

# How do we thrive in this work and become more effective?

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Director, Safer Society  
Continuing Education Center

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## Gratitude!

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## Why me?

- 40 years in practice in all facets of this work
- Have seen many people fail as well as succeed
- Have studied how people learn (and don't learn) in my own trainings and those of others

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Central Point

- *“Love yourself as a person and doubt yourself as a therapist.”*
- Helene Nissen-Lie

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Focus

- Background Information
- What is Treatment?
- What is Change?
- The Role of Feedback

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***Background Info***

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Welcome newcomers!



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Professionals in the field

Before...



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**PROFESSIONALS IN THE FIELD**

And after...



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I get by with a little help from my friends



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**Ego is the enemy!**

- When you see someone with a big ego, it can mean:
  - They've stopped growing professionally
  - They may keep getting better in some areas but are closed off to others.
  - They are less wiling to learn from feedback or other experiences
  - They may be putting more socio-affective resources into maintaining their status than into staying effective
  - "Building self up by putting others down"
  - Self-assessment bias (will explore this later)

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***Beware of the Big Ego***

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### Take-Home Skill #1

- Professional development comes in many forms, so:
- Express kindness and gratitude to your colleagues
  - Mind your manners
  - Use greetings in emails
  - Emojis in low doses

Remember that they are suffering as much or more than you.

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### *Take-Home Skill #2...*

Take care of yourself!

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### On the Evolution of Self-Care



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**Prescott, DiGiorgio-Miller, & Haskell  
(2024, February)**

- Safer Society survey (not peer-reviewed)
- 313 professionals working in the field
- Overall level of self-care was good!
- 45% of respondents described a high or very high level of stress in the previous six months
- 80% described having symptoms of burnout
- Smaller trends showed more pronounced effects among younger professionals

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***What's Up With  
Treatment?***

Examples from our field and  
others

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**Treatment context:  
What works?**

**Criminal Justice and Behavior**  
http://cjb.sagepub.com

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**The Principles of Effective Correctional Treatment Also Apply To Sexual Offenders:  
A Meta-Analysis**  
R. Karl Hanson, Guy Bourgon, Leslie Helmus and Shannon Hodgson  
*Criminal Justice and Behavior* 2009; 36: 865  
DOI: 10.1177/0098626409338545

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The online version of this article can be found at  
http://cjb.sagepub.com/cgi/content/abstract/36/9/865

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**Effectiveness of sexual offending treatment**

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**Treatment context:  
What works?**

Clinical Psychology Review 79 (2019) 101792

Contents lists available at ScienceDirect

**Clinical Psychology Review**

Journal homepage: [www.elsevier.com/locate/clpsyrev](http://www.elsevier.com/locate/clpsyrev)

**Review**

**Does specialized psychological treatment for offending reduce recidivism? A meta-analysis examining staff and program variables as predictors of treatment effectiveness**

Theresa A. Gannon<sup>a,\*</sup>, Mark E. Oliver<sup>b</sup>, Jalimee S. Mallion<sup>a</sup>, Mark James<sup>a</sup>

<sup>a</sup>Centre of Research and Education in Forensic Psychology, School of Psychology, University of Kent, UK  
<sup>b</sup>Department of Psychology, University of Saskatchewan, Canada

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**Gannon et al. (2019)**  
**Key findings**

- Treatment associated with 32.6% reduction in sexual reoffending (9.5% treated, 14.1% untreated)
- Sexual offence specific treatment programmes best when
  - Consistent input from registered psychologists (vs. inconsistently present, not present or unknown)
  - Supervision provided (vs. absent or unknown); better effects when provided by psychologists (vs. combination of psychologists and nonpsychologists)
  - Incorporation of some form of arousal reconditioning (vs. none or unknown)

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**What *else* works to prevent reoffending?**

- Common factors of effective psychotherapy (e.g., Marshall, 2005; Marshall et al., 2002)
- Comprehensive re-entry planning (e.g., Willis & Grace, 2008, 2009)
- Cognitive transformation (e.g., Maruna, 2001)
- Achieving informal social control (e.g., Sampson & Laub, 1993)

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**What works?**

*Who works?*

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### Marshall, 2005

- Warm
- Empathic
- Rewarding
- Directive



Problem:  
*Many people think they have these qualities, but don't.*

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### Parhar, Wormith, et al., 2008

