

# CLINICIAN HEAL THYSELF: PROMOTING PROFESSIONAL GROWTH AND DEVELOPMENT TO ACHIEVE BEST PRACTICE



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## AGENDA



- Discuss how clinicians can utilize their best skills to be most effective.
- Developing the awareness of our own biases and judgement errors that impede our ability to provide our best approaches to helping clients
- Develop strategies to increase confidence and competency and reduce burnout

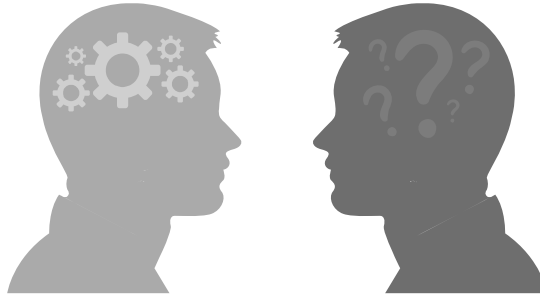
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# Take Away

Learning with me, not just from me

## Be Humble

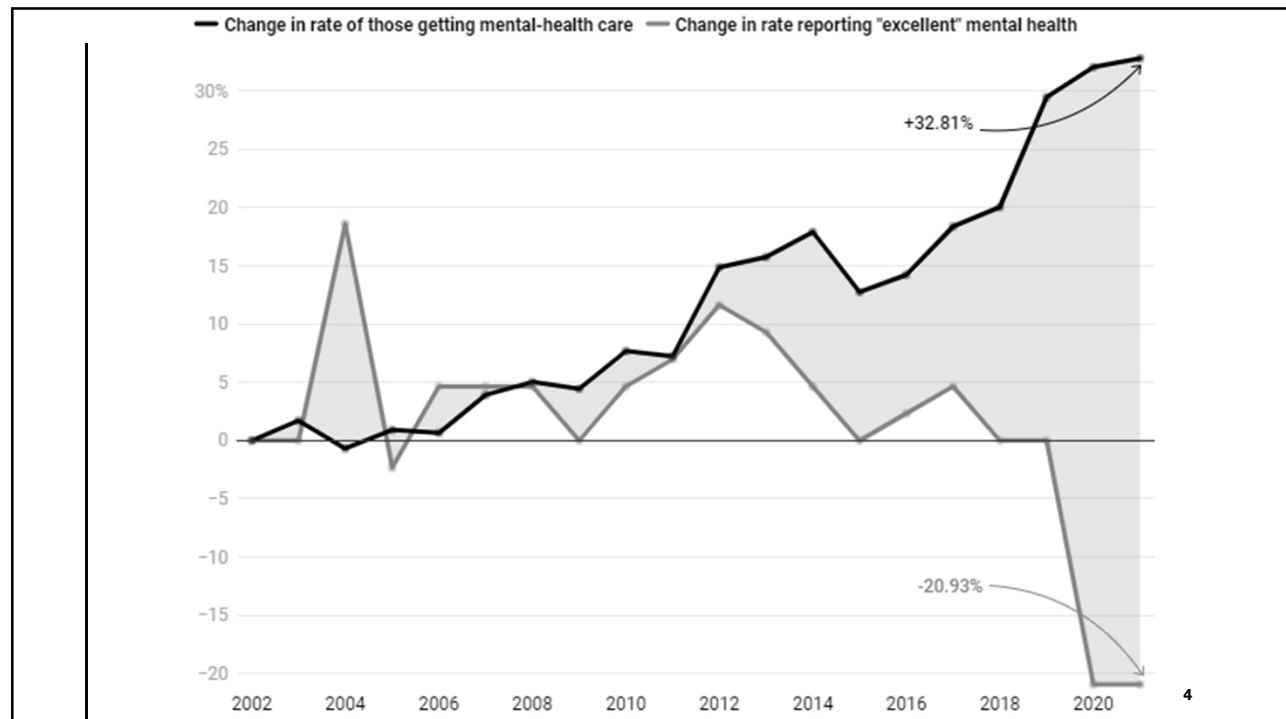
Be Open To  
Being  
Challenged/Feed  
back, Have  
Comfort With  
Discomfort



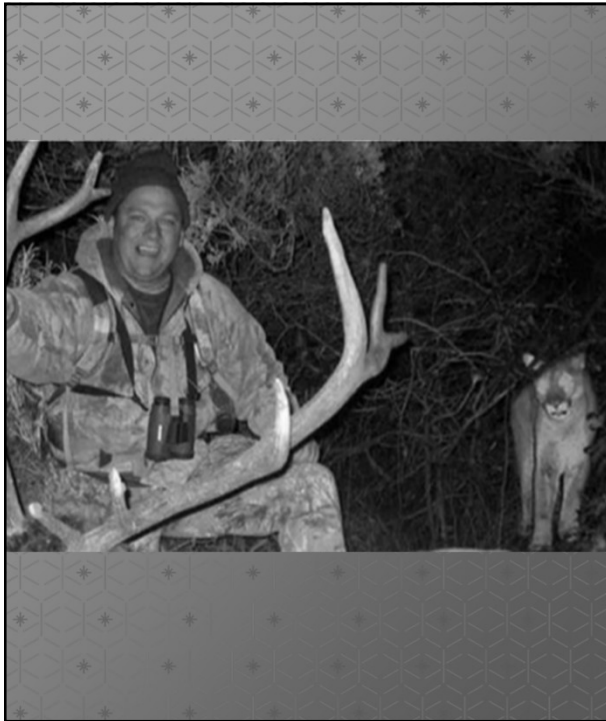
## Be Curious

Ask Questions,  
Consume  
Knowledge,  
Challenge Others

3



4



*How do we address being wrong?*

*Until We Know We Are Wrong,  
Being Wrong Feels Exactly  
Like Being Right*

-Kathryn Shultz

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## Quiz




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6

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# Getting it right or being right




Preachers: feel they have the truth and persuade



Prosecutors: right and wrong



Politicians: believe one thing but tells you what you believe



Scientist: Find out either right or wrong but don't set out to prove it

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## Knowing what you don't know, and there's a lot of it.

