



PCOMS

Psychosocial Options First
Heart and Soul of Change

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Disclosures

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HEART AND SOUL OF CHANGE PROJECT

HOME MEASURES STORE TRAINING **RESOURCES** COMMUNITY **ABOUT US**

PCOMS Articles

- PCOMS
- The Outcome Rating Scale
- ORS Replication
- The Session Rating Scale
- ORS/SRS Replication
- Child ORS
- Improving Outcomes (IRL)
- Improving Outcomes (RCT)
- Improving Outcomes (RCT)
- Improving Outcomes (RCT)
- Feedback and Supervision

Featured Publication

The Heart and Soul of Change: Getting Better at What We Do Barry Duncan



- Since the 60's, the # of models has grown from 60 to over 400...
- Each claims superiority in conceptualization and outcome

The result is fragmentation along theoretical and disciplinary lines



Now over 150 so called evidence based treatments, but ironically...

The Dodo Verdict



- With few exceptions, partisan studies designed to prove the unique effects of a given model have found no differences—nor have recent meta-analyses... **The Dodo Verdict—the most replicated finding in the psychological literature**

“Everybody has won and all must have prizes.”

Rosenzweig, S. (1936). Some implicit common factors in diverse methods in psychotherapy. *Journal of Orthopsychiatry*, 6, 412-15.
Wampold, B.E. et al. (1997). A meta-analysis of outcome studies comparing bona fide psychotherapies: Empirically, “All must have prizes.” *Psychological Bulletin*, 122(3), 203-215.

TDCRP

The Alliance

- Considered most sophisticated comparative clinical trial ever:
 - CBT, IPT, Drug, Placebo
- **No difference** in outcome
- The *client's* rating of the alliance at the second session the best predictor of outcome across conditions.



Elkin, I. Et al. (1989). The NIMH TDCRP: General effectiveness of treatments. *Archives of General Psychiatry*, 46, 971-82.

Project MATCH The Alliance



- CBT, 12-step, & Motivational Interviewing
- **NO difference** in outcome
- The client's rating of the alliance the best predictor of:
 - Treatment participation;
 - Drinking behavior during treatment;
 - Drinking at 12-month FU

Project MATCH Group (1997). Matching alcoholism treatment to client heterogeneity. *Journal of Studies on Alcohol*, 58, 7-29.
Babor, T.F., & Del Boca, F.K. (eds.) (2003). *Treatment matching in Alcoholism*. Cambridge University Press, Cambridge, UK.
Compton, G.L., & Carroll, K.M. (1997). The therapeutic alliance and its relationship to alcoholism treatment participation and outcome. *Journal of Consulting and Clinical Psychology*, 65(4), 588-98.

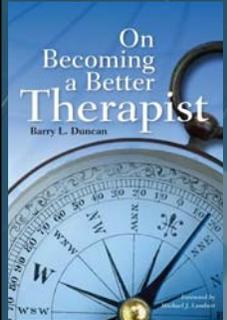
The Dodo Also Rules Family Work Cannabis Youth Treatment Project



- 600 Adolescents marijuana users:
 - Significant co-morbidity (3-12 problems).
- 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).

No Difference! Approach accounted for 0% of the variance in outcome. Alliance predicted: Premature drop-out; Substance abuse symptoms post-treatment, and cannabis use at 3 and 6 month follow-up.

The Search for the Holy Grail Doesn't Do Much for Us



- Helping is no more effective now with all our treatment technologies (400 of them) and empirically supported treatments (almost 150 of them) than 40 years ago.

Implication of the Dodo Bird Verdict



All 400 approaches work because:

- Of factors common to all
- So what are the factors?