- Meta-analysis of 129 studies
- *In general, mandated treatment was found to be ineffective ... particularly when the treatment was located in custodial settings, whereas voluntary treatment produced significant treatment effect sizes regardless of setting.*




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### 1979: Edward S. Bordin

- Therapeutic alliance:
  - Agreement on goals
  - Agreement on relationship
  - Agreement on tasks
  - (Norcross, 2002, would add client preferences)
- Over 1,100 studies have emphasized the importance of the alliance in psychotherapy since (Orlinsky, 1994)




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### Adolescent Ambivalence



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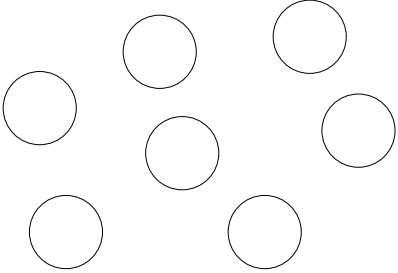
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### Options Menu



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### A Good Options Menu

- Focuses the direction
- Respects client autonomy

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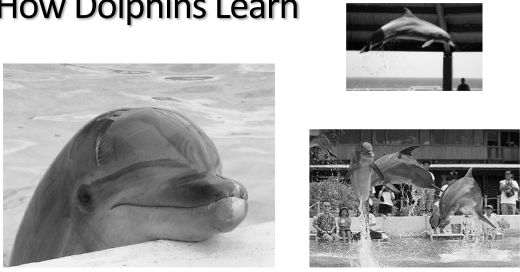
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### How Dolphins Learn



The slide features three black and white photographs. The largest is a close-up of a dolphin's head resting on a ledge. To its right are two smaller images: one of a dolphin leaping from the water, and another of two dolphins in a pool with people in the background.

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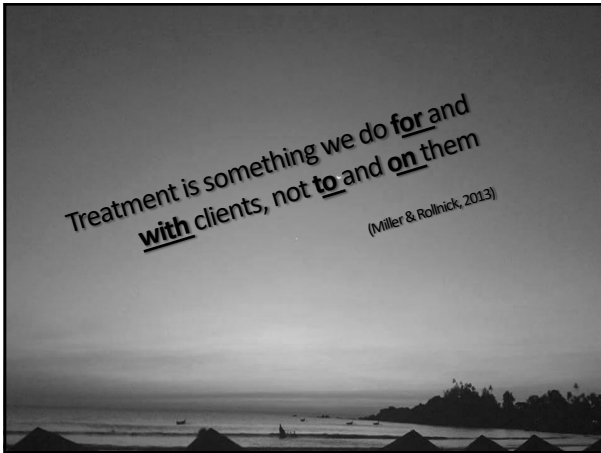
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Treatment is something we do for and with clients, not to and on them  
(Miller & Rollnick, 2013)

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### What's the end game?

- Completing treatment?
- Sustaining lasting and meaningful change?

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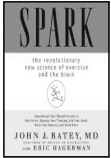

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WHAT IS PROGRESS?

- Reduction in risk factors?
- Cognitive transformation?
- Other transformation?
  - Physical
  - Maturational

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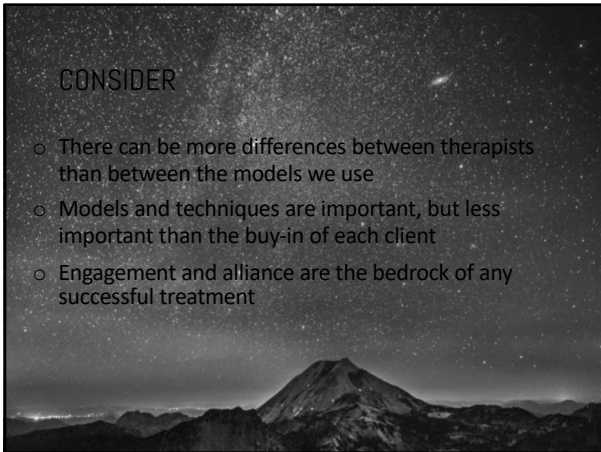
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CONSIDER

- There can be more differences between therapists than between the models we use
- Models and techniques are important, but less important than the buy-in of each client
- Engagement and alliance are the bedrock of any successful treatment