- Doubt and confidence
- Not so much having or lack of confidence, but security vs. insecurity
- Think and rethink (change happens and what is your relationship to it)
- Discovering what is true, not proving what is true
- Consuming vs. creating knowledge
- Don't agree to disagree, because then we stop talking. Understand how they got there

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## What skill are you most confident in? activity

- <https://www.mentimeter.com/app/presentation/alibbe7ystnehxjc6z3ejwa9ui325x7o/edit?source=share-modal>



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## Over Confidence Cycle

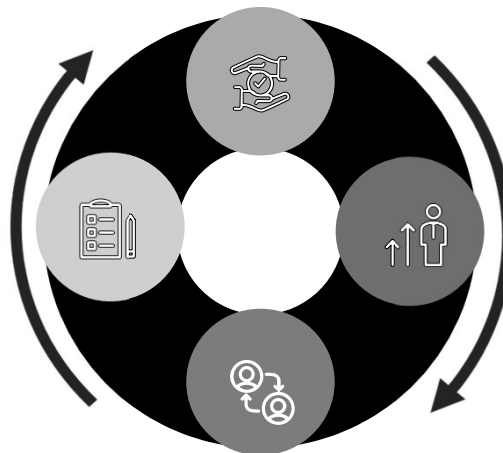
Proving The Truth

Pride/Ego

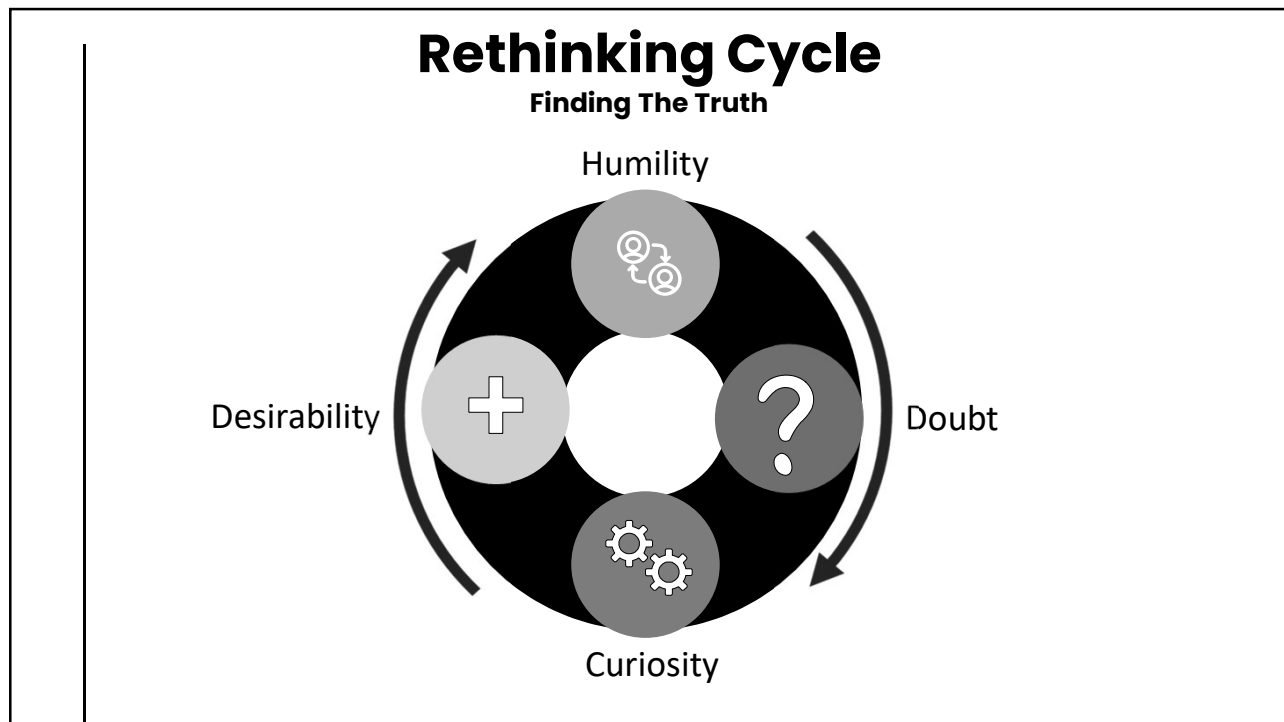
Validation

Conviction

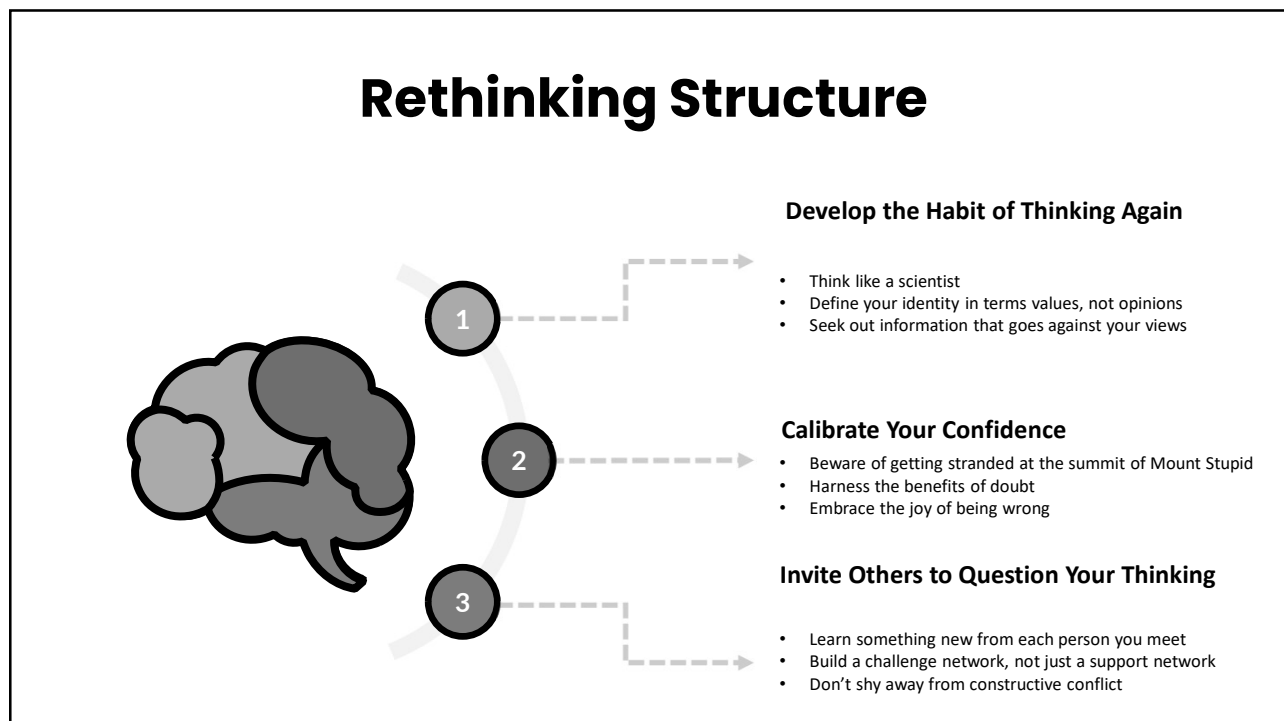
Confirmation and  
Desirability Bias



