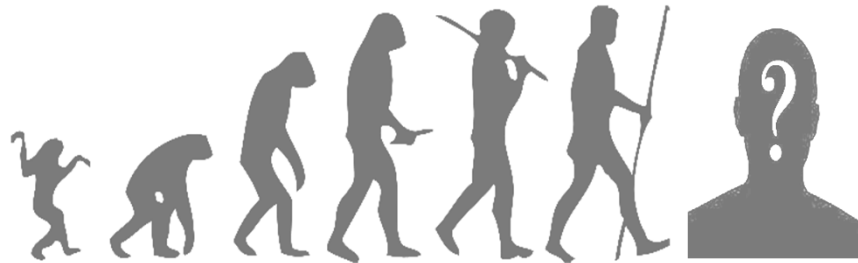


The Evolution of Psychotherapy: An Oxymoron



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

Something New
OCTOBER 8, 2014 BY SCOTT D. MILLER · LEAVE A COMMENT

ABOUT
TRAINING AND CONSULTATION
WORKSHOP CALENDAR
FIT IMPLEMENTATION TOOLS
ONLINE STORE
TOP PERFORMANCE BLOG
CONTACT SCOTT

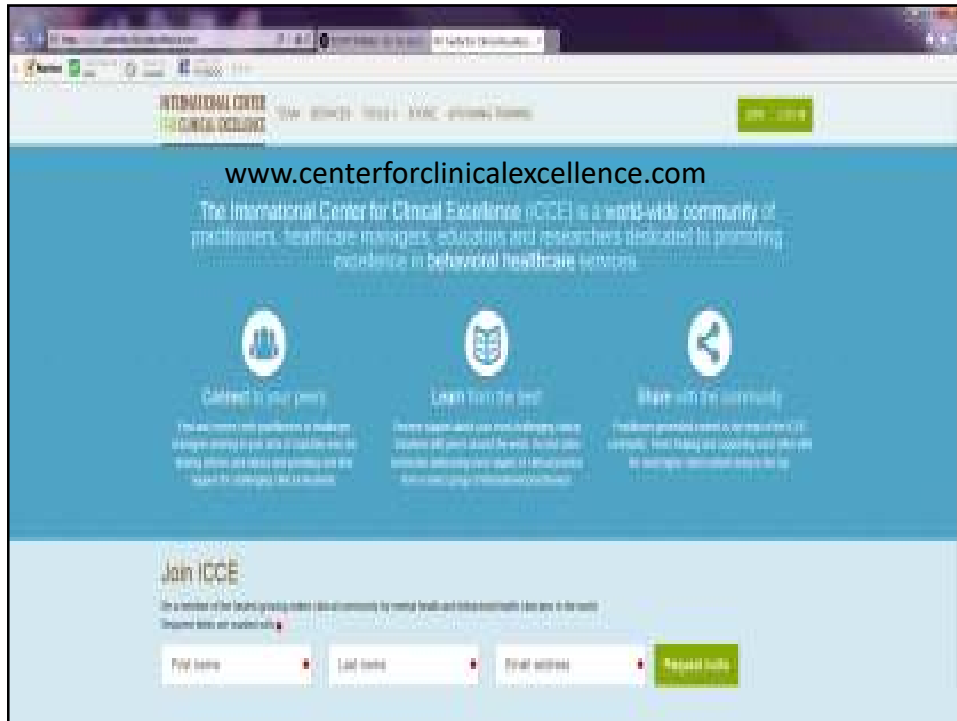
ICCE is the largest, worldwide, community

WREPP-CERTIFIED
PCOMS NREPP
Included in SCOTT D. MILLER'S National Registry of Accredited Programs and Practices

The complete set of all 6 FIT manuals
\$99.00
More info

UPCOMING FIT TRAINING
You can scroll through the calendar below to see dates of upcoming ICCE supervision, advanced and implementation training events. For further questions [Click in Issues](#)

http://twitter.com/scott_dm
<http://www.linkedin.com/in/scottdmiphd>



The Evolution of Psychotherapy:

The Facts

- Since the 1960's:
 - Number of treatment approaches grown from 60 to 400+;
 - 10,000 "how to" books published on psychotherapy;
 - 145 manualized treatments for 51 of the 397 possible diagnostic groups;



Beutler, L., Malik, M., Alimohamed, S., Harwood, T., et al. (2005). Therapist variables. In M. Lambert (ed.), *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* (5th Ed.). (pp. 227-306). New York: Wiley.

Miller, S., Hubble, M., & Duncan, B. (2007). Supershrinks. *Psychotherapy Networker*, 31 (6), 36-45, 57.

Duncan, B., Miller, S., Wampold, B., & Hubble, M. (eds.) (2009). *The Heart and Soul of Change: Delivering What Works*. Washington, D.C.: APA Press.



