

The Hagen Model: Using Feedback in Collaborative Ways to Help Families



CCPA and IAC

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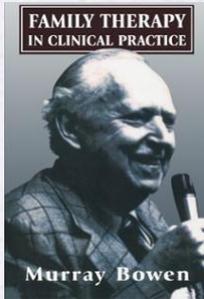
Story of Professional Journey



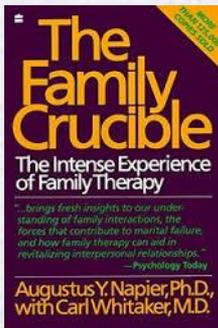
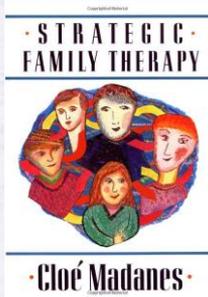
- What brings us to where we are today?
 - *Personal and professional experiences*
- How does formal education, practice, training, clinical supervision, research, continuing education play a role in this?
 - *University study and practical training*
- How can family therapists embrace a feedback culture?
 - *Hagen example of client collaboration*
 - *Application to clinical supervision/ training*



Classic MFT Models

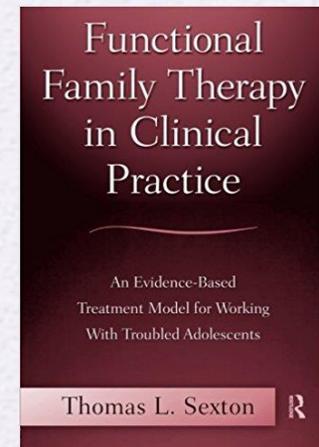
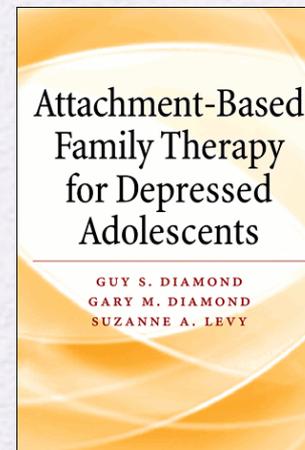


- **Bowenian**
 - Differentiation of Self
- **Adlerian**
 - Goal Recognition
- **Psychodynamic**
 - Attachment Styles
- **Experiential**
 - Awareness
- **Structural**
 - Reframing
- **Strategic**
 - Communication
- **Social Construction**
 - Collaboration