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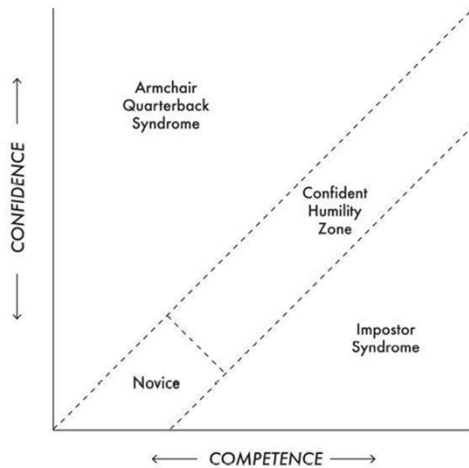
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## Finding the Sweet Spot

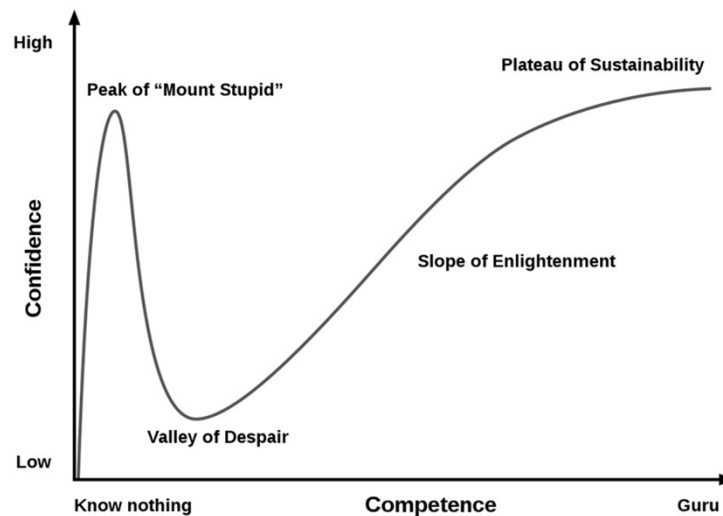
### CONFIDENCE vs. COMPETENCE



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## Avoiding Mt. Stupid

### Dunning-Kruger Effect

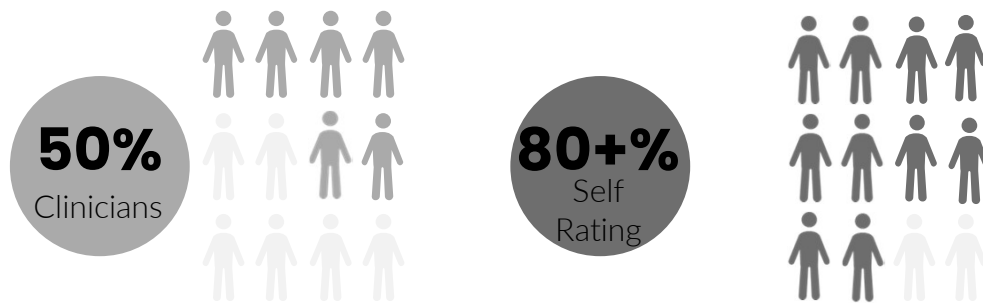


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## Are We Biased...Maybe a Little

Survey of over 900 Clinicians (Wampold, et al, 2013)



**25%** Ranked Themselves in the Top **90+** Percentile.

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## Identifying your most significant bias

- Padlet

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## Clinical Judgment and Bias

What stops us from challenging what we believe?



