

Measuring, Monitoring, & Feedback: How to Double Client Outcomes in 18 Seconds: Using mental health vital signs feedback and problem-solving tools

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Conflict Disclosure

- I am co-founder of an outcome measures company and stand to gain financially if products from the company are purchased.
- In this talk I focus on methods that improve patient outcomes, but specific tests and algorithms I developed are out of necessity discussed.
- The talk focusses on evidence-based assessment practices and principles rather than products per se.
- Sorry about the potential conflict.

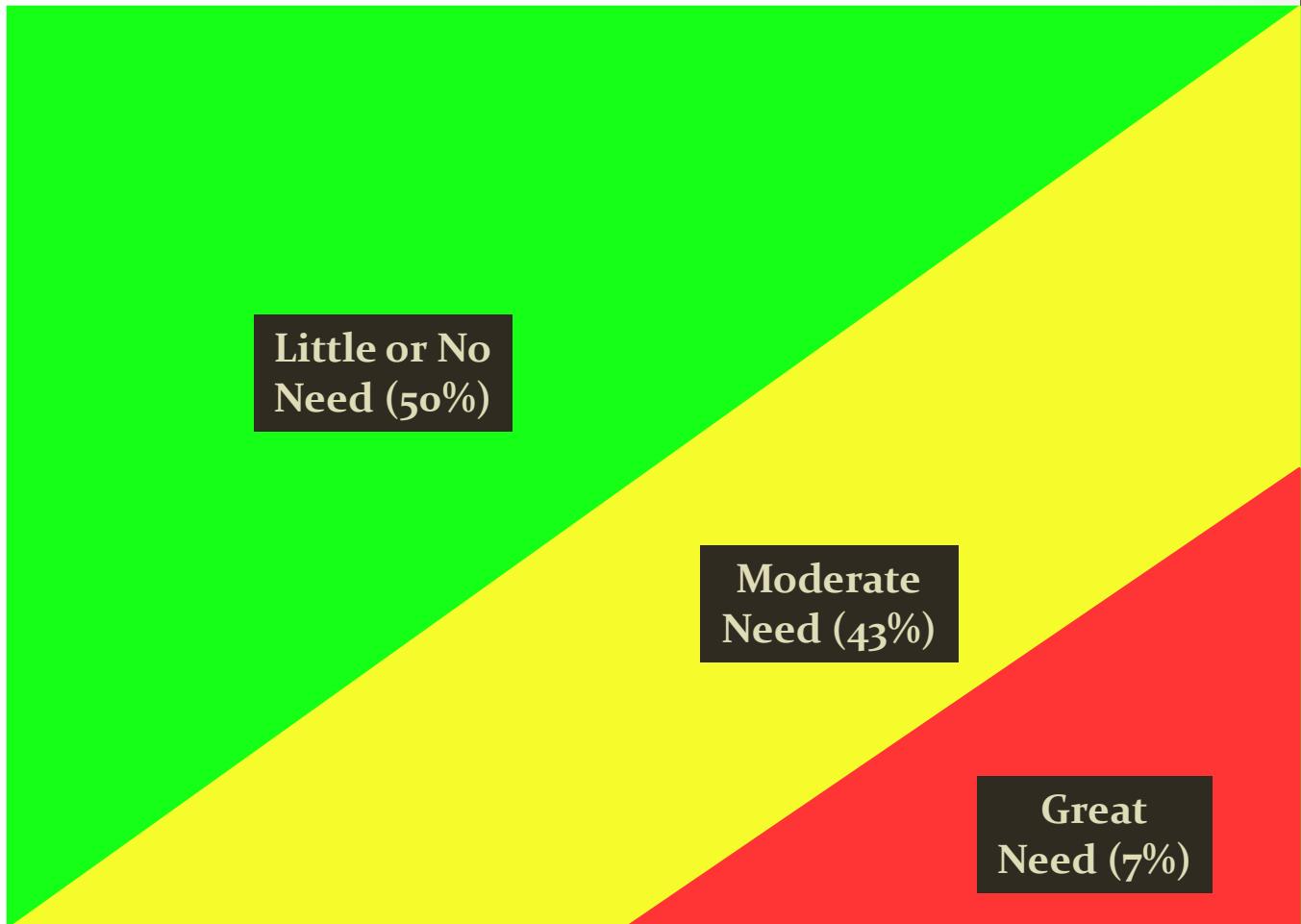
The Problem

- 5 to 10% of adults and 14 to 25% of child clients deteriorate in routine care
- Providers don't see them coming!!!

