

The SONAR Session Checklist (SSC)
v1.0

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Overview

A consistent finding in psychotherapy research is the role of routine and ongoing feedback in improving therapy outcomes. Studies indicate that clients of therapists who incorporate feedback as part of their routine practice achieve outcomes that exceed clients of therapists in non-feedback or treatment as usual (TAU) conditions.¹ In addition, clients of therapists who employ in-session feedback are less likely to drop out and experience a negative outcome.² Despite results indicating the benefit to clients many therapists do not employ or remain inconsistent in their use of ongoing feedback processes. The SONAR Session Checklist (SSC) is a tool to encourage and remind therapists to use in-session, real-time feedback. The SSC provides a structure through which to engage clients in feedback processes to build further accountability into sessions. In addition to increasing the potential benefit of services to clients, the in-session checklist assists with the identification and resolution of factors that are known to contribute to premature termination and dropout (i.e., a unilateral decision by the client to end services).

The SSC is comprised of three primary components: *outcome measurement*, *alliance measurement*, and *continuous monitoring*. *Outcome measurement* is completed at the beginning of each session and in the case of the SSC involves the use of instrumentation to elicit the client's subjective level of distress and the impact of services on major areas of functioning (i.e., Individual, Interpersonal, and Social Role). It should be noted that outcome measures vary and assess outcome differently. *Alliance measurement* is completed at the end of each session and used to invite client feedback regarding the therapeutic bond, collaboration around goals, and tasks to achieve those goals. *Continuous monitoring* is closely aligned with the alliance measurement and involves ongoing feedback throughout each session as a means to better track and respond to client expectations, preferences, and progress. Outcome and Alliance Measurement are the bookends of *real-time* feedback processes while Continuous Monitoring serves to address client needs as the session evolves.

The three components of the SSC are reliant on *invitation* and *response*. *Invitation* relates to ways in which the therapist encourages the client(s), throughout each session, to share his or her experiences, expectations, preferences, and feedback about the session itself and the impact of services on the problem(s) at hand. *Response* speaks to the specific actions that the therapist uses to reply to client feedback. The therapist responds to client feedback with actions (e.g., questions, comments, changes in method(s), adjustments to in-session processes, attention to alliance ruptures, etc.) that convey respect, clarify what has been communicated, and invite further information. Invitation and Response help the therapist to engage the client through strategies that foster collaboration, strengthen the quality of the alliance, improve client-therapist fit, and prompt timely decision-making. It is hoped that use of the SSC will promote the use of routine and ongoing in-session feedback to increase the likelihood that the client(s) will benefit from services and experience a successful therapy outcome.

Description and Suggestions for Use

The SSC is comprised of five domains and 12 subcategories. The five domains comprise the acronym, S-O-N-A-R, which stands for *Setup*, *Outcome*, *Now*, *Alliance*, and *Response*. *Setup* is the initial phase in which real-time feedback processes and their role in improving outcomes is discussed with clients. *Outcome* represents the completion, scoring, and review of the results of the measure(s) with the client(s). *Now* involves discussion of the results and further feedback is invited to inform changes or modifications to services. This third phase also serves as a reminder to therapists to continue to check in with clients on an ongoing basis and integrate any feedback. *Alliance* represents the point at which the client completes the alliance measure(s), it is scored, and the results are reviewed. *Respond* is characterized by a discussion of the results with the client and further feedback is elicited. This final phase is also when decisions are made about next steps (i.e., continuation of services as is, modification of services, referral, transition from services, etc.).

Each domain of the SSC serves as an area of focus for individual sessions and each subcategory represents a specific action within a given domain. Because the SSC was developed to provide a general framework for in-session feedback it is meant to be followed sequentially. Although subcategories within the checklist may require minor modifications for use in a particular setting, users are encouraged to maintain the integrity of the SSC as much as possible to avoid making the checklist overly complex or cumbersome. The SSC is not intended to serve as a form of assessment or for diagnostic purposes.

