



# Beyond Best Practice

How Mental Health  
Services Can Be Better

BIRGIT VALLA *and*  
DAVID S. PRESCOTT



# BEYOND BEST PRACTICE

Written by practitioners for practitioners, this empirically grounded book offers clinicians of all backgrounds a guide to incorporating feedback and self-development strategies that will dramatically enhance their therapeutic abilities. Building on the foundation of Feedback-Informed Treatment (FIT), *Beyond Best Practice* explores the benefits of practising therapy using in-the-moment client feedback, with an emphasis on ongoing, typically solitary, *deliberate practice*.

Chapters describe the real-world journey of an established master therapist and her agency, examining each element of FIT in detail through her eyes. Her journey is illustrated through discussions with prominent researchers, authors, and former clients, as well as informative experiences outside psychotherapy. Rich case examples of success, failure, and “failing successfully” are also woven throughout, with a focus on the practical applications and skills needed to become an excellent and effective therapist and agency.

What becomes clear through the many narratives is that we can improve our services by studying the obvious and subtle forms of feedback that are available to us at all times. *Beyond Best Practice* emphasizes what each practitioner can do to become more effective, one client at a time. It will be essential reading for all mental health practitioners and agencies working at the front lines of medical care.

**Birgit Valla** is a Norwegian clinical psychologist and leader of a mental health service for children, families, adults, and people with addictions and substance abuse, which is developed based upon the feedback from the people seeking help. Valla is also a writer, lecturer, and public speaker.

**David S. Prescott** has worked in the field of treating sexual abuse for 34 years and has produced 18 book projects in the areas of abuse and psychotherapy. He lectures around the world and is the recipient of two lifetime achievement awards from international organizations. He is a senior associate for the International Center for Clinical Excellence.

“15 years from now, we will realise that we have got it wrong about a lot of things in mental health care. Birgit Valla and David Prescott point us in the direction that we need to go. They have got it right. Buy 10 copies of this book and give them to your colleagues. This book is a conversation-piece we need to have.”

**Daryl Chow, PhD**, author of *The First Kiss: Undoing the Intake Model and Igniting First Sessions in Psychotherapy*

“This book represents ground-breaking ideas about how to think differently about mental health care all over the world. With these ideas Birgit Valla has managed to change the entire system in her home town in Norway. This book is a must-read for anybody interested in delivering better services to the people seeking help from mental health care professionals.”

**Susanne Bargmann**, psychologist, author, trainer and international speaker, Denmark

# BEYOND BEST PRACTICE

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How Mental Health Services Can  
Be Better

*Birgit Valla and David S. Prescott*

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**From Birgit: For my mother, Lise Valla, who taught me about courage.**

**From David: For my family, who have taught me about optimism.**

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## **FOREWORD BY SCOTT D. MILLER: COMING BACK FROM THE DEAD**

In 1994, Donald Miller, Jr., of the small Midwest town of Findlay, Ohio, died. His wife, Robin, did her best to move on with her life, using the federal welfare benefits available for taking care of herself and the couple's two children. Life had not been easy for the family. In the 1980s, Mr Miller fell on hard times. He lost his job and started drinking, labelling himself an "alcoholic". The couple eventually divorced. At the time of his death, he owed more than \$32,000 in child support payments.

As sad as the story may be, it is all too familiar to anyone who works in the field of mental health. Life is full of difficulties, challenges, and tragedies. No sooner does one come to our attention than it is replaced by another situation equally sad or worse.

For all that, the Millers would not be so easily forgotten. Their story resurfaced in Judge Allan Davis's Hancock County Probate Court in October 2013. Present at the proceedings, besides the judge, was Mrs Miller and her very-much-alive ex-husband, Donald. As it turns out, the announcement of his death had been premature. At the time of his disappearance, acting under the extreme pressures of mood and circumstance, Mr Miller had simply jumped ship and left town. He took up residence in Florida and Georgia.

Years later, when he returned to his home town, his parents informed him he been declared dead. After failing to send word to his family about what he was doing and his whereabouts, the courts had made this determination at the request of Mrs Miller.

Seated in the courtroom, Donald soon found it was far easier to be dead than to return to the living.

“We’ve got the obvious here,” said the judge. “A man sitting in the courtroom. He appears to be in good health.”

The problem, Judge Davis asserted, was that Miller had been “dead” for nine years, thus exceeding the time limit for changing the court’s prior ruling.

“It’s a strange, strange situation,” the Honorable Allan Davis concluded, “but as far as the law is concerned, you’re still deceased.”

