



Charles Sturt
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Psychotherapy Process and Outcome Recourses

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Resources

Psychotherapy Process and Outcome Resources

In case you wish to dive further into the psychotherapy process and outcome data, we have provided some more detail about the research and evidence used to inform this study. First are the studies we cited throughout the survey, followed by links to more content.

Corresponding to Section 2 (Estimating Your Effectiveness)

1. Walfish, S., McAlister, B., O'Donnell, P., & Lambert, M. J. (2012). An investigation of self assessment bias in mental health providers. *Psychological Reports, 110*(2), 639–644.

Abstract: Previous research has consistently found self-assessment bias (an overly positive assessment of personal performance) to be present in a wide variety of work situations. The present investigation extended this area of research with a multi-disciplinary sample of mental health professionals. Respondents were asked to: (a) compare their own overall clinical skills and performance to others in their profession, and (b) indicate the percentage of their clients who improved, remained the same, or deteriorated as a result of treatment with them. Results indicated that 25% of mental health professionals viewed their skill to be at the 90th percentile when compared to their peers, and none viewed themselves as below average. Further, when compared to the published literature, clinicians tended to overestimate their rates of client improvement and underestimate their rates of client deterioration. The implications of this self-assessment bias for improvement of psychotherapy outcomes are discussed.

2. Lambert, M. J. (2013). The efficacy and effectiveness of psychotherapy. In M. J. Lambert (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (6th ed.) (pp. 169-218). Hoboken, NJ: Wiley.

Abstract: [The authors] review the status of empirical evidence on the efficacy of psychotherapy, mainly with adult outpatients / also discuss related issues, such as (1) change without treatment, (2) negative effects of treatment, (3) comparative outcomes across techniques, (4) causal factors in outcome, and (5) the permanence of change / consider mainly the practice of individual therapies, such as . . . psychoanalytically oriented psychotherapy, various humanistic and relationship therapies, cognitive and behavioral therapies, as well as eclectic mixtures of these and similar types of interventions.

3. Goldberg, S. B., Rousmaniere, T., Miller, S. D., Whipple, J., Nielsen, S. L., Hoyt, W. T., & Wampold, B.E. (2016). Do psychotherapists improve with time and experience? A longitudinal analysis of outcomes in a clinical setting. *Journal of Counseling Psychology, 63*(1), 1-11.

Abstract: Objective: Psychotherapy researchers have long questioned whether increased therapist experience is linked to improved outcomes. Despite numerous cross-sectional studies examining this question, no large-scale longitudinal study has assessed within-therapist changes in outcomes over time. **Method:** The present study examined changes in psychotherapists' outcomes over time using a large, longitudinal, naturalistic psychotherapy data set. The sample included 6,591 patients seen in individual psychotherapy by 170 therapists who had on average 4.73 years of data in the data set (range = 0.44 to 17.93 years). Patient-level outcomes were examined using the Outcome Questionnaire-45 and a standardized

metric of change (prepost d). Two-level multilevel models (patients nested within therapist) were used to examine the relationship between therapist experience and patient prepost d and early termination. Experience was examined both as chronological time and cumulative patients seen. **Results:** Therapists achieved outcomes comparable with benchmarks from clinical trials. However, a very small but statistically significant change in outcome was detected indicating that on the whole, therapists' patient prepost d tended to diminish as experience (time or cases) increases. This small reduction remained when controlling for several patient-level, caseload-level, and therapist-level characteristics, as well as when excluding several types of outliers. Further, therapists were shown to vary significantly across time, with some therapists showing improvement despite the overall tendency for outcomes to decline. In contrast, therapists showed lower rates of early termination as experience increased. **Conclusions:** Implications of these findings for the development of expertise in psychotherapy are explored.

Corresponding to Section 3 (Contributions to Your Effectiveness)

1. Nyman, S. J., Nafziger, M. A., & Smith, T. B. (2010). Client Outcomes Across Counselor Training Level Within a Multitiered Supervision Model. *Journal of Counseling & Development, 88*(2), 204–209.

Abstract: The authors examined client outcome data to evaluate treatment effectiveness across counselor training level. They used a multitiered supervision model consisting of professional staff, interns, and practicum students. Clients (N = 264) demonstrated significant improvement with no significant outcome differences between professional staff and supervised trainees. Limitations and future directions are discussed.

