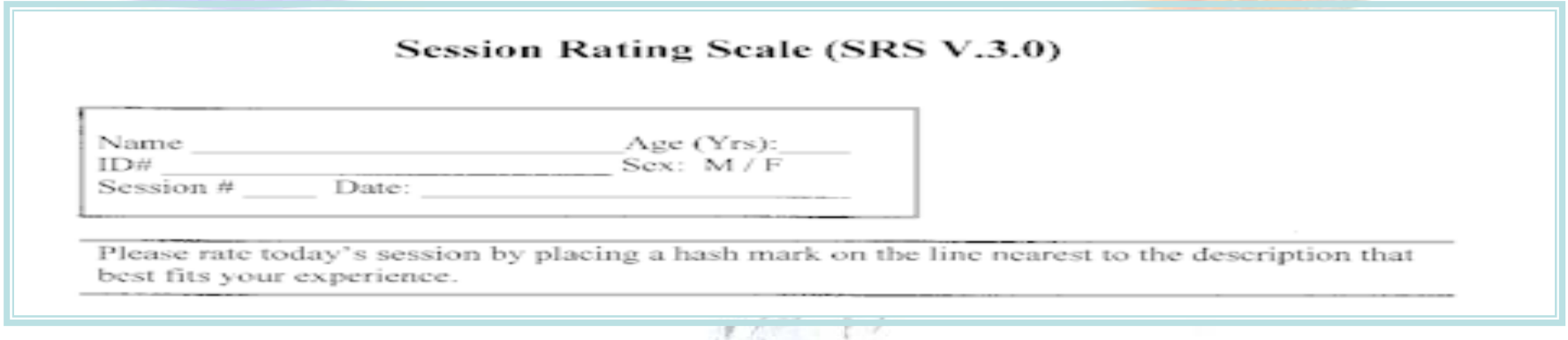
Finding:

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.

Fleming, J., & Asplund, J. (2007). *Human Sigma*. New York: Gallup Press.

Duncan, B., Miller, S., Wampold, B., & Hubble, M. (eds.) (2009). *The Heart and Soul of Change* (2nd ed.). Washington, D.C.: APA Press.

Achieving Clinical Excellence:
Deliberate Practice and Feedback



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.

- 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.

Achieving Clinical Excellence:
Deliberate Practice and Feedback

- **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)*

The Excellence Challenge

Will you?

That's all folks!