



## Feedback Improved Therapy

Psychotherapy has helped many people. In an early attempt to quantify how effective it is, Smith et al.<sup>i</sup> conducted a meta-analysis of 475 research studies in the area of psychotherapy outcome. They concluded that psychotherapy had an effect size of .85,<sup>ii</sup> which means that 80% of the people who complete treatment are better off than the individuals who do not receive treatment. Subsequent meta-analyses confirmed this result.<sup>iii</sup> This effect size compares favorably to other interventions in the area of health care. For example, this is the same effect size as having a pacemaker installed to prevent the first recurrence of syncope.<sup>iv</sup> The effect size for psychotherapy is seven times larger than that for pravastatin in preventing death from coronary artery disease. It is 3 times larger than for bone-marrow transplants to prevent relapse or death from leukemia. And, it is 59 times larger for taking aspirin to prevent a major cardiovascular event. Thus, not only is psychotherapy effective, the magnitude of its' effect size is equal, or far greater, than that of many other interventions in health care.

As commendable as these results are, there is room for significant improvement. The above results do not count the number of people who do not complete therapy. Up to 47% of people only attend one session, or drop out of treatment early. Clearly, new approaches are needed in order to retain clients in therapy, so that they experience the full benefit of treatment. A second area of potential improvement is in the skill level of the psychotherapist. Simply put, some psychologists are much more effective than others. In a study of 56 mental health professionals at a large mental health center, it was found that 2 of them actually harmed their clients.<sup>v</sup> On average, the level of psychological distress *increased* over the course of therapy for their average client. On the other end of the continuum, the top psychotherapist had a rate of improvement 10 times greater than the average psychotherapist. Variables such as age, gender, years of practice, theoretical orientation, etc, did not distinguish between effective therapists and ineffective therapists.

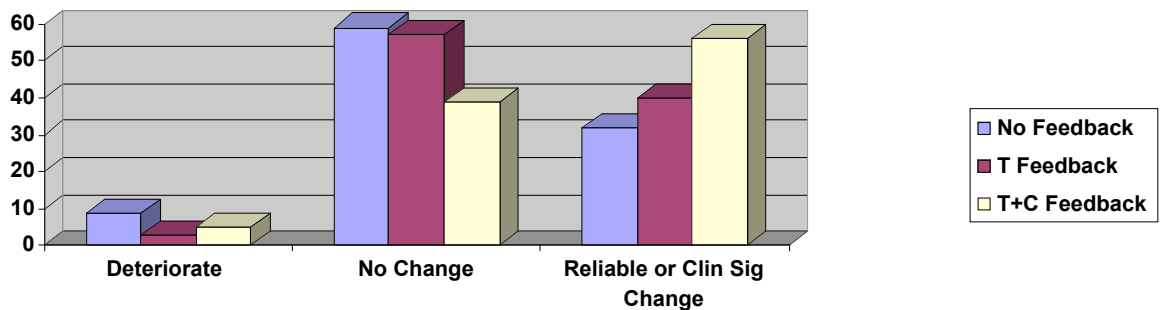
The finding that certain mental health professionals are far more effective than others indicates the most fruitful area for improving effectiveness in psychotherapy. Understanding what makes some more effective than average, and how to enhance their effectiveness, will produce the greatest benefit for clients. It is also clear from the research that specific techniques in psychotherapy are just like painkillers. Aspirin, ibuprofen, and acetaminophen all relieve pain for most people. None of them are reliably better than the others. It is the same among the many approaches to psychotherapy, (i.e. CBT, EMDR, DBT, EFT, IPT, MBCT). All work for many people. All are about equal in effectiveness.<sup>vi vii</sup> The equivalent effectiveness of psychotherapy approaches has been found in treating substance abuse disorders,<sup>viii ix</sup> and mood disorders.<sup>x</sup> This finding holds true for interventions for children and adolescents as well.<sup>xi</sup> Claims that one technique of therapy is superior, disappear when the experimenter's allegiance to the technique is taken into account.

Since the search for a more effective technique is quite unlikely to produce results (as none have appeared in 40 years), a focus on what makes one mental health professional more effective than another is far more worthwhile. The most fruitful line of inquiry is based on the premise that feedback improves performance. Every serious athlete receives detailed, precise feedback on their performance from a coach. The coach and athlete review video of the athlete's performance, and the coach will give feedback on how to correct the

positioning of the hips, adjusting the angle of the elbows, and the myriad other details that improve the performance of the athlete.