Included in this document are an *expanded key*, a *desktop reminder*, *wall version* (for posting), and various resource *appendices* to assist therapists with the incorporation of in-session feedback as part of routine practice. It is recommended that the user review the SSC prior to use and determine how to use it in conjunction with assessment and practices required in a specific setting or context.

The SONAR Session Checklist (SSC) (Expanded Key)

SETUP

- **(Intake/Initial Session) Introduce and Discuss the Role of Real-Time Feedback.** Ideas for introducing outcome and alliance measures and continuous monitoring are offered in Appendix “A.” **(Subsequent Sessions) Reorient to the Role of Real-Time Feedback.** Revisit the importance in actively monitoring progress and the subjective benefit of services. *The therapist may also choose to proceed directly to the second phase.*

OUTCOME

- **Complete Outcome Measure(s).** Outcome measurement should occur *at the beginning of each session* so the client’s current level of distress and functioning can be incorporated in real time. Use paper or electronic version.
- **Score Measure(s) and Plot Results.** If using a paper measure plot on a paper graph. (You may also choose to enter the data into an electronic database and plot the results at a later time.) If using an electronic version have the system compute and graph the results. Be sure the results are viewable by the client(s).
- **Identify High/Low Scores and Variations from Previous Scores (in subsequent sessions).** Variations can include large peaks or drops (i.e., an unusual slope of rapid improvement or deterioration from one session to another), deviation from expected trajectories, ceiling effects (i.e., flattening out of scores), bleeding (i.e., gradual regression), and so on, which may indicate of progress, lack of progress, or deterioration. In the event of a peak or drop, further risk assessment may be indicated. If using a computer-based system and applicable, note signal alerts.

Now

- **Discuss Outcome Feedback.** Explore the meaning of the results from the client’s frame of reference. Keep in mind: 1) Scores are relative and cannot be understood without further client feedback; 2) The situational context—scores can represent specific events and emotional states and not necessarily reflect an overall period of time (e.g., since the last session, over the past week, etc.); and, 3) Significant changes in scores from one session to another necessitate more deliberate action on the part of the therapist and may place the client(s) at higher risk of negative outcome and dropout. See Appendix “B” for general categories of client response and corresponding suggestions for therapist actions.
- **Collaborate and Proceed.** Incorporate feedback and patterns of response and determine with client any modification of services in terms of dosage form, goals, or approach. If necessary discuss change of therapist, referral, or transition out of services, etc. Revisit decisions at end of session as plan may change.
- **Continue to Monitor.** Actively seek ongoing session feedback by checking in with the client(s). See Appendix “C” for examples of questions to invite client feedback.

The SONAR Session Checklist (SSC) (Expanded Key)

ALLIANCE

- Complete Alliance Measure(s).** Use paper or electronic version. Alliance measurement should be completed *at the end of each session*, in the last 3-5 minutes or so. Be sure to allow sufficient time for the client(s)' feedback from the session/interaction to be incorporated. Revisit and encourage the importance of honest and genuine feedback as needed so the therapist can learn from the client and improve.
- Score Measure(s) Plot Results.** If using a paper measure plot on a paper graph. (You may also choose to enter the data into an electronic database and plot the results at a later time.) If using an electronic version have the system compute and graph the results. Be sure the results are viewable by the client(s).
- Identify Low Scores.** Note scores that fall outside of the established cutoff for the measure and any deviations as compared to previous sessions. If using a computer-based system and applicable, note signal alerts.

RESPOND

- Discuss Alliance Feedback.** Explore the meaning of the scores from the client's frame of reference. Scores cannot be understood without further client feedback. Attend to low scores, particularly in later sessions, which may indicate a problem with the alliance and place the client(s) at higher risk of dropout. If there is a persistent pattern (i.e., consistently high scores from session to session) encourage further feedback. See Appendix "D" for ideas for attending to alliance ruptures and encouraging further elaboration in the presence of problematic patterns.
- Determine Next Steps.** Revisit immediate plan and discuss next steps such as continuation of services in the same or adjusted dosage form, modification of goals, change in the therapist's approach, referral, transition (termination) from services, etc.