### Ego/Self-Worth

The comfort of conviction over the discomfort of doubt



### Sense of Belonging

Where am I without my group? Social beings require a connection with a larger group.

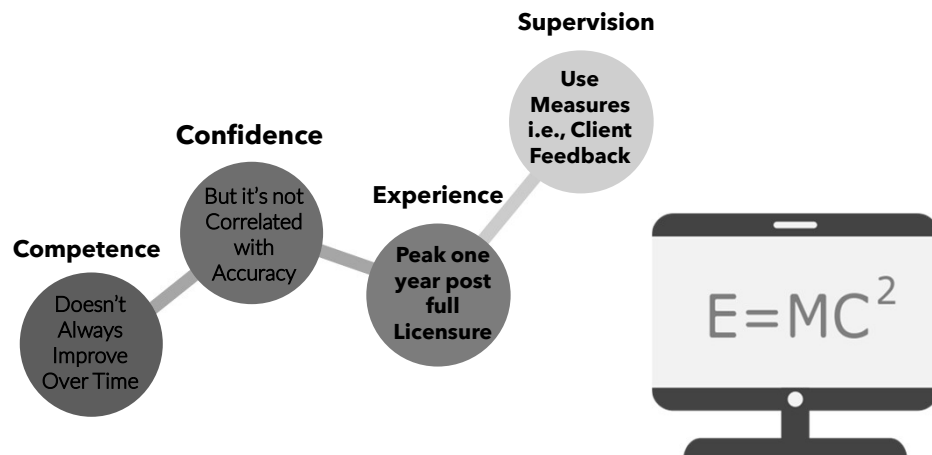


### Predictability/ Vulnerability

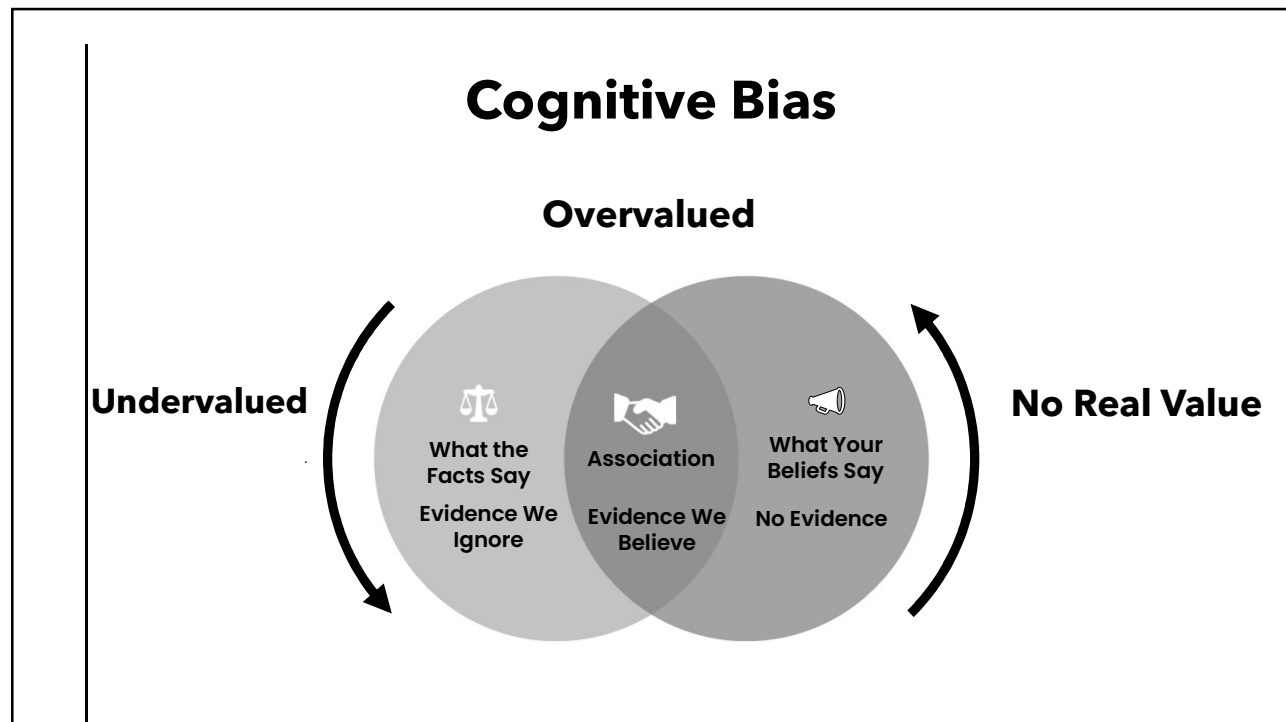
The fear of not knowing can be incapacitating, so how do we invite doubt into our work