General Outcomes in Clinical Trials vs. Routine Care: The extent of the problem

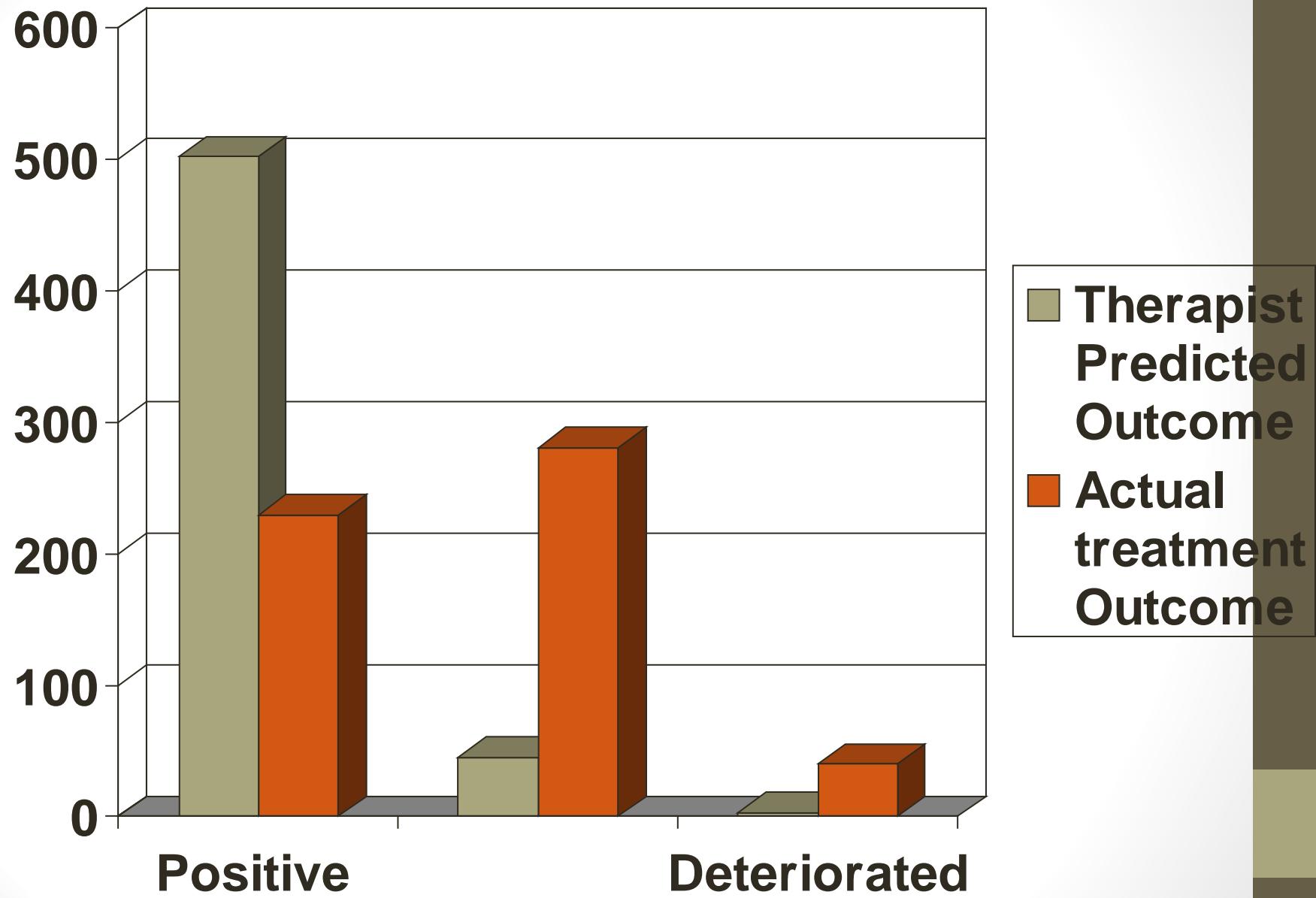
- Meta-analysis shows in 28 studies, 2109 patients, and 89 treatment conditions an average recovery rate of **58%**, improvement rate = **67%** ($M=12.7$ sessions).
- Routine adult care outcomes for 6072 patients were **14.1%** and **20.9%** ($M=4.3$ sessions). Child outcomes = 14-24% deterioration.

Identifying Cases for Review



How Well do Practitioners Predict Treatment Failure?

- Final Outcome was predicted for 550 Clients
- 3 were predicted to have a negative outcome
- 40 had a negative outcome
- Staff identified only one case
- Algorithms predicted 85% of those who had a negative outcome but false alarm signals were given at a 2:1 ratio.



Clinicians are Overly Optimistic: We are all from Lake Wobegone

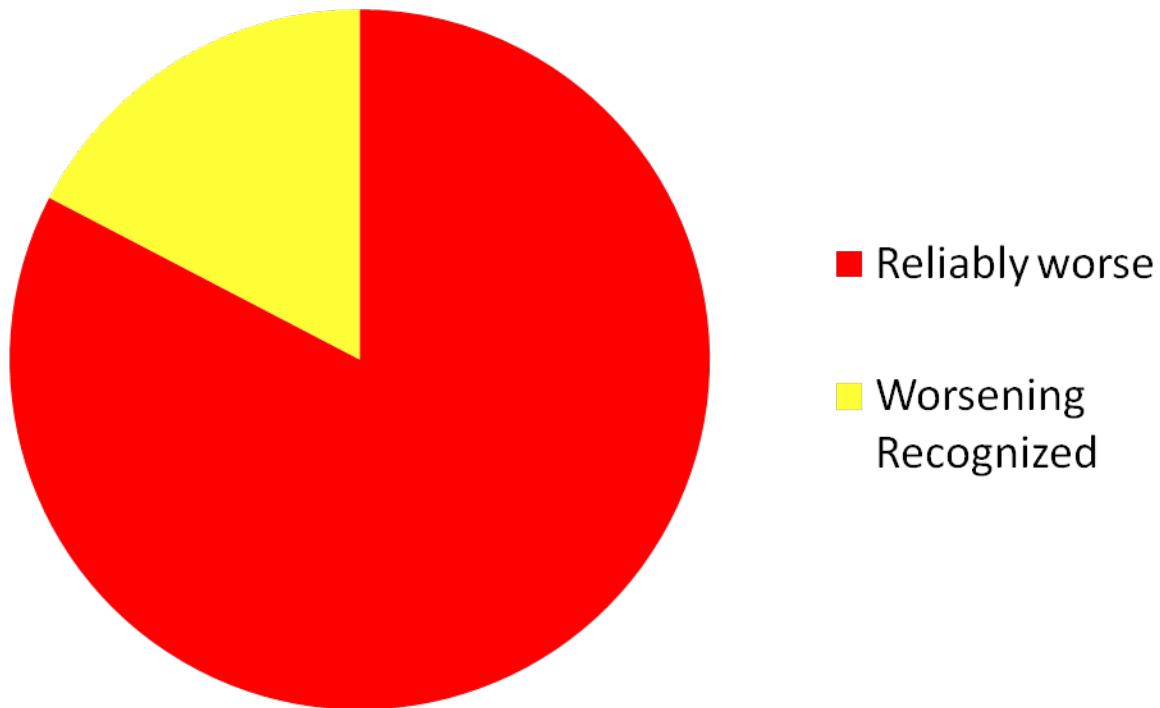
- Therapists estimate that 85% of their patients improve
- 90% of therapists believe that they are at or above 75% of their peers.
- No therapist regarded their own outcomes as being below average.

