Here to help: A therapist's journey into Feedback Informed Treatment (FIT)

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Abstract

Using a case study and meta-analytic data, this article makes the argument that routinely using Feedback Informed Treatment (FIT), is a robust way to improve outcomes and alliance in counselling. This method simultaneously centres our clients' voices, provides quality assurance, prevents worsening symptoms in clients at risk of poor treatment outcomes, and enhances professional development and accountability.

Here to help: A therapist's journey into Feedback Informed Treatment (FIT) by Vivian Baruch

Since entering the behavioural health field in 1981, I have been driven by the aim to be of help. This article depicts my journey towards knowing when and where I am actually helping. Decades of meta-analytic data provides ample evidence that psychotherapy is effective with an effect size (ES) of 0.8. Sadly, this ES has not changed in over 50 years, irrespective of the specific problem being addressed, the therapeutic method employed, the years of experience the therapist has or even the complexity of the client's issues – except for severe biologically based disturbances.

My guiding motto in 1981 was and still is Here to help. I went to graduate school full of hope, ready to learn how to be an effective therapist – and learned much. I loved the experience, my teachers, my peers. But despite acquiring key therapy skills and deepening my knowledge, something was missing.

I kept asking myself: *Am I actually helping? How do I know if what I'm doing works?*

Drowning in options, searching for certainty

As I began practicing, I found myself overwhelmed by choice—psychodynamic, behavioural, humanistic, existential. Should I specialise? Should I focus on individuals, couples, or groups? Anxiety? Depression? Trauma? Sexual dysfunction? CBT, EMDR, systemic, trauma-informed, more? There were endless possibilities. I kept training, reading, and attending workshops in pursuit of a more confident answer to those questions. Still, despite feeling more competent over time, the doubt lingered.

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Like many others, I coped by seeking more supervision, reading more, and attending training after training. I wasn't alone in this. When I spoke to colleagues, many admitted—privately—that they, too, felt uncertain. Publicly, however, we projected confidence. It felt like we were living double lives: one voice full of doubt, the other confidently assuring our clients (and ourselves) that we knew what we were doing. These fundamental questions kept gnawing at me.

Professional emails and journals offered countless new techniques and models, each promising better client outcomes and becoming a more skilled therapist. I believed them—why wouldn't I? After all, I wanted to be better.

Turning to the research

Eventually, I focused my practice on couples therapy, but the doubts persisted, especially when sessions were difficult or clients dropped out unexpectedly. Desperate for answers, I turned to the research—not summaries or commentaries, but the studies themselves.

It was tough going. I wasn't trained for this level of critical reading. But slowly, patterns began to emerge and they made me profoundly uncomfortable.

I initially rejected the findings. *This can't apply to me, I thought. My models are evidence-based!* My peers reacted similarly. When I shared the studies, they responded with disbelief, even hostility. I understood. We'd all been told the same thing: more training, new models, and supervision would lead to better outcomes.

But the data told a different story—and it forced me to reckon with hard truths.

What the research actually shows

Here's what I discovered from solid meta-analytic research. It challenged many of the assumptions on which our field is built:

- All bona fide therapy models work about the same (Wampold & Imel, 2015)
- Supervision doesn't reliably improve outcomes or therapeutic alliance (Norcross & Wampold, 2019)
- Personal therapy for therapists doesn't make us more effective (Haikal, 2022)
- Therapists don't improve with time and experience (Germer et al., 2022)
- Post-graduate training beyond the basics doesn't enhance client outcomes (Okiishi et al., 2006)
- Psychotherapy outcomes have not improved in over 50 years (Miller et al., 2020)

Let me be clear: psychotherapy is effective. Studies going back to Smith & Glass (1977) show that the average client receiving therapy, when they're engaged in the work, fares better than 80 per cent of untreated individuals. That's a remarkable effect size (ES ≈ 0.8)—comparable to coronary bypass surgery or four times the effect of fluoride in preventing cavities (Milton H. Erickson Foundation, 2014; Duncan et al., 2022).