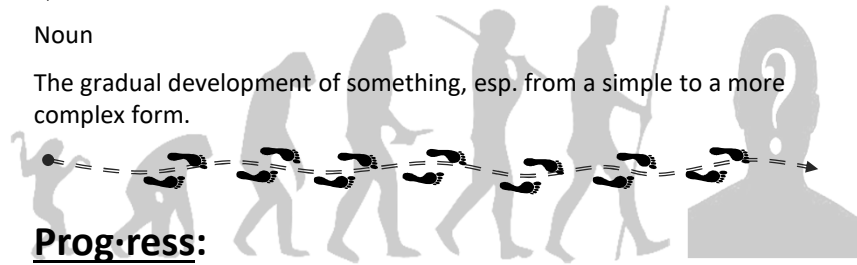
The Evolution of Psychotherapy:

Evolution:

/,evə'liōōSHən/

Noun

The gradual development of something, esp. from a simple to a more complex form.



Progress:

/'prāgrəs, 'prāg, res, 'prō, gres/

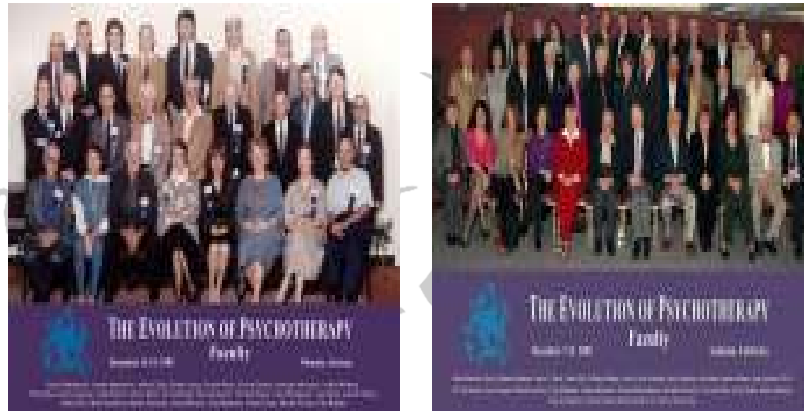
Noun

Forward or onward movement toward a destination.



The Evolution of Psychotherapy:

So, what's happened?



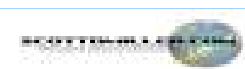
Duncan, B., Miller, S., Wampold, B., & Hubble, M. (eds.) (2009). *The Heart and Soul of Change: Delivering What Works*. Washington, D.C.: APA
 Miller, S.D., Hubble, M.A., Chow, D.L., & Seidel, J.A. (2013). The outcome of psychotherapy: yesterday, today, and tomorrow. *Psychotherapy, 50*, 88-97.
 Wampold, B.L. (2001). *The great psychotherapy debate*. Mahwah, NJ: LEAPress.



The Evolution of Psychotherapy:

Progress?

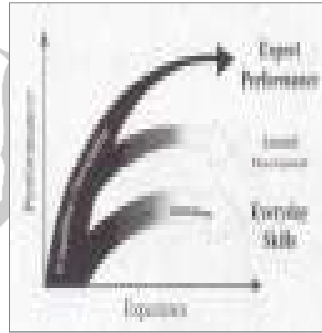
- In most studies of treatment conducted over the last 40 years, the average treated person is better off than 80% of the untreated sample.
- The outcome of behavioral health services equals and, in most cases, exceeds medical treatments.
- On average, mental health professionals achieve outcomes on par with success rates obtained in randomized clinical trials (with and without co-morbidity).



Duncan, B., Miller, S., Wampold, B., & Hubble, M. (eds.) (2009). *The Heart and Soul of Change: Delivering What Works*. Washington, D.C.: APA Press.
 Minami, T., Wampold, B., Serlin, R., Hamilton, E., Brown, G., Kircher, J. (2008). Benchmarking for psychotherapy efficacy. *Journal of Consulting and Clinical Psychology, 75* 232-243.

The Evolution of Psychotherapy: Progress?

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



Ericsson, K.A., Charness, N., Feltovich, P. & Hoffman, R. (eds.). (2006). *The Cambridge Handbook of Expertise and Expert Performance* (pp. 683-704). New York: Cambridge University Press.

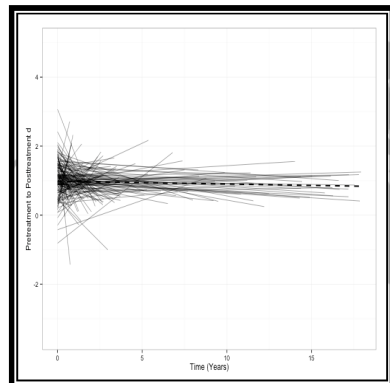
Nyman, S. et al. (2010). Client outcomes across counselor training level within multitiered supervision model. *Journal of Counseling and Development, 88*, 204-209.

