Competence, power of action and results

Vision is specialized in the investigation of multiple neuropsychiatric disabilities. We also handle investigation and treatment of, among other things, abuse, self-harm, mental health problems and social problems. Our keywords are competence, action and results. This means that we always have specialist training staff in our accommodations, that we have active and caring action towards our students, and that we work structured to achieve set goals. The business consists of three treatment homes, several levels of support housing and course activities. Since autumn 2015 we also have a new unit for treatment families. www.visionutredningshem.se

Welcome! The city of Östersund (population approximately 50,000) is the capital of Jämtland County in central Sweden. Located at the shores of Sweden's fifth largest lake, Storsjön, opposite the island Frösön, Östersund is the region's cultural and economical centre and by tradition a city of trade and commerce. Awards: Matlandethuvudstad of the year 2011; Creative City of Gastronomy, UNESCO; Sweden's best climate municipality according to the Nature Conservation Association 2010-2013. www.ostersund.se

Feedback Informed Treatment

FIT-Outcomes is a web-based outcome management system designed to support the use of the Outcome Rating Scale (ORS) and the Session Rating Scale (SRS). With FIT-Outcomes it's possible to administer the scales online and get instant feedback. This allows you to use the system for ongoing quality assurance of the services delivered and for ongoing treatment adjustment to ensure the maximum benefit of the treatment.

FIT-Outcomes calculates the most important outcome data giving you access to the numbers or graphs. This makes it possible for single providers or agencies in the private or public sector to document the effect of the services delivered. Your client data is secure with FIT-Outcomes and we're fully GDPR (EU's general data protection regulation) compliant. www.fit-outcomes.com

Feedback Informed Treatment made easy

Clinical Benefits - Improve treatment outcomes and reduce dropout rates. Elicit client feedback about their experience of treatment and increase engagement in the change process.

Service Benefits - Makes service evaluation simple and reduce the admin time for client feedback. Use reports on treatment outcomes and client experience to improve service quality and outcomes. Organisational Benefits- Improve service efficiencies and reduces costs. Integrate feedback data with existing client records systems to improve data quality and increase the usefulness of reports. www.openfitapp.com
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QUESTIONS?

The main conference venue is Storsjöteatern

Stortorget, Östersund
+46 63-664 95 00

Sign in and registration is in the entrance, foyer of Storsjöteatern
May 1 - 19.00-22.00
May 2 - 08.30-09.00
May 3 - 08.30-09.00

Some of the workshops will take place in the Clarion Grand Hotel,

Prästgatan 16, Ostersund
+46 63 55 60 00

Contacts:
All practical questions about invoices, billing, registering, hotels and travel is best directed to Congresso who are managing practical functions of the conference.

Märit Blixt & Tina Happe, Congresso Östersund
Phone: +46 (0)63 121400
info@congressoab.se

For questions about the conference:
Niklas Waitong, Vision HVB
waitong@gpskognition.se
Phone: + 46 (0) 70 5401168

Take some time to enjoy Sweden
www.visitostersund.se
www.visitsweden.com

PLEASE NOTE: This program might be subject to change (until the very last minute) due to circumstances outside our control. • All conference presentations will be offered in English.
A message from Christian Möller, owner of Vision HVB and Master of Ceremonies for the ACE 2018 Conference

When I took over the company in 2008, I decided that we would do our utmost in caring for adolescents with multiple neuropsychiatric problems, often in combination with drug addiction. Therefore, I named our residential treatment program Vision HVB.

After struggling for a few years to reach our goals I realized that we needed some form of measurement and follow-up, but I wasn’t sure how to make that happen. I went around learning different methods, through this progress got the company certified. Even though we made progress, I felt we could do better.

When I attended Scott Miller’s training on Feedback Informed Treatment (FIT) in Stockholm, I realized that it would be easy to implement in our program and could provide answers and feedback to my questions.

In combination with the of Deliberate Practice working method we had a model that would put us on the path toward becoming a leader in our field and to help each staff become a specialist in their particular area. Now I hope for the sake of all our clients that more people choose to focus on the goal of getting better. For all our clients out there, it’s worth it!

Welcome!
From Scott Miller, ICCE Founder

Thanks for attending the third Achieving Clinical Excellence conference. The first was held in Kansas City, Kansas. The second in Amsterdam, Holland. And now, Ostersund, Sweden! Using real time feedback to improve the quality and outcome of behavioral health services is clearly a global phenomenon.

While here, I know you will learn a great deal from practitioners and agency managers who are using the ideas and practices of Feedback Informed Treatment (FIT) in locations around Europe and especially in Scandinavia. In keeping with the theme of the conference, PLEASE speak up! Share your knowledge, expertise, and questions with the presenters and other attendees.
COME TO LEARN — LEAVE INSPIRED!

ACE ONLINE - STREAMING THE CONFERENCE

Can’t make it to all the conference programs? Join us online!

ACE online streaming offers an opportunity to watch and listen to conference presentations until July 1st. We will film and record as many sessions sessions as available and share them online. All keynotes will be recorded and made available for online access. Unfortunately, some workshop sessions may not be available.

You can purchase ACE online access with credit card through the ICCE web site at: [www.centerforclinicalexcellence.com/ace2018](http://www.centerforclinicalexcellence.com/ace2018)

If you prefer an invoice you can buy ACE online access through Congresso until May 1, 2018. Email [info@congressoab.se](mailto:info@congressoab.se) for details.

€ 145/1440 SEK *

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ICCE | The International Center for Clinical Excellence

Promoting Clinical Excellence

*Connect with a learning community*: Find and connect with practitioners working in your area who are sharing videos and articles and providing realtime support for challenging clinical situations.

*Learn from top performing practitioners and researchers*: Access articles and video instruction addressing every aspect of deliberate practice from a select group of international practitioners.

*Supporting Practitioner Development*: The ICCE is a supportive and collaborative learning community that increases practitioner engagement in the development process. The ICCE ACE conferences allows practitioners to share ideas and learn from experts how to become more effective practitioners.

[www.centerforclinicalexcellence.com](http://www.centerforclinicalexcellence.com)
Feedback-Informed Treatment (FIT) is an empirically supported, pantheoretical approach for evaluating and improving the quality and effectiveness of behavior health services. It involves routinely and formally soliciting feedback from clients regarding the therapeutic alliance and outcome of care and using the resulting information to inform and tailor service delivery.


HOW DOES IT WORK?

FIT utilizes two, brief scales at each treatment session: Outcome Rating Scale (ORS) and Session Rating Scale (SRS). The ORS seeks information from the client’s perspective on their therapeutic progress and perceived benefit of treatment while asking about the person’s level of distress and functioning. The SRS seeks the client’s perception of the therapeutic alliance.

EVIDENCE BASED?

FIT operationalizes the American Psychological Association’s (APA) definition of evidence-based practice.

Routine use of the ORS and SRS involves “the integration of the best available research...and monitoring of patient progress (and of changes in the patient’s circumstances – e.g., job loss, major illness) that may suggest the need to adjust the treatment...(e.g., problems in the therapeutic relationship or in the implementation of the goals of the treatment)”

(APA Task Force on Evidence-Based Practice, 2006, pp. 273, 276-277).

Partners for Change Outcome Management System (PCOMS) is included in Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Registry of Evidence Based Programs and Practices (NREPP). PCOMS is integrated into clinical practice by the International Center for Clinical Excellence through Feedback-Informed Treatment.
First implemented in 2000 and now used by: **100s** of organizations, **1000s** of behavioral healthcare professionals in all 50 states, The District of Columbia, **20** countries on **5** continents. FIT is utilized with approximately **300,000** clients each year and is available in **23** languages!