But what shocked me was this: the effect size hasn't changed in decades. It doesn't vary based on the therapist's experience, the complexity of the problem, or the model used—except for severe biological disorders. Compare this to the progress seen in fields like science, medicine, technology, education, athletics, music and chess, where performance has dramatically improved over time (Ericsson, Prietula, & Cokely, 2007).

Despite feeling more confident than I did earlier in my career, the research made it clear: most therapists believe they're improving, but actual client outcomes don't reflect that. The data show we don't reliably improve unless we're actively measuring our effectiveness. And most of us aren't.

Cognitive bias and the illusion of growth

This disconnect between perceived and actual improvement is well-documented. For example, Goldberg et al. (2016) found that therapists tend to plateau early in their careers, even as their confidence increases. A follow-up study (Germer et al., 2022) replicated these findings, confirming that more experience doesn't equal better outcomes.

Even more provocatively, studies show that paraprofessionals with just six weeks of training can get results comparable to those of licensed psychologists five years post-PhD (Goldberg et al., 2016). Instructors' outcomes often don't exceed those of their students (Witkowski, 2020). And in underserved communities, non-specialist workers using manuals like *Where There Is No Psychiatrist* (Patel, 2003) frequently deliver effective mental health care.

The culprit, it appears, is cognitive biases. Like anyone else, therapists are prone to the Dunning-Kruger effect (Duignan, 2019): the tendency to overestimate our own abilities. But what do we do with this knowledge?

Finding Feedback Informed Treatment (FIT)

In 2004, I came across an article in *Psychotherapy* in Australia introducing an idea that changed everything: Feedback Informed Treatment (FIT). It *wasn't* a new therapy model—it was a framework for routinely tracking outcomes and the therapeutic alliance from the client's perspective, to assess whether therapy was helping.

I attended a training with Dr. Scott D. Miller titled, *"How to Improve the Effectiveness of Your Clinical Work by 65% Without Hardly Trying"*. I was skeptical, but curious. What I learned was simple and radical: ask clients for feedback in every session and use that data to guide the process.

FIT uses two brief, standardised tools:

- The Outcome Rating Scale (ORS) at the beginning of each session, to track life changes and levels of distress and functioning between meetings.
- The Session Rating Scale (SRS) at the end of each session, to assess the client's experience of the session.

The simplicity and accessibility of these tools—they're available in 20+ languages, and adaptable across age and literacy levels—makes FIT widely applicable, especially with Culturally and Linguistically Diverse (CALD) and economically disadvantaged clients. Before private practice, I'd worked extensively in underserved communities, so I saw how empowering it was for clients to have a voice in their care.

Using FIT changed everything. It helped me let go of rigid treatment plans and focus instead on what clients needed to feel better. I learned to prioritise their theory of change—not mine—and use their feedback to adapt. It was humbling and liberating. Why hadn't anyone taught me this before? Clients started to feel more engaged, and I felt more aligned with my core value: being of help.

Streamlining the data

After several years, I began using a digital platform for administering and tracking the ORS and SRS measures. Doing so not only expedited the process, but allowed me to aggregate client feedback over time, compare my work to global therapist benchmarks, and quickly spot clients at risk of dropping out or deteriorating.

It was confronting. The data showed that I wasn't helping as many clients as I'd thought. I was pushed to challenge my thinking and adapt on the fly, working hard to help in those instances where I wasn't helping. In short, I was being challenged by the feedback.

The case that convinced me to stick with FIT

The case that solidified my commitment to Feedback Informed Treatment (FIT) was, not surprisingly, a couple. Nicholas (not his real name) had cheated. Diane naturally was hurt and wondering whether to stay or leave. What unfolded over four sessions demonstrated how routine outcome and alliance tracking not only saved the therapy but reshaped its direction.

Session 1: Contrasting realities

Diane's ORS scores are represented by the black dots in Figure 1. The ORS measures her therapeutic progress while asking about her level of distress and functioning. Hers was above cutoff, the solid black line, indicating she was functioning well despite his affair. Internally I thought "This is strange. Why is she here?" She stated that she was coping well with life in general. The SRS is represented by the grey dot and measures the therapeutic alliance. She scored on the solid grey line. indicating her satisfaction with the session.