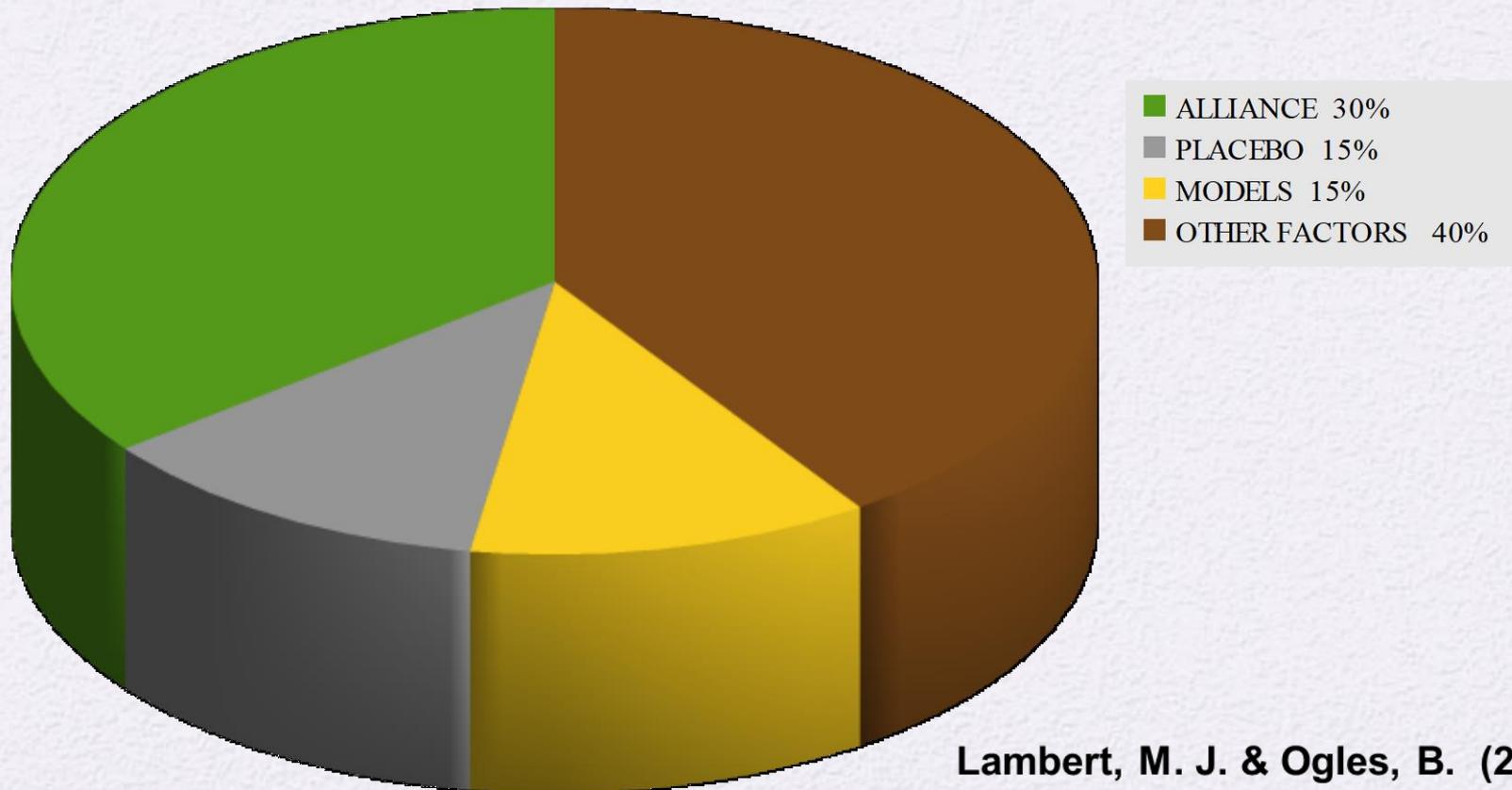
Empirically Supported MFT Models

- **Parent Child Interaction Therapy**
- **Multi-Systemic Family Therapy**
- **Functional Family Therapy**
- **Attachment Based Family Therapy**



Lambert Studies

- *What produces change in therapy?*



Lambert, M. J. & Ogles, B. (2004)

Hagen Behandlingsenhet - Veldre, Norway

Sykehuset Innlandet (Norwegian Hospital System)



3-year work/study at treatment center in Norway that used **continuous client feedback** in **outcome informed practice** (children/adolescents/families)



The Hagen Model

- Clients were **empowered** and encouraged by the therapists, staff, and leaders
- Sense of **hope, optimism, and partnership**
- Persistent and **respectful curiosity**
- **Client collaboration**
- **Effective** treatment
- **Flexible** options
- **Feedback** driven

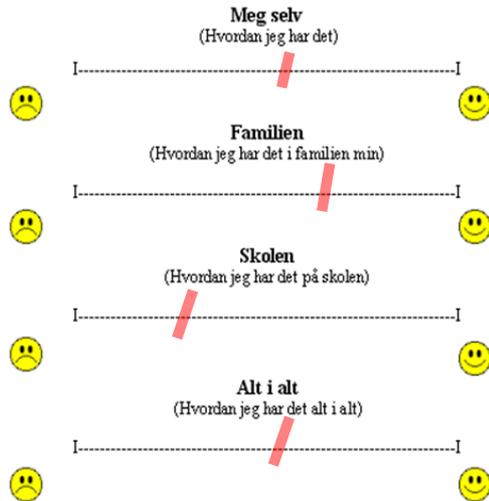


Feedback Tools

Child Outcome Rating Scale (CORS) Skala for endringsvurdering – barn og unge

Navn _____	Alder (År): _____
ID nr. _____	Kjønn: M / K
Samtale nr. _____	Dato: _____
Hvem fyller ut skalaen? Kryss av: Barnet _____ Foresatt _____	
Hvis foresatte fyller ut, hva er din relasjon til barnet? _____	

Hvordan har du det? Hvordan går det i livet ditt? Kan du å hjelpe oss å forstå ved å sette et merke på linjene nedenfor. Det går bedre jo nærmere du setter merket det blide fjeset, og det går dårligere jo nærmere du setter merket det sure fjeset. *Dersom du er foresatt, fyll da ut skalaen slik du tenker barnet har det.*



