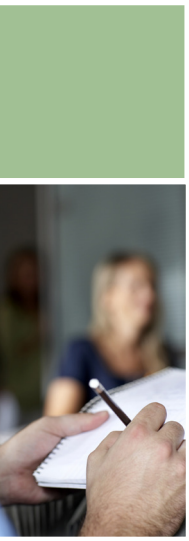

INTERNATIONAL CENTER FOR CLINICAL EXCELLENCE

Core Competencies for ICCE Clinicians

ICCE Manuals on Feedback-Informed Treatment (FIT)

INTERNATIONAL CENTER
FOR CLINICAL EXCELLENCE

The ICCE Manuals on Feedback-Informed Treatment (FIT)

Scott D. Miller, Co-Founder, ICCE

Bob Bertolino and Scott D. Miller, Series Editors for ICCE Manuals

The ICCE Manuals on FIT were a collaborative effort. The development team included: Rob Axsen, Susanne Bargmann, Robbie Babbins-Wagner, Bob Bertolino, Cynthia Maeschalck, Scott D. Miller, Bill Robinson, Jason Seidel, and Julie Tilsen.

Manual Authors:

Manual 1: What Works in Therapy: A Primer
Bob Bertolino, Susanne Bargmann, Scott D. Miller

Manual 2: Feedback-Informed Clinical Work: The Basics
Susanne Bargmann, Bill Robinson

Manual 3: Feedback-Informed Supervision
Cynthia Maeschalck, Susanne Bargmann, Scott D. Miller, Bob Bertolino

Manual 4: Documenting Change: A Primer on Measurement, Analysis, and Reporting
Jason Seidel, Scott D. Miller

Manual 5: Feedback-Informed Clinical Work: specific populations and service settings
Julie Tilsen, Cynthia Maeschalck, Jason Seidel, Bill Robinson, Scott D. Miller

Manual 6: Implementing Feedback-Informed Work in Agencies and Systems of Care
Bob Bertolino, Rob Axsen, Cynthia Maeschalck, Scott D. Miller, Robbie Babbins-Wagner

Core Competencies for ICCE Clinicians

The ICCE is a worldwide community of clinicians, educators, researchers, and policymakers promoting excellence in behavioral health services.

The core competencies identify the knowledge and skills associated with outstanding clinical performance. Accreditation as an ICCE clinician requires proficiency in all four competency areas.

Competency 1: Research Foundations

- Clinicians are familiar with research on the therapeutic alliance.
- Clinicians are familiar with research on behavioral healthcare outcomes.
- Clinicians are familiar with general research on expert performance and its application to clinical practice.
- Clinicians are familiar with the properties of valid, reliable, and feasible alliance and outcome measures

Competency 2: Implementation

- Clinicians integrate consumer-reported outcome and alliance data into clinical work.
- Clinicians collaborate and are transparent in their interactions with consumers about collecting feedback regarding alliance and outcome.
- Clinicians ensure that the course and outcome of behavioral healthcare services are informed by consumer preferences.

Competency 3: Measurement and Reporting

- Clinicians measure and document the therapeutic alliance and outcome of clinical services on an ongoing basis with consumers.
- Clinicians provide details in reporting outcomes sufficient to assess the accuracy and generalizability of the results.

Competency 4: Continuous Professional Improvement

- Clinicians determine their baseline level of performance
- Clinicians compare their baseline level of performance to the best available norms, standards, or benchmarks
- Clinicians develop and execute a plan for improving baseline performance
- Clinicians seek performance excellence by developing and executing a plan of deliberate practice for improving performance to levels superior to national norms, standards, and benchmarks

Competency 1: Research Foundations

- Clinicians are familiar with research on the therapeutic alliance.
    - The alliance is made up of four empirically established components (consumer preferences, agreement on the goals, agreement on methods, and bond)
    - Next to consumer level of functioning at intake, the consumer's rating of the alliance is the best predictor of treatment outcome.
    - A significant portion of the variability in outcome between clinicians is due to differences in the therapeutic alliance.
    - Monitoring alliance allows clinicians to identify and reduce risk of early dropout or null or negative change
    - Consumer ratings of alliance are more highly correlated with outcome than clinician ratings
    - Improvements in alliance (intake to termination) are associated with positive outcomes

- Clinicians are familiar with research on behavioral health (e.g., mental health, substance misuse, disease management) outcomes.
    - Psychotherapy is generally effective.
    - There are no meaningful differences in outcome between competing approaches when the following factors are taken into account:
        - Researcher or clinician allegiance
        - Dosing, training, and clinician effects
        - Comparison treatments are "bona fide," intended to be effective
        - Meta-analytic versus single study results
    - Therapy works in large part because of certain shared factors that are expressed in variable proportions through the interactions between clinicians and consumers.
        - Allegiance and commitment to approach by consumer and clinician
        - Working alliance between consumer and clinician
        - Agreement on goals
        - Agreement on methods
        - Relational bond
        - Consumer preferences
        - Healing rituals/practices (model and technique)
        - Extratherapeutic factors: A greater proportion of variance in outcomes is due to non-therapy or non-identifiable variables than is due to specific or non-specific therapeutic factors
    - There is substantial variation in outcomes between clinicians.
    - Clinicians understand general outcome statistics (overall success rates, effect size, corrected effect size), deterioration rates, dropout, etc.

- Clinician effectiveness tends to plateau over time in the absence of concerted efforts to improve it.