Factors Accounting for Successful Outcome



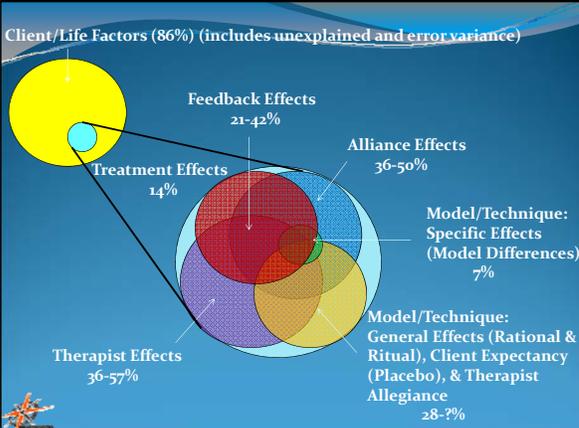
40.0% Spontaneous Remission Client/Extratherapeutic

30.0% Common Factors Relationship

15.0% Placebo/Hope/Expectancy

15.0% Models/Techniques

Lambert, M. (1986). Implications of Psychotherapy Outcome Research for Eclectic Psychotherapy. In J. Norcross (Ed.) *Handbook of Eclectic Psychotherapy*. New York: Brunner/Mazel.



Client/Life Factors (86%) (includes unexplained and error variance)

Feedback Effects 21-42%

Alliance Effects 36-50%

Model/Technique: Specific Effects (Model Differences) 7%

Model/Technique: General Effects (Rational & Ritual), Client Expectancy (Placebo), & Therapist Allegiance 28-??%

Treatment Effects 14%

Therapist Effects 36-57%

Successful V. Unsuccessful Counselors Focus on Strengths

Studied videos of 120 sessions of 30 clients.

- **Unsuccessful helpers** focused on problems, neglected strengths.
- **Successful helpers** focused on recruiting strengths to address problems....



Gassman, D. & Grawe, K. (2006). General change mechanisms: The relation between problem activation and resource activation in successful and unsuccessful therapeutic interactions. *Clinical Psychology and Psychotherapy*, 13, 1-11.

On Becoming Better Bottom Line

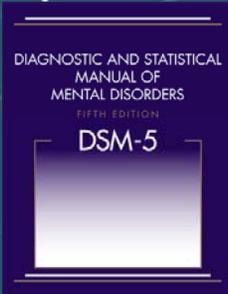
"The quality of the patient's participation . . . [emerges] as the most important determinant of outcome."

- Privilege clients' experience & rally their resources to the cause.
- **But nooooooooooooo!**

The Bottom Line

Orinsky, D. E., Rennestad, M. H., & Willutzki, U. (2004). Fifty years of process-outcome research: In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 307-390). New York: Wiley.

The Killer D's of Client Diminishment



- ✓ Dysfunction
- ✓ Disorder
- ✓ Disability
- ✓ Disease
- ✓ Deficit
- ✓ Damaged
- ✓ Not Reliable or Valid
- ✓ None ever related to outcome

AMERICAN PSYCHIATRIC ASSOCIATION

More Quotable Quotes about Diagnosis

"Psychotherapy is the only form of treatment which, at least to some extent, appears to create the illness it treats" **Jerome Frank** (Frank, 1961).

Reliability: "To say that we've solved the reliability problem is just not true...if you're in a situation with a general clinician it's certainly not very good." **Robert Spitzer**, lead editor of DSM-III (Spiegel, 2005 p. 60)

Validity: "There is no definition of a mental disorder. It's bullshit. I mean, you just can't define it..." **Allen Francis**, lead editor of DSM-IV (Greenberg, 2010, p. 1).

NIMH Withdraws Support of DSM: Thomas Insel, MD, Director: "The weakness of the manual is its lack of validity."

Get Over it!

- Creates the illness
- Reliability not good
- It's BS
- Weakness is its lack of validity

AMERICAN PSYCHIATRIC ASSOCIATION

Clients Are the Lions of Change



Until lions have their historians, tales of hunting will always glorify the hunter.

African Proverb

Casting the Client in Heroic Roles

- No formula here, more of an attitude requiring a *balance* between listening empathically with mindfulness toward resources that you *know* are there.
- Identify not what clients need, but what they already have in their world that can be put to use in reaching their goals



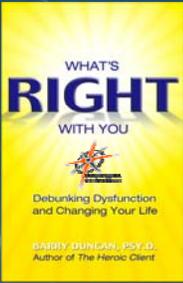
Finding the Heroic Client

What are the qualities that describe you when you are your very best? What were you doing when these aspects became apparent to you?