Malouff, J. (2012). The need for empirically supported psychology training standards. *Psychotherapy in Australia, 18*(3), 28-32.

Miller, S.D., & Hubble, M.A. (2011). The road to mastery. *The Psychotherapy Networker, 35*(2), 22-31, 60.



The Evolution of Psychotherapy: Progress?



- The largest study to date on the effect of experience on outcome;
- 75 Therapists followed over 17 years;
- On average outcomes declined over time.



Goldberg, S.B., Rousmaniere, T., Miller, S.D., Whipple, J., Nielsen, S.L., Hoyt, W.T., & Wampold, B.E. (2016). Do psychotherapists improve with time and experience? A longitudinal analysis of real world outcome data. *Journal of Counseling Psychology, 63*, 1-11.



The Evolution of Psychotherapy: Progress?



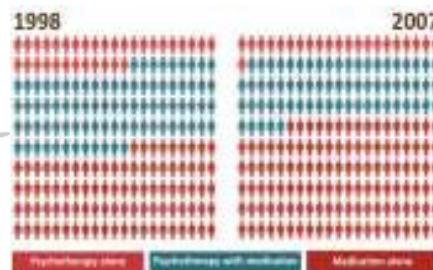
- Practitioners incomes in serious decline;
- Factoring in inflation, therapists earning one-third of what they did 10-15 years ago.
- Increasingly, direct services provided by minimally-trained, support personnel.



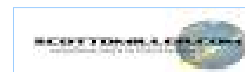
APA (2010). Psychology salaries decline. *APA Monitor*, 41(4), 11.
 Carr, C. (March 26, 2006). Mental health theapists face financial stress as fees stagnate. *New York Times*. http://www.nytimes.com/2006/03/26/jobs/26imar.html?_r=0. Retrieved November 27, 2013.
 Grodzki, L. (September/October 2013). Yesterday's patients are today's educated consumers. <http://www.psychologynetworker.org/magazine/recentissues/2013-sep/oct/item/2242-shopping-for-therapy>. Retrieved December 2, 2013.

The Evolution of Psychotherapy: Progress?

- Use of psychotherapy declined by 35%;
- Use of pharmaceuticals increased by 75%.



Ferro, S. (August 21, 2013). Three ways to save psychotherapy. *Popular Science*. <http://www.popsi.com/science/article/2013-08/3-ways-save-psychotherapy>. Retrieved November 27, 2013.
 Grohol, J.M. (2009). Antidepressant use up 75 percent. <http://psychcentral.com/news/2009/08/03/antidepressant-use-up-75-percent/7514.html>. Retrieved November 27, 2013.



The Evolution of Psychotherapy:

Progress?

Ex·tinc·tion

ik'stiNG(k)SHən/

Noun

The state or process of a species, family, or larger group being or becoming extinct.

Synonyms: dying out, disappearance, vanishing.



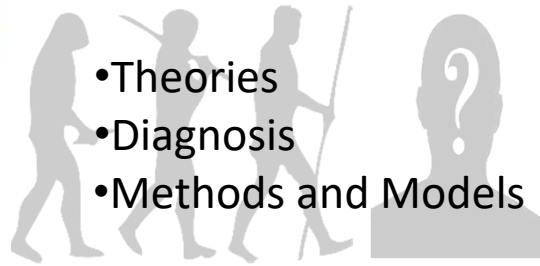
Miller, S.D., & Hubble, M.A. (2004). Further archeological and ethnological findings on the obscure, late 20th century, quasi-religious Earth group known as "the therapists." *Journal of Psychotherapy Integration*, 14(1), 38-65.
Walt, J. (January-February, 2007). The Future of Mental Health: An Interview with Scott D. Miller, Ph.D. *The Therapist*, 81-87.

The Evolution of Psychotherapy:

My Practice is Thriving!



The Evolution of Psychotherapy:



- Theories
- Diagnosis
- Methods and Models



The Evolution of Psychotherapy: Do Treatments vary in Efficacy?

Psychotherapy Research, January 2008, 18(1): 5-14



Direct comparisons of treatment modalities for youth disorders: a meta-analysis

SCOTT MILLER¹, BRUCE WAMPOLD², & KATELYN VARHELY³

¹Institute for the Study of Therapeutic Change, ²University of Wisconsin—Madison and ³Chicago, Illinois

(Revised 7 November 2006; revised 21 May 2007; accepted 21 May 2007)

Abstract

A meta-analysis was conducted to determine whether differences in efficacy exist among treatment youth. Included were all studies published between 1980 and 2005 involving participants 18 year diagnoses of depression, anxiety, conduct disorder, and attention-deficit/hyperactivity disorder comparisons among two or more treatment methods intended to be therapeutic. Effect sizes were fi



- Meta-analysis of all studies published between 1980-Present comparing bona fide treatments for children with ADHD, conduct disorder, anxiety, or depression:

No difference in outcome between approaches intended to be therapeutic;

Researcher allegiance accounted for 100% of variance in effects.