### OUTCOMES

*(Miller & Schuckard, 2013)*

- Routine outcome monitoring and feedback as much as doubles the “effect size” (reliable and clinically significant change).
- Decreases dropout rates by as much as half (1/2)
- *Decreases* deterioration by **33%**
- Reduces hospitalizations and shortens length of stay by **66%**
- Significantly reduces cost of care compared to non-feedback groups (which increased costs)

### IMPLEMENTATION

FIT [PCOMS] has: “Comprehensive, well-organized and high quality materials are available to provide clear support and guidance to support the entire implementation process.” *(Dissemination Strengths from NREPP review 2013)*

- There are 6 Manuals available through the ICCE which cover the most important information for practitioners and agencies implementing FIT.
- The ICCE has developed CORE Competencies for a thorough grounding in the knowledge and skills associated with FIT.
- The Feedback Readiness Index and Fidelity Measure (FRIFM) is available for agency implementation to guide the process.
- The ICCE has a **Web Forum** dedicated to excellence in clinical practice and provides opportunity for practitioners and administrators access to numerous others in the field for resources and support.

[www.centerforclinicalexcellence.com](http://www.centerforclinicalexcellence.com)
KEYNOTE SPEAKERS

Deliberate Practice
K. Anders Ericsson
Conradi Eminent Scholar, Professor of Psychology, PhD

K. Anders Ericsson is a Swedish psychologist and Conradi Eminent Scholar and Professor of Psychology at Florida State University who is widely recognized as one of the world's leading theoretical and experimental researchers on expertise. He is the co-editor of The Cambridge Handbook of Expertise and Expert Performance, a volume released in 2006.[1] Ericsson's research with Herbert A. Simon on verbal reports of thinking is summarized in a book Protocol Analysis: Verbal Reports as Data, which was revised in 1993. With Bill Chase he developed the Theory of Skilled Memory based on detailed analyses of acquired exceptional memory performance (Chase, W. G., & Ericsson, K. A. (1982). Skill and working memory. In G. H. Bower (Ed.), The psychology of learning and motivation, (Vol. 16). New York: Academic Press). One of his most striking experimental results was training a student to have a digit span of more than 100 digits. With Walter Kintsch he extended this theory into long-term memory to account for the superior working memory of expert performers and memory experts (Ericsson & Kintsch 1995) Currently he studies the cognitive structure of expert performance in domains such as medicine, music, chess, and sports, investigating how expert performers acquire their superior performance through extended deliberate practice (e.g., high concentration practice beyond one's comfort zone). He published an edited book with Jacqui Smith Toward a General Theory of Expertise in 1991 and edited a book The Acquisition of Expert Performance in the Arts and Sciences, Sports and Games that appeared in 1996 as well as a collection edited with Janet Starkes Expert Performance in Sports: Recent Advances in Research on Sport Expertise in 2003.

psy.fsu.edu

Put the Magick Back into Therapy
Scott D. Miller
PhD, Researcher, Founder of the ICCE, Doctor of Philosophy in Counseling Psychology, Master of Science in Counseling Psychology

Scott D. Miller is the founder of the International Center for Clinical Excellence an international consortium of clinicians, researchers, and educators dedicated to promoting excellence in behavioral health services. Dr. Miller conducts workshops and training in the United States and abroad, helping hundreds of agencies and organizations, both public and private, to achieve superior results. He is one of a handful of "invited faculty" whose work, thinking, and research is featured at the prestigious "Evolution of Psychotherapy Conference." His humorous and engaging presentation style and command of the
research literature consistently inspires practitioners, administrators, and policy makers to make effective changes in service delivery. scottdmiller.com

The System of Practice: Creating a Framework To Make Deliberate Practice Happen
Daryl Chow
PhD, Researcher, Senior Associate of the ICCE

Daryl is a practitioner and trainer. He is a senior associate of the International Center for Clinical Excellence (ICCE). He devotes his time to workshops and conducts research on the development of expertise and highly effective psychotherapists, teaching practitioners key principles to accelerate learning and improve outcomes.

Daryl and colleagues’ 2015 peer-reviewed article on deliberate practice in psychotherapy was nominated the “Most Valuable Paper” by the American Psychological Association (APA). His work is featured in two chapters of two edited books in 2017, Cycle of Excellence: Using Deliberate Practice to Improve Supervision and Training, and Feedback-Informed Treatment in Clinical Practice: Reaching for Excellence. He is also a co-author of a forthcoming book with Drs. Scott Miller and Mark Hubble, Better Results: A Step-By-Step Guide to Deliberate Practice. He runs a blog aimed at helping practitioners, called Frontiers of Psychotherapist Development. Currently, Daryl maintains a private practice with a vibrant team at Henry Street Centre, Fremantle, WA and continues to serve as a senior psychologist at the Institute of Mental Health, Singapore. darylchow.com

Getting Better with Deliberate Practice
Susanne Bargmann
Licensed psychologist, specialist in psychotherapy, and Chief Advisor to the ICCE

Susanne Bargmann has over 8 years of experience working with CDOI / FIT with various populations. She has specialized in treating eating disorder problems, and is part of organizing and teaching a national education for professionals in Denmark working with eating disorder problems. She had written several articles about CDOI / FIT in Danish and has recently published an article discussing the idea of Evidence Based Practice, and how CDOI / FIT can contribute to another way of understanding this concept. Susanne works with clinical practice, supervision, training and agency implementation of CDOI / FIT and formalized client feedback is an integrated part of her practice. Besides CDOI / FIT she does trainings on a variety of topics, among other narrative therapy,
eating disorder treatment and understanding teenagers. Susanne is dedicated to influencing the way professionals think about therapy and diagnosis.

susannebargmann.dk

Getting Better with Deliberate Practice
Ulrik Elholm
_Singer, voice coach, and writer_

Ulrik Elholm has 20 years of experience as a vocal coach for professional singers. He has been responsible for the music, has worked as coach and music consultant at Voice, X Factor, Allstars, and Gangstativerne. He is cand.mag. from the Musikvetenskabeligt Institut in Denmark, with vocalization, rhetoric, and audiologopedy as subsidiary subjects. Ulrik is an example of how not just therapists can use and benefit from deliberate practice. Together with Susanne Bargmann he will show what a difference training and hard work can do for attaining proficiency in a subject.

ulrikelholm.dk

How Norway is using FIT
Birgit Valla
_Head of Department at Stangehjelta, psychologist_

Birgit Valla is a Norwegian psychologist and one of the key actors implementing FIT in Norwegian mental health services. She's the leader of a community based mental health service called Stangehjelta, which serves children, adolescents, families and adults in the context of family work, mental health and substance abuse (www.stangehjelta.no). She is the author of the book _Videre – Hvordan psykiske helsetjenester kan bli bedre (Further – How Mental Health Services Can Be Better)_ and has written several articles in Norwegian newspapers and journals. She has a blog at www.napha.no, a Norwegian resource centre that is also responsible for supporting FIT-implementation in Norway. Birgit teaches FIT and deliberate practice and is interested in finding out what mental health services would look like if we built services on these ideas, something she does with her colleagues in Stangehjelta.

stange.kommune.no
Feedback Informed Treatment (FIT) has been growing in popularity in the global community of behavioural health service providers. Developed by Dr. Scott Miller, FIT is a pan theoretical approach that does not dictate which therapeutic model is used. Rather, FIT involves soliciting ongoing feedback from clients on their progress and the therapeutic alliance through the routine administration of outcome and alliance measures no matter which therapeutic model is used.

Although any valid and reliable outcome and alliance measures can be used by a FIT practitioner, recognizing that regular administration of outcome and alliance measures might be onerous Miller and colleagues developed the Outcome Rating Scale (ORS) and Session Rating Scale (SRS). Designed to be feasible for use at every session, these ultra-brief measures take only a few minutes to administer score and track, without sacrificing reliability and validity. Feedback gathered by administration of the measures allows practitioners to quickly determine if the theoretical approach used is having a positive effect and if service is on track with client preferences. The real time nature of the feedback allows practitioners to make timely adjustments to their approach to better meet each client’s needs. Using this approach has resulted in a reduction in drop-out rates, increased client satisfaction and improved outcomes, ultimately saving health care dollars.