The SONAR Session Checklist (SSC) (Desktop Reminder)

SETUP

- (Intake/Initial Session) Introduce and discuss the role of real-time feedback.
- (Subsequent Sessions) Reorient to the role of real-time feedback.

OUTCOME

- Complete outcome measure(s).
- Score measure(s) and plot the results.
- Identify high/low scores and variations from previous scores (in subsequent sessions).

Now

- Discuss outcome feedback.
- Collaborate and proceed.
- Continue to monitor.

ALLIANCE

- Complete Alliance Measure(s).
- Score Measure(s) and Plot Results.
- Identify low scores.

RESPOND

- Discuss alliance feedback.
- Determine Next Steps.

SSC

S

Start/Setup

O

Outcome Measurement

N

Now

A

Alliance Measurement

R

Respond

Appendix "A"

Introducing Outcome Feedback Processes

Example #1

I/We are committed to helping people have the best experience possible and achieve the results they want from services. There are a few things I/we do to ensure that our efforts are a good fit for you and are contributing to the change you want. The first is to check in with you periodically to get a sense of your experience in our sessions. For example, I might ask about what has been helpful to you, what has not, what is working, and what is not. This feedback will help me to make adjustments as we continue so we are working together in a way that is right for you.

Along with checking in with you there are two ways that I can learn from you how things are going and whether our work together is heading toward the results you want. These involve two very brief questionnaires. One is completed at the beginning of our sessions and the other at the end. The one at the beginning is called the _____ and will let me know how things are going in your life and whether or not our work together is benefitting you. If our work together is successful you should see some indication of that sooner rather than later. In the event that things are not improving in a way that is acceptable to you then we will discuss options. The second questionnaire, _____, which is completed at the end of our sessions, will let me know more about how the session went for you and what I can do differently in future sessions should you decide to continue in services here. We will discuss the results of each questionnaire together. Is this okay with you?

Thank you for your willingness to help me learn how I can best help you with your concerns. I would like to ask that you please be as open and forthcoming as you are comfortable with when I check in and when you complete the questionnaires. I also welcome any feedback you might have along the way. It is important that you get the results you want and if not we are able to discuss options that may provide a better fit and outcome for you.

Example #2

I/We have a way of working with people that may be a little different than others. I/We are committed to helping people have the best experience possible and achieve the results they want from our services. To ensure this I/we ask that clients complete two brief questionnaires. The first is called _____ and is completed at the beginning of our sessions. It will let me know how things are going in your life and whether or not our work together is benefitting you. If our work together is successful you should see some indication of that sooner rather than later. In the event that things are not improving in a way that is acceptable to you then we will discuss options. The second questionnaire, _____, is completed at the end of our sessions and will let me know how the session went for you and what I can do differently in future sessions should you decide to continue in services here. We will discuss the results of each together questionnaire together. The one other thing I would like to check in with you periodically to get a sense of your experience in our sessions. This feedback will help me to make adjustments as we continue so we are working together in a way that is right for you. Are these things okay with you? Thank you for your willingness to help me learn how I can best help you with your concerns. I would like to ask that you please be as open and forthcoming as you are comfortable with when I check in and when you complete the questionnaires. I also welcome any feedback you might have along the way. It is important that you get the results you want and if not we are able to discuss options that may provide a better fit and outcome for you.

Appendix “B”

Monitoring Outcome: Terminology, Client Responses, and Phenomenological Effects

Instrument Properties

Outcome instruments use different parameters to measure client symptoms, distress, risk, progress, deterioration, etc. It is important to know the psychometric properties of a measure in order to understand how to best use that measure in the context of services. Below is a list of instrument properties that are generally helpful to know in relation to outcome management.

