

Why it is essential for clinicians to monitor patient treatment response and how to do it

Michael J. Lambert, PhD
Brigham Young University
www.oqmeasures.com
office@oqmeasures.com

Overview

- Define Components of OUTCOME
- Develop Measure
- Define Treatment Success
- Define Treatment Failure
- Develop Failure-Alert Recognition System
- Apply Procedures to Routine Practice in Experimental Studies

Components of "Mental Health Vital Signs" Outcome

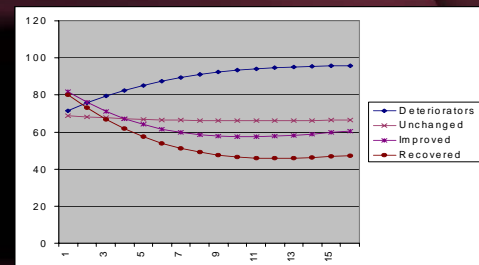
1. Symptomatic complaints
2. Interpersonal Functioning
3. Social Role Functioning
4. Quality of Life

Example Items

- Symptoms
 - "I feel hopeless about the future"
- Interpersonal
 - "I feel Lonely"/"I get Along Well with Others"
- Social Role
 - "I feel Stressed at Work/School"

GOOD NEWS & BAD NEWS

- Problem 1--Negative effects
- Problem 2--Therapists don't see them coming



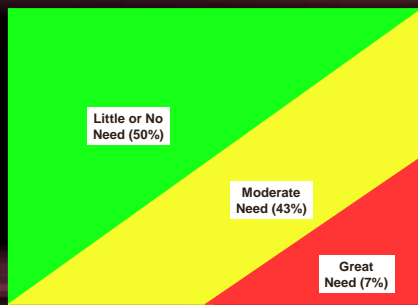
General Outcomes in Clinical Trials vs. Routine Care

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

Benchmarking Outcomes

SITE(N=6,062)	SESSIONS	DET.	NO CH.	IMPRO	RECOV
Employee assistance	3.6	6.6%	58.5%	19.7%	15.2%
University clinics	5.8	9.7%	57.6%	20.1%	12.6%
Local outpatient clinics	3.3	14.1%	53.9%	20.5%	11.4%
National outpatient clinics	5.1	7.5%	48.1%	28.5%	15.9%
Clinical trainees	9.5	3.2%	45.6%	31.2%	20%
Community mental health center	4.1	10.2%	60.7%	20.5%	8.6%
TOTAL	4.3	8.2%	56.8%	20.9%	14.1%

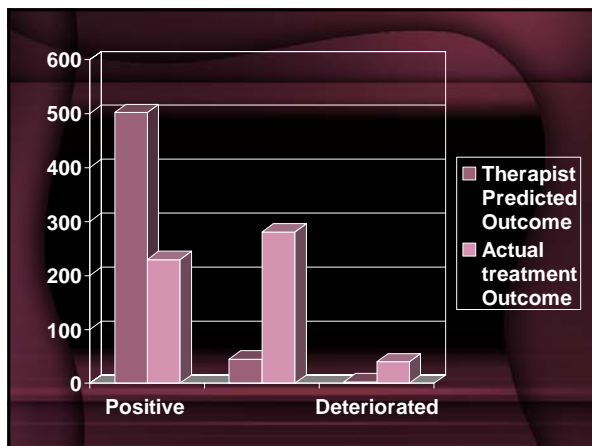
Identifying Cases for Review



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 were accurate 1 time
- Algorithms were correct 77% of the time in predicting deteriorated patients

Hannan, Lambert, Harmon, Nielsen, Smart, Shimokawa, Sutton (2005)



Self-Assessment Bias

- Across the professions and crafts we see our own work as above average.
- In mental health –professions, 90% of us see ourselves as above the 75th percentile in treatment effects.

How WELL Can We Predict Treatment Failure?

- 492 clients were treated and their response to treatment was categorized.
- 36 of these clients deteriorated - **100% were predicted to deteriorate.**
- But—82 additional clients were predicted to deteriorate and did not (false positives).

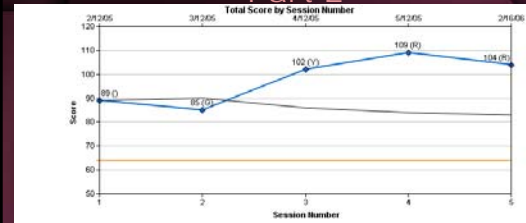
Research Program

- 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
 - Harmon, et al. 2007
 - Slade, et al. 2008
- 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

Clinician Report Red Alert – Part 1

Name: Adult, Melanie, R ID: ASDF0195		Alert Status: Red	
Session Date: 2/16/2006 Session: 5		Most Recent Score: 104	
Clinician: Clinician, Bob Clinic: North Clinic		Initial Score: 89	
Diagnosis: Panic Disorder		Change From Initial: Reliably Worse	
Algorithm: Empirical		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		
		Subscales	Current Output. Comm. Norm Norm
		Symptom Distress:	63 49 25
		Interpersonal Relations:	25 20 10
		Social Role:	16 14 10
		Total:	104 83 45

Clinician Report Red Alert – Part 2



Feedback Message:
The patient is deviating from the expected response to treatment. They are not on track to realize substantial benefits 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.