How often does your therapist ask you how they’re doing? Or give you questionnaires to complete to see how you’re doing? An approach called Feedback Informed Treatment or FIT does just that — uses the client’s feedback to inform and guide the treatment. FIT is about empowering the client and increasing the client’s voice. It involves routinely and formally soliciting feedback from clients.

Receiving ongoing formal feedback from clients has clear-cut benefits. It’s been shown to boost the effectiveness of therapy, including enhancing clients’ wellbeing and decreasing dropout rates and no-shows.

Today, two of the most popular measures for soliciting feedback are the Outcome Rating Scale (ORS) and the Session Rating Scale (SRS), which both feature four items. The ORS, which a client completes at the start of a session, asks about their wellbeing. The SRS, which is filled out at the end, asks about the therapist’s
performance. For instance, one item asks if the client felt heard, understood and respected during the session. Another asks if they worked on or talked about what they wanted to.

Earlier work by pioneer researcher Michael Lambert and colleagues at university counseling centers found that giving therapists feedback on their clients’ wellbeing had a huge impact on their improvement. Feedback was especially critical for clients who weren’t getting better, since this group tends to leave therapy early (Lambert, Harmon, Slade, Whipple & Hawkins, 2005).

Research, which implemented the ORS and SRS, also showed significant improvements when feedback was given (e.g., Miller, Duncan, Brown, Sorrell, Chalk, 2006; Reese, Norsworthy & Rowlands, 2009).

A 2009 randomized clinical trial of 205 Norwegian couples, the largest randomized study of couples ever done had similar findings: Giving therapists feedback on their performance and the couples wellbeing almost doubled the effectiveness of therapy (Anker, Duncan & Sparks, 2009).

About the presenters

Bruce E. Wampold is the Patricia L. Wolleat Professor of Counseling Psychology and clinical professor of psychiatry at the University of Wisconsin—Madison. Wampold is known for developing the contextual model of psychotherapy, which constitutes an alternative to the prevailing theory of the effectiveness of psychotherapy, known as the medical model.

counselingpsych.education.wisc.edu

Scott D. Miller, Ph.D. is the founder of the International Center for Clinical Excellence. Dr. Miller conducts workshops and training in the United States and abroad, helping hundreds of agencies and organizations, both public and private, to achieve superior results. He is one of a handful of "invited faculty" whose work, thinking, and research is featured at the prestigious "Evolution of Psychotherapy Conference." His humorous and engaging presentation style and command of the research literature consistently inspires practitioners, administrators, and policy makers to make effective changes in service delivery.

www.scottdmiller.com  •  www.centerforclinicalexcellence.com
WORKSHOPS
Thursday, May 3 – CONFERENCE: DAY ONE

Workshop Session 1.1

1. Implementation  

**Thomas Bjørn Hansen, Denmark**

Management of fit in organizations: To many people these days implementing fit seems to be the right answer to documenting and improving treatment outcome. It seems simple - just the use of two scales and we are on the way to improvement. And sure we should be able to have it fully implemented in six months ... all we need is the basic training - two days should probably do it.

NOT TRUE! The fact is that implementation of fit is as complex and hard as it is rewarding and exiting.

This workshop focuses on management of fit implementation in organizations. The implementation process is conceptualized as three organizational feedback loops: feedback between client and therapist, feedback between case and therapist and finally feedback between organization and case.

With each feedback loop the complexity of the implementation increases and specific managerial tasks must be undertaken for the implementation to succeed. So if you are the manager of fit implementation and have found the implementation process to be just a bit more complex than making staff use the scales this workshop could be of interest. And if you are a key staff member with the sisyfosian task to implement fit in your organization without strong commitment from management make sure your manager attends.

*Thomas Bjørn Hansen is manager of Poppelgården Familiecenter in Hvidovre Denmark where fit has been implemented over the last five years. He also works as fit trainer and supervisor helping other agencies implement fit.*

2. Supervision  

**Laura Tang Jensby, Rasmus Møller, & Susanne Bargmann, Denmark**

FIT-Supervision in an agency setting. In this workshop we will describe a FIT Supervision Model that can be used to structure clinical conversations about outcome and alliance data. The model is a simple 3-step model, allowing clinicians to focus very specifically on the client’s feedback in the supervision process.

Laura Tang Jensby and Rasmus J. Møller have worked with the FIT Supervision Model in their own agency for the past seven years, and will present their experiences in working with the FIT Supervision model with their colleagues. They will describe how they have structured, adjusted and carried out the supervision with their peers and
how this has affected the center’s professional development and clinical outcomes the past seven years.

Laura Tang Jensby is an ICCE Certified Trainer working in a family center in Gladsaxe Municipality, Denmark. Laura is an experienced FIT practitioner, trainer and consultant and has written several articles about working with FIT in family settings.

Rasmus J. Møller is an experienced FIT practitioner working in a family center in Gladsaxe Municipality, Denmark. Rasmus is leading a project in the organisation, where the aim is to implement FIT with the intake workers / the social workers in the organisation.

Susanne Bargmann has over 8 years of experience working with CDOI / FIT with various populations. She has specialized in treating eating disorder problems, and is part of organizing and teaching a national education for professionals in Denmark working with eating disorder problems.

3. When does PCOMS work? Preliminary results of a PCOMS study in basic mental health care; effect-size, therapist-characteristics & patient-perspectives

Bram Bovendeerd, Nederland

**Background:** The Partners of Change Outcome Management System (PCOMS) is a client feedback-system, developed in the USA and widely applied in mental health care around the world. Prior studies of PCOMS vary considerably in scientific rigor. Studies with an independent outcome measure have found effects varying from significant to even a negative effect so far. The aims of the present study are (1) to test the predicted beneficial impact of PCOMS while accounting for some methodological flaws in prior studies and (2) to clarify under which circumstances the addition of PCOMS to treatment has a beneficial effect on treatment outcome.

**Methods:** The multicenter study focuses on clients applying for brief, time-limited treatments. The study will be conducted as a cluster randomized controlled trial. Four centers will participate: two in the experimental and two in the control condition. All therapists in this condition will fill in a questionnaire concerning the influence of regulatory focus, self-efficacy, external or internal feedback orientation and perceived feedback validity on the effect of PCOMS. During the study, patients selected in the feedback condition will be asked if they would be willing to give feedback through a structured interview about their experience of using PCOMS.

**Presentation:** In this presentation the background of this study, the preliminary results on treatment outcome (in terms of patient satisfaction, drop-out,
effectiveness of treatment and cost-effectiveness), therapist-characteristics & patient-perspectives will be presented.

Bram Bovendeerd, clinical psychologist and psychotherapist, works at the Specialist Centre for Developmental Disorders (SCOS) of Dimence in The Netherlands, is a lecturer and PhD candidate at the University of Groningen and member of the editorial board of the ‘Tijdschrift voor Psychotherapie’, the Dutch Journal of Psychotherapy.

4. FIT in long-term social psychiatric setting

Finn Blickfeldt Juliussen, Socialstyrelsen, Denmark

Using FIT in the prevention of threats, violence and use of force in social-psychiatric residential care facilities. The National Board of Social Services, Denmark

Introduction: The project was initiated in 2013 in the light of the fact that research shows that 46 percent of all specialized social-workers in Denmark have experienced threats within the last twelve months, and 38 percent have been subjected to violence.

Aims: A reduction of the extent of threats, violence, and use of force.

Methods The project initiatives encourage the use of FIT and Low Arousal which 1) partly lead to solution-focused communication skills for both staff and citizen, and 2) partly train preventive practices.