What kind of person do these aspects describe? Or, What kind of person do these aspects show an aspiration toward?

What are the qualities that others would describe in you when you are at your very best? What were you doing when they noticed these aspects?

What kind of person do these aspects describe? Or, what kind of person do these aspects show an aspiration toward?



Finding the Heroic Client



- *Who was the first person to tell you that they noticed the best of you in action? What were you doing when they noticed these aspects?*
- *Who was the last person to tell you that they noticed the best of you in action? What were you doing when they noticed these aspects?*
- *Who in your life wouldn't be surprised to see you stand up to these situations and prevail? What experiences would they draw upon to make these conclusions about you? What "quintessentially you" stories would they tell?...Kim*
- *When I am at my very best, I am _____*

Telling Heroic Stories

- *What are the obvious and hidden strengths, resources, resiliencies, and competences contained in the client's story?*
- *What are the competing stories—the stories of clarity, coping, endurance, and desire that exist simultaneously with the confusion, pain, suffering, and desperation?*
- *What is already there to be recruited for change?*



The Heroic Client

Client is the of Change

- **Client's** Resources, Resiliencies, and Relational Support
- **Client's** View of the Alliance
- **Client's** View of Progress & Expectation of Success



Clients The of Change

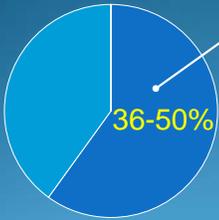
Client outcome feedback makes consumers the historians of their own change

Partnering w/clients to monitor outcome engages most the potent factor of change

Individually: (Personal well-being)	-----
Interpersonally: (Family, close relationships)	-----
Socially: (Work, School, Friendships)	-----
Overall: (General sense of well-being)	-----



Relationship Factors



The Alliance:

- Relational Bond
- Agreement on goals
- Agreement on tasks

Seven Times the Impact of Model/Technique...Accounts for Most of Counselor Variance

Duncan, B. (2010). *On Becoming a Better Therapist*. Washington, DC: APA

The Alliance: Over **1000** Research Findings



- Quality of the alliance more potent predictor of outcome than orientation, experience, or professional discipline-- recall **TDCRP, MATCH, CYT.**
- Clients rarely report negative reactions before deciding to terminate.
- Same holds true for youth and family services

We All Have Clients Who Connect Quickly: **But What About Folks...**



mandated, never been in a good relationship, abused, traumatized, never get a break or have lost hope?

Our job is the same—engage the client in purposeful work. This separates the best from the rest. It's hard work, "therapeutic work" applies to us too. Have to earn this, put ourselves out there every time. Daunting task

But Perpetually Minimized in **Difficulty and Importance**



- It gets such little press compared to models and techniques and is often relegated to statements like "first gain rapport and then..." or "form a relationship and then..." as if it is something we effortlessly do before the *real* intervention starts. The alliance is not the anesthesia to surgery.
- The alliance deserves far more **RESPECT...**

When the alliance is in trouble...



Consider...

Lisbeth and Sophie

- Abused Kid
- Angry Kid
- Defiant Kid
- Violent Kid
- Foul-Mouthed Kid



Lisbeth's Heroic Story

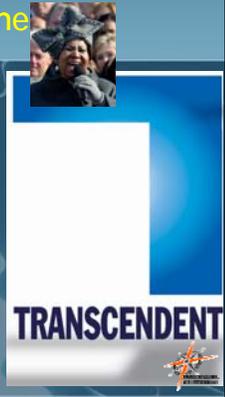
- **Story** of a brilliant girl overcoming incredible obstacles; many strengths; crusty old sailor, salty.
- **Story** of a girl who wants to set the record straight; story of a girl who loves horses.
- **Story** of an amazing foster mom, one in a million.
- And a crusty old man, Barry



