

Feedback Informed Treatment (FIT). What is it? How do you do it? Does it FIT with solution focused practice?

Brent Gardiner

b.d.gardiner@massey.ac.nz

AASFBT Conference, Melbourne, July 2018

How Do You Rate Yourself?

- Compared to other mental health professionals within your field (with similar credentials), how would you rate your overall clinical skills and effectiveness in terms of a percentile?

Please estimate from 0-100%. For example, 25% = below average; 50% = average; 75% = above average

- What percentage (0-100%) of your clients get better (i.e., experience significant symptom reduction/relief) during treatment? What percentage stay the same? What percentage get worse?

How Do We Rate Ourselves?

- Researchers surveyed a representative sample of psychologists, psychiatrists, counselors, social workers, and marriage and family therapists from all 50 states:
 - No differences in how clinicians rated their overall skill level and effectiveness levels between disciplines
- On average, clinicians rates themselves at the 80th percentile:
 - None rated themselves below average
 - Less than 4% considered themselves average
 - Only 8% rated themselves lower than the 75th percentile
 - 25% rated their performance at the 90th percentile or higher compared to their peers

Walfish, S., McAllister, B., & Lambert, M. J. (in press). Are all therapists from Lake Wobegon? An investigation of self-assessment bias in health providers.

How Do We Rate Ourselves? (cont.)

- With regard to success rates:
 - The average clinician believed that 80% of their clients improved as a result of being in therapy with them (17% stayed the same; 3% deteriorated)
 - Nearly a quarter sampled believed that 90% or more improved!
 - Half reported that none (0%) of their clients deteriorated
- The facts?
 - Effectiveness rates vary tremendously (RCT average RCI = 50%; best therapists = 70%)
 - Therapists consistently fail to identify deterioration and people at risk for dropping out of services (10 & 47%, respectively)

Walfish, S., McAllister, B., & Lambert, M. J. (in press). Are all therapists from Lake Wobegon? An investigation of self-assessment bias in health providers.

How Do We Rate Ourselves? (cont.)

- In a study Hannan et al. (2005):
 - Therapists knew the purpose of the study, were familiar with the outcome measure used, and were informed that the base rate was likely to be 8%;
 - Therapists accurately predicted deterioration in only 1 out of 550 cases;
 - In other words, therapists did not identify 39 of the 40 clients who deteriorated
 - In contrast, the actuarial method correctly identified 36 of the 40

Hannan, C., Lambert, M. J., Harmon, C., Nielsen, S. L., Smart, D. W., Shimokawa, K., et al. (2005). A lab test and algorithms for identifying clients at risk for treatment failure. *Journal of Clinical Psychology: In Session*, 61, 155-163.

Therapist Effects: The Downside

- Therapists routinely overestimate their effectiveness
- Only about 3% of therapists routinely track their outcomes
- The effectiveness of the “average” therapist plateaus very early as automaticity sets in

Atkins, D. C., & Christensen, A. (2001). Is professional training worth the bother? A review of the impact of psychotherapy training on client outcome. *Australian Psychologist*, 36, 122-130.



Step #1

Engage in Formal, Routine, and Ongoing Feedback

Engaging in Feedback

- ▶ Dose-Response Effect
 - All major meta-analytic studies indicate the most significant portion of change occurs *earlier in treatment* (within the first 5 sessions).
- ▶ The client's rating of the therapeutic relationship is the next most consistent and largest predictor of outcome next to early change.

Wampold & Imel (2015)

- ▶ “Essentially, therapists who do not systematically monitor the effectiveness of their interventions cannot claim to be providing ethical treatment that meets current standards of care” (p.274).

