Using Deliberate Practice to Improve your Therapeutic Effectiveness

Scott D. Miller, Ph.D.
International Center for Clinical Excellence

Improving Therapist Effectiveness: What does and does not Work?

The International Center for Clinical Excellence (ICCE) is a world-wide community of practitioners, healthcare managers, educators and researchers dedicated to promoting excellence in behavioral healthcare services.

Connect to your peers
Learn from the best
Share with the community
How Effective are We?

• In most studies of treatment conducted over the last 40 years, the average treated person is better off than 80% of the untreated sample.

• The outcome of behavioral health services equals and, in most cases, exceeds medical treatments.

• On average, mental health professionals achieve outcomes on par with success rates obtained in randomized clinical trials (with and without co-morbidity).

No Improvement

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 nothing to do with size, genetic changes, technology, or performance enhancing drugs.
How Do Therapists Develop?

- A massive, 20-year, multinational study of 11,000 therapists;
- Collected and analyzed detailed reports about the way therapists experienced their work and professional development.


How Do Therapists Develop?

- The majority of therapists see themselves as developing professionally over the course of their careers.

- The effectiveness of the “average” helper plateaus very early.
- Little or no difference in outcome between professionals, students and para-professionals.

- The largest study to date on the effect of experience on outcome;
- 170 Therapists followed over 17 years;
- On average outcomes declined over time.
When surveyed, therapists WANT to know:

- How to have better relationships;
- How to better initiate change;
- Training methods that improve their outcomes;
- How to use reflection and self-analysis to improve their effectiveness.

Do Therapists want to Develop?

How can Therapists Develop?

The Streetlight Effect

Method Diagnosis

BEFORE

T ↔ C

Therapy

AFTER
How can Therapists Develop?

Deliberate Practice

Hours per week spent alone seriously engaging in activities related to improving therapy skills


Zone of "Practical Development":
- Reliable performance: automatic
- Identification of errors, misperceptions
- Setting clear process and outcome objectives
- Involves planning, rehearsal, reflection

Edge of Ability

- Reactions of "Reliable" Performance: Processes executed quickly, automatically
- Reactions of "Practical Development": Acceptance of errors, recognition, correction, execution

Arrows of Advancement:
- Arrows of "Practical Development": Processes executed quickly, automatically
- Arrows of "Edge of Ability": Processes executed with conscious effort, supervision, review

- Risk of failure and injury high
Deliberate Practice

The Building Blocks

WHAT?

Feedback

Repetition

Individual Learning Objectives

Deliberate Practice

Identifying the "What"

- Predictive of outcome and engagement;
- Influenceable;
- Ongoing/recurrent;
- Measurable;
- Specific to you and your growth edge.

Deliberate Practice

- Model & Technique (1%): Structure, explanation, strategy, ritual;
- Hope, Expectancy & Allegiance (4%): Belief in the process and expectation of results;
- Therapist factors (4-9%): Reflective functioning, responsiveness, self-regulation, solitary deliberate practice;
- Relationship (8-9%): Understanding, empathy, collaboration;
- Client factors (87%): Opportunism & utilization.


Feedback Informed Treatment:
Scott D. Miller, Ph.D.

“Certain therapists are more effective than others ... because [they are] appropriately responsive ... providing each client with a different, individually tailored treatment...”


ORS & SRS

Non-Random Errors

<table>
<thead>
<tr>
<th>Performance Metrics</th>
<th>Active</th>
<th>Inactive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>38.2</td>
<td>39.1</td>
</tr>
<tr>
<td>Feedback</td>
<td>38.2</td>
<td>39.1</td>
</tr>
<tr>
<td>Average Feedback</td>
<td>3.95</td>
<td>3.75</td>
</tr>
<tr>
<td>Average Feed Rating</td>
<td>3.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Other Bar</td>
<td>2.5</td>
<td>2.6</td>
</tr>
<tr>
<td>Session Notes</td>
<td>3.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Average Note Rating</td>
<td>3.0</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Useful Feedback:

- Descriptive not evaluative
- Observations not inferences
- Specific not general
- Quantities not qualities
- Task not person-oriented
- Tied to the self-perceived needs of the receiver
- Concerned with behavior over which the receiver has control
- Clarified with the receiver

Reflective Functioning
Deliberate Practice

- Model & Technique (1%): Structure, explanation, strategy, ritual.
- Hope, Expectancy & Allegiance (4%): Belief in the process and expectation of results.
- Therapist factors (4-9%): Reflective functioning, responsiveness, self-regulation, solitary deliberate practice.
- Relationship (8-9%): Understanding, empathy, collaboration.
- Client factors (87%): Opportunism & utilization.


Deliberate Practice
Empathy

Bouba and Kiki?

PROJECT

Results
- Years of experience not a significant predictor of performance;
- Therapist self-assessment of empathic ability unrelated to measured empathy;
- Significant improvement across time (p<.001);
- Large growth in empathic response (Hedge's g [unbiased] 2.37);
- Growth generalized to novel scenarios;
- Helpfulness of DCT training: M = 6 (SD: .99) (Ratings: 1 to 7).
Results
The only study to date documenting individual therapist improvement:
• 153 therapists;
• 5000+ clients.
Outcomes improved year after year.


Succeeding with Deliberate Practice

Automated Structure;
Reference Point;
Playful Experimentations, &
Support Persons.

Thank you!
info@scottdmiller.com