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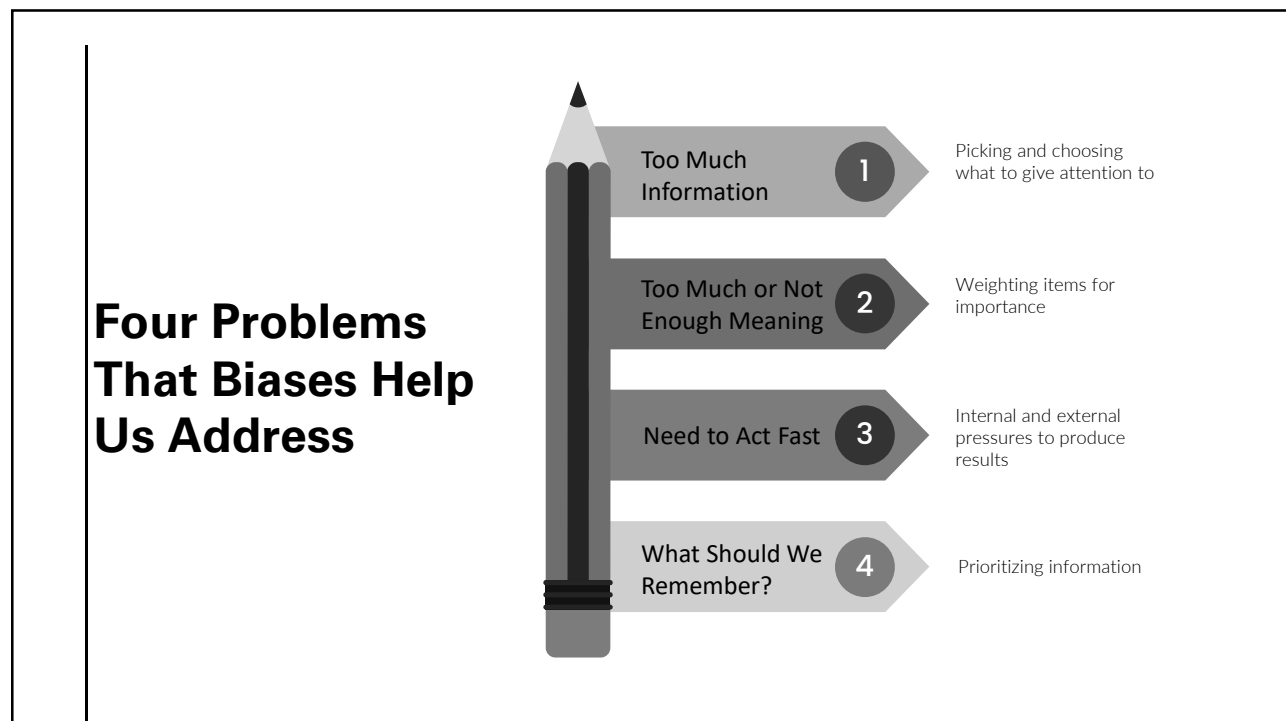
## But maybe we get better over time?



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## Think Before You Speak, But Listen Before You Think

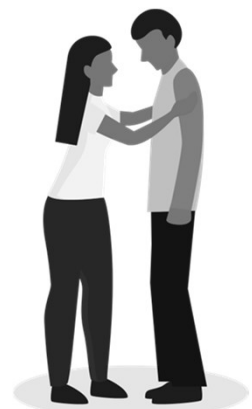


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## Of course, I am a good listener!

12 kinds of responding that are not listening (roadblocks) by Thomas Gordon

- Ordering, directing, or commanding
- Warning, cautioning, or threatening
- Giving advice, making suggestions, or providing solutions
- Persuading with logic, arguing, or lecturing
- Telling people what they should do, moralizing
- Disagreeing, judging, criticizing, or blaming
- Agreeing, approving, or praising
- Shaming, ridiculing, or labeling
- Interpreting or analyzing
- Reassuring, sympathizing, or consoling
- Questioning or probing
- Withdrawing, distracting, humoring, or changing the subject



- We think three to four times faster than people speak.

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# Creating Collaborative Alliances

Keys to Creating an Alliance



1

## Agreement on Goals

What do we know about the person's goals

2

## Agreement on Relationship

How do I fit into the client's life and what role we play

3

## Agreement on Methods

What are the tasks and how do you come up with them

4

## Client Preferences

Individual values, beliefs, cultural considerations

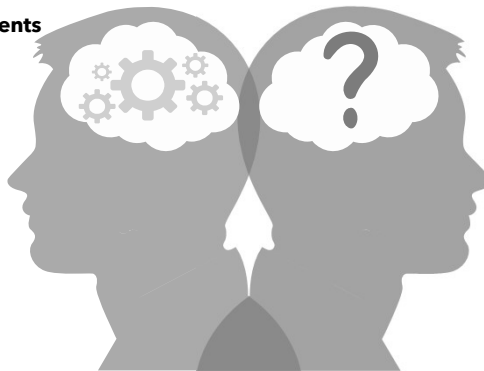
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# What to know, about what they tell us

Blanchard & Farber (2015)

## 547 adult psychotherapy patients report

- 93% of respondents reported having lied to their therapist
- 84% said this dishonesty continued on a regular basis.
- 72.6% reported lying about at least one therapy-related topic



## Why?

- "I wanted to be polite"
- "I wanted to avoid upsetting my therapist"
- "This topic was uncomfortable for me"