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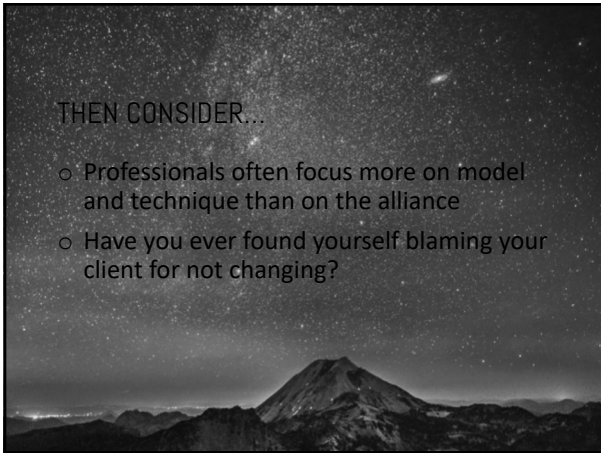
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THEN CONSIDER...

- Professionals often focus more on model and technique than on the alliance
- Have you ever found yourself blaming your client for not changing?

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THERAPEUTIC FACTORS

- AKA "Common Factors"
- Factors common to all bona fide therapies

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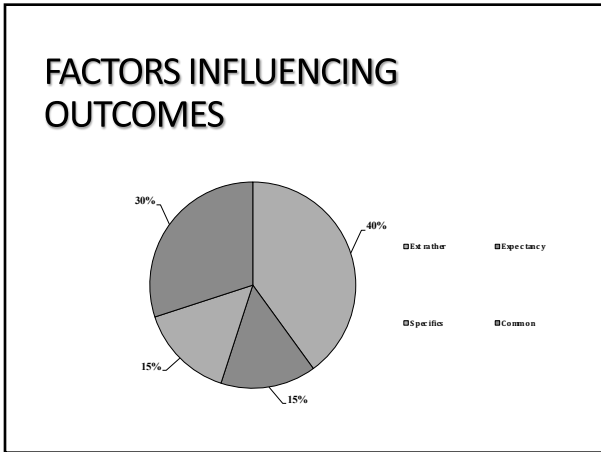
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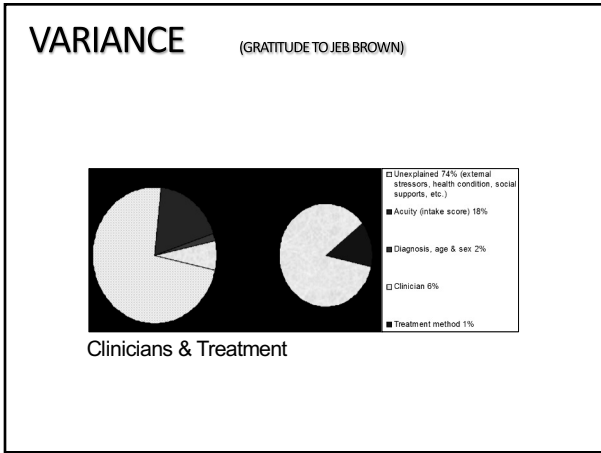
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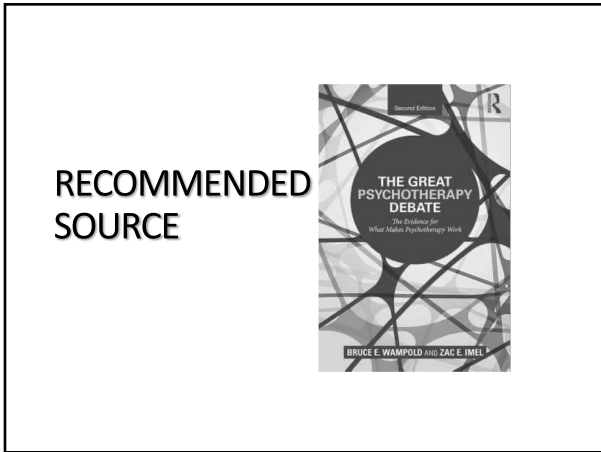
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IMPLICATIONS FOR PROFESSIONAL DEVELOPMENT

- Study your population deeply
- Study each client deeply
- Expertise at engaging with clients involves moving from the micro to the macro as well as vice versa
- Use models and techniques in the service of developing yourself professionally