Strange indeed. No, actually absurd. Donald Miller is clearly alive. That fact is indisputable. No one involved in the saga disagrees. And yet, for all intents and purposes, dead he remains. Rules replaced reality. Process trumped proof.

As remote as this story may seem, in reality, professional mental health finds itself in an equally absurd place. The need for help is obvious. As Mr Miller went to court to solve a problem, every day clients present for treatment to rectify a wrong, improve their lives, get a new start, feel better, and move on. To service the demand, any reasonable person would conclude that it is best to address directly, with each and every client, what they want to be different as a result of meeting with us. Instead, what happens? Year after year, massive amounts of time and money are spent defining the scope of clinical practice and standardizing service delivery. Despite our best intentions, just as in Judge Davis’s court, rules ultimately replace our client’s reality. Defining their problems, and regulating the methods used to treat them, trump what clients want and how best to achieve it.

As it is, 40 years of outcome research documents the futility of the field’s furious, yet misplaced, efforts. While the number of standards, ethical guidelines, diagnoses, and treatment methods has exploded, almost no attention has been paid to the most important determinant of therapeutic success: client engagement. The temptation to think that the field is making huge strides in improving the quality and outcome of care is understandably strong. However, the proof is indisputable:

costs are increasing, dropout rates remain high, and overall clinical outcomes have not improved appreciably from one year to the next.

At length, clients do not care what we think about what we do or how we do it. Rather, they want what they want. And how do we figure out what is “it” that clients want? As the authors write so eloquently and convincingly in this book, *that* question is the most important of all.

I’m thrilled that this book has been revised and translated into English. The time has come to state the obvious, what everyone involved in the mental health industry already knows to be true – our clients are alive! They can and deserve to get what they want. Moreover, helpers can dramatically improve their ability to deliver the results clients seek. The old traditions have not proved their worth. It’s time to set them aside and chart a new course. Brigit Valla’s story shows us the way.

Scott D. Miller, Ph.D.  
International Center for Clinical Excellence  
Chicago, Illinois  
October 2018

# PREFACE BY DAVID S. PRESCOTT

A recent social media discussion for psychotherapists focused on a study by Simon Goldberg and his colleagues (2016) finding that professionals don't become more effective with experience. Outrage ensued. Examples included "I've gotten better at identifying which clients will not come back for a second session", "I'm much more effective at knowing which insurance companies will pay under what circumstances", "I can tell from the first session who will get divorced". No one talked about how they'd actually become more helpful to their clients. Even if they had, the question would have been how they had known for certain. These are the questions that a small number of practitioners began to ask many years ago.

I first met Birgit in 2013 at the Achieving Clinical Excellence conference in Amsterdam, where clinicians and researchers from around the world gathered to explore how practitioners do (and don't) improve their effectiveness. By the time of this conference, Birgit was using examples outside psychotherapy to illustrate her points about how we need feedback from our clients if we are to become better therapists. We know this implicitly. It is why some companies hire secret shoppers to test the proffered services and report on their experiences. Companies that respond to feedback earn customer loyalty. How is it that this message is so difficult to translate into psychotherapy practice?

My main inspiration for working on this book, besides Birgit herself, was in watching how practitioners in the Nordic countries from Rolf Sundet to Jakko Seikkula regarded their clients and were willing to go the extra mile to understand them. All this came at a time when meaningful case formulation has receded in many areas. In my practice, I often encounter professionals who focus on their measures more than the people they're measuring.

I've edited many publications. For years, I invited practitioners to write chapters about their work and compiled them into books. Among my hopes was always that each volume would be its own kind of conference. My plan for this project was originally to adapt an excellent book into more of a "how-to" volume and to add my own additional points along the way. Instead, I realized just how instructive this book could be on its own; a kind of illustration of what each reader can expect as they become more feedback-informed. Instead of adding to the mix and risking confusion, I put my efforts in bolstering a remarkable narrative for a wider audience.

Birgit's story, while unique in its own way, is strikingly similar to many others who have worked to become more effective with their clients. Almost all therapists want to become more effective, but as our friend Scott Miller has observed, we all too often look in the wrong places, much like the drunk who looks for his keys under the streetlight (where he can see) rather than in the dark where he lost them. The central difference in this book is that Birgit was willing to take a long hard look at our field's failings as well as then her own.

This willingness to look into a metaphorical mirror at one's own shortcomings is rare. As we explore in Chapter 5, Steve Walfish and his colleagues (Walfish, McAlister, O'Donnell, et al., 2012) found that psychotherapists almost unanimously rated themselves as more effective than their peers. One implication of this study is that we all want to become better and yet we believe we have already done so. Walfish and his colleagues showed us that viewing ourselves as being more effective than others is itself the hallmark of being average. The story in this book is one that we should aspire to: professional development as a distant shore we always sail towards.