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## TOP 10 CLIENTS TELL US

- How bad I really feel (54%)
- The severity of my symptoms (39%)
- My thoughts about suicide (31%)
- My insecurities and doubts about myself (31%)
- Pretending to like my therapist's comments (29%)
- My use of drugs or alcohol (29%)
- Why I missed appointments/was late (29%)
- Pretending to find therapy more effective than I do (29%)
- Pretending to be more hopeful than I really am (27%)
- Things I have done that I regret (26%)



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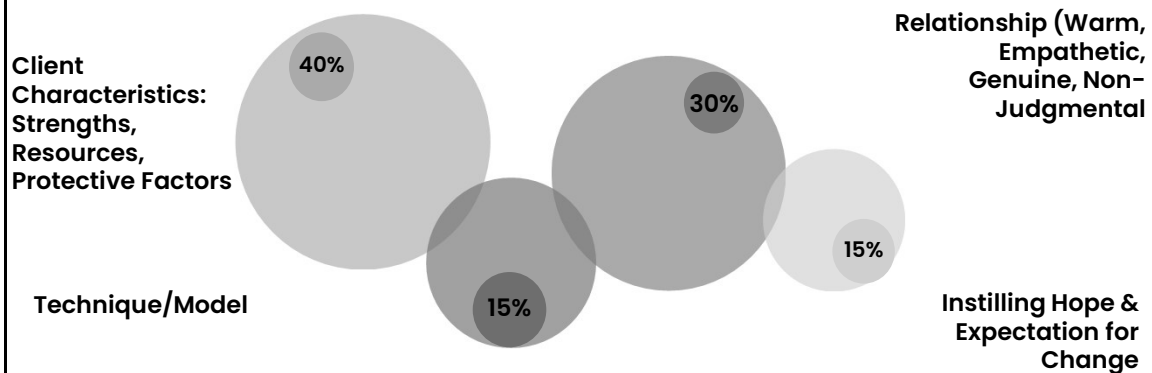
## What do you think makes the biggest impact on treatment?

- Think, pair, share

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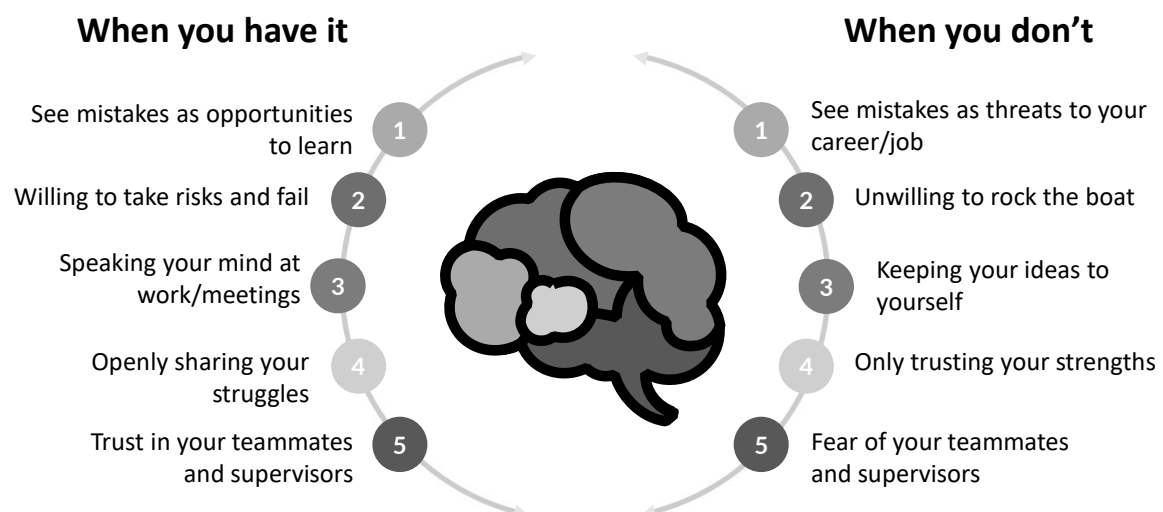
## What makes an Effective Intervention,

Duncan, Miller, Wampold & Hubble, 2011



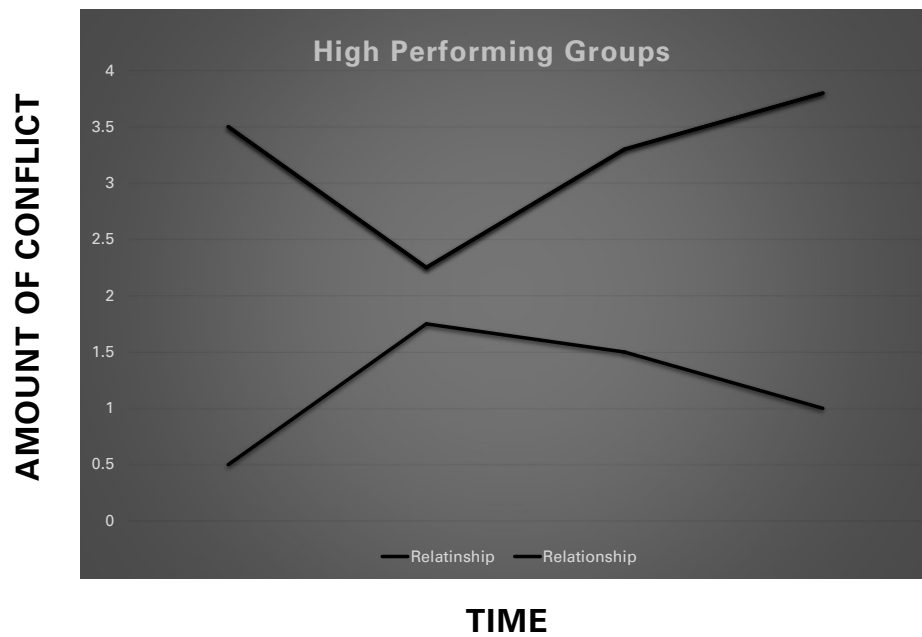
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## Psychological Safety in the Workplace