Institute for the Study of Therapeutic Change

www.talkingcure.com

© 2003, Barry L. Duncan, Scott D. Miller, & Jacqueline A. Sparks

Client Outcome Rating Scale - CORS Measured Client's Calculation of Change

Categories

Me

Family

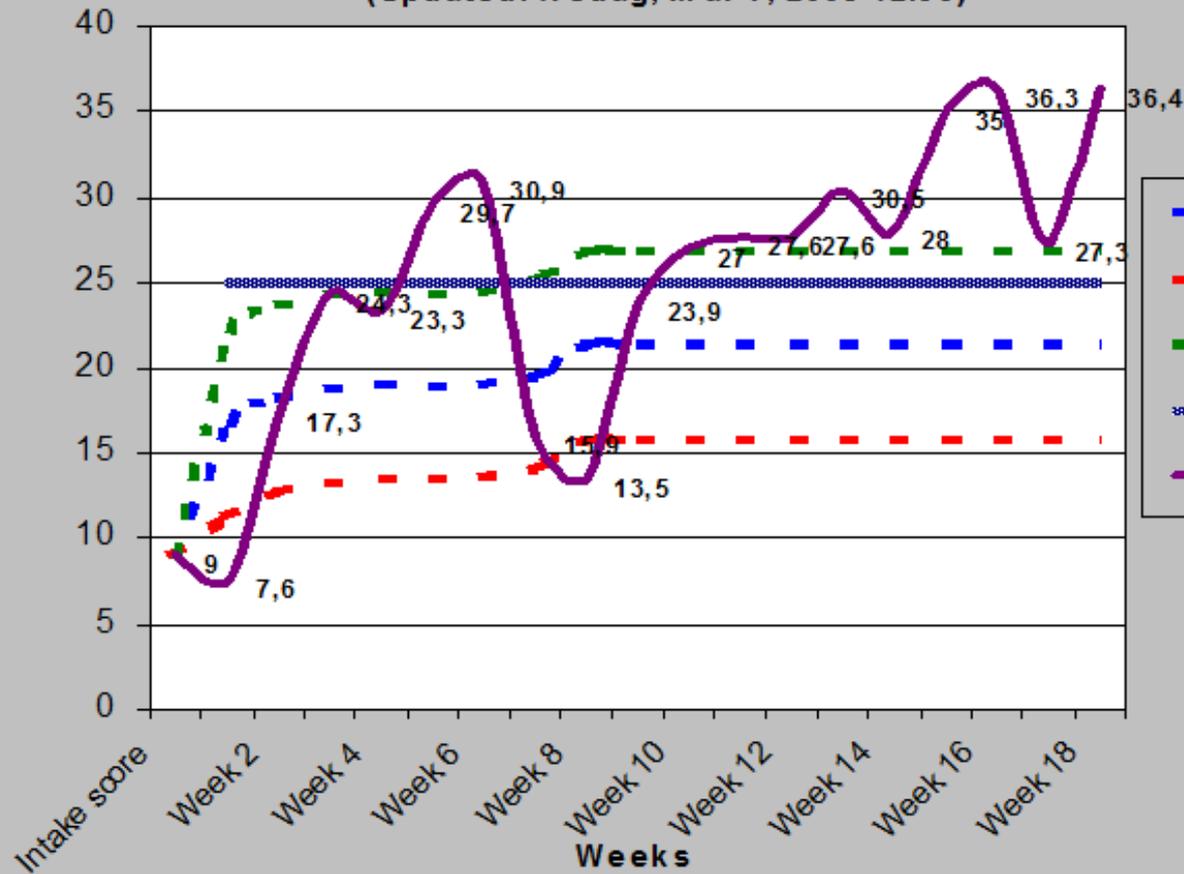
School

Everything

Feedback Outcome Trajectory

Trajectory of Change for Client ID: S0051
(Updated: fredag, mar 7, 2008 12:33)

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- Predicted score
- - 25th percentile
- - 75th percentile
- Clinical cutoff
- Actual score

Return to
Client Data

Feedback on Alliance

Child Session Rating Scale (CSRS)

Skala for samtalevurdering - barn og unge

Navn _____ Alder (År): _____
ID nr. _____ Kjønn: M / K
Samtale nr. _____ Dato: _____

Hvordan var det å være her i dag? Kan du sette en strek på linjene nedenfor for å vise oss hva du synes.

Å bli hørt

Hørte ikke så godt på meg. |-----| Hørte godt på meg.

Hvor viktig

Det vi gjorde og snakket om var ikke så viktig for meg. |-----| Det vi gjorde og snakket om var viktig for meg.

Det vi gjorde

Jeg likte ikke det vi gjorde i dag. |-----| Jeg likte det vi gjorde i dag.