Miller, S.D., Wampold, B.E., & Varhely, K. (2008). Direct comparisons of treatment modalities for youth disorders: A meta-analysis. *Psychotherapy Research*, 18(1), 5-14.

The Evolution of Psychotherapy: Do Treatments vary in Efficacy?



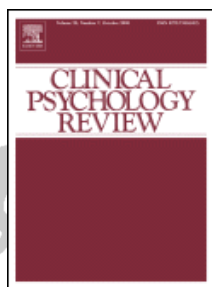
• Meta-analysis of all studies published between 1960-Present comparing bona fide treatments for alcohol abuse and dependence:

- *No difference in outcome between approaches intended to be therapeutic;*
- *Approaches varied from CBT, 12 steps, Relapse prevention, & PDT.*
- *Researcher allegiance accounted for 100% of variance in effects.*



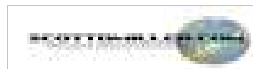
Imel, Z., Wampold, B.E., Miller, S. & Fleming, R.. (2008). Distinctions without a difference. *Psychology of Addictive behaviors*, 22(4),533-543.

The Evolution of Psychotherapy: Do Treatments vary in Efficacy?



• Meta-analysis of all studies published between 1989-Present comparing bona fide treatments for PTSD:

- *Approaches included desensitization, hypnotherapy, PD, TTP, EMDR, Stress Inoculation, Exposure, Cognitive, CBT, Present Centered, Prolonged exposure, TFT, Imaginal exposure.*
- *Unlike earlier studies, controlled for inflated Type 1 error by not categorizing treatments thus eliminating numerous pairwise comparisons;*



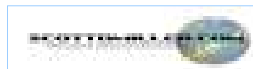
Bemish, S., Imel, Z., & Wampold, B. (2008). The relative efficacy of bona fide psychotherapies for treating posttraumatic stress disorder: A meta-analysis of direct comparisons. *Clinical Psychology Review*, 28, 746-758.

The Evolution of Psychotherapy: Do Treatments vary in Efficacy?



•The results:

- No difference in outcome between approaches intended to be therapeutic on both direct and indirect measures;
- $D = .00$ (Upper bound $E.S = .13$)
- $NNT = 14$;
(14 people would need to be treated with the superior Tx in order to have 1 more success as compared to the "less" effective Tx).

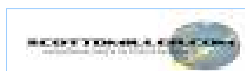


Bemish, S., Imel, Z., & Wampold, B. (2008). The relative efficacy of bona fide psychotherapies for treating posttraumatic stress disorder: A meta-analysis of direct comparisons. *Clinical Psychology Review, 28*, 746-758.

The Evolution of Psychotherapy: Diagnosis



"In the [last] thirty years, not one interaction theoretically derived from hypothesized client deficits has been documented robustly casting doubt on the specificity of psychological treatments."



Wampold, B., & Imel, Z. (2015). *The Great Psychotherapy Debate* (2nd Ed.). New York: Taylor and Francis.

The Evolution of Psychotherapists:

The image features a hand on the left pointing towards a black silhouette of a person on the right. Inside the silhouette is a white question mark. Below the hand and silhouette is a trail of black footprints leading from the hand towards the silhouette, suggesting a path or journey.

The Evolution of Psychotherapists:

- Some therapists achieve consistently better results than others;
- Differences between therapists consistently accounts for 5-9% of variability in treatment outcome;
- Differences persist when therapist competence is held constant and treatments are manualized;
- Difference is unrelated to age, gender, caseload, theoretical orientation, social skills, professional degree, years of experience, and time spent conducting therapy.

The image shows a group of approximately 15 diverse people of various ages and ethnicities smiling and posing for a photo. In the background, there is a large, faint silhouette of a person in a dynamic, athletic pose.

Miller, S., Hubble, M., & Duncan, B. (2007). Supershinks: Learning from the field's most effective practitioners. *Psychotherapy Networker*, 31(6), 26-35, 56
 Chow, D., Miller, S. D., Kane, R., & Thornton, J. (n.d.). The study of supershinks: Development and deliberate practices of highly effective psychotherapists. Manuscript in preparation.

The logo consists of a horizontal line of text above a circular graphic that resembles a globe or a stylized eye.

The Evolution of Psychotherapists:



Bandler, R., & Grinder, J. (1975). *The structure of magic*. Palo, Alto, CA: Science and Behavior Books.

Orlinsky, D.E., & Ronnestad, M.H. *How Psychotherapists Develop: A Study of Therapeutic Work and Professional Growth*. Washington, D.C.: American Psychological Association.

