A System of Practice

Practice, Supervision and Training

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AIM:

Improving therapists vs. Improving the individual therapist.
In order for deliberate practice to happen, we need A System of Practice.
Fredrick waits for the push that will never come.
Performing

Learning
THE CONFLICT

Feeling Satisfied vs Actual Improvement
Clinical Practice
Therapist Profile

- Qualification
- Profession
- Age
- Gender
- Experience

*not significant*
Healing Involvement (HI) was a significant component in therapist practices.


Therapists’ Healing Involvement

Therapists with higher HI self-ratings had poorer client outcomes.

Healing Involvement

1st Quartile
2nd Quartile
3rd Quartile
Novice
Apprentice
Graduate
Established
Seasoned
Senior
The Illusion of Validity
Self-Assessment Bias

Walfish et al. (2012):

Avg effectiveness ratings of 80th Percentile (SD: 9.06);

Chow et al. (2014):

Avg effectiveness ratings of 71st percentile (SD: 17.38);
½ rated above average;

No significant correlations with outcomes. Therapist Demo & characteristics not predictive of outcomes


Chow, D. (2014). *The study of supershrinks: Development and deliberate practices of highly effective psychotherapists.* (PhD), Curtin University, Australia.
Chow, D. (2014). *The study of supershrinks: Development and deliberate practices of highly effective psychotherapists.* (PhD), Curtin University, Australia.
The largest study to date on the effect of experience on outcome; **75** Therapists followed over **17** years;

On average, therapist **did not** improve over time.

Psychotherapists value and invest in professional development, but we are not improving.
Clinical **Supervision**: Who would you pick?
Clinical **Supervision**

Rousmaniere et al. (2015) examined the impact of supervisors on outcome:

175 therapists, *23 supervisors*, 6521 clients; Outcome measured at each session; 5 years of data from a non-profit treatment center.

Supervisors explained **less than 1%** of the variance in client outcomes.

7 Deadly Sins with Traditional Clinical Supervision

1. Too much theory-talk;
2. Pad-on-the-back;
3. Lack of monitoring progress;
7 Deadly Sins with Traditional Clinical Supervision

4. Lack of monitoring engagement level in supervision;
5. Not analysing the game;
6. Overemphasis on the Self and not the impact on client; and
7. Lack of focus on therapist’s learning objectives.
Three Types of Knowledge, in Frontiers of Psychotherapist Development blog
Three Types of Knowledge, in Frontiers of Psychotherapist Development blog
The Resolution:

Create Better Designs
The best form of standardisation is customisation
A System of Practice
PRACTITIONER

A System of Practice
PICK A MEANINGFUL MEASURE

Do not value what you measure; measure what you value.
ONE CLIENT AT A TIME

Use the measures with every client as a conversational tool
Aircraft accidents per million departures

Sources: BAAA, ASN, Boeing, World Bank
1. Have a Simple Recording System in Place
2. Don’t Watch Your Entire Therapy Video
3. Capture Your Weekly Learnings
4. Capture Your Weekly Mistakes
5. Get a Coach to Watch Your Recordings
Practice  Supervision  Training
<table>
<thead>
<tr>
<th>Coaching For Performance</th>
<th>Coaching For Development</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Micro</strong></td>
<td><strong>Macro</strong></td>
</tr>
<tr>
<td>Traditional case-by-case discussion</td>
<td>Establishing an ongoing learning and development plan</td>
</tr>
<tr>
<td>Improving the outcomes for specific cases</td>
<td>Improving therapist’s overall effectiveness</td>
</tr>
<tr>
<td>Focus is on the client</td>
<td>Focus is on the therapist</td>
</tr>
</tbody>
</table>
The Taxonomy of Deliberate Practice Activities in Psychotherapy (TDPA, Chow & Miller, 2015)

1. Review the taxonomy.
2. Rate each area.
3. Rank the Top 3.
4. Narrow Down to One

“One Client at a Time” → “One Therapist at a Time” → “One Agency at a Time”
## Taxonomy of Deliberate Practice Activities

<table>
<thead>
<tr>
<th>Themes</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structural: &quot;The Sandwich&quot;</td>
<td>How do you start a first session?</td>
</tr>
<tr>
<td></td>
<td>How do you start a subsequent session?</td>
</tr>
<tr>
<td></td>
<td><strong>How do you close a session?</strong></td>
</tr>
<tr>
<td></td>
<td>How do you elicit feedback?</td>
</tr>
<tr>
<td></td>
<td>How do you integrate the use of feedback measures into therapy?</td>
</tr>
<tr>
<td></td>
<td>How do you prepare for a planned termination?</td>
</tr>
</tbody>
</table>
## Taxonomy of Deliberate Practice Activities

<table>
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<th>Themes</th>
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</thead>
</table>
| **Alliance: The Impact Factor**     | How do you deepen client’s emotional experiencing? *(see Experiencing Scale)*
                                       | How do you promote emotional engagement/bond/real-relationship? How do you provide a rationale for a particular method of working? |
| **Motivation**                      | How do you work with a client’s level of motivation?                                                                                     |
| **Alliance Difficulties**           | How do you increase homework compliance?                                                                                                 |
| **How do you deal with alliance rupture?** |                                                                                                                                             |
| **Therapist: The Use of the Self**  | How do you regulate your anxiety in a difficult interaction with your clients?                                                            |
|                                     | How do you activate reflective functioning in-session with your clients *(vs. being reactive and rational)*? |
The Law of Diminishing Returns