In contrast, Nicholas's ORS score (Figure 2) fell below the clinical cutoff, showing distress. The international benchmarks aggregated by MyOutcomes (2025), show that clients who score below 25 on the ORS are distressed in various domains. Nicholas was in the red zone, and was struggling in himself, in their relationship and socially. His SRS was also low, showing he wasn't happy with the service. I was genuinely surprised! I thought the session had gone well and mistakenly "sensed" that I had an alliance with both of them.

If SRS scores are below the cutoff, my FIT training taught me to spend the last few minutes of the session exploring what was missing and what could have been done differently. He said he wanted to work on healing the affair and reconnecting as a couple. This was his theory of change which the research recommends therapists explore and honour. I suggested we start there in the next session. If I had not checked with him, I doubt they would have returned for a second session.

Figure 1

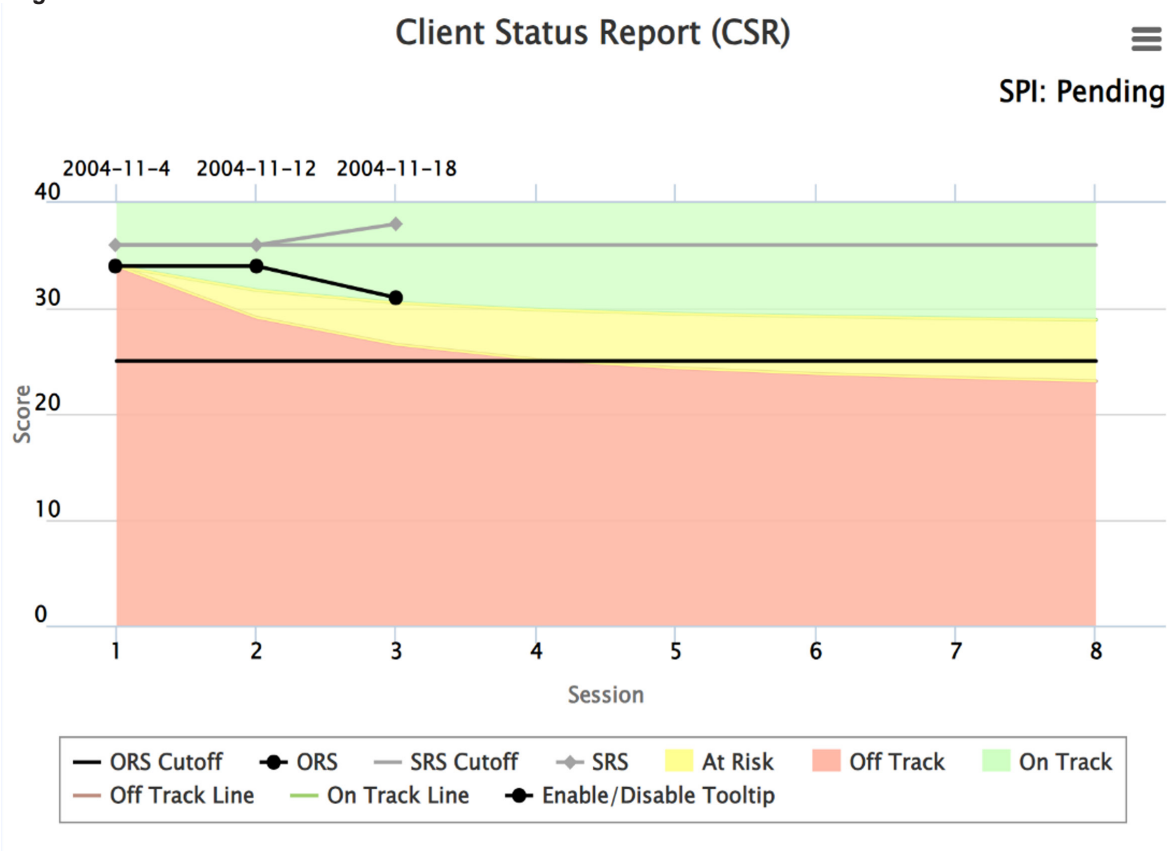
