



Conference Report

Putting the pieces together: The fragile balance

Second Achieving Clinical Excellence Conference,
May 16–18th, 2013 in Amsterdam, Holland.

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The second Achieving Clinical Excellence Conference took place in Amsterdam in May. The title was *Putting the Pieces Together: The Fragile Balance*. The venue was the historical West-Indisch Huis where, nearly four hundred years ago, plans were discussed for the building of a fort on Manhattan Island, which was the foundation of the modern city of New York. While it is unlikely this building will ever see events of such historical significance again, those of us who were there for those three days in May certainly felt a degree of excitement and a conviction maybe that we were sharing in the beginning of a new era of psychotherapy and of training to be a psychotherapist.

Significant changes can result when a number of factors converge to the same point and, as the title of the conference suggested, the various pieces come together. In this case, probably three major factors fed into the presentations and shared discussions.

The first is the social, economic and political environment in which counselling and psychotherapy currently takes place. As those working in the field, in a clinical or management role, know there is increasing pressure to achieve more with shrinking resources, and to be transparently accountable for the results achieved. The message from funding bodies, public or private, is that they are more concerned with outcomes than outputs, and they want evidence that the services they support have measurable positive effects on the lives of the people they serve. This conference drew people from

the Netherlands, Belgium, United Kingdom, USA, Canada, Germany, Denmark, Sweden, Norway, Romania, Russia, France, Italy, Austria, Singapore, New Zealand and Australia and all were facing this reality. The problem, however, is that funding bodies tend to be uncertain about how to measure outcomes. The strategies they put in place to increase the effectiveness of psychotherapy services are often based on questionable research and, therefore, not in themselves effective.

The second factor emerged against this background and was the one that drew most of the conference participants together. This was the development of *Feedback Informed Treatment (FIT)*, which has evolved over the last fifteen or so years. This started with a challenging of an assumption that had dominated psychotherapy for the previous forty years — that there were superior models and techniques of doing therapy, either generally or for specific disorders, and that fidelity to them would ensure successful outcomes. This idea has led to the current focus on evidence-based practice and the claim that strict adherence to the therapy model, regardless of client preferences, will lead to successful resolution of the client's problem. The challenge to this belief, spearheaded by the work of Scott Miller and Barry Duncan (Duncan & Miller, 2000) and underpinned by the meta-analysis of Bruce Wampold (Wampold, 2001), pointed to the common factors across



Photo: Professor Anders Ericsson and Scott Miller.

therapeutic approaches as the real agent of effectiveness. Common factors were things such as client and extra therapeutic factors, therapist factors, expectancy and belief in the validity of the approach being followed, and the therapeutic relationship or alliance, which loomed as the most important factor over which the therapist has some control.

While this moved us on from model-based therapy and therapy training, it left the way forward unclear. The idea of a common factors model was a contradiction. Identifying those factors across therapy models might tell us why therapy worked, but could not tell us how to do therapy on a case-by-case basis. For example, the therapeutic alliance, a significant common factor, could not be learned as a technique and then applied to clinical practice because research showed that clients sought widely different responses from their therapist so it was not possible to teach a one-size-fits-all approach. It became clear that each therapeutic encounter was unique to *this* therapist and *this* client in *this* context. Even if one client looks

very much like another it does not follow that the same alliance building strategy, any more than the same therapy model, will work with both.

The answer to this dilemma was to elicit live feedback from each client on a session-by-session basis, enabling the therapist to monitor the client's experience of the progress they were making and their satisfaction or dissatisfaction with the service they were receiving from their therapist. Surely this would enable us to customise the therapy to the particular needs and preferences of each individual client? This seemed to be the key that would lead to improved effectiveness in psychotherapy and research supported this.

However, there was still a puzzle. Some therapists appeared to elicit and use client feedback far more effectively than others, and while the availability of feedback improved the outcomes of some therapists, it did not have the universal effect it had first promised. The analysis of outcome studies also pointed to some therapists being significantly more effective than others, but this difference was not related to differences in qualifications, experience, culture, gender, therapeutic approach, or any other characteristics that could be compared.

Reflection on the mystery of what it was that set superior therapists, or 'Supershrinks', apart from the rest led Scott Miller to the work of Professor K. Anders Ericsson. As the primary editor of the *Cambridge Handbook of Expertise and Expert Performance*, Professor Ericsson and his colleagues have studied top performers in a number of disciplines encompassing sport, the arts, chess and business, and had identified similarities in what these people did to become top performers in their chosen field. Could we apply the enormous depth of this research to the discipline of psychotherapy? Could psychotherapists and counsellors find ways to improve their own performance by studying and adopting the habits of top performers in other fields? This was the third factor feeding into the conference and the one that made this event a unique experience.

Following Scott Miller's typically thought-provoking and entertaining

pre-conference workshop on pushing your clinical effectiveness to the next level, the first day of the full conference focused on what we know and can learn about excellence. The focus on the second day was on the implementation of this knowledge in clinical practice. As it unfolded we became more and more impressed and appreciative of the work done by conference chairperson, Liz Phluut, assisted by Susanne Bargmann, in organising the event and choosing the special conference setting.