2. Rousmaniere, T. G., Swift, J. K., Babins-Wagner, R., Whipple, J. L., & Berzins, S. (2016). Supervisor variance in psychotherapy outcome in routine practice. *Psychotherapy Research, 26*(2), 196–205.

Abstract: This study is a replication of Rousmaniere et al., in which no differences in client outcome between supervisors were found and few differences in client outcome due to either degree level or experience as a supervisor were found. Hierarchical linear modeling was used to determine variance estimates in client outcome accounted for by supervisors. The longitudinal archival data set consisted of 3,030 clients, 80 therapists, and 39 supervisors at a University Counseling Center in the Rocky Mountains. Therapists practiced psychodynamic, strategic, cognitive behavioral therapy (CBT), solution-focused, and family systems approaches. Average improvement of clients was 7.91 points across supervisors using the Outcome Questionnaire-45.2 (OQ-45.2). Consistent with Rousmaniere et al., the amount of variance in client outcome attributable to clinical supervision was less than 1%. Implications indicate supervision may be enhanced by increased focus on aiding professional development of supervisees and emphasized future clarification surrounding the role of improvement of client welfare by supervisors.

3. Malikiosi-Loizos, M. (2013). Personal Therapy for Future Therapists: Reflections on a Still Debated Issue. *The European Journal of Counselling Psychology, 2*(1), 33–50.

Abstract: The issue of personal therapy in the training of counsellors and counselling psychologists has long been debated and is still being discussed. Although some people believe that trainees' processing of personal issues helps increase their self-understanding, they do not consider it mandatory. Others argue that personal therapy is an integral part of training for future therapists revealing the characters and personalities of those who are fit or unfit to practice this profession. In most European countries a certain number of hours of personal therapy are mandatory to qualify for admission to the profession. In other countries, only certain training programs require it. What are the arguments for or against personal therapy in training? What does research indicate? What is meant by "personal development" and what by "personal therapy"? How is the necessary breadth and depth of "the work with oneself" which is contained in good educational training

programs ensured? The present article reviews some of the relevant research in an effort to answer the questions raised and discuss the arguments developed.

4. Neimeyer, G. J., & Taylor, J. M. (2010). Continuing education in psychology. In J. C. Norcross, G. R. VandenBos, & D. K. Freedheim (Eds.), *History of psychotherapy: Continuity and change* (pp. 663-671). American Psychological Association.

Abstract: If continuing education (CE) is a natural expression of a profession's ongoing evolution (Houle, 1980), then professional psychology can be viewed as suffering a significant developmental delay. Sporadic discussions of lifelong professional development predate the Boulder conference, but emergence of a systematic discussion of CE in psychology is a relatively recent phenomenon. Largely a product of the 1960s and 1970s, the field's long-standing inattention to CE served as one of the earliest recurring themes in its nascent literature. Since that time, the field has experienced maturation, bringing greater clarity to its mission and achieving major milestones over the course of its developmental trajectory. In this chapter, we provide a précis of the history of CE in psychology, from the originating events that first animated it, through the foreseeable future that now confronts it.

5. Whipple, J., Hoyt, T., Rousmaniere, T., Swift, J., Pedersen, T., & Worthen, V. (2020). Supervisor Variance in Psychotherapy Outcome in Routine Practice: A Replication. *SAGE Open*, 10.

Abstract: This study is a replication of Rousmaniere et al., in which no differences in client outcome between supervisors were found and few differences in client outcome due to either degree level or experience as a supervisor were found. Hierarchical linear modeling was used to determine variance estimates in client outcome accounted for by supervisors. The longitudinal archival data set consisted of 3,030 clients, 80 therapists, and 39 supervisors at a University Counseling Center in the Rocky Mountains. Therapists practiced psychodynamic, strategic, cognitive behavioral therapy (CBT), solution-focused, and family systems approaches. Average improvement of clients was 7.91 points across supervisors using the Outcome Questionnaire-45.2 (OQ-45.2). Consistent with Rousmaniere et al., the amount of variance in client outcome attributable to clinical supervision was less than 1%. Implications indicate supervision may be enhanced by increased focus on aiding professional development of supervisees and emphasized future clarification surrounding the role of improvement of client welfare by supervisors.

Corresponding to Section 4 (Use and Impact of Empirically Supported Treatments)

1. Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work* (2nd ed.). New York, NY, US: Routledge/Taylor & Francis Group.