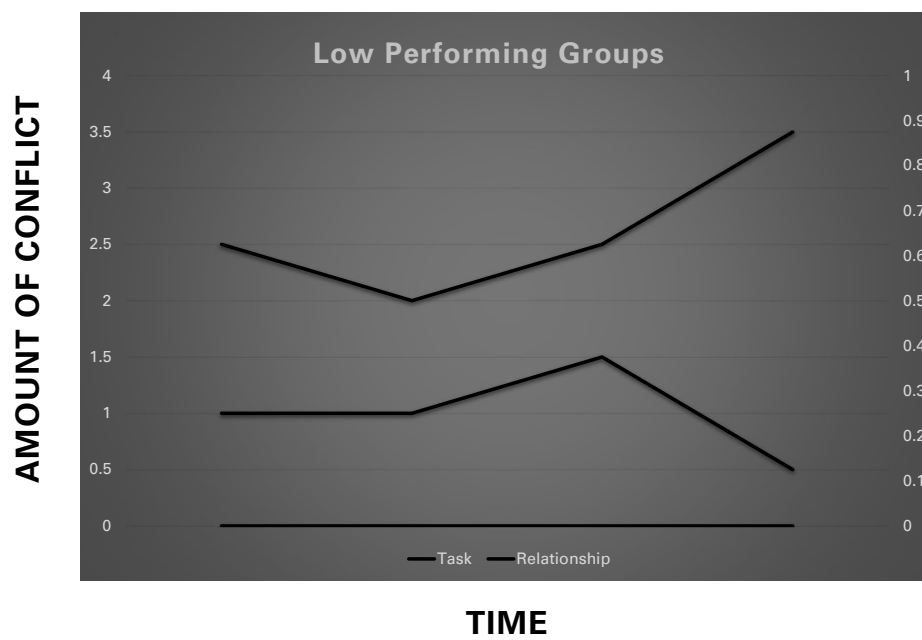
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## PERSONALITY CONFLICT VS. TASK CONFLICT



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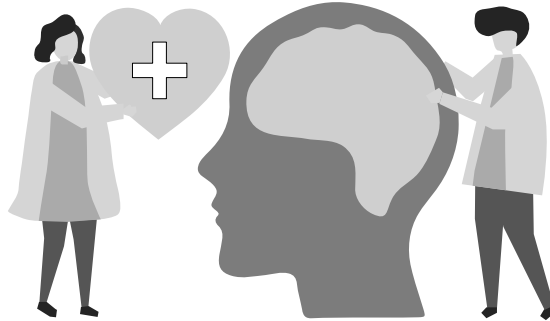
## PERSONALITY CONFLICT VS. TASK CONFLICT



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## Ways to improve judgment

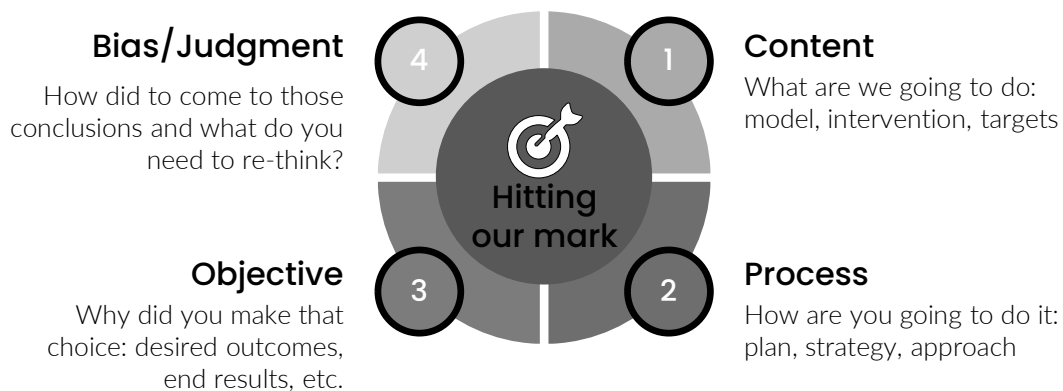
**Consult early and often (don't be your own reality)**  
<https://thedecisionlab.com/>



- Continue to assess throughout process (Re-think)
- Awareness of biases (Challenge thought processes, don't confirm them)
- Be humble (confidence and experience is not correlated with accuracy)
- Use systematic/comprehensive approach (use structured procedure)

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## Clinical Decision Making



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## Resource: Assessing the Therapeutic Relationship

- FIT requires:
  - AN ALLIANCE MEASURE
  - A PROGRESS MEASURE
- At a minimum consider
  - Client felt heard
  - Client goals were addressed
  - Client felt respected
  - Client liked approach
  - Overall experience
- Have some feedback informed approach embedded in your treatment

**Feedback Informed Treatment (FIT)**

**WHAT IS IT?**  
FIT is an empirically supported, paratheoretical approach for evaluating and improving the quality and effectiveness of behavioral health services. It involves routinely and formally soliciting feedback from clients regarding the therapeutic alliance and outcome of care and using the resulting information to inform and tailor service delivery.<sup>1</sup>

**HOW DOES IT WORK?**  
FIT utilizes empirically validated, client rated outcome measures at each session. Although any validated measures could be used, due to their brevity, the Outcome Rating Scale (ORS) and Session Rating Scale (SRS) are commonly employed by FIT Practitioners. The ORS measures the client's therapeutic progress while asking about their level of distress and functioning. The SRS measures the therapeutic alliance.