Walfish et al (2012)

Hatfield (2010)

- Examined case notes of patients who deteriorated to see if therapists noted worsening at the session it occurred.
- If the patient got reliably worse was there any recognition? 21%
- If the patient got 30 points worse (the equivalent of going from disturbance of typical outpatient to typical inpatient) was there recognition? 32%

Case Note Recognition



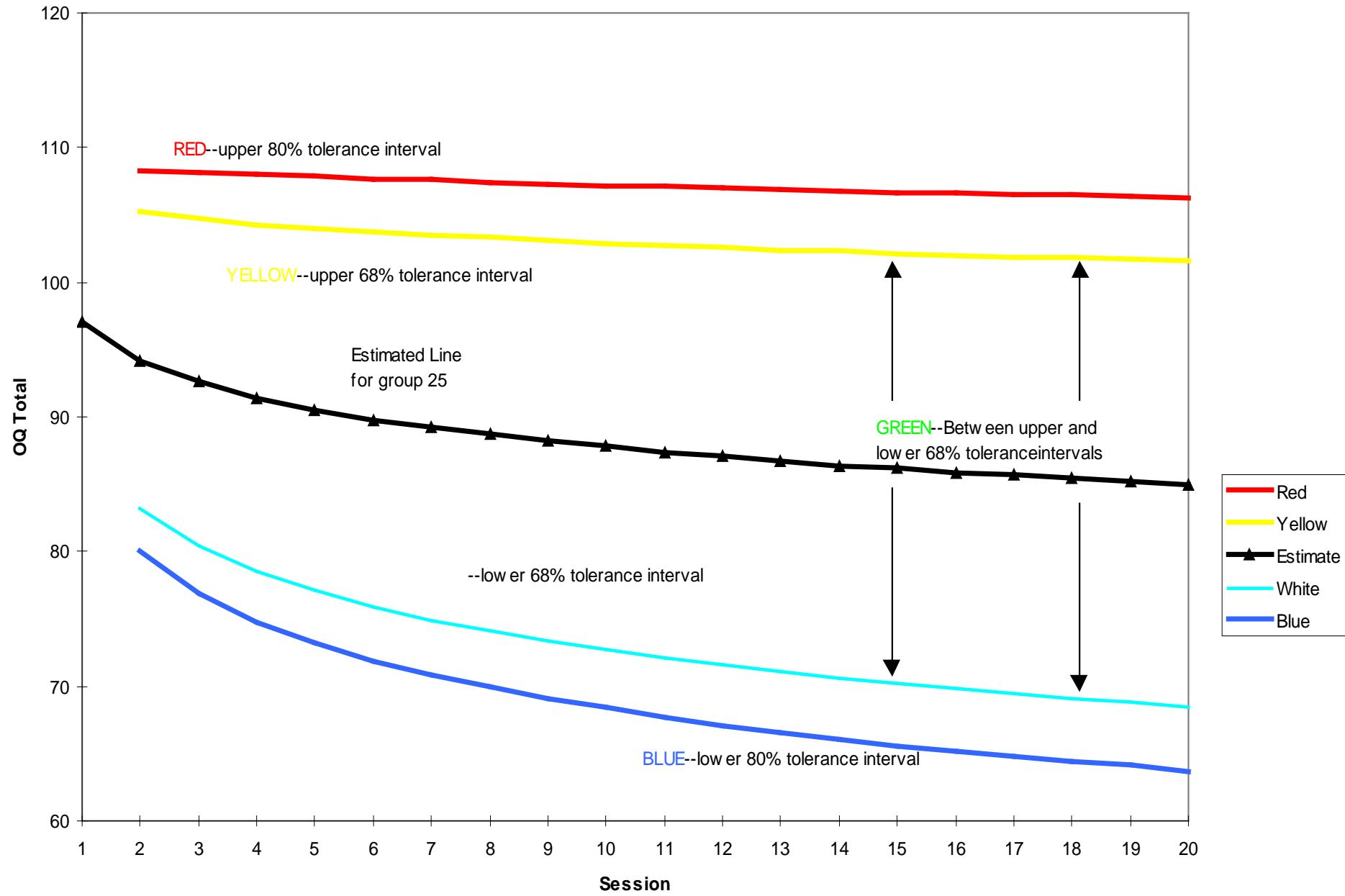
Outcome Is:

- Symptom Distress—internal pain
 - e.g., I feel hopeless about the future
- Interpersonal Problems
 - e. g., I feel lonely
- Social Role Functioning
 - e.g., I feel angry enough at work to do something I may regret
- Well being--

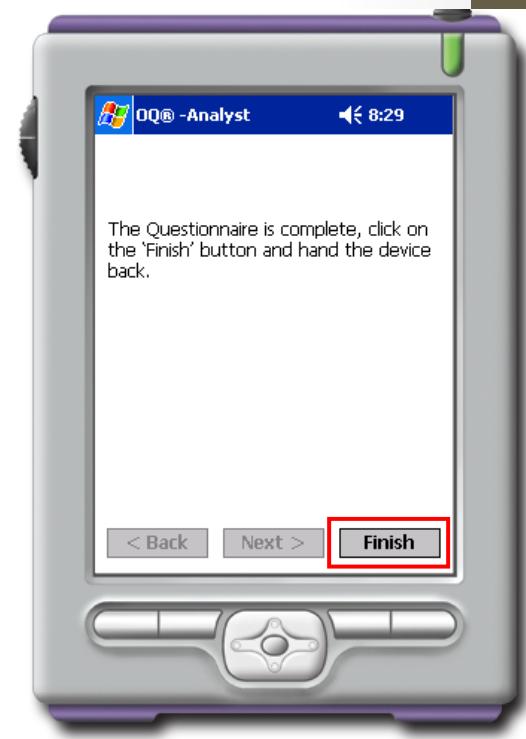
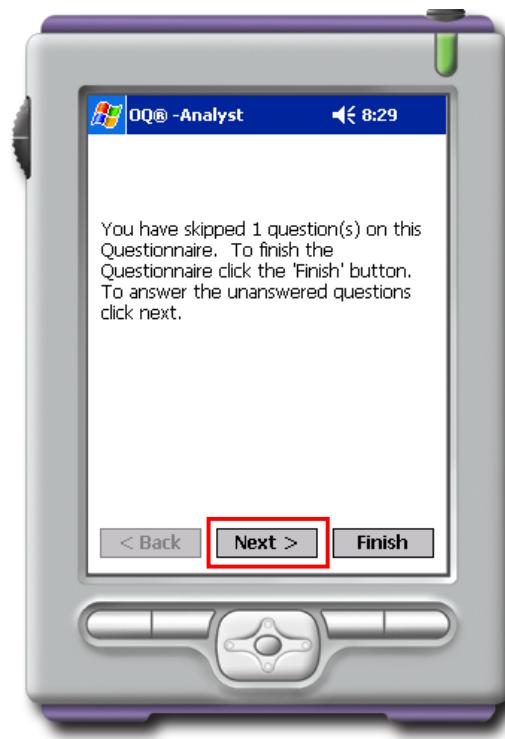
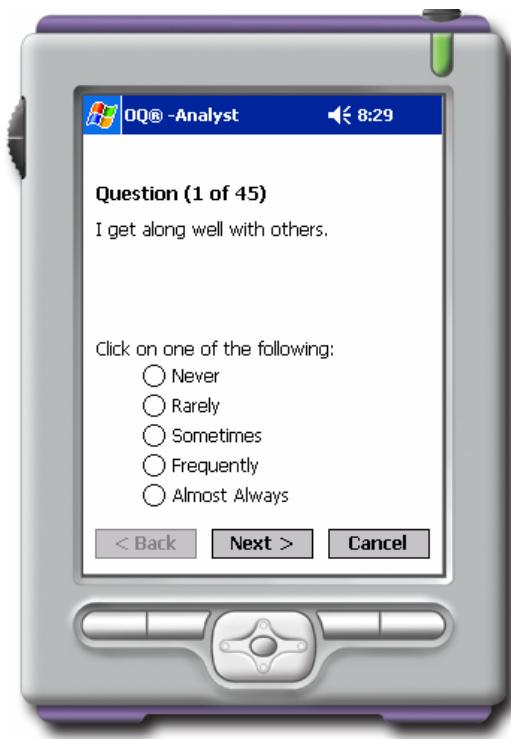
Measured With