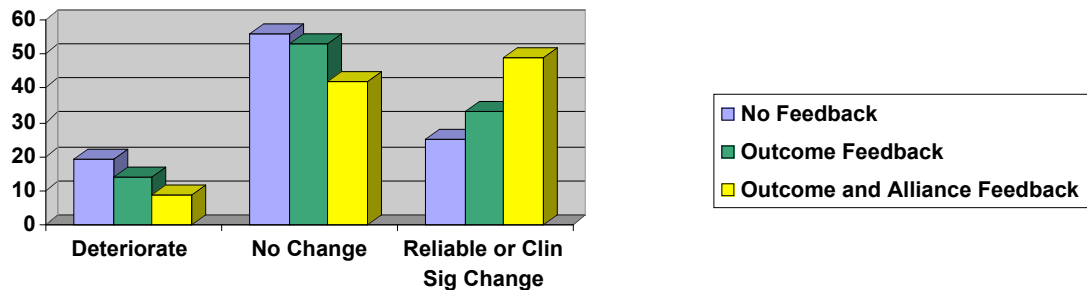
Lambert was the first to apply this principle, that giving feedback to mental health professionals would increase their effectiveness with their clients. In a meta-analysis of research on a total of 2610 subjects, they found that giving crude feedback to the psychotherapists on the rate of the client's progress improved effectiveness.<sup>xii</sup> The feedback (colored dots on the chart) indicated either that treatment was on track, or that client progress was less than adequate, or clearly inadequate. Given the crude nature of the feedback, the ES was .39 across 3 studies. This is a small effect size. The difference was more marked in looking at deterioration. 21% of clients deteriorated in treatment as usual, while only 13% deteriorated in feedback group, which is a 62% difference in effectiveness.

The next refinement was to give feedback to the client, as well as the therapist. In a study of 201 clients, they were randomized to treatment as usual (TAU), or for the therapist to receive feedback, or both the therapist and client receive feedback.<sup>xiii</sup> The results were clear. In TAU, the effect size was .63, when the therapist received feedback, the ES was .82, and when both therapist and client received feedback, the ES was .92. A more fine-grained analysis is presented in the graph below.



The No Feedback condition (blue) had the most deterioration. It also had the most “no change” or client stagnation. The No Feedback condition also had the smallest amount of reliable or clinically significant change. The Therapist and Client feedback condition (white) had low deterioration, and lower levels of ‘no change’. Feedback to both had the most reliable change and clinically significant change. Therapist feedback alone (purple) was intermediate.

A critical step forward occurred when therapeutic alliance was also assessed, in addition to measuring psychological distress. The strength of the alliance has consistently emerged as one of, if not the most powerful single predictor of outcome, in psychotherapy.<sup>xiv</sup> In a study of 623 clients, they were assigned either to a feedback or a no feedback condition.<sup>xv</sup> When clients were not on track to improve, then 19.1% deteriorated. However, when there was feedback about outcomes and alliance, the deterioration rate was halved, to 8.5%. Conversely, 25.2% of clients improved with no feedback, whereas improvement doubled to 49.1% when feedback about outcomes and alliance was provided. The condition with outcome feedback alone fell between the two other conditions, as seen in the graph below.



The No Feedback condition (blue) has the most deterioration and no change, whereas the feedback about outcome and alliance (yellow) has half the deterioration, and double the reliable or clinically significant change. Outcome feedback alone (green) was between the two.

This study was replicated with a sample of 2819 clients, using the same design and measures.<sup>xvi</sup> The results were even more robust, when clients were not on track to improve. 21.3% deteriorated with no feedback, while 1/3 that amount (7.4%) deteriorated with feedback on alliance and outcomes. Again, 21% improved with no feedback, while twice that amount (42.1%) improved with feedback on both alliance and outcomes. Feedback on outcome alone fell between the two other groups. When clients were on track, the impact of feedback was less dramatic. The effect size for the no-feedback group was .48, whereas it was .66 - .74 for the feedback groups. This improvement in effect size was statistically significant, although small in size.

The research program by Lambert and associates is notable on several accounts. It clearly showed that providing feedback to psychotherapists on whether clients are improving, results in more effective psychotherapy. When feedback on the therapeutic alliance is added, then the effectiveness of therapy doubles, or even tripled in one instance. This was notable among clients predicted to be not on track to improve, which is about 25% of the sample. What is especially interesting is that each therapist received feedback on half their clients, and no feedback on the other half. Thus, it was not therapist skill or training or gender that produced the differential results, it purely was the presence or absence of feedback from the client about outcomes or alliance.