Birgit did this alone, seeking out coaching along the way. Helping to prepare this book has provided its own form of professional development.

I hope it inspires you not only to challenge yourself, but to find others who, like Birgit, challenge you to go above and beyond your current abilities.

I am grateful to my wife, Louise, and my colleagues and supervisees who put up with my schedule during these times – Jay Wolter, Steve Tuck, Lisa D’Innocenzo, Emma Reeves, David Schwartz, and Heidi Jacobsen. A very special thanks to the original publishers at Gyldendal for making the way forward possible. I am always grateful to have had the family I did – writers all. The memories of Peter Prescott, Eleanor Lake, and Lili and Orville Prescott were several of the stars I steered by.

## PREFACE BY BIRGIT VALLA

*The only person who is educated is the one who has learned how to learn and change.*

— Carl Rogers

I am a psychologist and manager of Stangehelp, an easy-to-access mental health service in Stange municipality, Norway. As the leader of this service, I receive a great many suggestions from various professionals on what to do. Weekly emails come from various sources on new methods, new programmes, and new approaches that employees should be trained in, and what ideas we might implement so that we can provide high quality treatment services. So how does one choose?

Hilde was a mother I worked with because she had a troubled relationship with her teenage son. I visited them at home to observe and, to the best of my ability, provide guidance and advice. When we had been doing this for a while, interactions between the two began to work better. I became curious about what we had done that had helped. Hilde told me that “I think it turned when you commented how nice we have it here at home”, a comment I had spontaneously made at one of the first visits. Hilde was a single mother and had very little money. But with good aesthetic sense she decorated her home with finds from flea markets and thrift shops. Hilde’s nearest relatives

had not been very supportive of her role as a mother, and she had received many negative comments from them on how she and her children lived. When the son heard that an observer like me thought they had a nice and pleasant home, he could also begin to believe that his mother was good for something. He had not heard this often earlier, and he had been hard on his mother's attempts to create a good home for him.

This commentary on what helped made me think. Was it not the advice on setting limits, or the use of appreciative attention and all the other things I had learned in textbooks, which had worked? Yes, this might have had an effect too, but it was not what appeared to be most important for Hilde. Ever since I started working as a psychologist, I have often received feedback about what is important to people that has contradicted my own preconceived assumptions.

So how do we figure out what to do in mental health services? I have struggled with the answer to this question ever since I was a graduate student. Early in my career I was lucky to learn how to start using a feedback tool in therapy, which stimulated my curiosity in every meeting with clients. As children we come into the world with an innate curiosity. Early on, I learned the word "why?" and often used it. My curiosity was soon challenged. Albert Einstein once said that it is a miracle that curiosity survives formal education. This sounded right to me. As students, it was important for us to acquire knowledge and write what we thought the examiner wanted on the test, which in turn led to high grades. We did not have much opportunity to consider whether what we were learning held up in real life. Fortunately, curiosity survived, thanks to the strong focus on feedback that I encountered in my first workplace.

I am an optimist, but as my career progressed I was often frustrated. I'm optimistic because I believe that everything is possible. I was frustrated because I met many people who felt that the help they had received had not helped them. Some also said that they had got worse. This is all too common, despite the considerable resources devoted to help. I would have thought that, with all the resources available in mental health services, it should be possible to achieve better results. Yet I often ask myself: do they really work, these things we are doing?

Luckily, I have found a way past the frustration. As leader of Stangehelp, I eventually figured out how to figure out what to do. In

Stangehelp, we are less interested in acquiring the latest methods or adopting the latest assessments, but we are very concerned about the feedback from the people we are there to help. This is not random and haphazard. In Stangehelp we do this thoroughly, consistently, and continuously. Collecting feedback is just the beginning. It's what we do with the feedback that is important for the development of good and effective services. Research on what makes some very good in their field is the basis for how we develop our service. This book addresses the concepts of feedback and deliberate practice, which we have found to be invaluable.

How do we figure out what we should do in the mental health field? When one understands this learning process, progress will follow. I hope this book will provide some reflection on how to provide mental health care and how to understand psychological problems. I hope to inspire those who want to learn and to change themselves and their service.

In working on this book, I have talked with several people in search of answers to my questions about psychology, mental health, and mental health services. You will get to know them throughout this book: they appear in one or more chapters. I am very grateful that they have taken the time to talk with me and respond to my "why?".

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