<table>
<thead>
<tr>
<th>NUMBER OF GOALS (in addition to BAU stuff)</th>
<th>2-3</th>
<th>4-10</th>
<th>11-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOALS ACHIEVED WITH EXCELLENCE</td>
<td>2-3</td>
<td>1-2</td>
<td>0</td>
</tr>
</tbody>
</table>
Accountability in Professional Development Activities
Practice  Supervision  Training
The Difficult Conversations in Therapy (DCT)

Randomised Clinical Trial

Deliberate Practice


Facilitative Interpersonal Skills Total Scores

DCT Pilot Study

T1 T2 T3 T4 T5
DCT RCT: Feedback Group
DCT RCT: Control Group
Facilitative Interpersonal Skills Scores

Note: Full dataset has yet to be analyzed.
Self-Ratings (0-10)

Trials

T1 T2 T3 T4 T5 T6 T7 T8

5.21 5.42 5.71 5.63 5.88 6.18 6.47

5.67 6.6

Control Grp

Feedback Grp

T1 → T2 → T3 → T4 → T5 → T6 → T7 → T8

Trials
Level of Difficulty (0-10)

Trials

Feedback Grp
Control Grp

T1 → T2 → T3 → T4 → T5 → T6 → T7 → T8
Feedback Group: Improvement in 1st Scenario (T1 to T4) 58%
Generalised Improvement (T1 to T8) 76%

Control Group: 0%
Three Types of Knowledge, in Frontiers of Psychotherapist Development blog
#1. “...A full knowledge of psychiatric and psychological information, with a brilliant intellect capable of applying this knowledge, is of itself no guarantee of therapeutic skill.”

~Carl Rogers, 1939, p. 284 The Clinical Treatment of the Problem Child.
#2. The quality of the feedback determines the quality of the learning.
#3. Self-Reflection is Not Enough
DEVELOP FIRST PRINCIPLES BEFORE THE METHODS

by Daryl Chow, MA, Ph.D. (Psych)
Seek the First Principles

Methods/Techniques

Theoretical Orientations

First Principles

Develop First Principles Before The Methods, Daryl Chow, MA, Ph.D. (Psych)
Develop First Principles Before The Methods, Daryl Chow, MA, Ph.D. (Psych)
Practice  Supervision  Training
A System of Practice

1. Therapeutic Attempts
2. Mistakes
3. First Principles
4. Refinement
5. Generalise
The Taxonomy of Deliberate Practice Activities in Psychotherapy (TDPA, Chow & Miller, 2015)


THE ROYAL ROAD TO EXCELLENCE
A Step-by-Step Guide for Psychotherapists to Take Their Effectiveness to the Next Level
(Daryl Chow, MA, PhD)

A: COACH FOR PERFORMANCE

01 HERE’S THE PROBLEM
Practitioner bias

02 TRANSFORM YOUR CLINICAL EFFECTIVENESS
You are 3 persons in 1: Practitioner, Manager, & Visionary

03 SELF-ASSESSMENT TRAP
We are highly inaccurate in assessing our client outcomes.

04 PICK A MEANINGFUL MEASURE
Do not value what you measure, measure what you value.

05 ONE CLIENT AT A TIME
Use the measures with every client as a conversational tool

06 ELICIT & INTEGRATE FIT
Use the measures not as admin paperwork, but to inform and guide the clinical work.

07 MAKE IT VISIBLE
Seeing is learning and reinforcing of reality, make your progress visible to you and your client.

08 AGGREGATE YOUR DATA
What’s the story?

09 ONE THERAPIST AT A TIME
How effective am I?

10 ONE AGENCY AT A TIME
How effective are we as a team?

11 LET YOUR DATA SING
What’s missing? How am I performing? What does the data say that I should be improving upon?

12 TIME STAMP
This is my baseline performance.

13 RE-EVALUATE SET FUTURE DATE
This is when I will re-evaluate my performance

B: COACH FOR DEVELOPMENT

14 CIRCLE OF DEVELOPMENT
Figure out your Comfort Zone, Learning Zone and Panic Zone.

15 LAG VS LEAD MEASURES
Work on the Lead (process), not the Lag (outcomes).

16 DELIBERATE PRACTICE (DPP)
DP framework: Coach, Learning Objective, Feedback, Repetition

17 TAXONOMY OF DPP ACTIVITIES (TODPA)
Figure out the “What” before the “How”.

18 COACH-LEARNER REITERATION PROCESS
1) Monitor outcomes
2) Use TOPA
3) Watch recordings of sessions

19 TOOLS FOR COACHING
Marry the Macro (data & TDDP) with the Micro (client outcomes & recordings)

20 MONITOR COACH & LEARNER FIT
Incorporate a feedback informed approach to coaching.

21 EYES ON THE BALL
- One client at a time
- One therapist at a time
- One agency at a time

22 MONITOR IMPACT OF OUTCOMES
Is this working?

23 CULTURE OF EXCELLENCE
Climate control vs. Command & Control

24 RESULT: CONTINUOUS IMPROVEMENT
This is where you need to be!

For training/coaching/consultation, reach Daryl
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e: daryl@darylchow.com

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3rd Launch, 11th of June ’18.

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