Abstract: The second edition of *The Great Psychotherapy Debate* has been updated and revised to expand the presentation of the Contextual Model, which is derived from a scientific understanding of how humans heal in a social context and explains findings from a vast array of psychotherapies studies. This model provides a compelling alternative to traditional research on psychotherapy, which tends to focus on identifying the most effective treatment for particular disorders through emphasizing the specific ingredients of treatment. The new edition also includes a history of healing practices, medicine, and psychotherapy, an examination of therapist effects, and a thorough review of the research on common factors such as the alliance, expectations, and empathy.

In Section 8, we stated: *However, other methods have been identified as successful in promoting improved clinical effectiveness over time.* Below are some of the evidence informing our views of psychotherapist development.

[Draft Report - linked from cover]

1. Brattland, H., Koksvik, J. M., Burkeland, O., Gråwe, R. W., Klöckner, C., Linaker, O. M., . . . Iversen, V. C. (2018). The effects of routine outcome monitoring (ROM) on therapy outcomes in the course of an implementation process: A randomized clinical trial. *Journal of Counseling Psychology, 65*(5), 641-652.

Abstract: This study investigated the effects of the Partners for Change Outcome Management System (PCOMS) in adult outpatient treatment at a hospital-based mental health clinic. It also investigated whether the effects differed with the timing of the treatment within a 4-year implementation period, with clients' initial distress levels, and between therapists. Adult clients (N = 170) were randomized to treatment as usual (TAU) or routine outcome monitoring (ROM). Twenty therapists provided therapy in both conditions. Therapy outcome was measured by the Behavior and Symptoms Identification Scale (BASIS-32). Data were analyzed in a series of multilevel models (MLMs). Clients in the ROM condition were 2.5 times more likely to demonstrate improvement than those in the TAU condition. Controlling for therapist variability, the overall effect size (ES) in favor of ROM was small ($d = 0.26$, $p = .037$). The superiority for ROM over TAU increased significantly over the duration of the study. ROM effects were not moderated by clients' initial distress levels. Differences between therapists accounted for 9%-10% of the variability in outcomes, and there were no significant differences in ROM effects between therapists. ROM was associated with better treatment outcomes independent of clients' initial distress levels. Clients treated later in the study benefited more from ROM than those treated earlier.

2. Chow, D. L., Miller, S. D., Seidel, J. A., Kane, R. T., Thornton, J. A., & Andrews, W. P. (2015). The role of deliberate practice in the development of highly effective psychotherapists. *Psychotherapy, 52*(3), 337-345.

Abstract: Little empirical research exists about highly effective psychotherapists, and none about the factors that mediate the acquisition and maintenance of superior performance skills (e.g., Ericsson, 1996, 2006; Ericsson, Krampe, & Tesch-Romer, 1993). In the full sample, a 3-level multilevel modeling (Level 1: clients; Level 2: therapists; Level 3: organization types) of practitioner outcomes was used to examine the contribution of the therapist to treatment effectiveness. Consistent with prior research, in the full sample ($n = 69$ therapists; $n = 4,580$ clients) it was found that therapist effects explained 5.1% of the variance in outcome, after adjusting for initial severity. Therapist gender, caseload, and age were not found to be significant predictors. In a subsample of therapists, the relationship between outcome and therapist demographic variables, professional development activities, and work practices was analyzed ($n = 17$ therapists, $n = 1,632$ clients). Therapist characteristics (e.g., years of experience, gender, age, profession, highest qualification, caseload, degree of theoretical integration) did not significantly predict client-reported outcomes. Consistent with the literature on expertise and expert performance, the amount of time spent targeted at improving therapeutic skills was a significant predictor of client outcomes. Further, highly effective therapists indicated requiring more effort in reviewing therapy recordings alone than did the rest of the cohort. Caveats and implications for clinical practice, continuing professional development, and training are discussed.

3. Goldberg, S. B., Babins-Wagner, R., Rousmaniere, T., Berzins, S., Hoyt, W. T., Whipple, J. L., . . . Wampold, B. E. (2016). Creating a climate for therapist improvement: A case study of an agency focused on outcomes and deliberate practice. *Psychotherapy, 53*(3), 367-375.

