Feedback-Informed Therapy
SRC Resource 9

HOW DOES ONE IMPROVE ONE's PRACTICE?

Do psychotherapists improve with time & experience? This is something of a myth: some do and some don't. Research into this question (Goldberg *et al.*, 2016) indicates that you certainly won't know unless you utilise some form of Practice-Based Evidence. There are various types: SRC Resources looked at Outcome Research, which doesn't help to improve one's practice. This paper examines another type of Practice-Based Evidence: **Feedback-Informed Therapy**.

Methodology: Feedback-Informed Treatment / Therapy (FIT) is a form of **evidence-based practice** where clinicians gather real-time input from their clients using simple structured measures to identify what is and is not working in the therapy sessions and so they can then adjust that to better meet client's needs. [1] When implemented correctly, research shows Feedback Informed Treatment (FIT) is one of the most effective approaches that therapists can use to improve outcomes of psychological services.

Feedback-Informed Treatment / Therapy (FIT) — uses simple measures to solicit feedback about the progress and the quality of the therapeutic relationship — FIT is a trans-theoretical, evidence-based approach. The most recent research [2] indicates that **clients** whose therapists use FIT on an ongoing basis are 2.5 times more like to experience **benefit from treatment**. It works **not** because …

clinicians use measures to monitor their performance. No
clinicians select the most effective treatment methods. No but, because
FIT enhances the therapeutic relationship. **Yes**

Hard to believe given: (1) the emphasis that is placed on measurement and treatment methods by many researchers and advocates of various measurement scales; and (2) concerns expressed by some clinicians that using such measures will negatively impact the relationship. However, …

> *In a "first of its kind" study, psychologist Heidi Brattland found that the strength of the therapeutic relationship improved* more *over the course of care when clinicians used the Outcome and Session Rating Scales (ORS & SRS) compared to when they did not. Critically, such improvements resulted in better outcomes for clients, ultimately accounting for nearly a quarter of the effect of FIT. …*
> *FIT is not about measures and methods. True, the tools provide form and structure, but their purpose is to* ***facilitate connection****. So, when therapists in the study used the ORS and SRS, their client's session alliance scores tended to be lower, indicating the process facilitated the development of a "culture of feedback" early on in care.*

What is the key to improving effectiveness in psychotherapy?
How can we improve – as clinicians?

Despite widespread belief to the contrary, individual clinicians do not get better with time, additional (CPD) training, or experience in the field. If anything, the evidence shows the opposite: effectiveness declines! [3] So, what stands in the way of getting better results? [4] The field (and practitioners) have, at their disposal, literally hundreds of "evidence-based" treatment approaches. Research documents that therapists, as a group, overwhelmingly *want* to get better (Orlinksy &

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[1] www.scottdmiller.com/how-does-feedback-informed-treatment-work
[2] Brattland *et al.* (2019). www.pubmed.ncbi.nlm.nih.gov/30702322/
[3] www.scottdmiller.com/three-free-evidence-based-resources-for-improving-individual-therapist-effectiveness/
[4] www.scottdmiller.com/do-psychotherapists-improve-with-time-and-experience/

Ronnestad, 2005). Indeed, continuous improvement is central to their identity, an antidote to compassion fatigue and burnout. [5] **Implementation is the key!**

However, there is often lack of support to implement innovations in daily practice; we cannot do it by ourselves, 'normal' practitioners usually get 'proper' support (see below). There is a overload of science-based articles recommending this or that; and additionally, there are increased demands from regulators, health insurance and payers of services resulting in burdens of documentation with little or no benefits to the actual practitioner.

It is clear that tools like **FIT** can significantly improve quality, retention, and effectiveness of clinical health services when standardized measures are used to solicit feedback from consumers of such health services (clients). However, tools like FIT can take some time – after implementation – to show results (sometimes as much as years rather than months).

Also, for FIT to work effectively, the individual practitioner needs a lot of support (see diagram below) … in order to change – and to grow so as to improve their practice. But they are already working hard just to keep going and keep a roof over their heads, etc.

Much better therefore to train people – **from the start** – to use FIT (or similar outcome and session rating measures) to inform their on-going practice. Then they can see themselves getting better.

The clients also seem to like using FIT, as well: as a confirmation of their interoception and as an acknowledgement of their centrality to the therapeutic relationship and process. After all, it is … All about Them!

They actually enjoy being able to give feedback – in a safe and supportive way, away from the actual therapeutic 'hour', and probably from being face-to-face with the therapist.

Using the SRS and the ORS

The two forms are very simple and can even be sent in easily or filled-in online, even with a degree of anonymity (see sample below). The therapist can quite easily 'accumulate' all these scores and it soon becomes clear whether things are generally improving, or essentially just staying the same. All this is not suggesting there is anything wrong, or incompetent: it is about improvement!

It is sometimes the case that one client's scores are way out-of-line with one's other clients: that is the time to utilise supervision: is it you, or them, or some combination that isn't working? No matter: you have identified that there is an issue. That is the main 'first step'.

The Session Rating Scale is for the client's feedback about the session. This should be done immediately after the session, when separate from the therapist. The Outcome Rating Scale is for their overall progress. These scores can be plotted on the chart. Ideally, both these scores will gradually improve together.

References:

Orlinsky, D. & Rønnestad, M.H. (2005). *How Psychotherapists Develop: A study of therapeutic work and professional growth.* Washington, DC: APA.

Goldberg, S.B., Rousmaniere, T., *et al.* (2016). Do Psychotherapists Improve with Time & Experience? A longitudinal analysis of outcomes in a clinical setting. *Journal of Counseling Psychology, Vol. 63 (1), 1-11.* (Download)

[5] www.scottdmiller.com/time-to-rethink-burnout-lessons-from-supershrinks/

Sample Form

Session Rating Scale (SRS v.3.1)

Name _____

Date: _____ Session # ____

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

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 / method does not really work for me.	|------ |------|------|------|------|------|------|------|------|------|	The therapist's approach / method is a good one that really works for me.

Overall

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

Sample Form

Outcome Rating Scale (ORS)

Name _____

Date: _____ Session # ____

Looking back over the last week, including today, help us to 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)

0------ I------I------I------I------I------I------I------I------I------I

Interpersonally

(Family, close relationships)

0------ I------I------I------I------I------I------I------I------I------I

Socially

(Work, school, friendships)

0------ I------I------I------I------I------I------I------I------I------I

Overall

(General sense of well-being)

0------ I------I------I------I------I------I------I------I------I------I

Combining the two charts gives a measure of how the client is feeling – both after the session (SRS) and more generally, overall (ORS). Counting from the left (0 – 10) in each of the 4 scales gives a total of 40 for each scale. Mark up the two scores (use a different mark: say an X and a *) in the vertical column for that session. Ideally, both marks should both be above 20 (50%) – the thick dashed line (ORS 'Cut-off').

Obviously, the client might get a boost from the session itself (SRS), which is why the SRS "Cut-off" is set higher. There is an obvious area of 'discussion' about any differences between the two scales. The discussion could happen with the client – "I notice that after the last session …" or over a few sessions with your supervisor.

Remember, these scales are just snap-shots, indicative of 'something'. Working with them should enable you to 'fine-tune' your work with the client and see a positive change over time.