- Thirty to 45-item self-report scale taken prior to each treatment session And delivered to clinician in real time—within **2** seconds.
- The test provides a mental health “Vital Sign” or “Lab Test” that calibrates current functioning in relation to functioning prior to treatment AND expected treatment response of similar clients **WITH ALERTS**.

Intervals For Group 25



PDA Administration

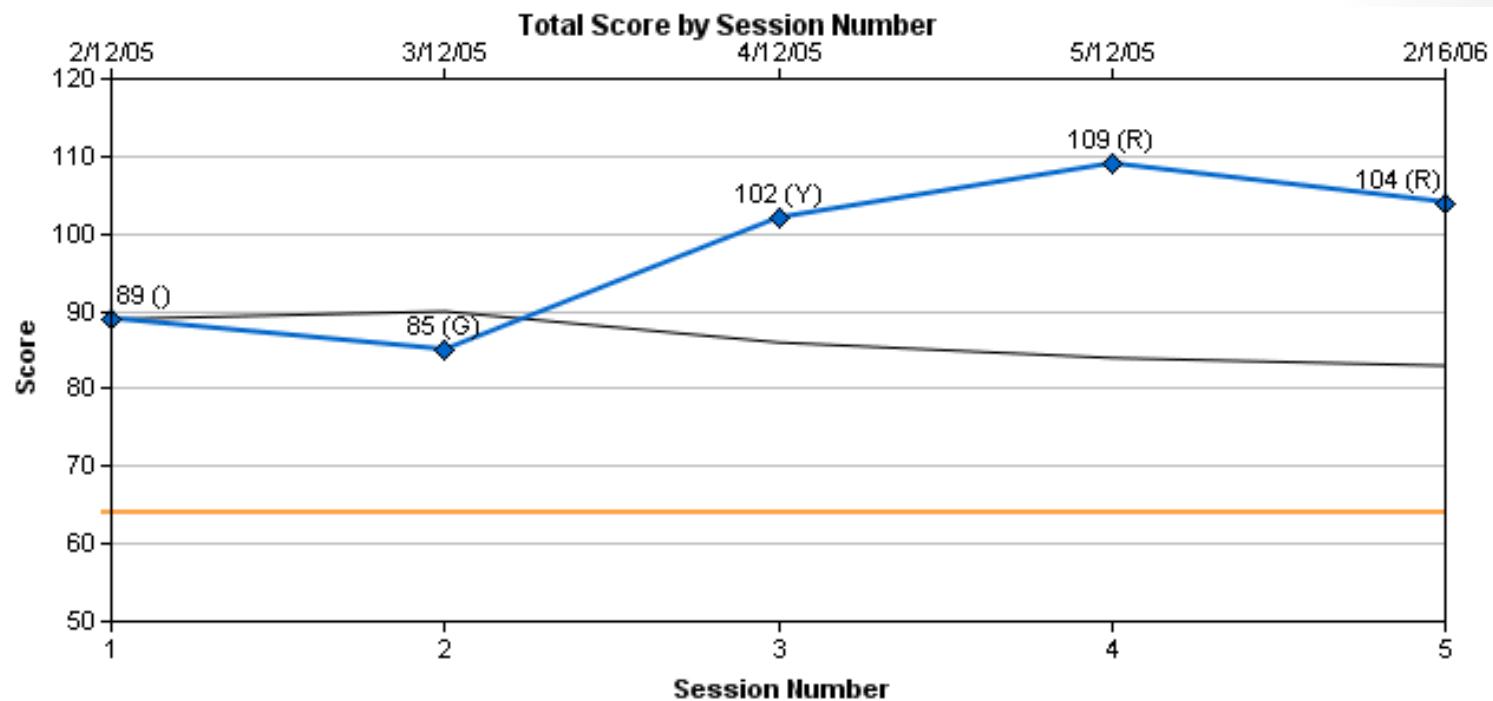


Clinician Report

Red Alert – Part 1

Name: Adult, Melanie, R ID: ASDF0195 Session Date: 2/16/2006 Session: 5 Clinician: Clinician, Bob Clinic: North Clinic Diagnosis: Panic Disorder Algorithm: Empirical 	Alert Status: Red Most Recent Score: 104 Initial Score: 89 Change From Initial: Reliably Worse Current Distress Level: Moderately High																								
Most Recent Critical Item Status: 8. Suicide - I have thoughts of ending my life. Sometimes 11. Substance Abuse - After heavy drinking, I need a drink the next morning to get going. Frequently 26. Substance Abuse - I feel annoyed by people who criticize my drinking. Almost Always 32. Substance Abuse - I have trouble at work/school because of drinking or drug use. Almost Always 44. Work Violence - I feel angry enough at work/school to do something I might regret. Sometimes	<table><thead><tr><th>Subscales</th><th>Current</th><th>Outpat.</th><th>Comm.</th></tr><tr><th></th><th>Norm</th><th>Norm</th><th></th></tr></thead><tbody><tr><td>Symptom Distress:</td><td>63</td><td>49</td><td>25</td></tr><tr><td>Interpersonal Relations:</td><td>25</td><td>20</td><td>10</td></tr><tr><td>Social Role:</td><td>16</td><td>14</td><td>10</td></tr><tr><td>Total:</td><td>104</td><td>83</td><td>45</td></tr></tbody></table>	Subscales	Current	Outpat.	Comm.		Norm	Norm		Symptom Distress:	63	49	25	Interpersonal Relations:	25	20	10	Social Role:	16	14	10	Total:	104	83	45
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Clinician Report Red Alert – Part 2