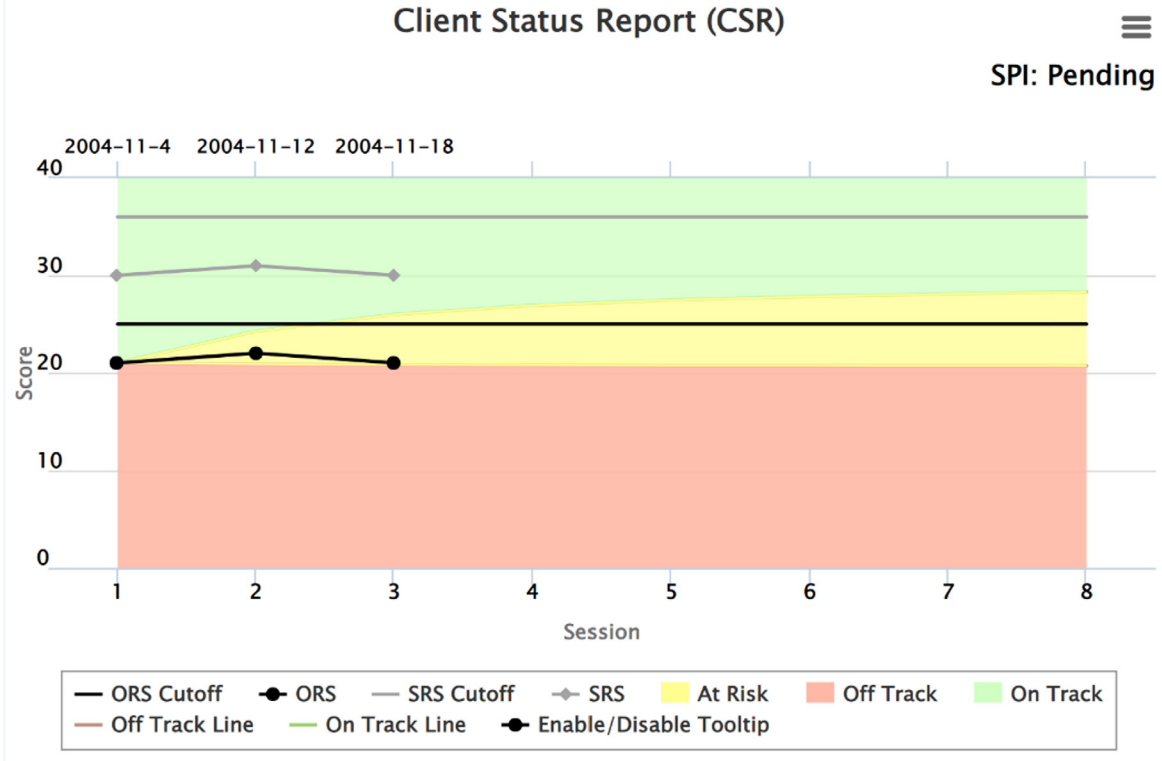


Figure 2



Session 2: Mixed signals

Diane's on track ORS was exactly the same. She was still feeling good in herself, despite his affair. She wasn't saying it, but I wondered if she had already decided to leave. We had agreed to start work on reconnecting them as a couple. I struggled on whether this was the right call, based on two intuitions. One part of me saw it as a good sign that they came back so we could do the "recommended" therapy when dealing with an affair (Dupree et al., 2007). Another part internally nagged me to pay attention to what her ORS and SRS scores were actually saying.

Seeing Diane coping so well kept Nicholas's ORS in the distressed zone. He said she was evasive at home and in session. They chose to explore her staying or leaving. At the end of this session, his SRS was still below the cutoff. He stated that he wasn't getting what he needed in our sessions. When I asked what was missing for him, he declared he wanted Diane to speak up about her plans.