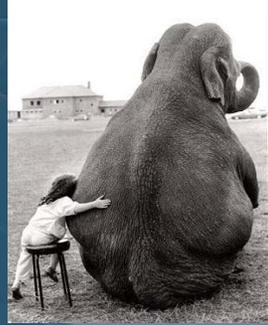
Alliance As An Overarching Framework

The Alliance is the

- Transcends any beh & is a property of all—from tech. to scheduling appt
- Purpose is to engage in purposive work
- Have to earn it each & every time; alliance is our craft; practice elevates to art



Reliance on the Alliance



The Alliance is the Best Friend We Have in the Therapy Room

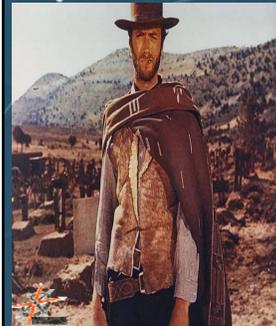
The Alliance The of Change

Alliance feedback enables a fit between client expectations, preferences, and services

Does not leave the alliance to chance—applying over 1000 studies showing the relationship of the alliance to positive outcomes

Relationship:	I feel heard, understood, and respected	Therapist, understood and respected
Goals and Topics:	We discuss what matters to me and how to do it	The number and quality of goals matter to me and how to do it
Approach or Method:	The therapist's approach is a good fit to me	The therapist's approach is a good fit to me
Overall:	There was something missing from the session today	Overall, today's session went right for me

Psychotherapy The Good...



Study after study, and studies of studies show the average treated client is better off than 80% of the untreated sample.

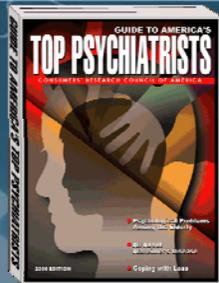
Psychotherapy The Bad...



- Drop out rates average **47%, 60% with adol. & SA clients**
- Therapists vary... a lot

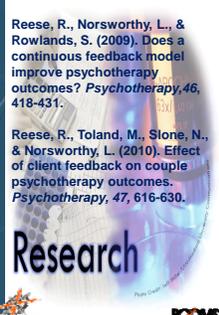
Therapist Differences Incredible Variation Among Providers

TDCRP: top third psychiatrists giving placebo bested bottom third giving meds; clients of best counselors improve 50% more & dropped out 50% less; meds useful for clients of more effective, not for less--**What accounts for the variability?**



Kim, D., Wampold, B., & Bork, D. M. (2006). Therapist effects in psychotherapy: A random effects modeling of the NIMH TDCRP data. *Psychotherapy Research*, 16, 161-172.

Reese, Norsworthy, & Rowlands (2009)
 Reese, Toland, Slone, & Norsworthy, 2010



- N=148: Feedback group doubled controls (10.4 vs. 5.1 pts); ES: .48
- Like Norway study, clients, regardless of risk status, benefit from continuous feedback
- 2010 study is replication of Norway Trial

Meta-analysis by Lambert & Shimokawa (2011) of PCOMS (the ORS and SRS)



Those in feedback group had **3.5 higher odds** of experiencing reliable change

Those in feedback group had less than **half the odds** of experiencing deterioration

Feedback attained .48 ES

Lambert, M. J., & Shimokawa, K. (2011). Collecting client feedback. *Psychotherapy, 48*, 72-79.

Cooper, Stewart, Sparks, & Bunting, 2012



Benchmark study of 288 7-11 yr olds; caretaker-228; teacher-249; 11 counselors; 28 schools

2 fold advantage over children not using feedback as measured on the SDQ

Three More in the Works
 Veterans, Group, and Youth

Submitted: Returning vets in group tx for substance abuse; improved outcomes on the ORS, clinician & commander ratings; & reduced drop outs

Submitted: Group psychotherapy: improved outcomes and improved retention

Completes in Sept: RCT of intervention in the schools with children and adolescents with behavioral problems

Schuman, D., Slone, N., Reese, J., & Duncan, B. (2013). Using feedback to improve outcomes with Iraq/Afghanistan veterans. Slone, N., Reese, J., Matthews-Duvall, S., & Kodet, J. (2013). Using feedback to improve group psychotherapy outcomes. Murphy, J., & Duncan, B., Gillaspay, A., Bohankse R., & Zatoaga, A. (in process). Using client feedback to improve school intervention outcomes.