Clinical Cutoff – A measure used to distinguish between clinical (nonfunctional) and nonclinical (functional) populations for a given measure.

Reliable Change Index (RCI) – A measure used to assess the magnitude of change necessary to be considered statistically reliable and not due to chance, maturation, or measurement error.

Clinically Significant Change – A measure used to identify those clients who both reliably improve and move from the clinical (nonfunctional) range at the beginning of therapy to the nonclinical (functional) range.

General Client Responses and Outcome Classifications

The forms of client responses below are general and outcome classifications may differ depending on the instrument and how outcome is being measured.³ (Note: Appendix “D” offers further suggestions of questions and actions.)

Functional/Nonclinical – The client is functioning in the nonclinical range either at the start of therapy or at some point during the course of therapy with or without achieving reliable change. Consider talking with the client about transition from services/termination.

Reliable Change/Improvement – The client has achieved a reliable change (i.e., change that is considered statistically reliable and not due to chance, maturation, or measurement error) but remains in the clinical (nonfunctional) range. The client is said to have improved and is on the right track. No change in the therapy plan is recommended. Reinforce changes and continue therapy until progress begins to plateau. Then consider reducing the intensity of services and discuss transition from services.

Recovered (or recovering) – The client has achieved clinically significant change characterized by a reliable change and movement from the clinical (nonfunctional) to nonclinical (functional) range. The client is likely to have experienced improvement with the concern that led to therapy. Explore any other concerns the client may have, consolidate changes, anticipate setbacks, and discuss reduction of the dosage form of therapy (i.e., frequency of sessions), and transition from services.

Deteriorated – The client has deviated negatively from the projected recovery track and is not making the expected level of progress. The client is at risk of premature drop out or negative therapy outcome. The therapist should revisit the alliance to ensure it is on track and discuss with client possible options including revision of goals and/or the approach being used, intensification of therapy, change of therapists, or referral. Therapists should also seek supervision or consultation.

No Change – The client has neither improved nor worsened. In some instances a no change report by the client may place the client at increased risk of premature drop out or negative therapy outcome. The therapist should consider the options described with clients who are reporting *deterioration*.

Phenomenological Effects

(Note: Appendix “D” offers further suggestions of questions and actions.)

Plateau or Ceiling Effect – The client has achieved a degree of improvement which has over the course of several sessions remained unchanged or flat indicating that the client may have achieved the maximum benefit of the service at that time, with that therapist, using that approach, with that specific problem. The overall improvement of the client may represent a change in status to the functional category and may or may not fit the criteria for improvement or recovery.

Bleeding – The client reports a deterioration of functioning as indicated by a gradual regression of scores over the course of several sessions.

Peaks and Drops – An unusual slope of rapid improvement or deterioration from one session to another and/or significant deviation from an expected trajectory. Peaks and drops (also known as “potholes”) may represent specific events, emotional states, and situations, and not necessarily reflect an overall period of time (e.g., since the last session, over the past week, etc.). In the event of a peak or drop, further risk assessment may be indicated. Significant changes in scores—both peaks and drops—from one session to another may also necessitate more deliberate action on the part of the therapist and may place the client(s) at higher risk of negative outcome and dropout.

Cycling (“see saw”) – A pattern of fluctuation in outcome scores usually in the form of peaks and drops over the course of several sessions. There are three common types of cycling patterns, scores that fluctuate: 1) along a line; 2) downward; and 3) upward. The first two cycling patterns are the most concern.

Dependence – Therapy that extends beyond six sessions and is characterized by persistent high alliance ratings by the client and no improvement in outcome.

Appendix “C”

Questions for Inviting Client Feedback

In Initial Sessions/Meetings/Appointments/Interactions:

- What is most important for us to talk about?
- What is most important for me to know about you and/or your situation/concern?
- Are there certain things that you want to be sure we talk about?
- What do you want to be sure that we discuss during our time together?
- What ideas do you have about how services and/or seeing me might be helpful?
- In what ways do you see me as being helpful to you in reaching your goals/achieving the change you desire?
- What do you feel/think you need from me right now?
- How can I be helpful to you right now?
- How will you know the services we’re offering are right for you? What will be different?
- What do you see as my role in helping you with your concern?
- What, in your estimation, do workers who are helpful do with their clients?