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***What are some of the barriers to professional development?***

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Self-Assessment Bias

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## Walfish et al., 2012



- No differences in how clinicians rated their overall skill level and effectiveness levels between disciplines.
- On average, clinicians rated themselves at the 80<sup>th</sup> percentile
- Less than 4% considered themselves average
- No one rated themselves below average
- Only 8% rated themselves lower than the 75<sup>th</sup> percentile
- 25% rated their performance at the 90<sup>th</sup> or higher compared to their peers

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## Dirty little secrets



- ... from outcome studies
  - More difference between the best and the worst therapists **within** any treatment method, than there is **between** treatment methods
  - Some therapists are better than others
  - Hiatt & Hargrave (1995) asked therapists to estimate their effectiveness in a treatment study
    - The LEAST effective therapists rated themselves as being among the most helpful

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## Are you Effective?



Wampold & Brown (2005)

- 581 therapists
- 6,146 real world clients
- Average sessions = 10
- 46% depression, 30% adjustment disorder, 11% anxiety, plus other diagnoses
- Who got the best outcomes?
  - Training makes no difference
  - Profession makes no difference
  - EXPERIENCE makes no difference
  - Diagnosis makes no difference

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**Are you Experienced?**

Psychotherapy  
2016, Vol. 31, No. 3, 367-375

© 2016 American Psychological Association  
0893-3200/16/\$12.00 http://dx.doi.org/10.1037/0893-3200.31.3.367

**Creating a Climate for Therapist Improvement: A Case Study of an Agency Focused on Outcomes and Deliberate Practice**

|   |   |
|---|---|
| <p><b>Simon B. Goldberg</b><br/>University of Wisconsin-Madison</p> <p><b>Tony Rousmaniere</b><br/>University of Washington-Seattle</p> <p><b>William T. Hoyt</b><br/>University of Wisconsin-Madison</p> <p><b>Scott D. Miller</b><br/>International Center for Clinical Excellence, Chicago, Illinois</p> | <p><b>Robbie Bahns-Wagner</b><br/>Calgary Counselling Center, Alberta, Canada</p> <p><b>Sandy Berzins</b><br/>University of Calgary and Calgary Counselling Center, Alberta, Canada</p> <p><b>Jason L. Whipple</b><br/>University of Alaska Fairbanks</p> <p><b>Bruce E. Wampold</b><br/>University of Wisconsin-Madison and Madson Bad Psychiatric Center, Vikersund, Norway</p> |
|---|---|

Recent evidence suggests that psychotherapists may not increase in effectiveness over accrued experience in naturalistic settings, even settings that provide access to patient outcomes. The current study examined changes in psychotherapist effectiveness within an agency making a concerted effort to improve outcomes through the use of routine outcome monitoring coupled with ongoing consultation and the planned application of feedback including the use of deliberate practice. Data were available for 7 years of implementation from 5,228 patients seen by 133 psychotherapists. Results indicate that outcomes indeed improved across time within the agency, with increases of  $d = 0.025$  ( $p < .001$ ) per year. In contrast with previous reports, psychotherapists in the current sample showed improvements within their own caseload across time ( $d = 0.034$ ,  $p = .042$ ). It did not appear that the observed agency-level improvement was due to the agency simply being higher performing psychotherapists or having lower performing psychotherapists. Implications of these findings are discussed in relation to routine outcome monitoring, expertise in psychotherapy, and quality improvement within mental health care.

Keywords: expertise, quality improvement, therapist effects, psychotherapy training, routine outcomes monitoring

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**2022 Replication**

- Does practice really make perfect? A longitudinal analysis of the relationship between therapist experience and therapy outcome: A replication of Goldberg, Rousmaniere, et al. (2016)
- Sylvan Germer, Vanessa Weyrich, Anne-Kathrin Bräscher, Kaline Mütze, Michael Witthöft
- *Across all operationalizations of experience (time since first patient and number of cases treated) and therapy outcome (change in psychopathology, response, remission, and early termination), results largely suggest no association between therapists' experience and therapy outcome. Preliminary evidence suggests that therapists need fewer sessions to achieve the same outcomes when they gain more experience. Therapeutic experience seems to be unrelated to patients' change in psychopathology.*

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- **Good news:**
  - The average client in therapy winds up better off generally than 80% of those who don't enter
  - Mandated clients generally respond as well as voluntary clients
- **Bad News:**
  - Dropout rates range between 40-50%
  - 10% of clients get worse, and clinicians are rarely able to identify them. (Juvenile rates are higher)

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### Proficiency versus Excellence

- Proficiency in most fields can be obtained within 6 months
- The same goes for therapy
  - Most people are at their most effective 1 year after licensing/registration
  - Confidence improves throughout career
  - Competence does not

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### What Can We Do?