**WHY IS FIT AN EVIDENCED BASED PRACTICE?**  
FIT operationalizes the American Psychological Association's (APA) definition of evidence-based practice. Routine use of the ORS and SRS involves "the integration of the best available research... and monitoring of patient progress... that may suggest the need to adjust the treatment... (e.g., problems in the therapeutic relationship or in the implementation of the goals of the treatment)."<sup>2</sup>

- The ORS and SRS were vetted by the Substance Abuse and Mental Health Services Administration's National Registry in 2013 and granted evidence-based status.

**WHAT IS THE EVIDENCE FOR FIT?**  
A number of studies and meta-analyses have demonstrated the benefit of routinely monitoring and using client outcome data and feedback to inform care.<sup>3</sup>

- Improves client outcomes by 27%<sup>4</sup>
- Increases client retention
- Reduces deterioration rates by 50%<sup>4</sup>
- Shortens lengths of stay

Positive impacts of FIT have been shown in a number of treatment settings including "outpatient and inpatient settings, counseling and university training centers, individual and group therapies, and specialized treatment programs."<sup>5</sup>

**HOW TO IMPLEMENT**  
Level of implementation has been shown to impact the effectiveness of FIT.<sup>6</sup> Despite the simplicity of the ORS and SRS, but consistent with other evidenced based methods, implementation takes time (between 2 and 4 years).<sup>7</sup> The ICEE has developed several resources to assist with FIT implementation, including:

- 6 manuals which cover the most important information for practitioners and agencies implementing FIT.
- Core Competencies: these provide a thorough grounding in the knowledge and skills associated with FIT.
- The Feedback Readiness Index and Fidelity Measure (FITRFM) is available to guide the implementation process.
- A free web forum dedicated to excellence in clinical practice, providing the opportunity for practitioners and administrators to access others in the field from around the world for resources and support.
- Several computer-based programs exist that allow easy administration of the ORS and SRS as well as generate aggregate data to inform both the client and clinician.

For more information, email: [info@centerforclinicalexcellence.com](mailto:info@centerforclinicalexcellence.com)

<sup>1</sup> Bertolino, Borgmann & Miller. Manual: What works in Therapy: A Primer on Feedback Informed Treatment. ICEE Manuals on Feedback-Informed Treatment (FIT), (2013). Manuals can be purchased at: <https://www.scottmiller.com/collection/fi-manuals>  
<sup>2</sup> APA Task Force on Evidence-Based Practice, 2006, pp. 273, 276-277.  
<sup>3</sup> Gendek, Edgerton, Child, Fink, Doughton & Wolbert, 2016; Miller & Schuckard, 2013; Lambert & Shimokawa, 2011; Knaup, Koertgen, Schorfer, et al., 2008; Miller et al., 2006; Lambert, Whipple, Hawkins et al., 2003 as cited in Shuckard, E., Miller S., & Hubble, M. A. (2013). Feedback Informed Treatment: Historical and empirical foundations. In D. Prescott, C. Maeschalck, & S. Miller (Eds.), Feedback Informed Treatment in Clinical Practice (pp. 13-35). American Psychological Association.  
<sup>4</sup> Miller et al., 2006; Lambert & Shimokawa, 2011.  
<sup>5</sup> Quirk & Duane as cited in the Brattland, H., Kokovik, J.M., Burkeland, O., Gråbe, R. W., Klöckner, C., Linaker, O. M., Ryum, T., Wampold, B., Lara-Cabrera, M. L., & Vervaeke, V. C. (2018). The effects of Routine Outcome Monitoring (ROM) on therapy outcomes in the course of an implementation process: A randomized clinical trial. *Journal of Counseling Psychology* 65(5), 641-652.

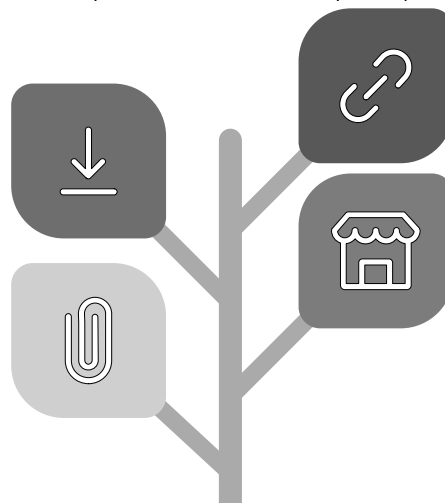
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## FEEDBACK INFORMED TREATMENT: A SUMMARY OF THE RESEARCH

Outcome measures need to be integrated to get best improvements in therapy  
(Prescott, Maeschalck & Miller, 2017)

Therapy is very effective  
(Smith & Glass, 1977)

Alliance is biggest  
predictor of client  
outcome  
(Wampold, 2001)



Therapist effectiveness  
plateaus after 2 years  
(Clement, 2008; Goldberg  
et al, 2016)

Improvement within 4 sessions  
is associated with end of  
treatment improvement  
(Hubble, Duncan & Miller,  
1999)

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# THANK YOU



NCA Institute for  
Better Mental Health  
Outcomes

*A project of*

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