Results: The project was finished in 2017, and the following results were found a significant reduction of violence and use of force, and staff experiences the methods FIT and Low Arousal to be useful. The job satisfaction of the staff-members and the well-being of the citizens were found to be increased. The methods support recovery, empowerment and enhanced coping-skills. From being part of a project, the methods are undergoing permanent implementation and are set in operation in major Danish municipalities, including Copenhagen.

Conclusions: FIT and Low Arousal facilitate a culture change characterized by increased dialogue orientation. This leads to supporting/enhances the support needed in order to favour the citizen’s goals (and wishes) in relation to well-being and living the good life (personal recovery). We now know that this will lead to a reduction of the extent of threats, violence and use of force in psychiatric residential facilities.

Finn Blickfeldt Juliussen is a special consultant, project-manager, The National Board of Social Services, Denmark
5. Children, Collateral Ratings

**Marlene Stockholm, Denmark**

Going beyond therapy: Using FIT as a compass to stay on course in complex work with children and their families and network.

Working with children and their families and professional network (eg. social worker, teachers, P.E., mentor etc.) calls for collaboration and coordination – something that is easily said, but can be very challenging to do. Parents and professionals are eager to help but will often have different problem definitions and therefore different ideas of interventions and goals. Potentially this can cause power struggles of whose methods are most effective, and a general lack of coordination between professionals, and professionals and the family – none of which will support the child.

Even though FIT was developed as a therapeutic tool, the scales have proven to have value in supporting complex work of collaboration and coordination with social workers and other professionals. Using FIT does not solve the inherent problem of potential system disintegration but it disciplines our focus on the goal: improvement of the child’s well-being. The FIT graphs also offer help in managing and keeping an overview of the case and discovering risks of disintegration.

6. FIT in short-term therapeutic setting

**Fredssalen-Storsjöteatern**

**Henrik H.Hansen & Catja Mosgaard, Denmark**

What would you do if you had only 5 sessions available? Would you still use FIT? Would you use it differently? Why?

We will show how the usage of FIT has benefitted our clients in the framework of short-term treatment, e.g. by zooming in on the therapeutic task and keeping our clients engaged in an early stage of the treatment. We will then engage you (via an exercise) in the discussion of the dilemmas in a short-term setting: how does FIT apt into an organizational setting with a time-limited offer (max 5, 10, 15 sessions)? Is the usage of FIT meaningful in very short treatments (1-3 sessions)?

7. How does the consumer/client experience working with FIT, Video on User experience of FIT

**Andersön - Clarion**

**Else Brunvand, Gritt Bonde, & Jonas Friedrichsen, Denmark**

Our presentation will focus on how the client experience working with FIT and how this contribute to the treatment itself. In the presentation we will focus mainly on two aspects of this. The first aspect is on how the client make sense of FIT and how
this contribute to the treatment itself. The other aspect is how we as therapist can facilitate this meaning for the client and help integrate it in treatment. Our presentation will be built on different case examples and create the opportunity for dialog with the audience about the topic.

8. When FIT does not improve outcome: Barriers to the effect of FIT in group psychotherapy for patients with eating disorders.  

*Verkön - Clarion*

**Annikka Helgadóttir Davidsen, Faroe Islands**

This workshop is based on the results from the F-EAT research project in which we aimed to investigate the effect of FIT in group psychotherapy on attendance and treatment outcome for patients with eating disorders.

We conducted a randomized clinical trial, and included 159 adult participants diagnosed with bulimia nervosa, binge eating disorder, or eating disorder not otherwise specified according to DSM–IV. Both groups received 20-25 sessions of systemic and narrative group therapy. In the experimental group, participants gave and received feedback (ORS and GSRS) about therapy progress and alliance.

The results showed that FIT neither increased attendance nor improved outcomes for patients in group psychotherapy for eating disorders. In the workshop, I will discuss the results and possible barriers for positive effects of FIT.

9. Differential Impact of feedback on practitioners  

*Studioscen - Storsjöteatern*

**Kim de Jong, Nederland**

This workshop will present the results of several studies in which therapist characteristics moderate feedback effects, as well as attitude towards using feedback systems. The latest study shows that feedback advises the therapist's expectations of outcome (towards more realistic outcomes). This is especially true for feedback that also measures the therapy process (in this case through the clinical support tools). With this, we have uncovered a potential mechanism of action in feedback.

This presentation will offer the results of several studies in which therapist characteristics moderate feedback effects, as well as attitude towards using feedback systems. The latest study under discussion shows that feedback adapts the therapists expectations of outcome (towards more realistic outcomes). This is especially true for feedback that also measures the therapy process (in this case through the clinical support tools). This demonstrates a potential mechanism of action in feedback.
10. System-wide implementation in Swedish social authorities, Halmstad socialförvaltning

_Erica Manderhjem, Sweden_

This presentation will examine the process of implementation in Halmstads kommun social services.

Many aspects of the program in Halmstad have been well planned, well supported and financed – and still the outcome is on a range from pilots not even trying – to close to full implementation in some cases. In short, my attempt is to describe progress and difficulties and also to discuss possible explanations. I will try to analyse my findings from a cultural context. The workshop will also consider:

- The importance of giving support to the pilot groups so that they actually make use of the feedback they receive – to avoid measuring becoming an administrative task.
- The importance for management to measure quality by input, output AND outcome (how much resources did we spend, how many services did we provide AND how much use was it in the eyes of the consumers)
- The importance of having a culture of feedback throughout the organization, for feedback in clinical work to grow
- The importance of engaged leadership within the pilot unit as well as from the top down.

Friday, May 4, CONFERENCE: DAY TWO

Workshop Session 2.1

1. Using FIT with survivors of torture and collaborating with an interpreter

_Tina Ammundsen & Laila Jacobsen, Denmark_

The challenges and the joys of using FIT with refugees survivors of torture are many and the effect of the visualisation of the ORS and SRS is surprising to us. We use FIT with individuals, whole families and collateral raters. We can present the following:

Client group present starting score below 12, which is more than average population. In this context, adults and especially children score lower than average on SRS. They can be very verbal about what they expect and what the clinician does. Challenges arise when clients are influenced by an interpreter’s reactions, which initially affected SRS due to alliance with clinician until training for interpreters was introduced. Very little resistance from clients to use FIT. Parents can be motivated by seeing and experiencing their children’s score.
2. FIT in Criminal Justice: Long Overdue

David Prescott, USA

Background: In a 1974 essay, criminologist Robert Martinson famously asked “Does nothing work?” His preliminary analyses of data had found that rehabilitation efforts in prisons weren’t working and prompted widespread defunding and elimination of services in the criminal justice world. His essay, which became the basis of the “nothing works” philosophy, was premature. Indeed, the following year, Martinson was part of a group of researchers whose findings were more encouraging (Lipton, Martinson, & Wilks, 1975). Martinson would subsequently reconsider his earlier statements (Martinson, 1979), but by then the damage was done, followed by decades of belief that criminals don’t change and that treatment doesn’t work.

Fast forward 30 years to 2014, and psychologists Therese Gannon and Tony Ward wrote an article provocatively titled “Where has all the psychology gone?” In it, they observe that treatment in the criminal justice system in the past several years has often had an overly narrow focus in specific areas, and does not consider the therapeutic alliance adequately enough (Gannon & Ward, 2014).