Alt i alt

Jeg ønsker å gjøre noe annet. |-----| Jeg håper vi kan gjøre noe lignende neste gang.

Institute for the Study of Therapeutic Change

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Session Rating Scale - CSRS
Measured Client's Evaluation of
the Session

Categories

Relationship

Goals

Methods

Everything

Norwegian Couples Feedback Study

Morten Anker and his team showed in a quantitative study that therapists' use of *continuous client feedback* improved therapy outcomes *regardless* of treatment methods used by therapists . . -but did not reveal how.



N = 410

achieved nearly 4 times the rate of clinically significant change

-Anker, M., Duncan, B., & Sparks, J. (2009)

USC -Qualitative Research Study



In depth-phenomenological interviews of five *Family Therapists* from various backgrounds at Hagen (Psychologist, Family Therapists, Social Worker, and Miljøtherapists)

The *purpose of the study* was to gather:

- *Feedback information* therapists utilized and received from clients in a session- and determine:
 - *How this is interpreted* by the counselor
 - How it is then translated into *more effective family therapy* in the session



-Martinson, D. (2012)

Qualitative Research Results

Revealed **Seven** Foundational **Themes** of Feedback

Primary Themes:

- Client collaboration
- Positional stance of the therapist:
 - **Sub-Themes:**
 - True acknowledgment of the client
 - Prestige free attitude toward the client
 - Trusting the client
 - Flexibility in treatment
 - Willingness to negotiate therapy with the client



Client Collaboration (Brukermedvirkning)

• Systemic Client Collaboration

- Surveys (Brukerundersøkelser)
- Norwegian laws mandating **client participation** in treatment



• Individual Client Collaboration:

- **Client's description** of the problem
- What client **believes has to happen** for positive change to occur
- **Expectations** the **client** has **of the therapist**
- **Goals** and **actions** according to the **client's perceptions**

It required a **high degree of openness in all communication** with the parents, children, and collaboration partners.

Therapist Positional Stance (*Holdning*)

- **Focus on Alliance:**
 - ***Alignment with the client*** on treatment ***goals, methods, and theory of change***
- **Complete Acceptance of the Client:**
 - Socially constructed ***world of the client*** was ***recognized*** and ***accepted***

Incorporates five (5) Sub-themes

1. *True acknowledgment of the client*
2. *Prestige free attitude toward the client*
3. *Trusting the client*
4. *Flexibility in treatment*
5. *Willingness to negotiate therapy with the client*



True Client Acknowledgment (Annerkjennelse)

- **Therapist Validation of Client's:**
 - *Beliefs*
 - *Ownership* of *defining* of problems and solutions
 - *Communication* and *feedback* in therapy
- **Complete Whole Acceptance of the Client:**
 - Includes client true *intentions, motivations, goals,* and *experiences* in and out of therapy
- **Reverses the Traditional Power Differential**
 - This *outweighs* the therapist *techniques*
- **Willingness to Listen and Validate Client Experience**
 - Foundation for *building therapeutic alliance*



Prestige Free Attitude (Prestisjefrihet)

- Hagen therapist was willing to relinquish the power
- The theme involved serving the client and treating them with respect

«Both client and therapist have competencies to contribute» (-Hagen therapist)



Trusting the Client (*Stoler på Klienten*)

- Understanding the **client as an expert**
- Therapist trust must include:
 - **Moving from** trusting **professional skills, training, and experiences** as a **therapist** to trusting the **skills, experiences, and voice of the client**
 - Being willing to **exchange competencies**
 - **Willingness to ask for feedback** from the client: **outcome of therapy** and **therapeutic alliance**
 - **Trust** of **feedback** information from client
 - Trust **client's interpretation** of feedback
 - Shift from **theory** driven to **practice** driven



Flexibility in Treatment (*Fleksibilitet*)

- **Flexibility**
 - Means having **many methods** in our "toolbox."
 - The **method** adjusts to the client, not vice versa.
- Being **willing** to go where the client takes you.
- Being able to **adjust** the treatment quickly depending on the feedback retrieved from the client.
 - **Treatment arena** can be altered depending on the needs of the client (for example, seeing a child in the home, outdoors, or at school instead of in a therapy office - **Miljø-therapy**).
 - Flexible use of **time**: day, evening, or weekend.
Flexible resources.



