

We Hear You!

Gathering and Using Feedback

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Objectives for Today:

- An overview of Feedback-informed Treatment
- Successful Implementation
- Do's and Don'ts from the trenches

Some disclaimers....

I am not a trainer in feedback informed treatment

Attending this workshop will not result in enough information to
implement the process

Attending this workshop will (hopefully) develop some curiosity

Thresholds, Inc.

- Opened in 1985
- Outpatient behavioral healthcare
- Serving Sussex County, Delaware
- Licensed by State of Delaware
- JCAHO accreditation
- Also operate a sober living house

Why measure outcomes?

- A reliable indicator of pending drop-out
- Opportunity to change course of treatment
- Provides individual helpers with data on their effectiveness
- Provides organizations with data on the effectiveness of staff, individually and collectively
- Useful information to use with funding sources

Measuring Outcomes:

- Traditionally, time-consuming for the clinician and client
- Expensive for organizations
- Tracking and using data becomes overwhelming

Therapeutic Alliance

- “...the quality and strength of the collaborative relationship between the client and therapist (Norcross, 2010). The alliance is comprised of 4 empirically established components: (1) agreement on goals, (2) agreement on the means and methods use, (3) agreement on the therapist’s role, and (4) accommodating the client’s preferences. Over 1100 research findings document the importance of the alliance.” (Norcross, 2011; Orlinsky, Ronnestad, & Willutzki, 2004).

Cited from the ICE Manuals on Feedback-Informed Treatment, Manual 1

NDRCP

- The National Institute of Mental Health (NIMH) Treatment of Depression Collaborative Research Program (TDCRP) used 3 research sites to investigate the effectiveness of two forms of brief psychotherapy (cognitive behavior therapy and interpersonal psychotherapy), medication, and a placebo.
- The results demonstrate the relevance of patient characteristics, including social, cognitive, and work function, for prediction of the outcome of major depressive disorder. In contrast, there were no significant differences among treatments for less severely depressed patients.

(Mood, Anxiety and Personality Disorders Research Branch, National Institute of Mental Health, Bethesda, MD.)

Project Match

- Project MATCH investigators selected 3 behavioral treatments that differed markedly in philosophy and practice:
 - 12-step facilitation therapy
 - CBT
 - MET
- Treatment found to be effective, with no differences in effectiveness among the treatment modalities (NIAA, 1996)
- Prediction of the therapeutic alliance in alcoholism treatment (as rated by the client and by the therapist) was an important factor in effectiveness of treatment. (Gerard J. Connors, Carlo C. DiClemente, Kurt H. Dermen, Ronald Kadden, Kathleen M. Carroll, Michael R. Frone, 1997)
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Miller (2011) summarized the impact of routinely monitoring and using outcome and alliance data from 13 RCTs involving 12,374 clinically, culturally, and economically diverse consumers and found:

- Routine outcome monitoring and feedback as much as doubles the “effect size”
- Decreases dropout rates by as much as half
- Decreases deterioration by 33%
- Reduces hospitalizations and shortens length of stay by 66%
- Significantly reduces cost of care compared to non-feedback groups

(Cited from ICCE Manuals on Feedback-Informed Treatment, Manual 1)

Feedback Informed Treatment is:

- Pan-theoretical
- Elicits feedback in a routine and formal way
- Becomes part of the clinical work

Feedback Informed Treatment

- Starts with the Outcome Rating Scale
 - Measures 4 areas
 - Individually
 - Interpersonally
 - Socially
 - Overall

Outcome Rating Scale

- Is the client's perception of how they are doing in these life areas
- Is a skeleton that the client adds the flesh to with their experiences
- Is completed at the beginning of each session

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

Individually
(Personal well-being)

I-----I

Interpersonally
(Family, close relationships)

I-----I

Socially
(Work, school, friendships)

I-----I

Overall
(General sense of well-being)

I-----I

The Heart and Soul of Change Project

www.heartandsoulofchange.com

- Requires practice to:
 - Introduce the measures
 - Integrate the client's experiences with the scales
 - Inform and tailor services based on the scores

Session Rating Scale

- Is the client's perception of the therapeutic alliance
- Measures 4 areas:
 - Relationship
 - Goals and Topics
 - Approach or Method
 - Overall

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

Relationship

I did not feel heard, understood, and respected.