This workshop will review how FIT can work in treatment programs within the criminal justice system, including both within institutions and in community-corrective settings. It will review practical implications of implementing FIT in practice and across programs in the criminal justice world, as well as the importance of autonomy support on which FIT rests. Learning objectives:

- Review what works in criminal justice treatment programs
- Review principles and concepts that make FIT work in criminal justice
- Review practices that don’t work when implementing FIT

3. Use of FIT with People with Disabilities

Patrik Ulander, Sweden

Summary: Beginning in the summer of 2017, Misa AB has implemented FIT as a way to track client progress delivering Supported Employment to people with various disabilities. The presentation will cover experiences from the implementation process and aspects from both clients and job coaches of using FIT in a welfare environment, as opposed to a therapeutic one. I will also talk about introducing FIT in an agency operating in a social care system with low external demand for outcome based measures.
4. Implementation
Kerstin Öqvist, Sweden

This workshop will cover important considerations and building blocks during an implementation of Feedback Informed Treatment. The workshop builds mainly on the presenter's experiences from Framtid Stockholm during 2010-2016. Framtid Stockholm is an agency that works with teenagers with risky behavior, substance abuse, and criminality and also offers victim support. Discussion will include success and risk factors along with a broad approach to implementation from the smallest practical details to the larger feedback culture. While implementation can be a mix of fun, complexity, and hard work, participants will leave inspired.

Kerstin is a social worker, consultant and FIT-trainer. She has primarily worked with teenagers with risk behavior and their families at Maria Ungdom in Stockholm where she has been involved in implementing Feedback Informed Treatment (FIT). She is currently a consultant at local social services, assigned to different municipalities. Kerstin came in contact with ORS & SRS back in 2002 and is now working with FIT as a practitioner, trainer and supervisor.

5. Meta-analysis of data from ORS/SRS
Ole Karkov Østergård, Denmark

What is the effect of using the Partner for Change Outcome Management System (PCOMS) in psychotherapy? Preliminary results from a systematic review and meta-analysis.

PCOMS is a promising candidate for enhancing the overall effect of psychotherapy, maybe especially for patients’ not-on-track (NOT) of a good outcome or in risk of dropping out. PCOMS has been supported by several randomized clinical trials (RCT) and is included in the Substance Abuse and Mental Health Administration’s (SAMSA) National Registry of Evidence-based Programs and Practices. However, more recent effect studies have shown inconsistent results, seriously questioning the evidence base for PCOMS. This workshop will present the results of the first meta-analysis focusing solely on PCOMS including about 15 controlled or randomized controlled trials. What is the overall effect of using PCOMS? What is the dispersion of the effect from study to study? Is it possible to explain this dispersion in effect by study design, outcome measure, patient population, the way PCOMS was used and implemented, or by allegiance effects? What are the changes, that you will improve your effectiveness, if you implement PCOMS at your clinic? And finally, does PCOMS especially improve the outcome for NOT cases? For further information about the study methodology, please see protocol CRD42017069867 published at PROSPERO.

Ole Karkov Østergård, licensed psychologist and PhD fellow at the Department of Psychology and Behavioural Sciences, Aarhus University.
6. The impact of working with feedback together with clients and substance abuse

**Fredssalen - Storsjöteatern**

**Gun-Eva Andersson Långdahl, Sweden**

Working with addiction and substance abuse? This workshop is for you.

- How can we develop our skills by working with clients feedback.
- What impact does clients feedback have on you?
- How do we continue to develop our skills?
- What are the most common questions working with ORS/SRS in the meeting with clients with addiction?

This is an interactive workshop lead by: Gun-Eva Andersson Långdahl, Licensed Psychologist Specialized in Clinical and Pedagogic Psychology

**Workshop Session 2.2**

**1. FIT in a physiotherapeutical/medical setting**

**Norderön - Clarion**

**Charlotte Krog, Denmark**

The physiotherapist's primary biomedical education seems to limit the study and treatment focus solely to biomedical factors. This may adversely affect the patient's confidence with the "training / activity" intervention administered by the physiotherapist. The use of Feedback Informed Treatment allows for a more reflective BioPsychoSocial approach. This gains increased insight into and understanding of the patient's psychosocial factors influence and contribution to the patient's overall presentation. This, together with the patient-therapist alliance, has a decisive effect on the treatment and access to a person who is bothered by “chronic” musculoskeletal problems.

**Charlotte Krog, Pt. Dip. MDT, Specialist in Musculoskeletal Physiotherapy, Master in Positive Psychology (MoPP)**

**2. FIT in Private Practice, Process-oriented Group Therapy, and Long-term Therapy**

**Thomé - Storsjöteatern**

**Jason Seidel, USA**

Many therapists in private practice have the advantage of being the front-line clinician and practice administrator. Having this much control over how FIT is integrated into one’s practice creates a playground for adaptation and substantially better service than other therapists provide. Vignettes about client reactions to different instruments, different modes of administration, and its use in long-term therapy, group therapy, couples therapy, child therapy, and process-oriented group therapy, will demonstrate the wide range of options and the therapeutic impact of integrating FIT into psychotherapy.
3. Wendy, 10 years on

**Bill Andrews, United Kingdom**

Many who have seen Scott Miller present over the years since 2008 may be familiar with Wendy, a therapist who provided an excellent example of FIT in practice. Bill Andrews, from the Pragmatic Research Network, is a colleague of Wendy's and provided that original material back then. Since the exciting exuberance of 2008 there have been many new studies that have considerably toned down the early claims that were made about the incredible gains in treatment effectiveness through working with feedback on outcome and alliance. In this presentation Bill discusses, amongst other things, some of these findings in a recent interview with Wendy, 10 years on.

How does she think about her work these days? Where is she now professionally? What's changed in her perspective; on FIT, on practice in general, on her assumptions she used to have? How does she react to the latest research findings?

Bill will use clips from his interview with Wendy to provoke discussion amongst the attendees. Come prepared to be surprised.

4. Eliciting Feedback with young people

**Liz Pluut, Nederland**

Although collateral ratings are a sine-qua-non when using FIT with children, it may help to focus more on the age-related or developmentally-related differences in communicating with children about the scales and the notion of how to handle the "mandatory" issues involved. This workshop will focus on special issues involved when using FIT with children and adolescents, including examples of how the developmental age of children can influence the conversation about the scales. It is very important to pick up the signs from children of how they experience the treatment relationship. The feeling of being sent into therapy must also be understood.

Examples of how the therapist can handle these issues will be presented in a practical way.

Learning objectives:

- Theoretical knowledge
- Do’s and don’ts in the therapy room
5. Therapists’ reactions to negative feedback

Heidi Brattland, Norway

This presentation focuses on the situation that sometimes occurs in therapy – with and without the help of client feedback systems – when a client voices dissatisfaction with the therapist.

Diverse theoretical orientations acknowledge these situations to be highly potent and prescribe ways in which therapists should respond to move therapy forward. Feedback from clients could also benefit the therapists’ own professional development. In real life however, interacting with people who are critical of one’s performance can be quite challenging. Research on how therapists experience, react and respond to negative feedback is reviewed. In particular, when do we learn from our clients?

6. Feedback Informed treatment in psychosocial and job rehabilitation programs in Denmark

Irene Bendtsen & Helle Obbekær, Denmark

In this workshop we will present how we use Feedback Informed Treatment with adults, who suffer from severe mental health problems – and how the use of FIT contribute to change in intervention and development for the client.

We will talk about the use of FIT in two different contexts:

- In residential homes, where people stay temporarily
- In short term focused job rehabilitation

In residential homes the professional intervention will focus on the activities of daily living and supporting the residents in living as healthy and independently as possible.

In short term jobrehabilitation we prepare clients for returning to work and how to cope with severe mental health challenges both privately and at work. In this program we use network-meetings as part of the intervention.

Helle Obbekær, consultant in Psykosocial rehabilitation programs in the city of Copenhagen. Irene Bendtsen, director at Center for Psykosocial Interventions in the municipality.

7. The Working Alliance in Treatment of Adolescents

Von Borg, USA - Japan

The Working Alliance in Treatment of Adolescents.

The presenter's recently published study in the Journal of Consulting and Clinical Psychology examined the role of the working alliance in a sample of 2,990 military youth who were treated by 98 therapists. The study strongly suggests that growth in the working alliance in the initial sessions of treatment with adolescents is a positive indicator of therapy
outcomes. The study also found significant therapist effects in the alliance, suggesting therapists’ ability to form sound working alliances over time is a key element to successful outcomes with adolescents.