Willingness to Negotiate Therapy (*Forhandlingsvillig*)

- **Negotiations** begin *prior* to initial meeting:
 - Meeting times, meeting places, and participants in the first meeting
- **Language Negotiation:**
 - Negotiation regarding *language* and *interpretation* of feedback
- **Treatment Negotiation:**
 - Treatment *planning, therapy methods*, and how feedback modifies course of treatment
 - A *continuous process* that occurs throughout the duration of the treatment period



Hagen Model of Feedback Culture (Feedbackkultur)

Use of Feedback – One example:

- Client Outcome Rating Scale was used at the beginning of each session.
- Clients decided whether therapy was producing the desired results.
- Session Rating Scale was used at the end of the session to evaluate alliance and focus on goals.

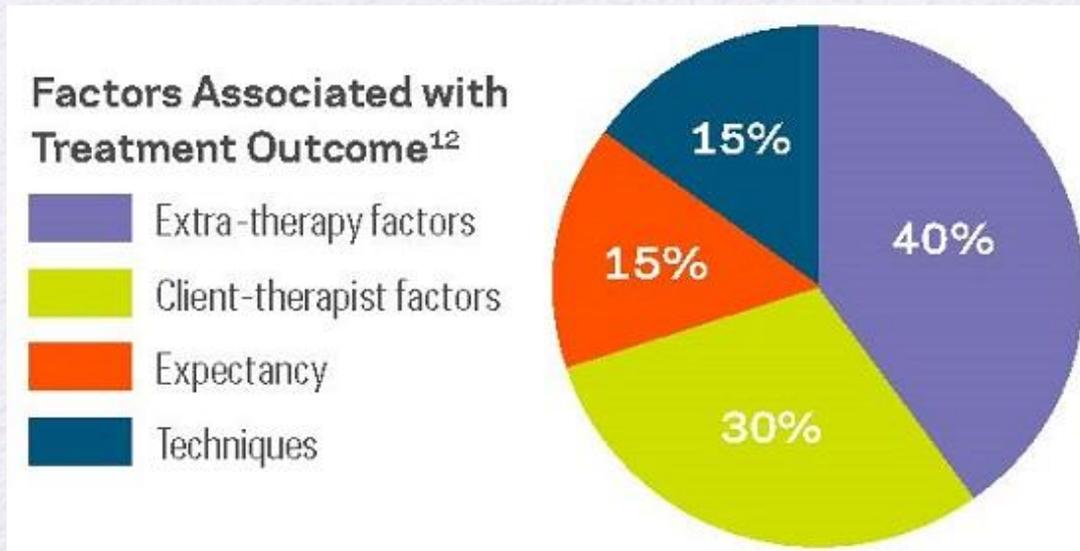
Ramifications for Family Therapist at Hagen:

- Necessary flexibility
- Willingness to allow client to control goals and progress in therapy
- Loyalty to client versus loyalty to theoretical model
- Willingness to hear feedback (both negative and positive)
- Client was expert of own life –

This changed the power differential

Gisela Hagemann's Law:

“Every new idea goes through three phases; first it is considered ridiculous, next, it is actively opposed, and finally it is accepted and taken for granted!”

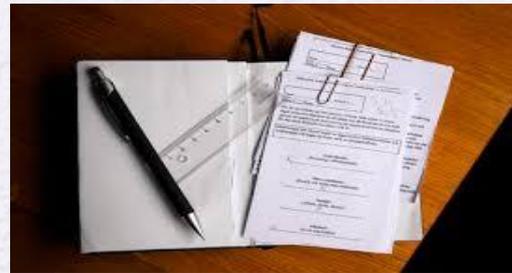


Hagen Model of Feedback Culture

Application in USA

- Why incorporate a feedback culture?
 - Way to **track progress** and allow you to know when clients are deteriorating
 - Improve as a clinician by using this as a **self-supervision** tool and to discuss in clinical supervision
 - Insurance companies, government, and other entities in the USA want **outcome measurement**
 - Research is pointing out the importance of doing this

Systematic Client Feedback Options



OQ-45, ORS, SRS,
PHQ, GAD, & the
Cooper Measures



The Patient Health Questionnaire-2 (PHQ-2)

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At All	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

Immaculata Supervision Study

Translated and implemented supervision feedback instruments for use in clinical supervision.

Supervision Feedback instruments created in Norway

Translated from Norwegian to English



GOALS FOR SUPERVISION

Name _____ Date _____

Please put a mark rating the order of importance on the line below and write in key words that indicate the specific topics you want to focus on in the clinical supervision sessions.

