



Two Problems Keeping us From Improved Treatment Effectiveness

The Bay Area Training
Collaborative

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Problem #1 -
Focus on Technologies

Problem #2 -
Focus on
Pre and Post
Quality Control



Problem #1 -
Intentions
or
Technologies



What are
our
intentions?



Ancient Definitions of the word - Therapy

From ancient Greek

Therapeuo - To serve. The act of caring for someone.

Therapeia - A waiting on, service.

Therapeuō - To be an attendant, do service.

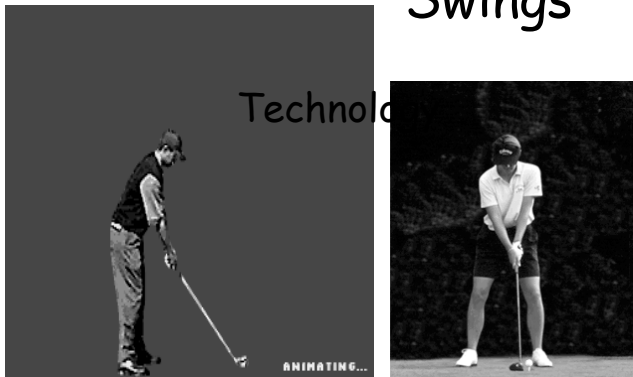


Technologies

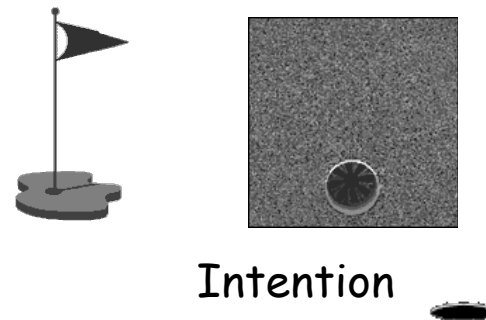
- Attempted Solutions
- Whatever is utilized in an effort to achieve intentions
- Theories, Models, Techniques
- EBPs = Means to intended ends
- EBPs = Technologies



Beautiful Looking Swings



Desired Results





Problems with the "beautiful swing" (EBP) research focus

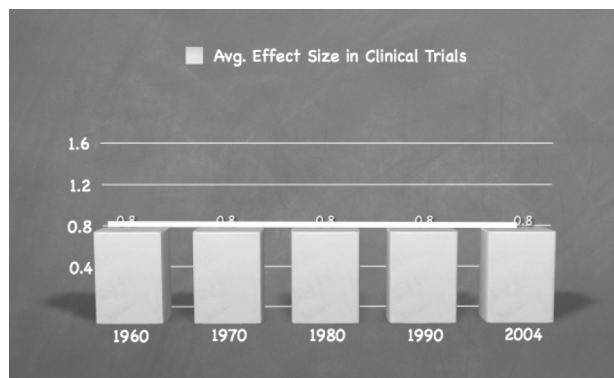
- No meta-research to show models (EBPs) make the difference in reaching desired outcomes
- Research shows that things *other* than models are what makes treatments successful
 - Alliance - 4 to 8 times more important than the provider's technology/theory/techniques
 - Client's perceptions and agreement with what is done is more important than what is done



Our profession has spent over 100 years focusing on technologies (EBPs), while outcomes have *not* improved.



Mental Health Treatment Effectiveness



Problem #2 - Pre and Post Quality Control



Quality Control

Pre Deming QC
or
Post Deming QC



W. Edwards Deming

The grandfather of CQI

"Continuous Quality Improvement"



Pre Deming Quality Control

Pre and Post,
Design and Measurement

Pre-
Production -
Design what
the product
should look
like



Post
Production
Measurement
- Does it fit
the design?



Deming's Idea

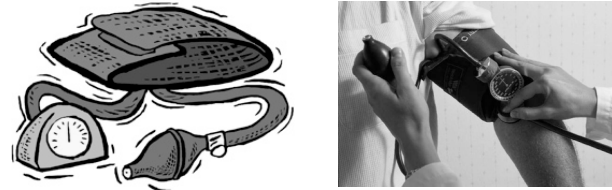
- Measure and improve QUALITY all along the production line, not just at the beginning and end
- Make QUALITY the real product
- Include the worker and end user in establishing the definition of quality
- Constantly measure all through the process



What's missing?



In-the-moment
Contextual Feedback



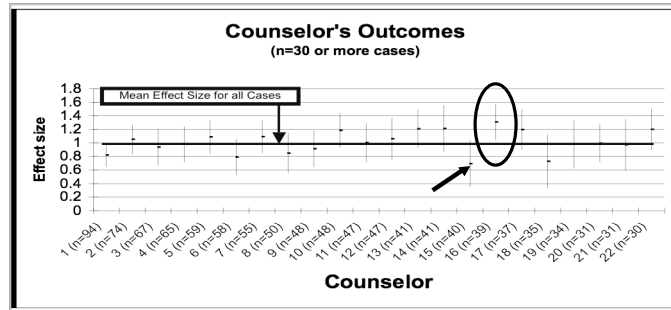
In-the-moment
Contextual and
Continuous Feedback
=
Pactice Based Evidence
(PBE)



Whatever is done -
is it working *now*,
with *this* provider
with *this* client in
this setting?



Same EBP Technology, Different Results



Miller, S.D., Duncan, B.L., Sorrell, R., & Brown, G.S. (February, 2005). The Partners for Change Outcome Management System. *Journal of Clinical Psychology*, 61(2), 199-208.



Client Directed and Outcome Informed (CDOI)



ACORN - Jeb Brown, Ph.D.; Center for Clinical Informatics,
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OQ Analyst - Michael Lambert, Ph.D., OQ Measures,
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Client Directed Outcome Informed (CDOI)

www.talkingcure.com

MyOutcomes - www.myoutcomes.com

ASIST - www.clientvoiceinnovations.com