This session will review the research and highlight deliberate practices aimed towards benefitting therapists in the monitoring and continual promotion of the working alliance with adolescents, thereby allowing them to challenge the therapist in a manner consistent with their developmental stage in life and improve treatment outcomes.

8. FIT in Out-patient Settings

Pauline D Janse, Nederland

This workshop reviews results of a study into the use of FIT in the context of outpatient care.

Aim: Client feedback can have a positive effect on treatment outcome (e.g. Lambert & Shimokawa, 2011). The study investigates whether using the Outcome Rating Scale and Session Rating Scale (Miller & Duncan, 2004) as instruments for measuring feedback from clients improve results of cognitive behavioral therapy. Also, differences between therapists are investigated; the influence of big five personality traits, internal or external feedback propensity and the influence these factors have on treatment outcome will be investigated. Method. Results of two studies performed at a Dutch nationwide mental health organization will be presented. 1006 patients outpatients participated in the first, quasi experimental, study and 353 patients in the second study, a rct. They were treated by over 50 therapists.

Results: In the first study results of multi-level analysis show that treatment in both conditions was effective, but feedback did not improve outcome as measured on the SCL-90 except for patients with mood disorders. However, in the first study the amount of treatment sessions is significantly less in the feedback condition, indicating that treatment efficiency might be improved with using this feedback system. Results of the rct will be presented at the conference. Further data analyses in the coming months will also focus on differences in effectiveness of therapists. Implications of these results will be discussed.

References:

Pauline D. Janse (MSc), Clinical Psychologist, Radboud University
Tedtalk format 15 minutes each  

1. Bruce Wampold — Contextual Model

Expert clinician and researcher Bruce Wampold talks about his "contextual model" of psychotherapy which, rooted in the most comprehensive and up-to-date scientific research, incorporates the most effective elements across all therapy modalities.

Together with Scott Miller, Bruce Wampold is giving a full day lecture at our preconference about the research background and principles of FIT. He is a world leading researcher into the effectiveness of therapy and known for developing the contextual model of psychotherapy, which constitutes an alternative to the prevailing theory of the effectiveness of psychotherapy, known as the medical model. We do want to give everybody at the conference at least a chance to listen to him even if you are not able to make it to the preconference.


How does client feedback affect us? In my talk I would like to present the results of several studies in which therapist characteristics moderate feedback effects, as well as attitude towards using feedback systems. My latest study shows that feedback adapts the therapists expectations of outcome (towards more realistic outcomes). This is especially true for feedback that also measures the therapy process (in this case through the clinical support tools). With this, we have uncovered a potential mechanism of action in feedback. This is a teaser for her workshop with the same name.
### 3. Heidi Brattland — When, for whom, and how: Towards a nuanced understanding of FIT’s effects.

What happens when we start to use FIT? Heidi’s workshop on Friday will look further into how therapists react to negative feedback.

**Background.** The evidence base in support of FIT is growing, but research results are not uniform across treatment setting, client populations, and therapists. We investigated if the effect of FIT depended on the clinical implementation of FIT, how impaired the clients were, or what therapist provided the treatment. We also explored the influence of FIT on the alliance and clients’ outcome expectations, and how this was associated with treatment outcomes.

**Method.** In a naturalistic RCT at a hospital mental health center, 170 clients were randomized to Treatment as usual (TAU; eclectic/dynamic individual outpatient psychotherapy) or Feedback-Informed Treatment (FIT; TAU + PCOMS). The clinical implementation of FIT began shortly before the onset of the trial, and the 20 participating therapists were trained and supervised continuously throughout the 4 years that the data collection lasted. The treatment outcome was clients’ levels of symptoms and functioning at treatment termination. Moderators and mediators were measured before treatment and at session one and two months’ treatment. Data were analyzed in multilevel regressions models and moderated mediation models.

**Results:** There was a significant, but modest main effect of FIT on clients’ symptoms and functioning. The role of different mediators and moderators to this effect will be discussed.

**Implications:** A more nuanced understanding of how and why the effect of FIT varies across populations and settings is an important step towards maximizing its potential to improve treatment outcomes.

### 4. Jason Seidel — Mistakes will be made: On the groundlessness of Feedback-Informed Treatment

For 15 years, I have been trying to destroy Feedback-Informed Treatment, and for 15 minutes you will hear a sample of what I’ve found. I have subjected FIT to brutal attacks in terms of its philosophy, on the methods of administration, the instruments, the interpretation of results, and the statistics. I love the heart of FIT too much to let it be used as mindless protection for our insecurities as therapists. Popper’s method of falsification exposes our thirst for confirmatory evidence by focusing on the mistakes and failures in the evidence. By following Popper's method, our honest attempts to annihilate FIT make us feel unsteady, but they also reveal what may endure, hopefully helping us walk on a path of greater service and integrity.
ACE CONFERENCE SCHEDULE

TUESDAY, MAY 1 – WELCOME!

19.00-22.00 Drop in Dinner (optional) – Meet & Greet with snacks, drinks, networking, and registration at Storsjöteatern.

WEDNESDAY, MAY 2 – PRE-CONFERENCE

Pre-Conference: What is FIT?

09.00–16.00
08.30 Registration & coffee
09.00 Start
10.30-10.45 Break
12.00-13.00 Lunch (included)
14.30-14.45 Break
16.00 End

What is FIT?
The research behind it and how to do it
A one-day primer and crash-course

Bruce Wampold & Scott D. Miller

Pioneers in Feedback Informed Treatment offer an evidence-based alternative for therapists—no matter their therapeutic discipline—to advance the field of psychotherapy in both its legitimacy and effectiveness.

19.00 Conference Dinner (optional) - Kitchen & Table restaurant in the Clarion Grand Hotel.
THURSDAY, MAY 3 – CONFERENCE DAY 1: HOW TO USE FEEDBACK & FIT

08.30 Registration & coffee

09.00 Opening ceremony with words of welcome from Anders Edvinsson, Deputy Mayor of Östersund.

09.30-10.30 – KEYNOTE 1

How Norway is using FIT

*Birgit Valla*

*Every day we learn something new, discover something we didn’t know before, and challenge established truths. When we really take the time to listen to what people tell us about what they want and what it is that helps them, we begin to see infinite possibilities.*

10.30 Coffe break

10.45 – 12.00 Tedtalks

1. *Bruce Wampold* — Contextual model
2. *Kim de Jong* — Differential impact of feedback on practitioners/research
3. *Heidi Brattland* — When, for whom and how: Towards a nuanced understanding of FIT’s effects
4. *Jason Seidel* — Mistakes will be Made: On the Groundlessness of Feedback-Informed Treatment

12.00-13.00 Lunch

13.00-14.30 – KEYNOTE 2

Deliberate Practice

*K. Anders Ericsson*

*Expert performance can be traced to active engagement in deliberate practice (DP), where training is focused on improving particular tasks. DP includes immediate feedback, time for problem-solving and evaluation, and opportunities for repeated performance to refine behavior.*

14.30-15.00 Coffe break

15.00-15.45 Workshop session 1.1

1. **Implementation** - Thomas Björn Hansen

   *Norderön - Clarion*
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<td>Laura Tang Jensby &amp; Rasmus Möller, Susanne Bargmann</td>
<td>Salongen - Storsjöteatern</td>
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<td>3. When does PCOMS work?</td>
<td>Bram Bevendee</td>
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<td>4. FIT in long-term social psychiatric setting</td>
<td>Finn Juliussen</td>
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<td>5. Children, collateral rating</td>
<td>Marlene Stockholm</td>
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<td>Henrik H Hansen, Catja Mosgaard</td>
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<td>7. Video on User experience of FIT</td>
<td>Else Brunvand, Gritt Bonde, Jonas Friedrichsen</td>
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<td>8. When FIT does not improve outcome</td>
<td>Annika Hlegadottir Davidsen</td>
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<td>9. Differential Impact of feedback on practitioners</td>
<td>Kim de Jong</td>
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<td>10. System-wide implementation in social management</td>
<td>Erica Manderhjem</td>
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<td>15:45-16:00 Conclusion &amp; Feedback, Day One</td>
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<td>16:15 Östersund city tour (optional)</td>
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<td>18.00 – ACE2018 Grand Sápmi Gala Evening (optional)</td>
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ICCE and Achieving Clinical Excellence Conference in Östersund, Sweden, May 2018 are proud to present a Grand Gala Evening gala evening of entertainment and three course dinner at Hotel Gamla Teatern. *(10 minute walk from Storsjöteatern)*