Luborsky, L. et al. (1971). Factors influencing the outcome of psychotherapy. *Psychological Bulletin*, 75(3), 145-185.

Meichenbaum, D. (2004). What "expert" psychotherapists do. *International Journal of Existential Psychology & Psychotherapy*, 1(1), 50-55.

Ricks, D.F. (1974). Supershrink: Methods of a therapist judged successful on the basis of adult outcomes of adolescent patients. In D.F. Ricks, M. Roff, & A. Thomas (eds.). *Life History in Research in Psychopathology*. Minneapolis, MN: University of Minnesota Press.

Okishi, J., Lambert, M., Nielsen, S., Ogles, B. (2003). Waiting for supershrink. *Clinical Psychology & Psychotherapy*, 10(6), 361-373.

The Evolution of Psychotherapists:

- Studied experts in chess, music, art, science, medicine, mathematics, history, computer programming.

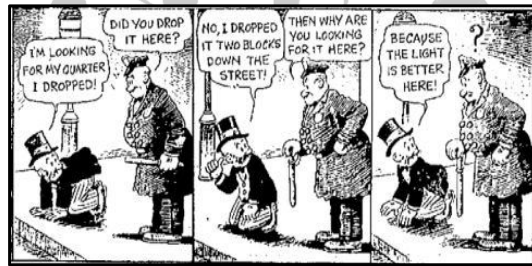


Ericsson, K.A., Charness, N., Feltovich, P. & Hoffman, R. (eds.). *The Cambridge Handbook of Expertise and Expert Performance* (pp. 685-704). New York: Cambridge University Press.

The Evolution of Expertise:

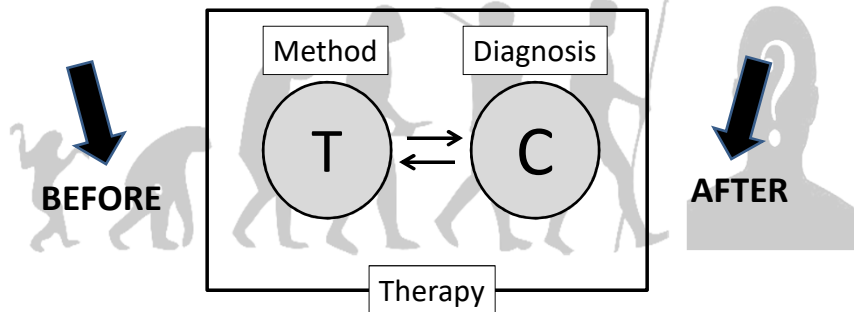
How Top Therapists Improve?

The Streetlight Effect



The Evolution of Psychotherapy:

How can Therapists Improve?



The Evolution of Psychotherapy:

Nat·u·ral Se·lec·tion

'naCHərəl/ sə'lekSHən/

“The process whereby organisms better adapted to their environment tend to survive.”

Top Performing Clinicians:

- *Deliver more reliably effective treatment;*
- *Achieve 50% better outcomes;*
- *Suffer 50% fewer dropouts;*
- *Provide more value per dollar spent.*

The Evolution of Expertise:

How Top Therapists Improve?

De·lib·er·ate

di'libərət/

Adjective

Done consciously and intentionally

Prac·tice 'praktəs/

Noun

To carry out a particular activity regularly

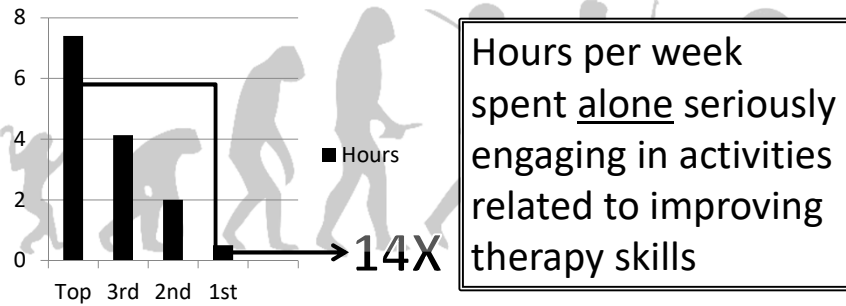
Hours per week spent alone seriously engaging in activities related to improving therapy skills



Chow, D., Miller, S. D., Kane, R., & Thornton, J. (2015). The role of deliberate practices in the development of highly effective psychotherapists. *Psychotherapy*.

The Evolution of Expertise:

How Top Therapists Improve?