“Checking In” as Sessions/Meetings/Appointments/Interactions Progress:

- Have you felt heard and understood?
- Do you feel/think we’re talking about what you want to talk about?
- Have we been working on what you want to work on?
- How has the session been for you so far?
- Are we moving in a direction that seems right for you?
- What has the conversation we’ve been having been like for you?
- What has been helpful or unhelpful?
- Are there other things that you feel/think we should be discussing instead?
- Is there anything I should have asked that I have not asked?
- How satisfied are you with how things are going so far on a scale from 1 to 10, 10 meaning you are completely satisfied with things?
- Are there any changes we should make at this point?
- At this point, how has what I’ve been doing been for you?
- Is there anything I should be doing differently?
- To what degree has what we’ve been doing met your expectations for services so far?

At the End of Sessions/Meetings/Appointments/Interactions:

- How was the session/meeting/appointment for you?
- What was helpful or unhelpful?
- Did we talk about what you wanted to talk about?
- Did we work on what you wanted to work on?
- How was the pace of our conversation/session/meeting?
- Was there anything missing from our session/meeting/appointment?
- Is there anything I should have asked that I did not ask?
- Is the way we approached your concern/situation fitting with the way you expect change to occur?
- Are there any changes you would recommend if we were to meet again?
- Did you feel heard and understood?
- Is there anything you would need me to do differently if we were to meet again?
- How would you explain your experience today to others who may be curious?

Appendix “D”

Further Follow-Up Questions and Actions⁴

When Clients Report Improvement

Seek to amplify reported change and improvement and explore ways in which that change can be further developed and extended into the future.

Questions

- What have you noticed that has (minimally) changed with your concern/problem/self/situation?
- What specifically seems to be going better?
- Who first noticed that things had changed?
- Who else noticed the change?
- When did you first notice that things had changed (even a little)?
- What did you notice happening?
- How did the change happen?
- What in your view influenced the change (for example, family, culture, spirituality)?
- What specifically did you find worked for you?
- What did you do?
- How did you do that?
- How did you get yourself to do that (just a little)?
- How did you get that to happen?
- How was that different than before?
- How did that help you?
- Where did you get the idea to do it that way?
- What did you tell yourself?
- How is that you have been able face so many challenges and not lose sight of (X)?
- Who are you such that you've been able to (X)?
- What does the fact that you've been able to face up to (X) say about you?
- What kind of person are you that you've been able to overcome (X)?
- Where did the wherewithal come from to (X)?

When Clients Reports are Ambiguous or Vague

Revisit the alliance to see if modifications may be helpful. Focus on questions that help to clarify client reports search for minimal changes and differences if needed.

Questions

- In terms of our work together, what has been helpful or unhelpful? In what way(s)?
- Are there other things that you feel/think we should be discussing instead?
- Is there anything I should have asked that I haven't asked?
- What, if anything, anything has been overlooked?
- How satisfied are you with how things are going so far on a scale from 1 to 10, 10 meaning you are completely satisfied with things?
- What changes, if any, should be made at this point?
- What, if anything, should I be doing differently?
- Is the way we've approached your concern/situation fitting with the way you expect change to occur?
- Is there a way to approach your situation that we haven't yet considered?
- What, if anything, has been missing from our sessions?
- The last time we met you mentioned that you were feeling/experiencing/thinking (description). You commented that you had (symptoms, negative reactions, thoughts). Tell me a little bit about what has happened since our last session.
- How have things been in relation to the last time we met?