Graph Label Legend:

(R) = **Red**: High chance of negative outcome (Y) = **Yellow**: Some chance of negative outcome

(G) = **Green**: Making expected progress (W) = **White**: Functioning in normal range

Feedback Message:

The patient is deviating from the expected response to treatment. They are not on track to realize substantial benefit from treatment. Chances are they may drop out of treatment prematurely or have a negative treatment outcome. Steps should be taken to carefully review this case and identify reasons for poor progress. It is recommended that you be alert to the possible need to improve the therapeutic alliance, reconsider the client's readiness for change and the need to renegotiate the therapeutic contract, intervene to strengthen social supports, or possibly alter your treatment plan by intensifying treatment, shifting intervention strategies, or decide upon a new course of action, such as referral for medication. Continuous monitoring of future progress is highly recommended.

What to do if the client signals **Red** or **Yellow**?

- The client will be given the ASC (Assessment for Signal Clients)
- You will be given a report of the results
- You will have a Decision Tree to organize your problem solving
- You will have a list of possible interventions

What is in the ASC?

- The ASC asks clients questions about
 - Their relationship with you--
 - Their motivation for change
 - Their social supports
 - Recent life events

RED items on the report may call for some action

Assessment for Signal Cases

- My therapist seemed glad to see me
- At times the tone of my therapist's voice seemed critical
- I could count on friendships when something went wrong
- I had thoughts of quitting therapy

What is the Decision Tree?

- If the clients is progressing poorly the decision tree suggests you first assess the quality of the **relationship** and consider action for **RED** items and scales.
- Next you consider poor **motivation**
- Next you consider poor **social support**
- Next you consider problematic **life events**
- **Psychiatric Referral**

ASC results for NOT Clients

- The average number of items subscribed to by NOT clients is 10/40.
- Clients pattern of responding on the ASC suggests two distinct Clusters:
 - The first is made of individuals primarily having problems external to therapy—Social support and negative life events.
 - The second is made up of individuals primarily having problems internal to therapy— Alliance & Motivation
 - A third group had problems across the four scales
 - Social support problems were noted more frequently than alliance problems
 - Task disagreement was more common than bond & goal.

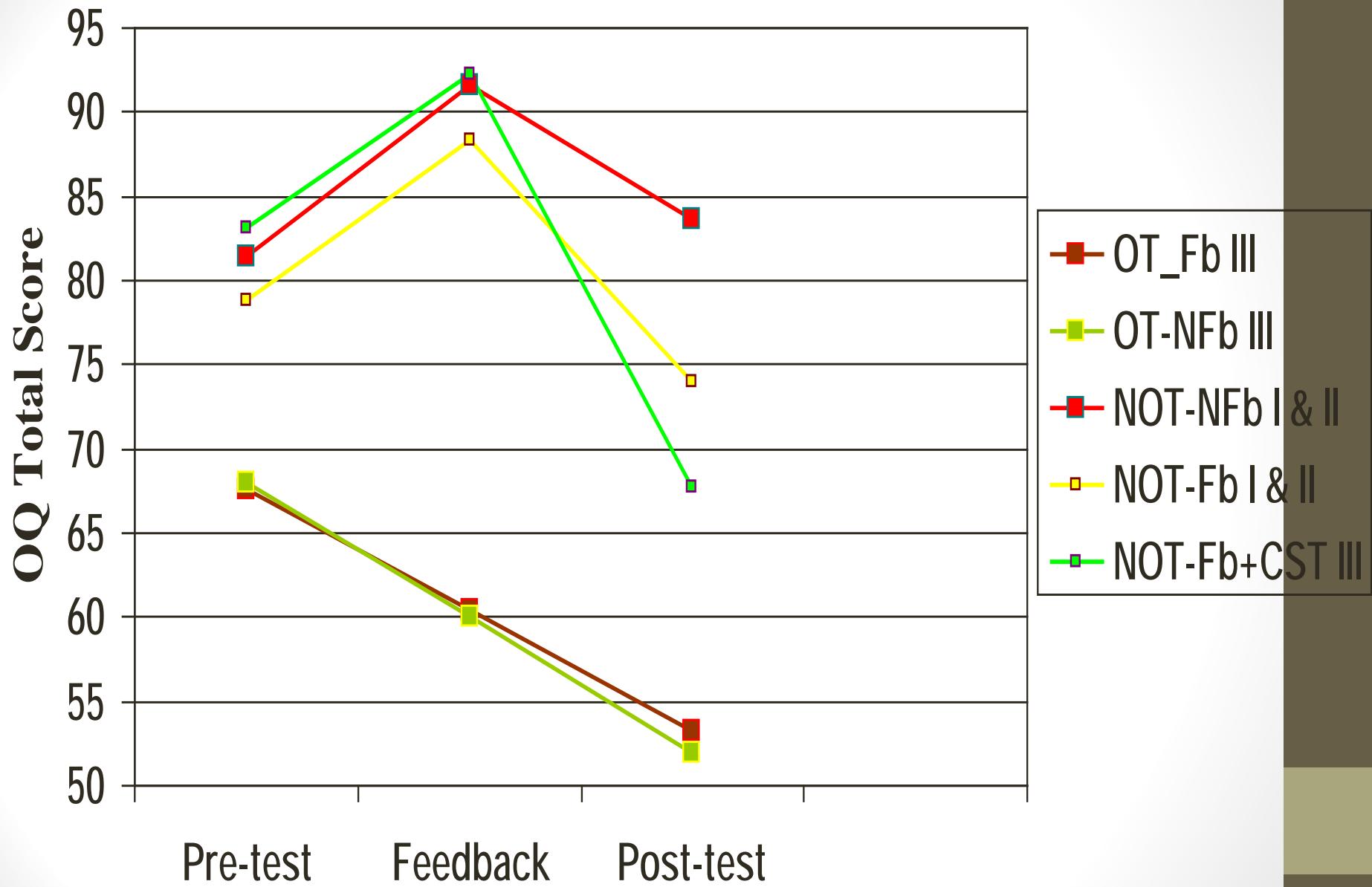
Alliance Interventions

- Pay careful attention to the amount of agreement between you and your client concerning overall goals and the tasks necessary to achieve those goals
- Work with resistance by retreating when necessary and being supportive
- Provide a therapeutic rationale for your techniques, actions and behaviors
- Discuss the here and now therapeutic relationship— do not explain or defend yourself
- Spend more time exploring client feelings

- It Takes Clinicians 18 Seconds to Look Up the Progress Report on Their Screen!!!!