Abstract: Recent evidence suggests that psychotherapists may not increase in effectiveness over accrued experience in naturalistic settings, even settings that provide access to patients' outcomes. The current study examined changes in psychotherapists' effectiveness within an agency making a concerted effort to improve outcomes through the use of routine outcome monitoring coupled with ongoing consultation and the planful application of feedback including the use of deliberate practice. Data were available for 7 years of implementation from 5,128 patients seen by 153 psychotherapists. Results indicate that outcomes indeed improved across time within the agency, with increases of $d = 0.035$ ($p = .003$) per year. In contrast with

previous reports, psychotherapists in the current sample showed improvements within their own caseloads across time ($d = 0.034$, $p = .042$). It did not appear that the observed agency-level improvement was due to the agency simply hiring higher-performing psychotherapists or losing lower-performing psychotherapists. Implications of these findings are discussed in relation to routine outcome monitoring, expertise in psychotherapy, and quality improvement within mental health care.

4. Miller, S. D., Hubble, M. A., & Chow, D. (2018). The question of expertise in psychotherapy. *Journal of Expertise*, 1(2), 121-129.

Abstract: Although it is well established that, on average, psychotherapy is effective, outcomes have remained flat for more than five decades. Since the 1990s, the effort to identify “empirically supported treatment” approaches has done little to alter this fact. Even more sobering, studies either fail to show therapists improve with specialized training or their outcomes steadily decline with time and experience. The aim of this paper is to illuminate how findings from the literature on expertise and expert performance illuminate new paths for the field of psychotherapy. Results to date point to new possibilities for helping practitioners realize improvements in the quality and outcome of their work.

5. Miller, S. D., Hubble, M. A., Chow, D., & Seidel, J. (2015). Beyond measures and monitoring: Realizing the potential of feedback-informed treatment. *Psychotherapy*, 52(4), 449-457.

Abstract: More than a dozen randomized controlled trials and several meta-analyses have provided strong empirical support for routine outcome monitoring (ROM) in clinical practice. Despite current enthusiasm, advances in implementation, and the growing belief among some proponents and policymakers that ROM represents a major revolution in the practice of psychotherapy, other research has suggested that the focus on measurement and monitoring is in danger of missing the point. Any clinical tool or technology is only as good as the therapist who uses it. Failing to attend to the therapist’s contribution, the long neglected variable in psychotherapy outcome, ensures that efforts to create, research, and refine new outcome measurement systems will inevitably fall short. Research from the field of expertise and expert performance provides guidance for realizing the full potential of ROM.

6. Østergård, O. K., Randa, H., & Hougaard, E. (2018). The effect of using the Partners for Change Outcome Management System as feedback tool in psychotherapy—A systematic review and meta-analysis. *Psychotherapy Research*, 1–18.

Abstract: Objective : The aims of the study were to evaluate the effects of using the Partners for Change Outcome Management System (PCOMS) in psychotherapy and to explore potential moderators of the effect. **Method:** A comprehensive literature search including grey literature was conducted to identify controlled outcome studies on the PCOMS, randomized (RCTs), or non-randomized trials (N-RCT). **Results:** The literature search identified 18 studies, 14 RCTs, and four N-RCTs, including altogether 2910 participants. The meta-analysis of all studies found a small overall effect of using the PCOMS on general symptoms ($g = 0.27$, $p = .001$). The heterogeneity of the results was substantial. Moderation analyses revealed no effect of the PCOMS in psychiatric settings ($g = 0.10$, $p = .144$), whereas a positive effect was found in counseling settings ($g = 0.45$, $p < .001$), although almost all of these studies were characterized by a positive researcher allegiance and using the PCOMS Outcome Rating Scale (ORS) as the only outcome measure. **Conclusion:** The meta-analysis revealed a small overall effect of using the PCOMS, but no effect in psychiatric settings. The positive results in counseling settings might be biased due to researcher allegiance and use of the ORS as the only outcome measure.

7. Wampold, B. E. (2015). How important are the common factors in psychotherapy? An update. *World Psychiatry*, 14(3), 270–277.

Abstract: The common factors have a long history in the field of psychotherapy theory, research and practice. To understand the evidence supporting them as important therapeutic elements, the contextual model of psychotherapy is outlined. Then the evidence, primarily from meta-analyses, is presented for particular common factors, including alliance, empathy, expectations, cultural adaptation, and therapist differences. Then the evidence for four factors related to specificity, including treatment differences, specific ingredients, adherence, and competence, is presented. The evidence supports the conclusion that the common factors are important for producing the benefits of psychotherapy.