Session 3: Emerging truths

Diane's ORS dipped because she'd told Nicholas that she had doubts about staying in the marriage. Was she now ambivalent? Was she worried about causing him pain by speaking her truth? They chose her worry about his reaction to her truth as the focus of this session. Her increased SRS represented her relief at being more authentic.

Nicholas's ORS dropped, showing we were stuck. He said Diane had expressed her doubts and he was not feeling better in between sessions and was not being helped by our work. Diane told him why she hesitated to state her truth. Even though this was their chosen session focus, his SRS also dropped. I was concerned. Despite my impression that progress was being made, his scores said otherwise. Something was missing and his scores helped me to catch and discuss it early.

If I hadn't been tracking their feedback, I may not have seen that their alliances with me were not aligned. Her scores told me she was engaged, his scores showed me he wasn't, and that he was in danger of dropping out of therapy. In discussing what needed to happen in our next session to make it more worthwhile for him, he said he wanted clarity about Diane's intentions. I asked her if she was prepared to do that, and she left us all in doubt, answering "I'll think about it until we next meet".

Session 4: Clarity arrives

Diane's increased ORS in Figure 3 showed her feeling clearer and stronger. She had told Nicholas she wanted to separate. Unpacking this big revelation was their focus for this session. Her explanation of her similarly increased SRS was that our work helped her communicate more directly to Nicholas "without giving him false hope".

Nicholas's ORS in Figure 4 finally rose to the clinical cutoff. Surprisingly, he said he was feeling better outside of therapy. He felt relief because Diane had finally said she wanted to end the marriage. He'd been feeling this all along, as I had. Their chosen focus for this session was processing their perspectives on ending the marriage. His SRS also improved, reflecting a stronger alliance as he "dealt better with tangibles than the unknown".

They continued therapy for a few more sessions to create a respectful separation plan for their children.