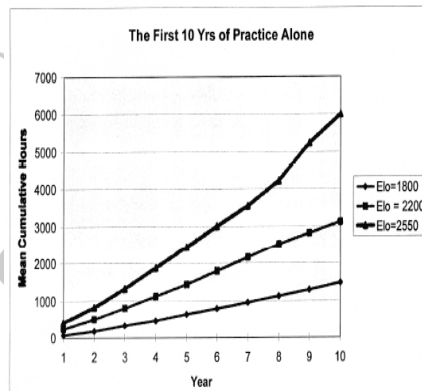
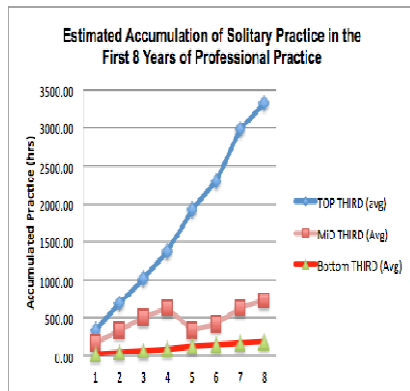
Hours per week spent alone seriously engaging in activities related to improving therapy skills



Chow, D., Miller, S. D., Kane, R., & Thornton, J. (2015). The role of deliberate practices in the development of highly effective psychotherapists. *Psychotherapy*.

The Evolution of Expertise:

How Top Therapists Improve?



Chow, D., Miller, S. D., Kane, R., & Thornton, J. (2015). The role of deliberate practices in the development of highly effective psychotherapists. *Psychotherapy*.

Charness, N., Krampe, R., & Mayu, U. (1996). The role of practice and coaching in entrepreneurial skill domains. In K.A. Ericsson (ed.). *The road to excellence: The acquisition of expert performance in the arts and sciences, sports, and games* (pp. 51-80). Hillsdale, NJ: LEA.

Deliberate Practice

Zone of "Proximal Development":

- Reliable performance inconsistent
- Identification of errors, misperceptions
- Setting small process and outcome objectives
- Involves planning, rehearsal, reflection

Edge of Ability

Too Easy **Too Difficult**

Realm of "Reliable" Performance:

- Processes executed quickly, automatically
- Involves recognition, retrieval, execution

Ambit of Admiration:



- Abilities of others appear flawless, magical, dramatic
- Effort and attention focused on easily recognized, but non-causal factors and/or processes (superstition)
- Risk of failure and injury high

The Evolution of Psychotherapists:

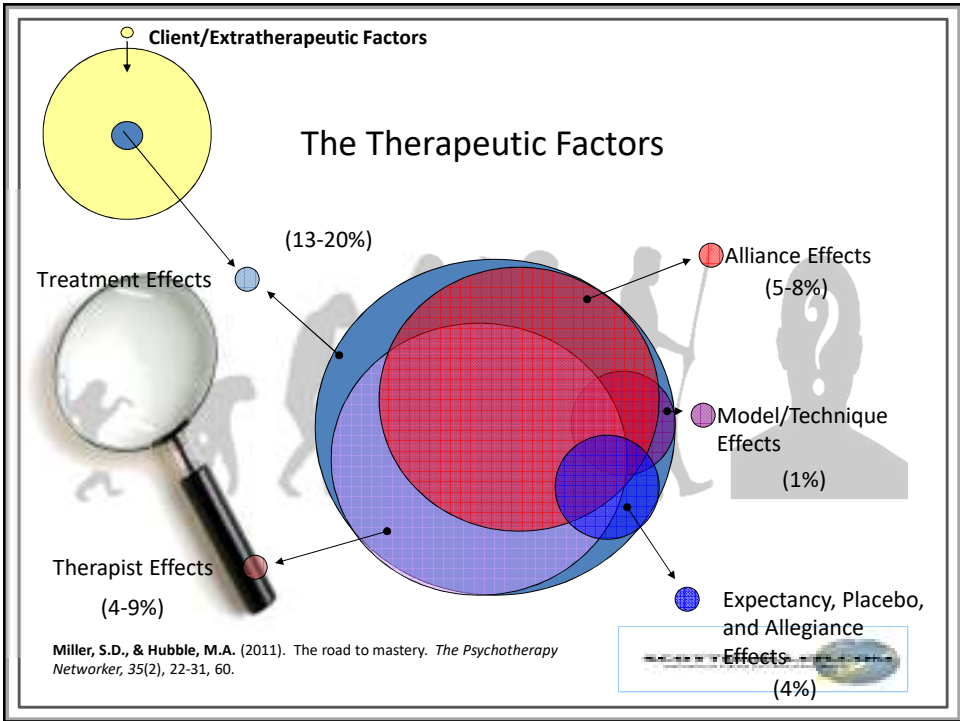
Exercise

Deliberate Practice

- **Deliberate practice includes:**
 - a. Working hard at overcoming "automaticity";
 - b. Planning, strategizing, tracking, reviewing, and adjusting plan and steps;
 - c. Consistently measuring and then comparing performance to a known baseline or national standard or norm.
- **Elite performers engage in practice designed to improve target performance:**
 - a. Every day of the week, including weekends;
 - b. For periods of 45 minutes maximum, with periods of rest in between;
 - c. The best up to 4 hours per day.