## *Some methods*

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### Culture of feedback

- Superior therapists elicit more negative feedback
- Atmosphere in which clients are free to rate their experiences
  - Without retribution
  - With a hope of having an impact
- Beyond displaying openness, this involves introducing available outcome measures thoughtfully and thoroughly
- Not just more forms to fill out!

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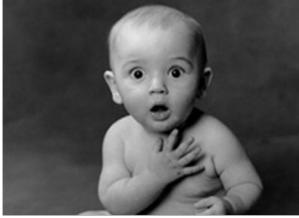
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## Openness and surprise



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## Example



- Anker, Duncan, & Sparks (2009) in JCCP
- Couples therapy (n = 410)
- Feedback condition
  - nearly 4 times the rate of clinically significant change
  - maintained a significant advantage at 6-month follow-up while attaining a significantly lower rate of separation or divorce.

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## Miller, Duncan, et al. 2006

- 75 therapists and 6,424 clients over two years
- Formal, ongoing feedback about the alliance and progress in treatment resulted in significant improvements
  - client retention and outcome
- Clients of therapists who did not seek feedback regarding the alliance were three times less likely to return for a second session and had significantly poorer outcomes

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### ROUTINE OUTCOME MONITORING

- Tracking global outcomes
- Tracking the working alliance
- Session-by-session feedback
- Examples include Youth Outcome Questionnaire, Outcome Rating Scale, Session Rating Scale, etc.

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### OUTCOME RATING SCALE

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.

**Individually**  
(Personal well-being)

|-----|

**Interpersonally**  
(Family, close relationships)

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**Socially**  
(Work, school, friendships)

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**Overall**  
(General sense of well-being)

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### Session Rating Scale

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience:

|   |                                     |   |
|---|-------------------------------------|---|
| I did not feel heard, understood, and respected                         | <b>Relationship</b><br> -----       | I felt heard, understood, and respected                               |
| We did not work on or talk about what I wanted to work on or talk about | <b>Goals and Topics</b><br> -----   | We worked on and talked about what I wanted to work on and talk about |
| The therapist's approach is not a good fit for me                       | <b>Approach or Method</b><br> ----- | The therapist's approach is a good fit for me                         |
| There was something missing in the session today                        | <b>Overall</b><br> -----            | Overall, today's session was right for me                             |

(Miller, Duncan, & Johnson, 2002)

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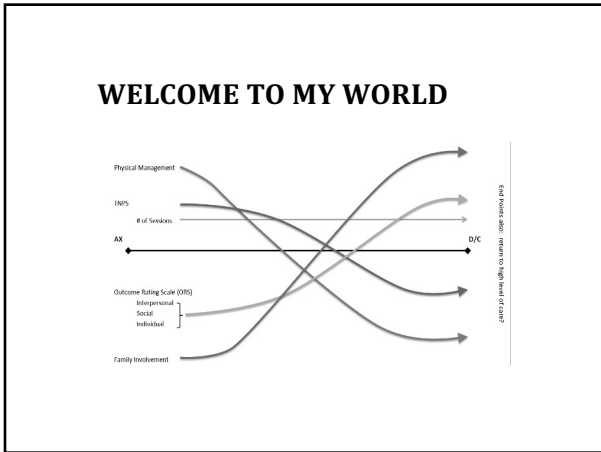
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- ### More Take-Home Skills
- Establish a culture of feedback
  - Get actionable feedback:
    - Clients
    - Colleagues

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## Let's Make a Plan for Becoming a Better Therapist

Courtesy of Daryl Chow and Scott Miller  
(for demonstration purposes)