- What's been different since our last meeting?
- What's your sense about how things are going now as compared to last time?
- The last time we met, you mentioned that on a scale of 1 to 10, things were at a 5. Where would you say things are today?
- What have you noticed about your situation that's been *just a little surprising*, in a good way?
- How did you get that to happen *just a little bit*?
- What has been *minimally* better that could have otherwise gone unnoticed?
- What's *something small* that indicates to you that maybe things will turn the corner?
- What does noticing that do for you?
- What else have you noticed?

No Change or Deterioration

Revisit the alliance to ensure it is on track and discuss with client possible options including revision of goals and/or the approach being used, intensification of therapy, change of therapists, or referral. Therapists should also seek supervision or consultation.

Actions

- Discuss the here-and-now relationship with the client.
- Ask for feedback about the therapeutic relationship.
- Create space and allow the client to assert any negative feelings about the therapeutic relationship.
- Engage in conversations about the client's expectations and preferences.
- Discuss the match between the therapist's style and the client's preferred ways of relating.
- Spend more time learning about the client's experience in therapy.
- Discuss shared experiences.
- Readdress the agreement established about goals and tasks to accomplish those goals.
- Reframe the meaning of tasks or goals and/or modify them in order to create a better fit with the client.
- Accept responsibility for (therapist's) part in alliance ruptures.
- Normalize the client's responses by letting him or her know that talking about concerns, facing challenges, taking action, and/or therapy in general can be difficult.
- Provide rationale for techniques and methods.
- Attend closely to subtle clues (e.g., nonverbal behaviors, patterns such as one-word answers) that may indicate a problem with the alliance.
- Offer more positive feedback and encouragement (except when the client communicates either verbally or nonverbally that this is not a good match).
- Engage in further supervision and/or training.

Questions

- How have you managed to keep things the same?
- What specifically has been worse? How so?
- How has things getting worse affected you?
- What is one thing that you've noticed about your concern that tells you things haven't gotten completely out of hand?
- What prevented things from deteriorating even further?
- How did you do that?
- Who specifically did what?
- How did that help?
- How might you get that to happen in the future?
- What kind of help from others, if any, do you need to ensure that that happens?
- What else might help in the future?
- What is a step that you can take after leaving here today that might help things to get back on track (or keep them from slipping again)?
- What do you need to set that in motion?

Recommended Resources

- Bertolino, B. (2010). *Strengths-based engagement and practice: Creating effective helping relationships*. Boston: Allyn & Bacon.
- Castonguay, L. G., & Beutler, L. E. (2006). *Principles of therapeutic change that work*. New York: Oxford University Press.
- Duncan, B. L., Miller, S. D., & Sparks, J. A. (2004). *The heroic client: A revolutionary way to improve effectiveness through client-directed, outcome-informed therapy* (revised edition). San Francisco: Jossey-Bass.
- Duncan, B. L., Miller, S. D., Wampold, B. E., & Hubble, M. A. (2010). *The heart and soul of change: Delivering what works in therapy* (2nd ed.). Washington, DC: American Psychological Association.
- Frank, J. D., & Frank, J. B. (1991). *Persuasion and healing: A comparative study of psychotherapy* (3rd ed.). Baltimore: Johns Hopkins University Press.
- Horvath, A. O., & Greenberg, L. S. (1994). *The working alliance: Theory, research, and practice*. New York: Wiley.
- Lambert, M. J. (2010). *Prevention of treatment failure: The use of measuring, monitoring, and feedback in clinical practice*. Washington, DC: American Psychological Association.
- Lambert, M. J. (Ed.). (2004). *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed.). New York: Wiley.
- Norcross, J. C. (Ed.). (2002). *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. New York: Oxford University Press.
- Norcross, J. C., Beutler, L. E., & Levant, R. F. (Eds.). (2005). *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions*. Washington, DC: American Psychological Association.
- Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Mahwah, New Jersey: Lawrence Erlbaum.

¹ Anker, M. G., Duncan, B. L., & Sparks, J. A. (2009). Using client feedback to improve couple therapy outcomes: A randomized clinical trial in a naturalistic setting. *Journal of Consulting and Clinical Psychology, 77*(4), 693-704.