Following this, Daryl Chow from Singapore presented the first findings of his ground-breaking research into the *'development and deliberate practices of highly effective psychotherapists'*. This showed that the most effective therapists spent more hours per week alone engaged seriously in activities related to improving their therapy skills. He also found that the most effective therapists reported more instances of being surprised by client feedback, indicating an openness and receptivity to it. This was complemented by a

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Professor Ericsson set the tone of the first day of the conference with a comprehensive overview of years of research into expertise and excellent performance. Central to this research is the concept of *'deliberate practice'*, which can be defined as *'Individualised training activities especially designed by a coach or teacher to improve specific aspects of an individual's performance through repetition and successive refinement'*.

presentation from Kim de Jong from the Netherlands, which examined the question of why some therapists benefitted from client feedback and some did not. Her research showed that feedback was more likely to improve effectiveness in therapists who were committed to seeking it, and who responded to it with an open attitude.

Even though 'implementation' was supposed to be the theme of day two, it



Photo: Conference organising committee.

was already being talked about on the afternoon of the first day as Von Borg from Germany, Annika Helgadottir from Denmark, and Marianne Bie from Norway, shared how they had implemented FIT in various settings. They highlighted how this had improved the effectiveness of services by leading to better outcomes and fewer drop outs. On reflection it was perhaps not surprising that research and implementation would blend into each other. FIT is not a psychotherapy technique, but an overarching approach guided by client feedback regardless of the model of therapy used by the therapist. It may look different from client to client, or from location to location, because it is always informed by and responsive to client feedback governed by individual characteristics of the client and their context. FIT makes no sense when taken out of context, which is why research and implementation tend to run together.

The second day continued the theme of implementation with thought-provoking presentations from Robbie Wagner from Canada and Rolf Sundet from Norway. The overwhelming impression from these presentations is the amount of work that has to be done, both in training clinicians and supporting them during the early implementation stage, to ensure the implementation of FIT will lead to a continuous improvement of service delivery. The day continued with workshops on new directions in research into FIT and its application to special client populations such as couples, families, children, and clients who are mandated to attend therapy.

As the evidence was show-cased from different countries and different service environments it strengthened the conviction of participants that improving outcomes and greater effectiveness was possible for psychotherapists. It was also becoming clear, however, that this was not easy or cost-effective in the short-term. It certainly was not something that could be accomplished by learning a new technique, memorising the right questions to ask, or copying the actions of a 'master therapist'. As Ericsson and numerous other presenters attested, the road to excellence is long and arduous, demanding hours of deliberate practice

informed by reliable feedback. For therapists, this feedback could come from many different sources, but the most important is client feedback. The provision of client feedback does not guarantee excellence and continuous improvement, but they are impossible to achieve without it. The most effective therapists are those who can integrate client feedback seamlessly into what they do, always adjusting their approach to ensure it is the best fit possible for each individual client. They spend time between sessions reflecting on what has happened so far, what could emerge next, and how they would respond. They are also likely to have a network of supervisors, coaches, teachers, and mentors, whom they will not hesitate to consult if they think it will help them be more effective in any particular situation.

Many presentations attested to the hard work the pursuit of clinical excellence required. An example of this was the delightful presentation by Birgit Valla from the Netherlands entitled *'The Most Exhausting Thing You'll Ever Love (Besides Your Kids)'*. John Barletta from Australia focused attention on the importance of work-life balance and appropriate self-care. Susanne Bargmann from Denmark echoed the importance of this in her account of her own journey of aspiring to excellence as a singer, when she spoke of the importance of weaving practice time into your general routine of family life and relaxation.

The experience of being witness to presentations from multiple countries that detailed individual and agency journeys to achieve excellence was enthralling and inspiring. There was the sense that we were at the beginning of a development in our field that could take a radically new and exciting direction. We had been presented with evidence of how individual practitioners and large

agencies could improve outcomes and aspire to excellence. The excitement, however, was tempered by the challenge of the amount of work needed to accomplish such a task. This was shown in the hours of deliberate practice required of the individual, and in the concentration of resources in training, mentoring and supervision for the agency. For the individual practitioner this means striking the balance between work and personal and family life, and bearing in mind that because deliberate practice is such a demanding activity those engaged in it will need rest and relaxation. For the agency committing itself to improving outcomes, this means investing human and financial resources into a process that will have long rather than short term effects. We can improve what we do significantly, but it will take hard and deliberate work. There are no short cuts to excellence in any field and psychotherapy is no exception.

Excitement tinged with apprehension about the challenges ahead might well have been emotions that those attending this conference shared with those who planned the first settlement on Manhattan Island all those years before. While not claiming that what we were doing could have anything like the same historical importance as the project they were engaged in, the experience of being present at an event like this in a place like West-Indisch Huis left at least this attendee reflecting during the long journey home. In the longer term how significant may this event and this movement be? To paraphrase the popular song, *'From little things big things grow'*.

References

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AUTHOR NOTES

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