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| Themes   | Activities  | Current Rating (0-10) | Select & Rank the TOP 3 Activities to work on* | Notes |
|--|---|-----------------------|--|-------|
| Model/<br>Technique/<br>Structure:<br>The<br>Sandwich* | How do you start a first session?   |                       |  |       |
|  | How do you start a subsequent session?  |                       |  |       |
|  | How do you conduct an induction into therapy? (Optimising Expectations of Therapy) <ul style="list-style-type: none"> <li>- what to expect</li> <li>- role of therapist, role of client</li> <li>- provide an acceptable and adaptive explanation for the client's distress?</li> <li>- provide a treatment plan rationale that is consistent with the explanation of client's distress?</li> </ul> |                       |  |       |
|  | How do you close a session?   |                       |  |       |
|  | How do you elicit detailed and nuanced feedback?  |                       |  |       |
|  | How do you integrate the use of feedback measures into therapy?   |                       |  |       |
|  | How do you prepare for a planned closure of therapy?  |                       |  |       |
|  | Others (pls describe)   |                       |  |       |
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| Themes            | Activities   | Current Rating (0-10) | Select & Rank the TOP 3 Activities to work on* | Notes |
|-------------------|--|-----------------------|--|-------|
| Hope & Expectancy | How do you communicate a hopeful and optimistic stance towards your client? (generate possibilities) |                       |  |       |
|                   | How do you convey a sense of confidence and belief in your treatment approach?                       |                       |  |       |
|                   | Others (pls describe)  |                       |  |       |

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| Themes                            | Activities   | Current Rating (0-10) | Select & Rank the TOP 3 Activities to work on* | Notes |
|-----------------------------------|--|-----------------------|--|-------|
| Alliance:<br>Effective<br>Focus   | How do you establish goal consensus in the first/subsequent sessions?                              |                       |  |       |
|                                   | How do you help a client who has no clear goals in therapy?  |                       |  |       |
|                                   | How do you mobilise client's willingness to engage in a therapeutic process/activity?              |                       |  |       |
|                                   | How do you encourage your client to face, experience and deal with her or his problems?            |                       |  |       |
| Alliance:<br>The Impact<br>Factor | How do you explicitly convey warmth, understanding, and acceptance towards your client?            |                       |  |       |
|                                   | How do you promote emotional engagement/bond/real-relationship/ emotional safety with your client? |                       |  |       |
|                                   | How do you explicitly communicate empathic attunement?   |                       |  |       |
|                                   | How do you deepen your client's emotional experiencing?  |                       |  |       |

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|------------------------|--|--|--|--|
|                        | How do you provide a corrective emotional experiencing with your client?   |  |  |  |
| Alliance: Motivation   | How do you assess and work with a client's readiness for change?           |  |  |  |
|                        | How do you increase homework compliance?                                   |  |  |  |
| Alliance: Difficulties | How do you deal with alliance ruptures?                                    |  |  |  |
|                        | How do you deal with an angry client?                                      |  |  |  |
|                        | How do you deal with a client who is feeling hopeless?                     |  |  |  |
|                        | How do you deal with strong and difficult emotions arising in the session? |  |  |  |
|                        | How do you manage a client who is high risk of suicide?                    |  |  |  |
|                        | How do you manage a client is mandated for treatment?                      |  |  |  |
| Others (pls describe)  |  |  |  |  |

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| Themes         | Activities   | Current Rating (0-10) | Select & Rank the TOP 3 Activities to work on* | Notes |
|----------------|--|-----------------------|--|-------|
| Client Factors | How do you tap into your client's strengths, abilities and resources?              |                       |  |       |
|                | How do you enlist work within your client's values, beliefs, and cultural systems? |                       |  |       |
|                | Others (pls describe)  |                       |  |       |

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| Themes                         | Activities   | Current Rating (0-10) | Select & Rank the TOP 3 Activities to work on* | Notes |
|--------------------------------|--|-----------------------|--|-------|
| Therapist: The Use of the Self | How do you regulate your anxiety in a difficult interaction with your clients?                             |                       |  |       |
|                                | How do you manage your counter-transference towards your client?   |                       |  |       |
|                                | How do you activate reflective functioning in-session with your clients (vs. being reactive and rational)? |                       |  |       |
|                                | How do you utilize self-disclosure?  |                       |  |       |
| Therapist: Outside of Sessions | How do you engage in solitary deliberate practices outside of sessions in your typical work-week?          |                       |  |       |
| Others (pls describe)          |  |                       |  |       |

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