These findings were corroborated in a pre-post study of 6400 clients of an EAP, treated by 75 therapists.<sup>xvii</sup> The ES in the 6 months before outcome and alliance was measured was .37. In the two years after feedback was utilized, the ES rose to .79, which is more than a doubling of effectiveness. The innovation introduced by Miller and Duncan in this study was the use of very brief, but still reliable and valid, measures of outcome and alliance. Other measures were too long for routine clinical practice, resulting in low compliance rates.

These brief measures were used by Reese in two randomized clinical trials.<sup>xviii</sup> In the first study, the no-feedback group reported a mean treatment gain of 6.8 points (on a 40 point scale), while the feedback group had a mean treatment gain of 12.7 points. This was repeated in the second study, the no-feedback group gaining an average of 5 pts, the feedback group gaining 10.8 points. What is noteworthy about these studies is that they are independent replications, which is a critical test in science.

The most dramatic results of getting feedback on outcome and alliance are in the area of marriage therapy. In a study of 205 couples, Anker et al found that in the no-feedback group, only 10% of couples reported that both of them no longer felt clinically significant levels of psychological distress.<sup>xix</sup> However, in the feedback group, 40% of the couples reported that both no longer felt significant psychological distress. These gains were maintained at 6 month follow-up. 34% of the couples in the no-feedback group split up, whereas only 18% of the couples in the feedback group separated.

Thus, feedback led to nearly a tripling, or even a quadrupling of the effectiveness of psychotherapy, depending on the measure used. Again in this study, therapists used feedback with half their clients, and no-feedback with the other half. This solidifies the point that it is the variable of using feedback that increases effectiveness. When feedback is not used, the psychotherapist is half, 1/3, or even 1/4 as effective as could be with feedback.

The evidence is now compelling that feedback improves therapy. This new approach is called Feedback Improved Therapy, FIT (elsewhere, it is called CDOI). It is simple to incorporate into a psychotherapist's work with clients. In each session, client's complete very brief (1-minute) forms assessing psychological distress and therapeutic alliance, and the results are analyzed by computer. The computer generates graphs to indicate if clients are progressing as expected, or if therapy needs to be adjusted. This session by session feedback markedly improves the quality of therapy for clients. In fact, the US Navy uses this software to improve mental health services to it's members.

Furthermore, clients who work with an Effective Therapist have access to MHP also have free access to the largest internet portal on mental health. The many resources (articles, assessments, videos, online journaling) in the portal can increase the effectiveness of psychotherapy. For example, if clients give the therapist permission, they can read their journals before the beginning of the session. This brings the therapist up to speed on what was happening in their week, thereby saving time in the therapy session. Additionally, simply journaling about painful issues significantly increases emotional health and immune system functioning.

Now, clients of an Effective Therapist have two avenues to deeper change. The first is in the therapy session, where they can give feedback to their therapist as to their improvement in therapy, and their sense of teamwork with the psychotherapist. As reviewed in the research above, this doubles the effectiveness of psychotherapy. The second path to change is by using the portal of an Effective Therapist. The articles, assessments, workshops, forums, lectures and other resources help a client increase their awareness of their behavior and issues. Journaling about this helps solidify the change, and helps their psychotherapist understand them more deeply, and work with them in a more powerful fashion. So, do not delay. Contact an Effective Therapist to start your process of transformation.

If you have any further questions, you can email me at [eric@mentalhealthpros.com](mailto:eric@mentalhealthpros.com), or visit [www.mentalhealthpros.com](http://www.mentalhealthpros.com)

Regards,

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- <sup>ii</sup> An effect size is a measure of the difference between the mean of the treatment group, and the mean of the control group. Here, it is a standard deviation. Thus, an effect size of .85 means that there is .85 of a standard deviation between the mean of the control and treatment groups.
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- <sup>iv</sup> <http://www.cebm.utoronto.ca/glossary/nnts.htm#table> See <http://www.cebm.utoronto.ca/glossary/nnts/car.htm> . Effectiveness is calculated by comparing the Number Needed to Treat for psychotherapy, compared to the NNT of selected medical interventions in the general tables on NNT.
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