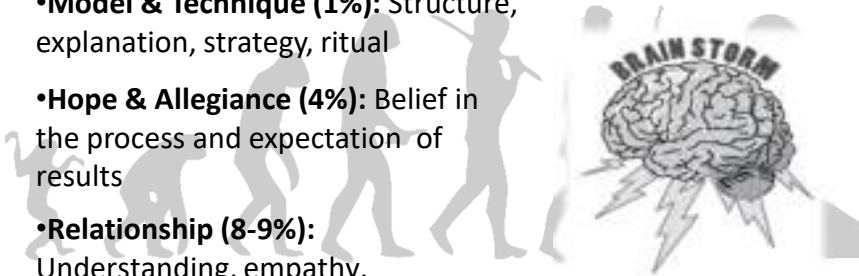




Ericsson, K.A., Krampe, R., & Tesch-Romer, C. (1993). The role of deliberate practice in the acquisition of expert performance. *Psychological Review*, 100, 363-406.



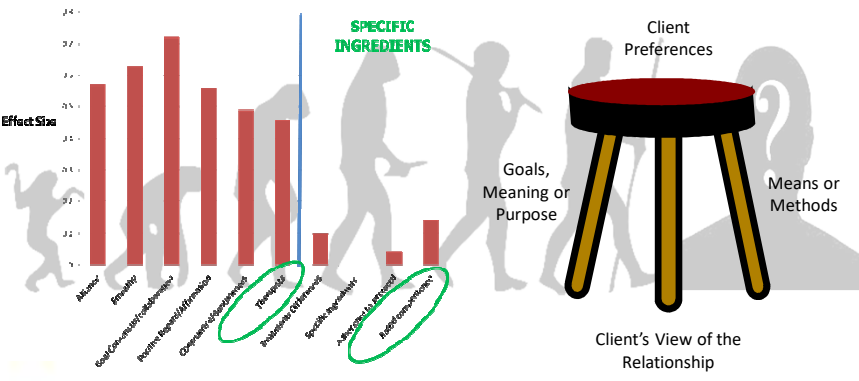
Deliberate Practice

- Model & Technique (1%):** Structure, explanation, strategy, ritual
- Hope & Allegiance (4%):** Belief in the process and expectation of results
- Relationship (8-9%):** Understanding, empathy, collaboration



 Wampold, B., & Imel, Z. (2015). *The Great Psychotherapy Debate*. New York: Lawrence Erlbaum.

PLAN




SPECIFIC INGREDIENTS

Client Preferences

Goals, Meaning or Purpose

Means or Methods

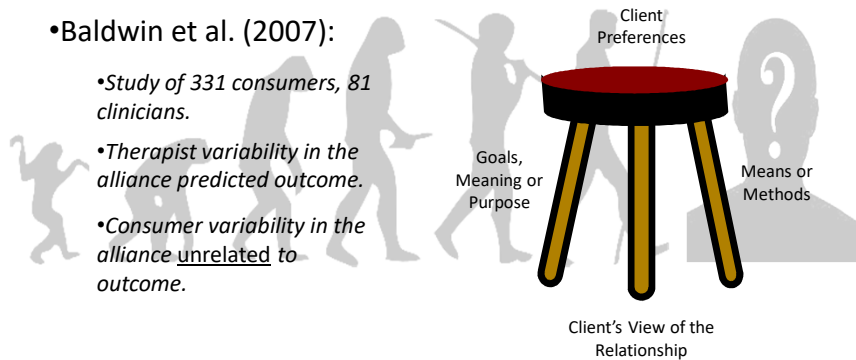
Client's View of the Relationship

 Wampold, B., & Imel, Z. (2015). *The Great Psychotherapy Debate*. New York: Lawrence Erlbaum.

PLAN

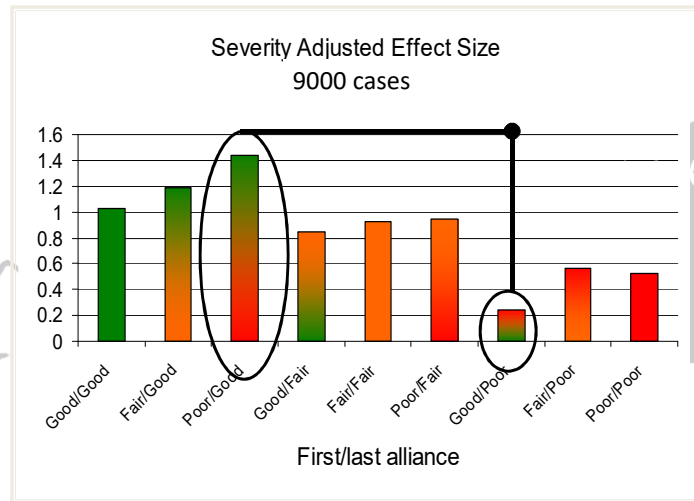
•Baldwin et al. (2007):

- Study of 331 consumers, 81 clinicians.
- Therapist variability in the alliance predicted outcome.
- Consumer variability in the alliance unrelated to outcome.