Knowledge:
Increased knowledge and new perspectives on clinical issues I am dealing with

Least important _____ Most important _____

Specific areas of focus: _____

Reflection:
Depth study on attitudes, difficult decisions, ethical dilemmas and integration of theory/practice

Least important _____ Most important _____

Specific areas of focus: _____

Skills:
Increased skills in relationship building, collaboration with client/family and various agencies

Least important _____ Most important _____

Specific areas of focus: _____

Coping:
Increase the confidence and greater satisfaction in my role

Least important _____ Most important _____

Specific areas of focus: _____

Arviden Kärki (2011)
Translated from Norwegian by David E. Shapiro (2012)

SUPERVISION EXCHANGE OUTCOME

Name _____ Date _____

Please provide an assessment of the outcomes of supervision for the last quarter / last half year by making a mark on the line that best fits with your own experience.

Knowledge:
Increased knowledge and new perspectives on clinical issues I am dealing with

Strongly Disagree _____ Strongly Agree _____

Reflection:
Depth study on attitudes, difficult decisions, ethical dilemmas and integration of theory/practice

Strongly Disagree _____ Strongly Agree _____

Skills:
Increased skills in relationship building, collaboration with client/family and various agencies

Strongly Disagree _____ Strongly Agree _____

Coping:
Increase the confidence and greater satisfaction in my role

Strongly Disagree _____ Strongly Agree _____

Comments: _____

Arviden Kärki (2011)
Translated from Norwegian by David E. Shapiro (2012)

EVALUATION OF SUPERVISION SESSION

Name _____ Date _____

Please rate the following by putting a mark on the line that best represents your experience.

My supervisor understood and respected me

Not at all _____ Definitely _____

We talked about what I wanted to talk about (goals/themes)

Not at all _____ Definitely _____

The discussions fit me well (approach/method)

Not at all _____ Definitely _____

Overall this supervision session was useful to me

Not at all _____ Definitely _____

Comments: _____

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-Ulvestad & Kärki (2012)

Supervision Study Results

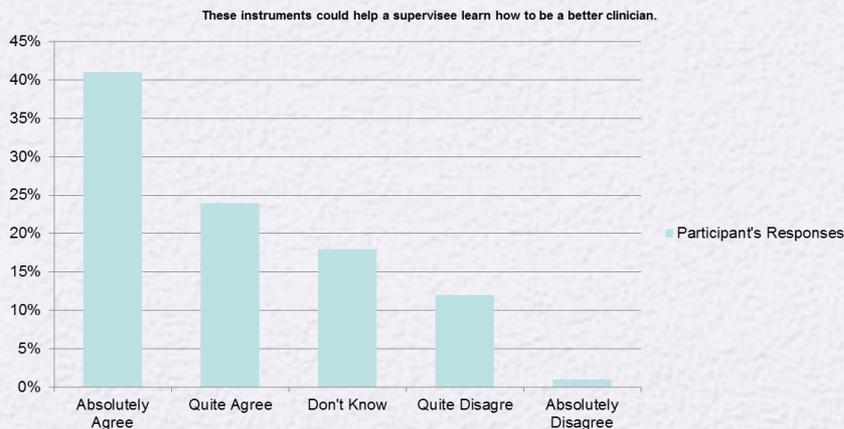
Themes of Supervision Feedback

Instrument Benefits

- Defines supervision
- Simple tool for regular use in multiple settings (group, individual, in- or outside of supervision)
- Encourages openness, flexibility, and allows for negotiation
- Provides measurable data

Supervisee Effect

- Encourages supervisee to:
 - Track progress
 - Clarify/Define goals
 - **Elevate supervisee's voice to supervisor**
 - Remember goals



Supervisor effect

- Encourages supervisor to be:
 - Non-judgmental
 - Confident
 - Collaborative
 - **Accepting of feedback**

Søren Kirkegaard (1813-1855)

Kirkegaard (From a plaque at Hagen)



“If I am to be successful in leading a person toward a specific goal, I must first find it where it is, and start right there.

One who cannot do this, fools himself into thinking (s)he can help another.

In order to help someone, I must first understand more than what (s)he knows. But first and foremost understand what (s)he understands.

If I cannot do this, then it doesn't help if I am more knowlegable.

Søren Kirkegaard (1813-1855)

Kirkegaard (From a plaque at Hagen)



If I still want to show how much I know, then it is because I am vain and arrogant and actually want to be admired by the other instead of helping him (or her).

All genuine desire to help begins with humility toward whom I want to help, not to reign, but to serve.

If I cannot do this, I cannot help another.”

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