Name: _____
Client ID#: _____
Date: _____

ASC

INSTRUCTIONS (#11-11): The following statements describe attitudes people might have about their therapist. Thinking about the last session you completed with your therapist:

- | | | |
|--------------------------------------------------------------------------------|-------|-------|
| 1. I felt cared for and respected as a person. | ..... | ○○○○○ |
| 2. I felt my therapist understood me. | ..... | ○○○○○ |
| 3. I thought the suggestions my therapist made were useful. | ..... | ○○○○○ |
| 4. I felt like I could trust my therapist completely. | ..... | ○○○○○ |
| 5. I was willing to share my innermost thoughts with my therapist. | ..... | ○○○○○ |
| 6. I felt there was a breakdown in the relationship with my therapist. | ..... | ○○○○○ |
| 7. I felt like my therapist disapproved of me. | ..... | ○○○○○ |
| 8. At times, the tone of my therapist's voice seemed critical or impatient. | ..... | ○○○○○ |
| 9. My therapist seemed to be glad to see me. | ..... | ○○○○○ |
| 10. My therapist and I seemed to work well together to accomplish what I want. | ..... | ○○○○○ |
| 11. My therapist and I had a similar understanding of my problems. | ..... | ○○○○○ |

INSTRUCTIONS (#12-23): The following statements describe the support you felt outside of therapy during this last week.

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 12. I could count on my friendships when things went wrong. | ..... | ○○○○○ |
| 13. I could talk about problems with my friends. | ..... | ○○○○○ |
| 14. I could talk about problems with my family. | ..... | ○○○○○ |
| 15. I got the emotional help and support I needed from someone in my family. | ..... | ○○○○○ |
| 16. There was a special person who was around when I was in need. | ..... | ○○○○○ |
| 17. There was a special person with whom I could share my joys and sorrows. | ..... | ○○○○○ |
| 18. I could get material support if needed (like: money, food, transportation, child care, tools, repairs, health care, legal advice, etc.). | ..... | ○○○○○ |
| 19. I had support from social groups (like: church, school, AA, clubs, etc.). | ..... | ○○○○○ |
| 20. I felt accepted by someone other than my therapist. | ..... | ○○○○○ |
| 21. I felt connected to a higher power. | ..... | ○○○○○ |
| 22. Some values were so similar I couldn't talk with anyone about them. | ..... | ○○○○○ |

Assessment for Signal Clients

Alliance

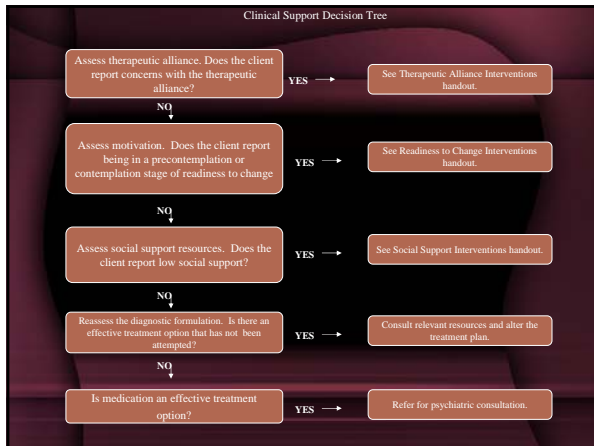
- My therapist seemed glad to see me.
- I felt there was a breakdown in the relationship with my therapist

Social Support

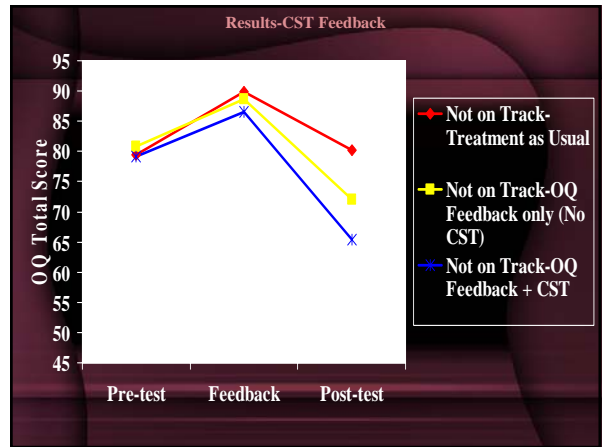
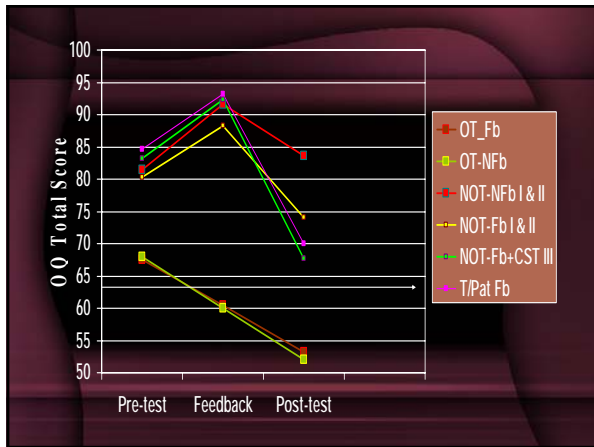
- I could count on my friendships when things went wrong

Motivation

- I am not sure what to work on in therapy



- Each study involved about 40 therapists and 1,000 clients
- Random assignment of patients to experimental condition within therapist, i.e., every therapist had patients for whom they received feedback and were denied feedback



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+CSST (n = 154)	69 (45%)	73 (47%)	12 (8%)

- ### We Have Learned:
- How to briefly measure client outcome
 - That outcome can be measured session-by-session
 - How to model recovery and deteriorating courses
 - To predict treatment failure before it occurs

We Have Learned:

- That providing progress information and specifically ALARMS to therapists substantially improves client functioning
- Further improvements can be expected if therapists use Clinical Support Tools for problem solving.
- Create software that can provide instantaneous feedback to clinicians.

THE FUTURE

- Outcome informed work, as recognized and advocated by the conference organizers, is a highly promising movement on behalf of client welfare
- We are now seeing an emerging science that can practically assist clinicians in their artful efforts