Baldwin, S., Wampold, B., & Imel, Z. (2007). Untangling the Alliance-Outcome Correlation. *Journal of Consulting and Clinical Psychology*, 75(6), 842-852

The Evolution of Psychotherapists:



The Evolution of Psychotherapists:

Session Rating Scale (SRS V.3.0)

Name _____	Age (Yrs): _____
ID# _____	Sex: M / F _____
Session # _____	Date: _____

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

- When scheduling a first appointment, provide a rationale for seeking client feedback regarding the alliance.
 - *Work a little differently;*
 - *Want to make sure that you are getting what you need;*
 - *Not interested in perfect scores;*
 - *Feedback is critical to success.*
- Restate the rationale at the beginning of the first session and prior to administering the scale.



The Evolution of Psychotherapists:

Session Rating Scale (SRS V.3.0)

Name _____	Age (Yrs): _____
ID# _____	Sex: M / F _____
Session # _____	Date: _____

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

- *Give at the end of visit;*
- *Each line 10 cm in length;*

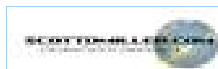
Relationship:	
I did not feel heard, understood, and respected.	I felt heard, understood, and respected.

Goals and Topics:	
We did not work on or talk about what I wanted to work on and talk about.	We worked on and talked about what I wanted to work on and talk about.

Approach or Method:	
The therapist's approach is not a good fit for me.	The therapist's approach is a good fit for me.

Overall:	
There was something missing in the session today.	Overall, today's session was right for me.

- *Score in cm to the nearest mm;*
- *Discuss with client anytime total score decreases or falls below 36.*



Getting Negative 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*

INTERNATIONAL CENTER™
FOR CLINICAL EXCELLENCE

PLAN

• Researchers Anderson, Ogles, Lambert & Vermeersch (2009):

- *25 therapists treating 1100+ clients;*
- *Variety of demographic variables;*
- *Measure of interpersonal skills (SSI).*

• Domain-specific interpersonal knowledge tested by using therapist responses to challenging therapeutic interactions:

- *Four problematic therapeutic process segments;*
- *Multiple challenging interpersonal patterns (e.g., angry, dependent, confused, blaming, controlling, etc.).*



Anderson, T., Ogles, B., Lambert, M., Vermeersch, D. (2009). Therapist effects: Facilitative interpersonal skills as a predictor of therapist success. *Journal of Clinical Psychology, 65*(7), 755-768.

PLAN

- Researchers Anderson, Ogles, Lambert & Vermeersch (2009):
 - 25 therapists treating 1100+ clients;
 - Variety of demographic variables;
 - Measure of interpersonal skills (SSI).
- Domain-specific interpersonal knowledge tested by using therapist responses to challenging therapeutic interactions:
 - Four problematic therapeutic process segments;
 - Multiple challenging interpersonal patterns (e.g., angry, dependent, confused, blaming, controlling, etc.).
- Consider outcome (~9%):
 - Age, work
 - Only inter, predi



Anderson, T. Ogles, B., Lambert, M., Vermeersch, D. (2009). Therapist effects: Facilitative interpersonal skills as a predictor of therapist success. *Journal of Clinical Psychology*, 65(7), 755-768.

Empathy:

Practicing Deliberately

- **Think ahead:** Where are you going?
- **Be Specific:** How will you know you are heading that way?
How will you know you have arrived?
- **Set up "if/then" contingencies:** If "X" happens, I will do "Y"
- **Write down your plan long hand!**
- **Plan for the repercussions:** What will happen if you fail?
Succeed?

INTERNATIONAL CENTER™
FOR CLINICAL EXCELLENCE

I sense you are feeling angry.

Performance NOT correlated with Experience? Do you have someone you can approach when you need help/feel distressed"

"Yes, so why do you think you keep coming to these sessions? And what would you like me to do for you?"

"Tell me how you want me to help. You come for therapy for a reason I believe, there must be something you hope to attain from this."

Empathy	Warmth, Acceptance, Understanding	Collaboration
EXPLICIT & IMPLICIT EMOTIONS	Disarm by Agreement	Clarification: Check for Fit
Target of Client's Emotions	Taking Ownership	Reconnecting with Client's Goal(s)
Deepening of Specific Empathic Response	Express Respect & Care for Client	Punctuation of Critical Juncture of Therapy
Point Out Recurrent Themes	Intention vs. Effects	Invitation for Future Collaboration

CAUTION

Difficult Conversations in Therapy (DCT)