Lambert, M. J., Whipple, J. L., Smart, D. W., Vermeersch, D. A., Nielsen, S. L., & Hawkins, E. J. (2001). The effects of providing therapists with feedback on patient progress during psychotherapy: Are outcomes enhanced? *Psychotherapy Research, 11*(1), 49–68.

Lambert, M. J., Whipple, J. L., Vermeersch, D. A., Smart, D. W., Hawkins, E. J., Nielsen, S. L., & Goates, M. (2002). Enhancing psychotherapy outcomes via providing feedback on client progress: A replication. *Clinical Psychology and Psychotherapy, 9*, 91–103.

Harmon, S. C., Lambert, M. J., Smart, D. M., Hawkins, E., Nielsen, S. L., Slade, K., & Lutz, W. (2007). Enhancing outcome for potential treatment failures: Therapist-client feedback and clinical support tools. *Psychotherapy Research, 17*, 372-392.

Hawkins, E. J., Lambert, M. J., Vermeersch, D. A., Slade, K., Tuttle, K. (2004). The effects of providing patient progress information to therapists and patients. *Psychotherapy Research, 14*, 308-327.

Miller, S. D., Duncan, B. L., & Brown, G. S. (2006). Using formal client feedback to improve retention and outcome. *Journal of Brief Therapy, 5*, 5–22.

Reese, R., Norsworthy, L., & Rowlands, S. (2009). Does a continuous feedback model improve psychotherapy outcomes? *Psychotherapy Theory, Research, Practice, Training, 46*(4), 418-431.

Whipple, J. L., Lambert, M. J., Vermeersch, D. A., Smart, D. W., Nielsen, S. L., & Hawkins, E. J. (2003). Improving the effects of psychotherapy: The use of early identification of treatment and problem-solving strategies in routine practice. *Journal of Counseling Psychology, 50*(1), 59–68.

² Lambert, M. J. (2010). “Yes, it is time for clinicians to routinely monitor treatment outcome. In B. L. Duncan, S. D. Miller., B. E. Wampold, & M. A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (2nd ed.) (pp. 239-266). Washington, DC: American Psychological Association.

Miller, S. D., Duncan, B. L., & Brown, G. S. (2006). Using formal client feedback to improve retention and outcome. *Journal of Brief Therapy, 5*, 5–22.

³ Finch, A. E., Lambert, M. J., & Schaalje, B. G. (2001). Psychotherapy quality control: The statistical generation of expected recovery curves for integration into an early warning system. *Clinical Psychology & Psychotherapy, 8*, 231-242.

Lambert, M. J. (2010). *Prevention of treatment failure: The use of measuring, monitoring, and feedback in clinical practice*. Washington, DC: American Psychological Association.

Lambert, M. J. (2010). “Yes, it is time for clinicians to routinely monitor treatment outcome. In B. L. Duncan, S. D. Miller., B. E. Wampold, & M. A. Hubble (Eds.), *The heart and soul of change: Delivering what works in therapy* (2nd ed.) (pp. 239-266). Washington, DC: American Psychological Association.

Miller, S. D., & Duncan, B. L. (2004). *The Outcome and Session Rating Scales: Administration and scoring manual*. Ft. Lauderdale, FL: Authors.

⁴ Bertolino, B. (2010). *Strengths-based engagement and practice: Creating effective helping relationships*. Boston: Allyn & Bacon.

Harmon, C., Hawkins, E. J., Lambert, M. J., Slade, K., & Whipple, J. L. (2005). Improving outcomes for poorly responding clients: The use of clinical support tools and feedback to clients. *Journal of Clinical Psychology, 61*(2), 175–185.

Safran, J. D., Muran, J. C., Samstag, L. W., & Stevens, C. (2002). Repairing alliance ruptures. In J. C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 235–254). New York: Oxford University Press.