Research Program

- SIX CLINICAL TRIALS IN WHICH WE ATTEMPTED TO REDUCE DETERIORATION RATES BY PROVIDING PROGRESS FEEDBACK TO PSYCHOTHERAPISTS
 - Lambert, et al. 2001
 - Lambert, et al. 2002
 - Whipple, et al. 2003
 - Hawkins, et al. 2005 Hospital-based outpatients
 - Harmon, et al. 2007
 - Slade, et al. 2008
 - Crits-Christoph, et al 2012 Substance abuse
 - Harris, et al. 2012 Hospital-based outpatients
 - Simon, et al. 2013 Inpatient eating disorders
 - Probst, et al. 2014 Inpatient psychosomatic patients
- Random assignment of patients to experimental condition blocked on therapist (every therapist had patients for whom they received feedback and were denied feedback) N = 4,000



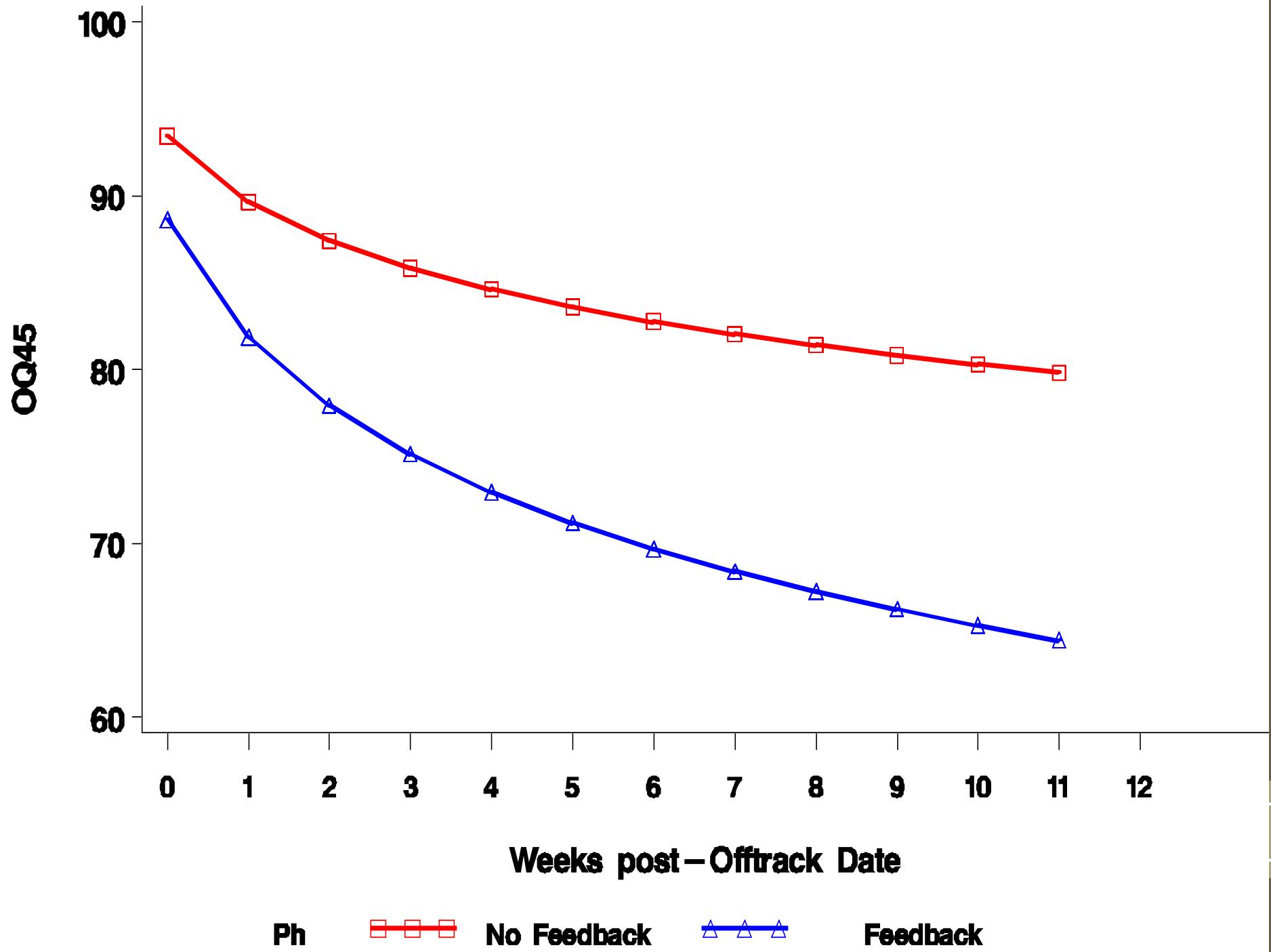
Results (Outcome)

	Recovered or Improved	No Change	Deteriorated
NOT-NFb (n = 286)	60 (21%)	165 (58%)	61 (21%)
NOT-Fb (n = 298)	104 (35%)	154 (52%)	40 (13%)
NOT-Fb+CST (n = 239)	121 (51%)	102 (43%)	16 (6%)

Substance Abuse Outcomes

Crits-Christoph, et al 2011 (Journal of Substance Abuse Treatment)

- Multi-site study—New York, Philadelphia, Salt Lake City
- 304 patients assigned to feedback or no feedback within therapists
- Followed across 12 treatment sessions.