I-----I

I felt heard, understood, and respected.

Goals and Topics

We did *not* work on or talk about what I wanted to work on and talk about.

I-----I

We worked on and talked about what I wanted to work on and talk about.

Approach or Method

The therapist's approach is not a good fit for me.

I-----I

The therapist's approach is a good fit for me.

Overall

There was something missing in the session today.

I-----I

Overall, today's session was right for me.

How Not to Implement:

- The Executive Director and Treatment Director attend a training focusing on outcomes and therapeutic alliance
- They get really excited
- Come back and expect everyone else to be excited

- Introduce the scales to staff in a 1 hour in-service training
- Mandate counselors/case managers begin use of the scales
- 3 months later:
 - 3 out of 15 counselors/case managers are using the scales - sometimes
- 6 months later:
 - 0 out of 15 counselors/case managers are using the scales

Regrouping:

- Invest in 2, 3 day trainings
- Design an implementation plan
- Form a “pioneer” group of counselors and case managers:
 - 2 day training
 - Use of My Outcomes and iPads
 - Meetings every other week

Regrouping, continued:

- Follow with 2 day training for all counselors and case managers
 - 1st day included administrative and support staff
 - Use of iPads and My Outcomes
- One month later....follow-up training for all counselors/case managers
- 3 months later....further follow up training

Clinical Supervision

- Review outcome and alliance charts
 - Look for a consensus: progress or no progress?
- Does the client have a stated goal?
- Does the client have specific ideas about how to reach that goal?
- Does the client have wishes/expectations regarding the role of the helper?
- Does the client express preferences about the relationship with the helper?

My Outcomes

- A web-based tool for administering the scales
- Provides instant feedback for the clinician and client
- Progress, or lack of, is easily visible
- Early warning signs
- Demonstration
- www.myoutcomes.com

Love Your Data!

- Average Overall Change
 - Difference between the average intake ORS score and the average, most recent ORS score. A number of 6 or higher indicates reliable clinical change

Love Your Data!

- Average Change vs. Session Targets
 - A positive number indicates client is experiencing change above expected treatment response (ETR). A negative number indicates client is experiencing less change than expected

Love Your Data!

- % of Clients Reaching Service Targets:
 - Percent who have attained or exceed expected treatment response

Some obstacles:

- Don't understand the numbers
- Uncomfortable having clients "rate me"
- It's just another fad
- Information will be used for staff performance evaluations
- Expect to have data you will "dump"

Keep it going....

- Regularly scheduled “booster” trainings
- Training during new staff orientation
- Utilization part of staff performance evaluations
- Address data in staff meetings
- Integral part of clinical supervision
- Bottom line: this is who we are

Ahead...

- Privileging clients, increasing respect
- Working on what's important to the client
- Becoming better at recognizing warning signs for drop out
- Becoming better at changing course to continue to keep people engaged

Resources:

- Dr. Barry Duncan
 - Heart and Soul of Change Project
 - PCOMS – partners for change outcome management system
 - www.heartandsoulofchange.com
- Dr. Scott Miller
 - International Center for Clinical Excellence
 - FIT – feedback informed treatment
 - www.centerforclinicaexcellence.com

Check out My Outcomes at www.myoutcomes.com You can play with a free trial and there are also informative webinars on the site

Books...

Changing the Rules: A Client-Directed Approach to Therapy, by Barry L. Duncan, Andrew D. Solovey, and Gregory S. Rusk

The Heart & Soul of Change, by Mark A. Hubble, Barry L. Duncan, and Scott D. Miller

The Heroic Client, by Barry L. Duncan, Scott D. Miller, and Jacqueline A. Sparks

Better Results: Using Deliberate Practice to Improve Therapeutic Effectiveness, by Scott D. Miller