Figure 3

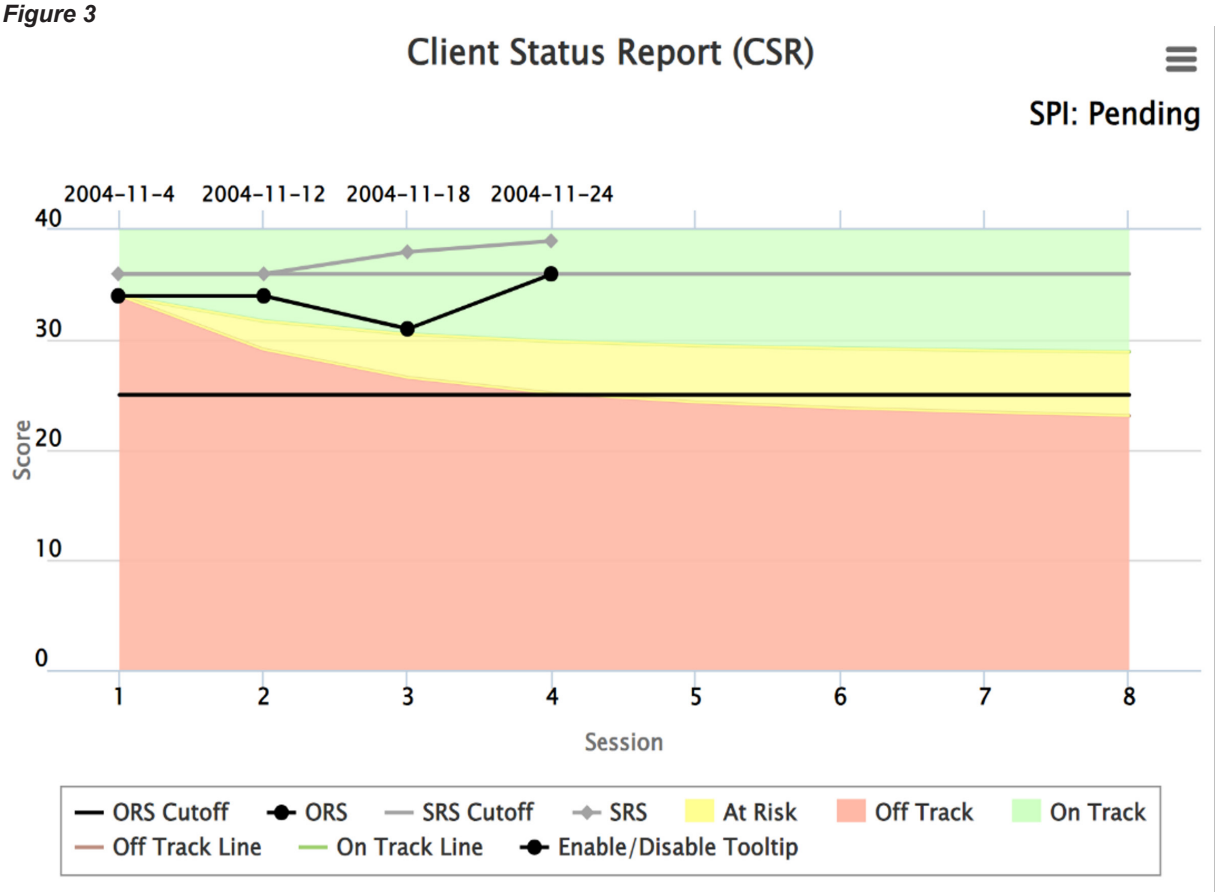
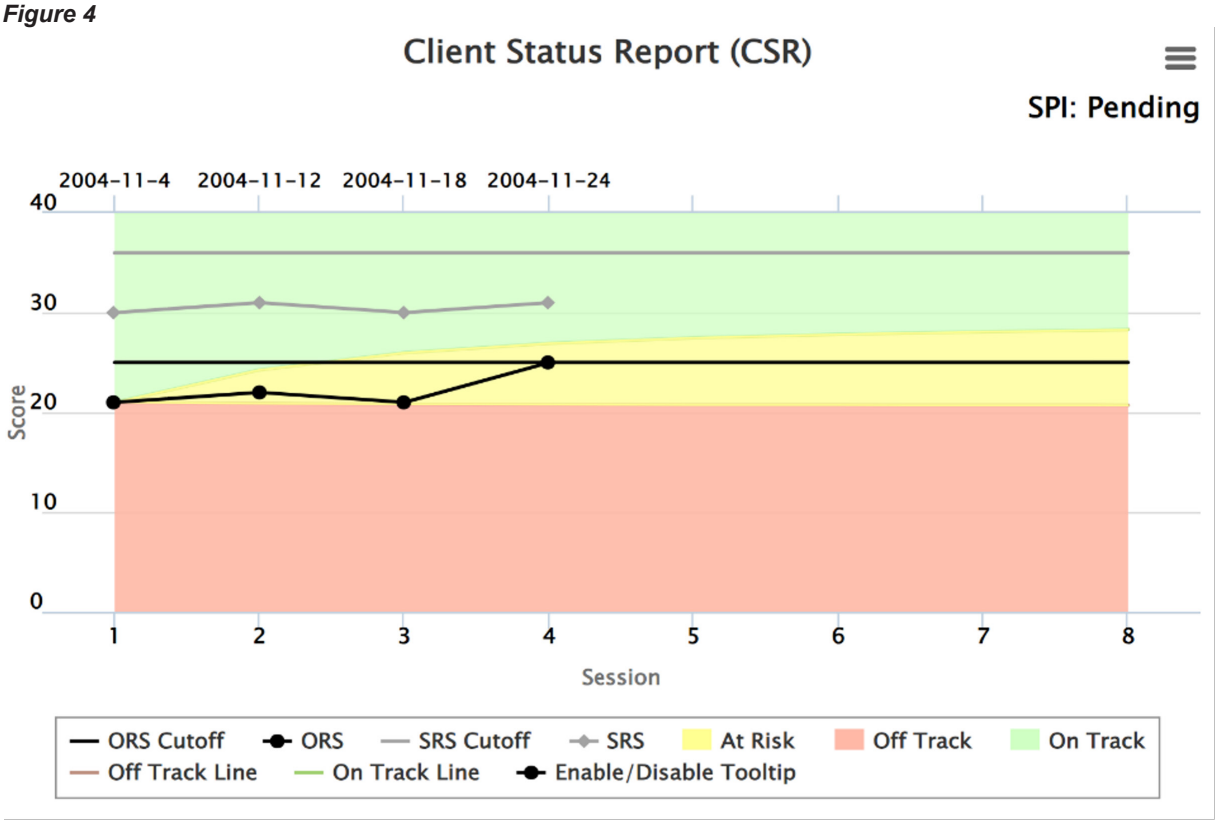