Drug Usage

1.0
0.9
0.8
0.7
0.6
0.5
0.4
0.3
0.2
0.1
0.0

0 1 2 3 4 5 6 7 8 9 10 11 12

Weeks post – Offtrack Date

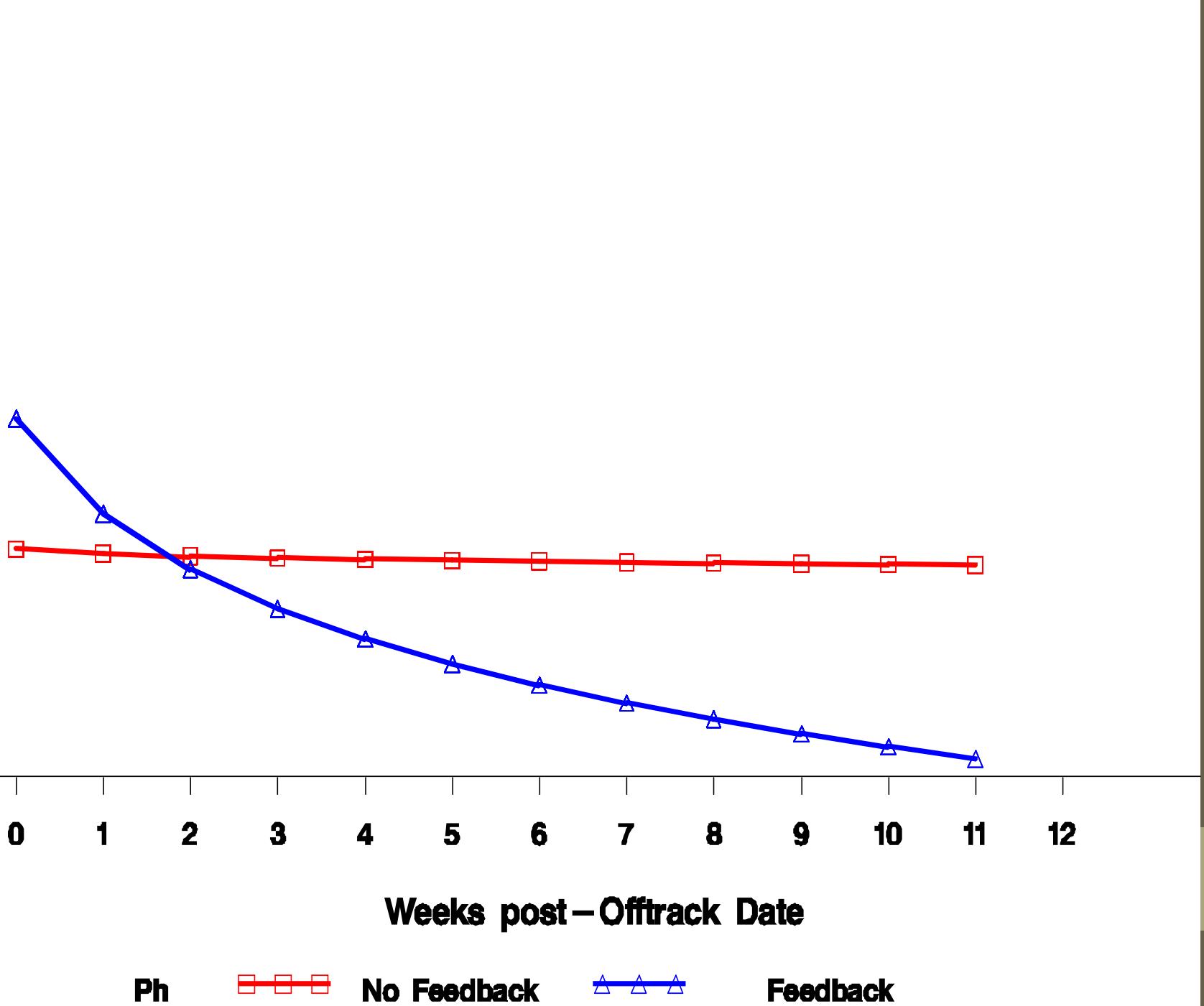
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No Feedback