Pritchard et al. (2015)

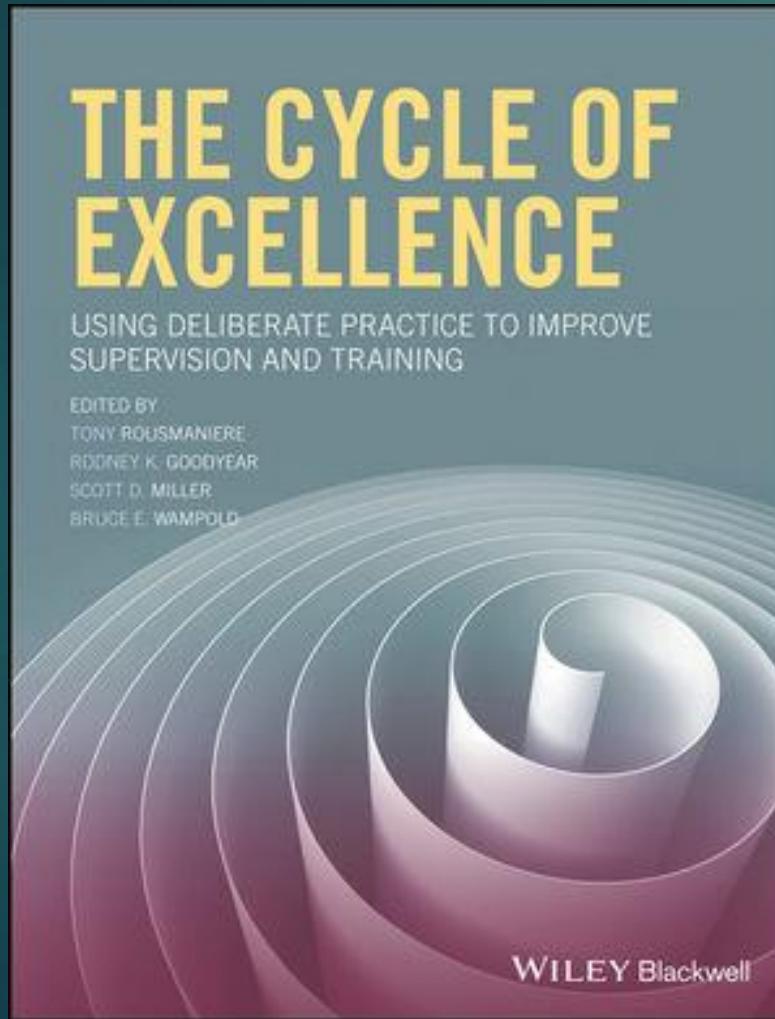
A new area you might have noted is 'Evaluation of client responses, progress and outcomes'. As competence includes the condition 'for the benefit of the individual and the community being served' it follows that evidence of competence is provided by inviting and recording feedback from clients about their satisfaction, progress and outcomes. Most counsellors do monitor their clients' progress and at least use informal means of collecting feedback.

There is also a mounting body of evidence that more formal brief processes of gaining information about clients' responses and feedback are beneficial for clients as well as for counsellors. Some agencies and some funders require such practices and reporting.

Miller, S.D. (2011)

- ▶ According to the APA, evidence-based practice is, “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.” (see *American Psychologist*, May 2006).
- ▶ The principles and practices of feedback-informed treatment (FIT) are not only consistent with but operationalize the American Psychological Association’s (APA) definition of evidence-based practice. To wit, routinely and formally soliciting feedback from consumers regarding the therapeutic alliance and outcome of care and using the resulting information to inform and tailor service delivery.

Resources:



The Cycle of Excellence: Using Deliberate Practice to Improve Supervision and Training

[Tony Rousmaniere](#) (Editor), [Rodney K. Goodyear](#) (Editor), [Scott D. Miller](#) (Editor), [Bruce E. Wampold](#) (Editor)

ISBN: 978-1-119-16556-9

304 pages

Wiley-Blackwell

SPRINGER PUBLISHING COMPANY

EFFECTIVE COUNSELING AND PSYCHOTHERAPY

AN EVIDENCE-BASED APPROACH

BOB BERTOLINO

SPRINGER PUBLISHING
DIGITAL
ACCESS

See Code Inside