- Clinicians can identify the differences and similarities between the terms "evidence based practice," "empirically supported treatments," and "practice based evidence."
- Clinicians are not accurate at subjectively assessing risk of poor outcome, drop out, and deterioration.
- Clinicians are familiar with the normative differences in special client populations such as youth and children and understand how to apply outcome measurement appropriately with these populations.
- Monitoring outcomes allows clinicians to identify consumers at risk of early dropout or not improving.
- Clinicians who have access to outcomes data generally have fewer early dropouts and fewer poor outcomes.
- Predictors of outcome are:

    - Duration of therapy without positive change (negative predictor)
    - Early positive change
    - Consumer rating of alliance
    - Level of consumer engagement (consumer's active participation in the creation and maintenance of the alliance)
    - Improvement of alliance over course of treatment
    - Use of outcome and alliance measures
    - Severity of distress at intake
    - Clinician allegiance to their choice of treatment approach
    - Bona fide treatment that is intended to be effective
    - Clinician's previous effectiveness rate (Brown's research on the stability of clinician ratings over time)

- Non-predictors and weak/absent predictors of outcome are:

    - Consumer age, consumer gender, clinician age, clinician gender
    - Consumer diagnosis, previous treatment history
    - Clinician licensure, discipline, training, degrees, personal therapy, certifications, clinical supervision
    - Model/technique of therapy or matching therapy to diagnosis
    - Adherence/fidelity/competence to a particular treatment approach

- Clinicians are familiar with general research on expert performance.

    - Multiple domains (music, sports, chess, and mathematics) share common factors that are associated with expert performance.
    - Knowing baseline
    - Ongoing feedback
    - Deliberate, reflective practice

- Clinicians are familiar with the properties of valid, reliable, and feasible alliance and outcome measures:

- Clinicians understand and can articulate the trade-offs between feasibility and the reliability and validity of psychometric measures

    - Longer outcome measures provide little additional predictive information if instrument measures single-factor general distress (as opposed to multifactor instruments)
    - Longer outcome measures result in low rates of compliance in real-world clinical settings

- Clinicians understand the importance of an outcome measure's sensitivity to change

Competency 2: Implementation

- Clinicians integrate consumer-reported outcome and alliance data into clinical work.

    - Use valid, reliable, and feasible measures of outcome and alliance to guide services throughout the therapy process.
    - Understand and communicate the statistical properties and results of the outcome and alliance measures to consumers in a clinically meaningful way (i.e., clinical cut-off, norms, trajectories, reliable change index).
    - Can integrate outcome and alliance data with consumer preferences and other clinically meaningful information (i.e., clinician judgement and observation, other consumer-reported and collateral data).

- Clinicians collaborate and are transparent in their interactions with consumers about collecting feedback regarding alliance and outcome.

    - Use an alliance measure to identify problems/concerns in the therapeutic relationship.
    - Understand the importance of creating a "culture of feedback" (i.e., to optimize chances for catching and repairing alliance breaches, to prevent drop out, to correct deviations from optimal treatment experiences).
    - Can identify systemic factors (e.g., organizational, management, government, program, billing, funding, information technology) and therapeutic practices that facilitate or hinder a culture of feedback.
    - Know a range of strategies/options for adjusting service delivery in response to alliance feedback (e.g., discussion with client, consultation with peers, supervision, team meetings).

- Clinicians ensure that the course and outcome of behavioural healthcare services are informed by consumer preferences.

    - Clinicians ask consumers about their preferences regarding treatment.
    - Consumer feedback is used to monitor and clarify consumer's preferences (focus, type, length, intensity, location, and provider).

Competency 3: Measurement and Reporting

- Clinicians measure and document the therapeutic alliance and outcome of clinical services by keeping complete and organized records of outcome and alliance data for the consumers they serve

- Clinicians provide details in reporting outcomes sufficient to enable others to assess the accuracy and generalizability of their results. Clinicians use a consistent and transparent system of data collection, analysis, and reporting that accounts for:

    - Data being systematically included or excluded from collection, analysis, and reporting
    - Missing data
    - Demographic and descriptive data (e.g., age, gender, culture, treatment setting)
    - Psychometric properties of the instruments (e.g., reliability, validity, norming)
    - Formulas and methods used to calculate and report effectiveness (e.g., reliable change index, corrected versus uncorrected effect size, percentage reaching performance targets or benchmarks, etc.)

Competency 4: Continuous Professional Improvement

- Clinicians determine their baseline level of performance by calculating their overall effectiveness (e.g., reliable change index, corrected and/or uncorrected effect size, percentage of consumers reaching performance targets or benchmarks, etc.)

- Clinicians compare their baseline level of performance to the best available norms, standards, or benchmarks representative of client populations similar to their own

- Clinicians develop and execute a plan of deliberate practice to reach the best available norms, standards and benchmarks

    - Identify areas of practice (i.e., retention, alliance, outcome) that fall short of national norms, standards, or benchmarks;
    - Develop and execute a specific plan for meeting national norms, standards, and benchmarks;
    - Obtain training (supervision, consultation, coaching) targeted to areas of practice that fall short of national norms, standards, or benchmarks;
    - Monitor improvements in baseline performance and adjust their plan for improvement as needed.

- Clinicians seek performance excellence by developing and executing a plan of deliberate practice for improving performance to levels superior to national norms, standards, and benchmarks

    - Identify specific goals for performance improvement (i.e., outcome, retention, specialties);
    - Develop and execute a specific plan for reaching performance improvement objectives;
    - Reflect on the results and adjust plan for continued professional improvement.

INTERNATIONAL CENTER FOR CLINICAL EXCELLENCE