Östersund is in the heartland of Sápmi, the land of the indigenous Swedish people. This gala evening will feature traditional Sápmi music, trained as well as Swedish folk music.
FRIDAY MAY 4 - CONFERENCE DAY 2: HOW TO MOVE BEYOND FEEDBACK & FIT

09.00-09.30 Acknowledgement

09.30-10.30 – KEYNOTE 1

Put the Magick Back in Therapy – Scott D. Miller

The role of magick in physical and psychological healing is staging a comeback. Recently, the world’s two most populous countries have called upon folk healers, herbalists, and spiritual guides to address the pressing mental health needs of their citizenry. However the methods are believed to work—whether by the operation of spirits, the rebalancing of disharmonious energies, or other unknown powers—each approach shares a common denominator: the conviction that forces outside awareness, inaccessible to reason or direct observation, influence or even control life. Crucially, those viewed by the public as possessing the power to connect with such forces, are regarded as healers. It’s time for Western therapists to rediscover their magickal roots. This demonstration will identify and show possibilities for healing far beyond what the current and popular schools of thought defining psychotherapy would ever allow. Educational Objectives: Six structural components of magick will be identified, defined, and illustrated; Participants will learn to enhance drama and therapeutic impact via careful observation of ideomotor response, using symbols to initiate transderivational search, and capitalizing on chance, change-producing moments.

10.30-10.45 Coffee break

10.45-11.45 – KEYNOTE 2

The System of Practice: Creating a Framework To Make Deliberate Practice Happen – Daryl Chow

The evidence is clear that deliberate practice (DP) influences the outcomes in psychotherapy (Chow et al., 2015). Yet, practitioners who do not develop a framework to guide their individual professional development, are likely to have their aspirations fall by the way side. The aim of this keynote is to help practitioners with practical tips in systematizing and sustaining DP, leverage on key factors that can reap development.

11.45-12.45 Lunch

12.45 -13.45 – KEYNOTE 3

Getting Better with Deliberate Practice – Susanne Bargmann & Ulrik Elholm

In this keynote we will focus on the nuts and bolts of deliberate practice. Through a specific model of deliberate practice we will illustrate the process and discuss other important elements of deliberate practice.
The illustrations of the process of deliberate practice will come from Ulrik’s work as a vocal coach for some of the best performers in Denmark and Susanne’s work as a coach and consultant for agencies in Scandinavia.

In this inspiring and engaging keynote, the participants will experience the impact of deliberate practice on their own body.

13.45-14.00 Transport break

14.00 – 14:45 Workshop session 2.1

1. Using FIT with survivors of torture – Tina Ammundsen & Laila Jacobsen, Denmark

2. Criminal Justice – David Prescott, USA

3. Use of FIT with People with Disabilities – Patrik Ulander, Sweden

4. Implementation - Kerstin Öqvist, Sweden

5. Meta-analysis of data from ORS/SRS – Ole Karkov Ostergard, Denmark

6. FIT in substance abuse – Gun Eva Långdahl, Sweden

14.45-15.15 Coffee Break

15.15-16.00 Workshop session 2.2

1. FIT in a physiotherapeutical/medical setting – Charlotte Krog, Denmark

2. FIT In Private Practice and long-term therapy – Jason Seidel, USA

3. FIT in Practice Research Network – Bill Andrews, United Kingdom

4. Eliciting Feedback with young people – Liz Pluut, Nederland

5. Therapists' reactions to negative feedback – Heidi Brattland, Norway

6. FIT in Rehabilitation Settings - Irene Bendtsen & Helle Obbekær, Denmark
7. The Working Alliance in Treatment of Adolescents
   Von Borg

8. FIT in Out-patient Settings - Pauline D Janse, Nederland
   Andersön-Clarion

16.00 Conclusion, Feedback, & Closing Ceremony

18.00 Gourmet dinner at Jazzköket. *(optional)*

One of the very best restaurants in the area specializing in local ecological sound and artistic soul food with a twist. Come and network - Come try the taste of Jämtland!

An absolutely must when you are in Östersund! www.jazzkoket.se

SATURDAY, MAY 5TH

09.15-13.15 Tour our beautiful Jämtland *(optional)*

Join us to experience what our mountain region has to offer, lunch 55 meters up in Arctura and a visit with Moose guarantee is included. You have to experience the countryside when you are here!
The ACE 2018 Conference is about more than professional learning. It’s also a chance to spend time with other professionals in the field. Don’t miss the opportunity to meet and greet your colleagues. Most events listed here are optional and require advance reservations.

Meet & Greet Dinner
Tuesday, May 1 ~ 19.00-22.00
Drop In Meet & Greet Buffet with local specialities food, snacks, drinks, networking, and registration at the Foyer of Storsjöteatern adjacent to the Clarion Hotel Grand. €30 / 285 SEK*

Guided City Tour
Thursday, May 3 ~ 16.15-17.15
Stroll Östersund in the late afternoon with a licensed guide. The historic trek includes stories about the buildings and personalities of the past who lived and worked in the city. Two opportunities available for anyone interested in history or just stretching their legs at the end of the day. €10/95 SEK *

Conference Dinner
Wednesday, May 2 ~19.00-21.00
Join us for dinner. Meet, greet, and eat at the Kitchen & Table restaurant in the Clarion Grand Hotel. Enjoy a traditional Swedish Smörgåsbord. €30 / 285 SEK*

Tour Our Beautiful Jämtland
Saturday, May 5 ~ 09.15-13.15
Join us and experience what the local region has to offer. Mingle with the moose and view some of our spectacular mountains or fjälls. You have to see the country when you are here! This half-day outing includes a guided bus trip. The route may vary a bit depending on the weather, and we’ll stop for a nice local lunch along the way. Only €55 / 570 SEK*
ACE 2018 Gala Evening
Thursday, May 3 ~ 19:00
An evening of entertainment hosted by Börje Olsson, Chairman of the GPS Board, and three course gala dinner at the Hotel Gamla Teatern *Short walk (10 minutes)* from the conference venue, Storsjöteatern

Östersund is in the heartland of Sapmi, the country of the indigenous Swedish people, the Sami (historically known in English as "Lapps"). The evening will have a Sapmi theme featuring traditional Sapmi music with Tanja Nordfjell from Vålådalen, trained reindeers with Ulrika "Ullis" Andreasson, and Swedish folk music from the region with Pustan. **€65 / 620 SEK**

Gourmet Dinner at Jazzköket
Friday, May 4th ~ 18.00
One of the very best restaurants in the area specializing in local ecological sound and artistic soul food with a twist. Come and network - Come try the taste of Jämtland! An absolutely must when you are in Östersund! **Pay at the restaurant.**
ICCE has appointed a scientific committee to guide and support the work with the conference.

Rob Axen, Canada

Spanning nearly 30 years in the helping field, Rob has worked in corrections, youth, mental health and addictions programs. Rob has over 25 years experience as a clinical supervisor and consultant, and is also an accomplished addictions trainer in private practice and at the Justice Institute of British Columbia. He currently works half-time as an Adult Addiction Counsellor for Vancouver Coastal Health, at an inner-city Primary Care clinic, and is the Clinical Lead for implementation of CDOI / FIT practice. Rob is known for his ability to offer practice-oriented information in an experiential format, encouraging training participants to quickly integrate new material into their current practice.