Becoming Better
 Recapture Your At Risk Clients



- Feedback tailors services based on response, provides an early warning system to prevents drop-outs & negative outcomes, & solves helper variability—feedback improves performance

In Fact, Client Based Outcome Feedback



- Improves outcomes more than anything since the beginning of therapy

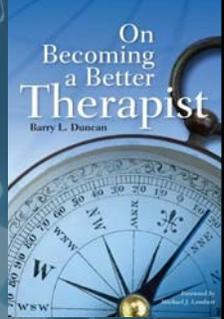


And...Finally



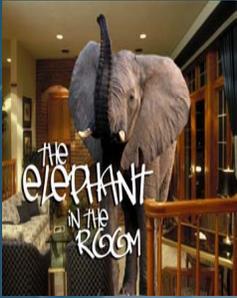
- Puts the client's **voice** center stage
- Allows services to be **client and family driven**
- Brings **consumers** into the **inner circle** of decisions
- **Partners** in monitoring the benefit and fit of services

What Separates The Best? Barry's Recipe



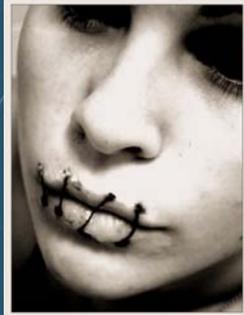
1. Client Feedback Improves Outcomes More than Anything since the Beginning of Psychotherapy
2. Clients Account for Most of the Variance: Rally, Recruit Harvest Resources for Change
3. Rely on the Tried & True Old Friend, the Alliance

Just Say No The Pressure for a Quick Fix



- With daily pressure to manage youth problems, the lure of a quick fix is understandable, drugs a ready-made solution.
- Hesitant to talk about meds with families, choosing instead to defer to medical pros.
- To not talk is to ignore the proverbial elephant...

Just Say No We Are Not Real Doctors



- Our reticence mirrored in parents & kids who are reluctant to offer opinions or ask questions about options or side effects.
- How can therapists broach this topic—we are not medical experts, we are not real doctors. Aren't we stepping out of our expertise and professional role to discuss medications with clients?

Just Say No Outside Our Comfort Zones



- May be stepping out of our comfort zones, but not beyond our expertise to discuss options for kids in distress.
- We need not fear these talks or feel timid of medical opinion; the data speak clearly about safety and effectiveness.
- We can confidently assist clients to get the facts about risks & benefits, & make clear the take-home message that there are many paths to preferred ends.

Just Say No Clinician's Role



- A clinician's role is to provide the family with the most up-to-date evidence, as it becomes available, regarding short- and long-term risks and benefits of the treatments. (p. 174)

Implications



- Does not eliminate meds as one choice among many.
- What is not supported is the *automatic* trigger to med. w/o considering preferences and options.
- Knowing that there is no irresistible scientific justification to medicate frees us to put other options on the table and draw in the voices of clients—to engage in an informed risk/benefit analysis to help clients choose in concert with their values and preferences...

Recommendations



Assess problem, combining info from all involved

A collaborative framework for the problem that includes developmental, environmental, interactional, and socio-cultural understandings.

A plan that follows the assessment and framework of understanding that is responsive to clients' view of the problem, strengths, cultural context, and preferences

Recommendations



If meds part of plan, discuss risks, AEs & withdrawal, the meaning of off-label prescription, & lack of studies supporting combinations. Resources for additional info.

Implement plan, modify as needed based on client feedback on progress. If meds part of plan, assist client to view change as resulting from own efforts; include time frame for discontinuation

Remember the heart (client) and soul (alliance) of change