More Viewing Content

- [Dr Scott D Miller's keynote *Psychotherapy's Missing Link* presented at the Evolution of Psychotherapy conference in 2017](#)
- [Dr Scott D Miller's keynote *The Evolution of Psychotherapy: An oxymoron* presented at the Evolution of Psychotherapy conference in 2013](#)
- [Bruce Wampold on Qualities and Actions of Effective Therapists and Expertise Research](#)
- [A System of Practice by Daryl Chow, Ph.D. 2018](#)
- [John Norcross on Psychotherapy Research and Integration in 2016](#)
- [Tony Rousmaniere on Deliberate Practice and Developing Psychotherapy Expertise](#)

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Table of contents

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Appendix 1. 'Appendix Heading 1' style

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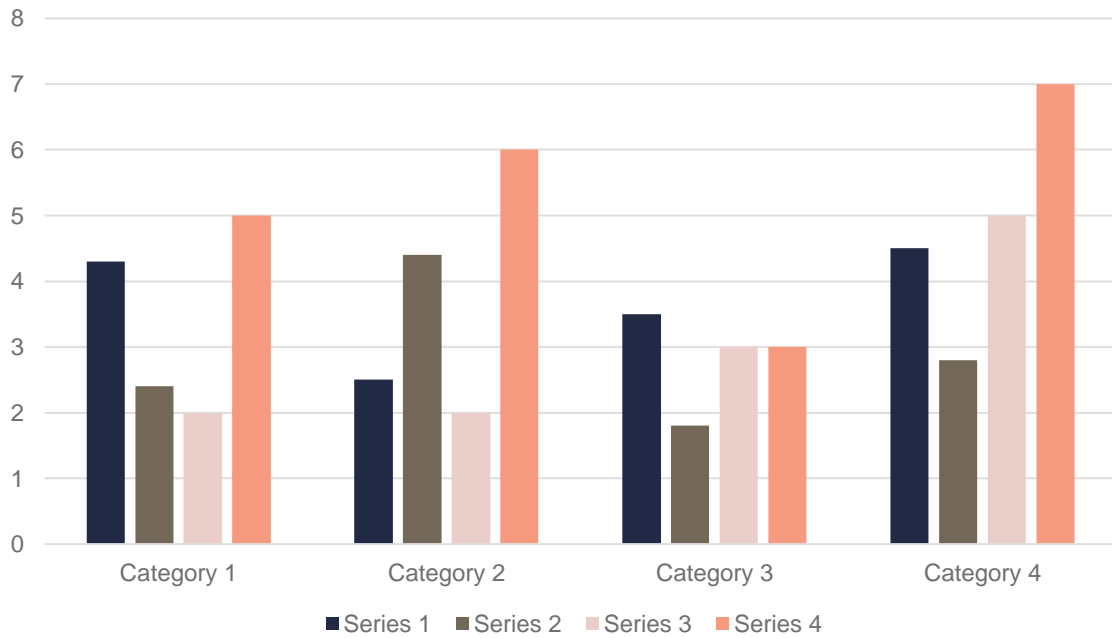
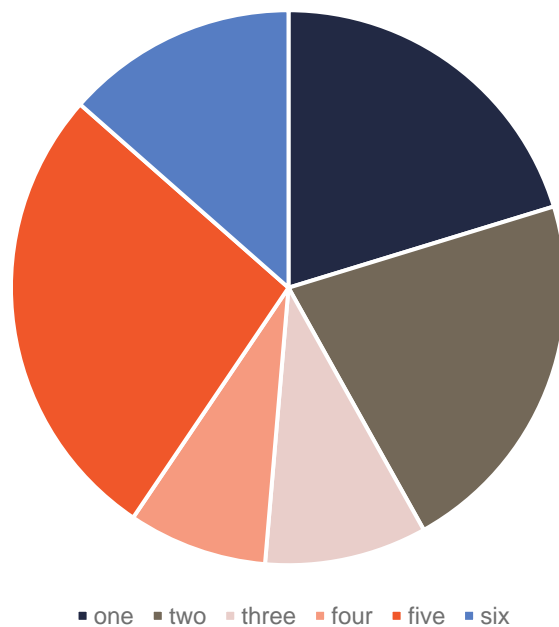


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