Susanne Bargmann, Danmark

A licensed psychologist and specialist in psychotherapy, Susanne has over 8 years of experience working with CDOI / FIT with various populations. She specializes in treating eating disorder problems, and work on organizing and teaching a national education for professionals in Denmark working with eating disorder problems. She had written several articles about CDOI / FIT in Danish and has recently published an article discussing the idea of Evidence Based Practice, and how CDOI / FIT can contribute to another way of understanding this concept. Susanne works with clinical practice, supervision, training and agency implementation of CDOI / FIT and formalized client feedback is an integrated part of her practice. Besides CDOI / FIT she does trainings on a variety of topics, among other narrative therapy, eating disorder treatment and understanding teenagers. Susanne is dedicated to influencing the way professionals think about therapy and diagnosis.

Ulla Hansson, Sweden

Ulla Hansson is part of the GCK AB (Gothenburg Centre for Competence development), an organisation that offers different kind of activities toward the social welfare as well as health- and school-sectors in Gothenburg and the West area of Sweden. GCK has from the year 2009 until 2017 arranged workshops and different trainings with Scott Miller and Susanne Bargmann. Many different professionals have been inspired to develop their practice from these events. Scott Miller and Feedback Informed Treatment (FIT) as a concept, are today
well known for social workers and different professionals and leaders in Gothenburg and the area around. Ulla Hansson has been one of GCK’s consultants who has been eager to develop FIT, both in her own organisation and in her practice as a supervisor and trainer. Ulla has been a contact person for the workshops and trainings in FIT with Scott Miller through the years.

**Annika Helgadottir Davidsen, Faroe Islands**

Annika Helgadóttir Davidsen, Ph.D. is currently working as a licensed psychologist in the Faroe Islands, primarily working with young people. In her research, she implemented and assessed the effect of FIT in group psychotherapeutic treatment for people with eating disorders. She takes a great interest in psychotherapy research, and in the development of the alliance in group therapy in particular.

**Cynthia Maeschalck, Canada**

Cynthia Maeschalck, M.A., C.C.C is the Community Relations Manager and Director of Professional Development for the ICCE and has been a Senior Associate and Certified Trainer with the ICCE since its inception. She is also an ICCE faculty member, developing curriculum and co-facilitating ICCE training events. She has written several articles about FIT, helped to develop the ICCE Core Competencies and is co-author of 3 of the 6 ICCE FIT manuals and co-editor and contributing author of the new book *Reaching for Excellence: Feedback-Informed Treatment in Practice* (2017).

**Scott D. Miller, USA**

Scott D. Miller, Ph.D. is the founder of the International Center for Clinical Excellence an international consortium of clinicians, researchers, and educators dedicated to promoting excellence in behavioral health services. Dr. Miller conducts workshops and training in the United States and abroad, helping hundreds of agencies and organizations, both public and private, to achieve superior results. He is one of a handful of "invited faculty" whose work, thinking, and research is featured at the prestigious "Evolution of Psychotherapy Conference." His humorous and engaging presentation style and command of the research literature consistently inspires practitioners, administrators, and policy makers to make effective changes in service delivery.

**Christian Möller, Sweden**

Christian Möller is owner as well as member of the board of Vision HVB.

Christian comes from the southern region of Sweden called Skane, and moved to the
northern parts in order to be able to work near youth with neuropsychiatric problems full-time. Christian has managed residential care homes since 2007. He thinks it right and proper that Vision implements evidence-based research results in the daily care that youths receive during their stay.

Liz Pluut, Holland

Liz Pluut is a psychologist (Drs), psychotherapist (BIG) and clinical supervisor. After working several years at the university clinic in Amsterdam (PI) Liz has now more than 30 years of experience in treating children, adolescents and families in her private practice in Castricum, Holland. Since 2006 she has worked with FIT in her private practice. Liz is committed to exploring how CDOI/FIT/PCOMS can be applied more widely in the Netherlands and Europe.

In 2013 she organized the second International Achieving Clinical Excellence (ACE) Conference in Amsterdam. Liz offers training, consultation and supervision to colleagues and Mental Health Institutes in Holland. She also advises Institutes on how to implement FIT in a sustainable way.

David Prescott, USA

David Prescott is a Senior Associate and Certified Trainer for the International Center for Clinical Excellence, as well as the lead editor of Feedback-Informed Treatment in Clinical Practice: Reaching for Excellence. Mr. Prescott has worked in the fields of treating sexual violence and trauma for over three decades, and has authored and edited 15 book projects and numerous chapters and articles in this area. He serves on the editorial boards of two journals related to sexual abuse and has trained around the world.

Niklas Waitong, Sweden

Niklas Waitong is Senior Supervisor at Vision HVB. Niklas graduated as a social worker in 1996, and has been working in treatment with children and teenagers with substance abuse and multiple diagnoses for 30 years, 17 of which were spent as director of Älgeredskollektivet, a small residential care home in northern Sweden. Today Niklas works with training the employees at Vision HVB in, amongst other things, solution-focused pedagogy and FIT.

Kerstin Öqvist, Sweden

Kerstin Öqvist is a social worker. She has primarily worked with teenagers with risk behavior and their families at Maria Ungdom in Stockholm where she has been involved in implementing Feedback Informed Treatment (FIT). She is presently a consultant at local social services, assigned to different municipalities. Kerstin came in contact with ORS & SRS back in 2002 and is now working with FIT as a practitioner, trainer and supervisor.
MyOutcomes® is a full-service quality improvement platform that transforms ORS/SRS results into the empirical evidence needed to develop noticeable improvements. MyOutcomes® simplifies the use of ROM in clinical settings with advanced behavioral algorithms that go beyond measuring average change, resulting in more accurate client outcomes. We can teach clinicians to administer the scales in three minutes, using them clinically is a very different process, often requiring a dramatic shift to push beyond successful data collection. As many struggle to become FIT, MyOutcomes® team of experienced advisors are working to insure their clients are getting the full implementation and training support they need.

MyOutcomes® works on Firefox, Google Chrome, Safari, Internet Explorer 9, 10, 11 & Edge. MyOutcomes® Mobile for smart phones and tablets can be downloaded for free from iTunes and Google Play.  www.myoutcomes.com

Train – Challenge – Develop

Misa Kompetens is Sweden’s leading agency in training, supervision and support regarding Supported Employment, IPS and Supported Education. Through our sister agency Misa AB we have more than 25 years of experience in work-oriented daycare activities for people with disabilities. Our services are based on the idea that everyone can participate in society and working life with the right support. Our methods use the individual’s own ideas, interests and resources.

Our ways of working is strongly connected to Evidence-based practice. Misa Kompetens is also building experience in the area of FIT, currently implementing FIT in Misa, training 200 job coaches and building structures for supervision, documentation and management.

Beginning in 2018, we will offer services to Swedish agencies in training and implementing FIT with our own ICCE Certified Trainers.  www.misakompetens.se

Document and treatment support for social work in municipal and private treatment programs

Journal Digital wants to be a part of the development of psychosocial change work undertaken in state, regional, municipal or private sector. To create better standards for evaluation of care and efforts to show what helps but also what stifles. We want to protect clients' involvement in their care and efforts. We want to create the conditions for each individual therapist to make a difference for the individual client. We do this by:

• Developing support to evaluate care and efforts on individuals and business levels. To facilitate documentation, data collection, analysis and reporting.
• Being a leading provider of treatment and documentation support that has a strong practical foundation, which is at the forefront of research and follows the legislator's intention.

Our goal is that a therapist or business should be able to answer the most central issue in all social work:  Do we make any difference for our clients?  www.journaldigital.se

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