Figure 4



Why this case mattered

Thanks to the graphs and open discussions, what I thought was progress wasn't always aligned with their experience. Their feedback shaped the sessions and protected the alliance. This case became the turning point in my understanding of FIT and its application to broader counselling.

Without FIT, I likely would've misread their reactions and misdirected the therapy. Diane's early scores signalled her disengagement before she said a word. Nicholas's low SRS alerted me that he wasn't connecting with the process—contrary to my perception.

Their graphs told me what words didn't:

- That the alliance was uneven
- That Nicholas was at risk of dropping out
- That my own impressions could be misleading

Their real-time feedback helped me adapt. It gave the couple a clearer sense of their own progress and gave me a grounded answer to my long-standing question: Am I actually helping?

Their data, not just their words, shaped the path forward. That clarity is why I've used FIT ever since.

What I've learned

Twenty-one years of using FIT have taught me that:

- Measuring outcomes matters more than models
- Clients rarely care about our theoretical orientation—they care whether they feel better
- Therapists improve not by working longer, but by measuring their impact and adjusting accordingly

As I grew more confident with the system, my focus shifted. I started looking more closely at the margins—at cases where I wasn't helping and asking why. The data helped me become more responsive, to quickly pivot when therapy wasn't working, and to address drop-out risks early. Instead of waiting for failure, FIT helped me anticipate and adapt.

My mentor Scott D. Miller calls this *practice-based evidence*, and it's now supported by regulatory bodies too. It's not about adherence to a model but about using client feedback measures to guide clinical decisions. It even supports ethical endings. When therapy isn't working, FIT gives both therapist and client the clarity to explore better alternatives.

In Australia, exciting changes are happening in the field of counselling and therapy. The Psychology Board of Australian Health Practitioner Regulation Agency (AHPRA) recently updated its competencies to recommend purposeful and deliberate practice by using outcome data to guide learning. These changes will eventually impact all counsellors and Allied Health practitioners. This marks a shift in our field—away from assumption, toward accountability and quantitative professional development.

Final reflections

I've heard colleagues say they have no need for FIT because they already get feedback. Yet the Anker study (2009) showed that while half of the time therapists received feedback, half the time they did not. When they did get feedback from clients, couples were far more likely to be helped and less likely to separate or divorce at follow-up. This finding has now been replicated multiple times (Brattland, 2019). The bottom line is, no matter what we therapists believe, we are more likely to be helpful when we ask for and receive formal feedback.

FIT resonates with me because it returns the power to the client. They are the experts in their own lives. My job is to listen, adapt, and help them reach their goals—using whatever methods that requires. FIT gives me the freedom to use clinical judgment, to adapt session by session, and to stay focused on the one thing that has always mattered most to me: helping. The research is clear: routinely measuring outcomes and alliance is the only proven way to reliably improve both (Lambert & Kleinstäuber, 2019).

It's not always easy; in particular, seeing where I fall

short can be uncomfortable. But it's also clarifying, empowering, and deeply respectful of the client's role in the therapeutic process.

If you're looking to grow and improve your work, I recommend starting with two excellent resources:

- *Better Results* by Miller, Hubble, Chow & APA (2020)
- *The Field Guide to Better Results* by Miller, Chow, Malins & Hubble (2023)

These books outline the research and practical tools needed to evolve—one session, one client, one datapoint at a time.

After all these years, I finally have an answer to the question that once kept me up at night:

Am I actually helping?

Now, I know. And that makes all the difference.

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