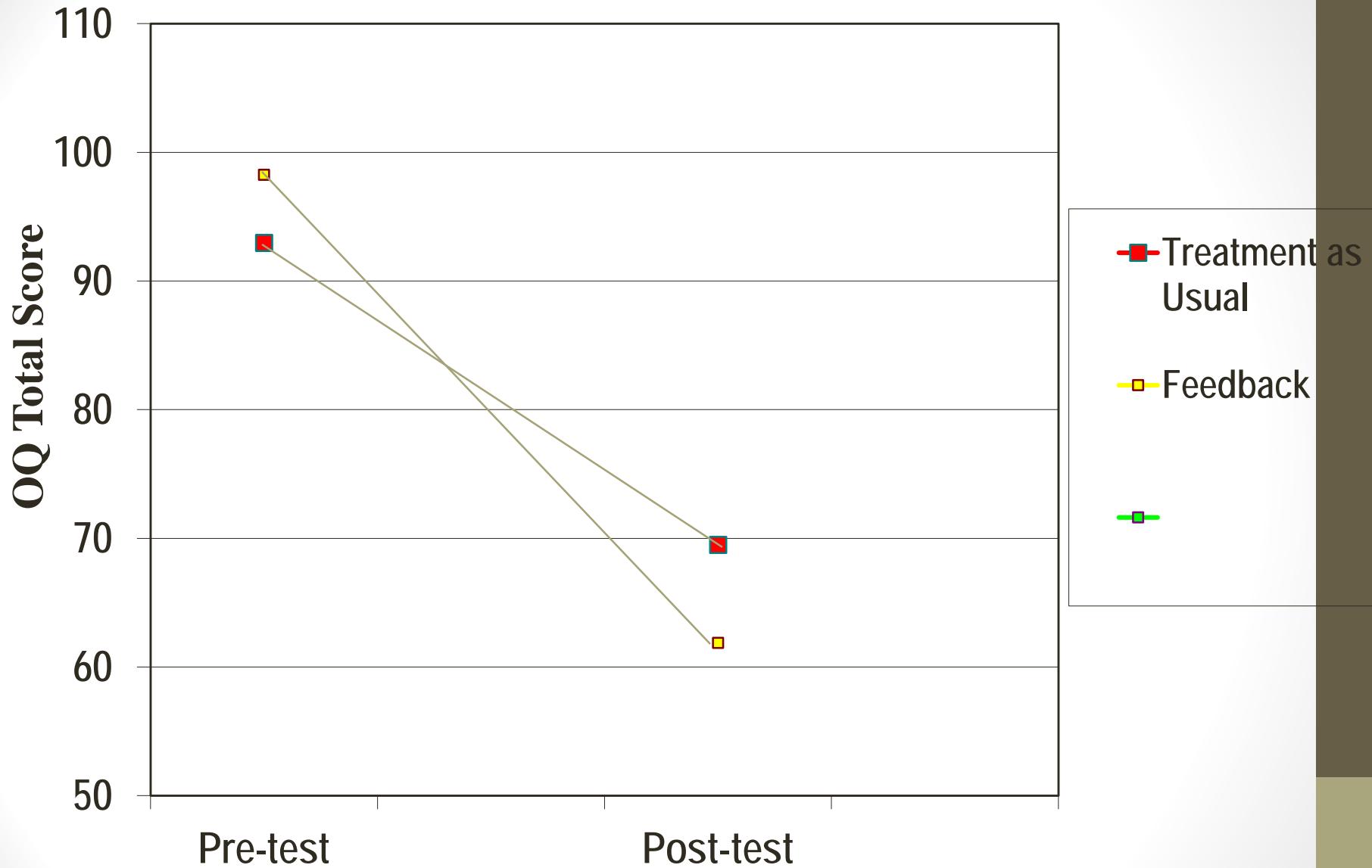
  

Feedback



The Inpatient Eating Disorders Study

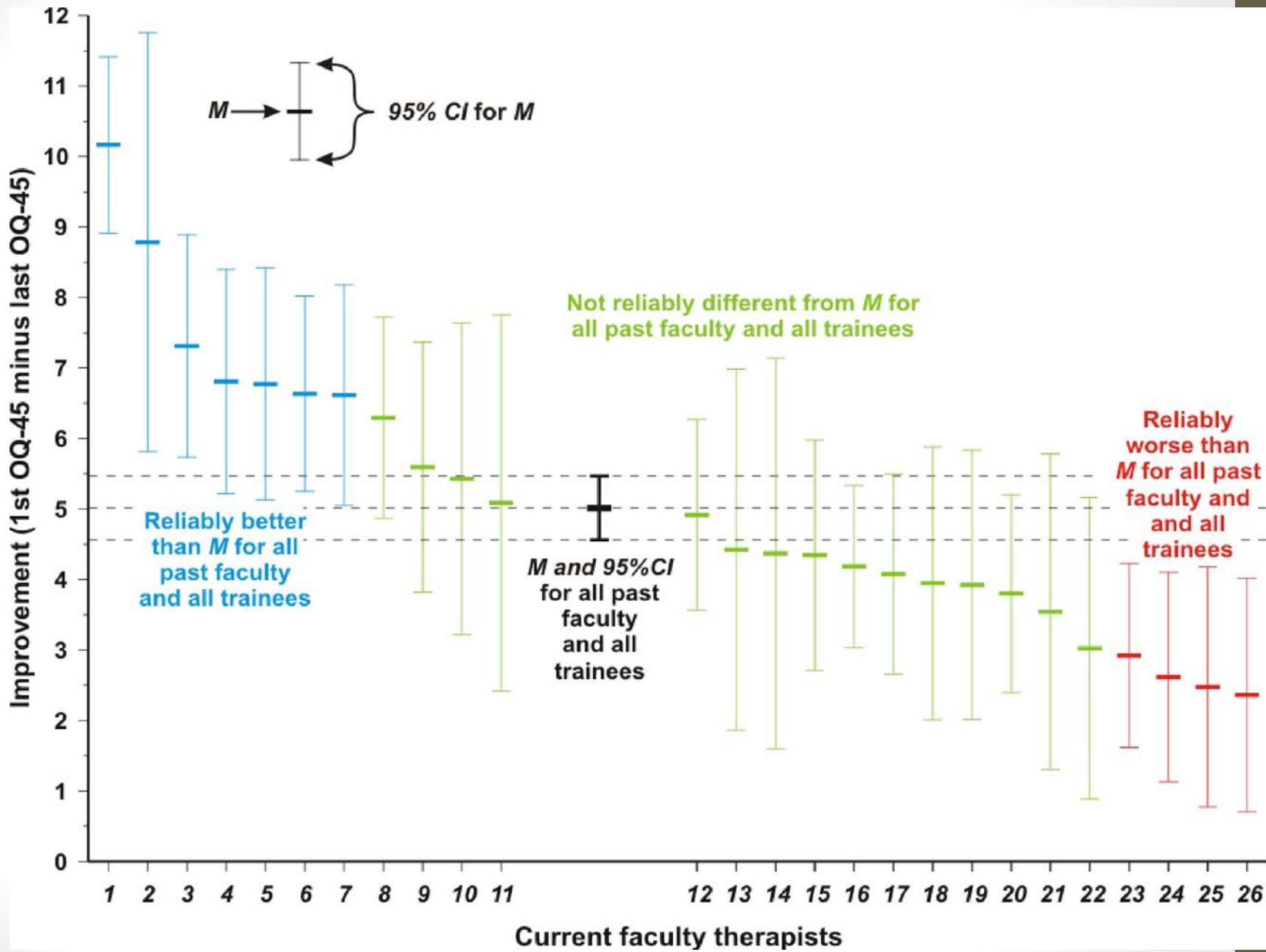
- 133 patients assigned randomly to TAU vs. Feedback within therapist
- Patients had eating disorder an average of 10 years before admission. Eighty percent were comorbid.
- Average length of stay was 30 days
- Treatment was extensive with 90% on meds, twice weekly individual therapy, daily group therapy, music, art, horses, etc. Emphasis was on self-esteem/interpersonal relationships, rather than weight.
- Data were shared with treatment team



Therapist Variability in Outcome



- **Since 1996, 270 different professionals and trainees have provided treatment.**
- The CCC's database includes nearly 27,009 individual, couple, family, biofeedback, and group sessions.
- **179,000 OQ-45s have been gathered since 1996.**
- average improvement scores for the 26 current professionals, compared with an average improvement score computed for all previous professional therapists and all past and present trainees.
- **minimum of 186 clients per therapist to a maximum of 1,054 clients per therapist;**



In sum...

- Ongoing monitoring & feedback:
 - Increases overall outcomes
 - Reduces treatment failures for at-risk cases

Major Advances

1. Development of change sensitive brief measures.
2. Development of expected treatment response and method of predicting treatment failure.
3. Automated method of providing instantaneous feedback to clinicians and patients.
4. Development of Problem-solving tools for failing cases
5. Clinical trials to test effects
6. Reduces treatment failure substantially
7. Improves outcomes in substance abuse and eating disordered
8. Increases service access by reallocation of staff time
9. Identifies best practice groups/clinicians and those in need of peer-supervision
10. Saves support staff time when using a fully automated system.

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