



Why innovations in mental health practice need to be accompanied by a monitoring system

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And Perth Clinic

### Acknowledgments

- Perth Clinic
- Medibank Private
- Professor Michael Lambert

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### Structure of Symposium

- Why do we need to monitor?      ▪ Andrew Page
- Can we build a monitoring system?      ▪ Elizabeth Newnham
- How do we monitor at Perth Clinic?      ▪ Geoff Hooke

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## WHY MONITOR?



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## SUMMARY


Will discuss some of Perth Clinic's evaluation exercises and how they point to the value of monitoring:

1. We can't predict poor outcomes well
2. We can't always identify poor outcomes
3. We don't always use information about poor progress well
4. Our patients do not always know how they have improved

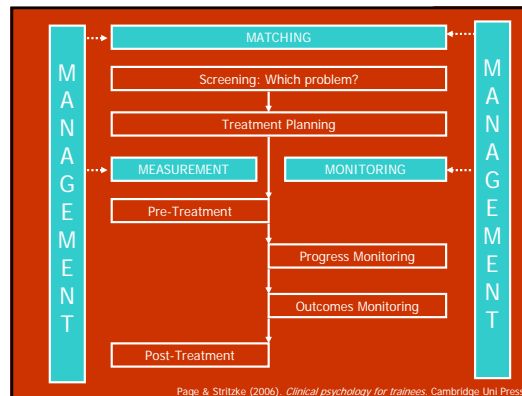
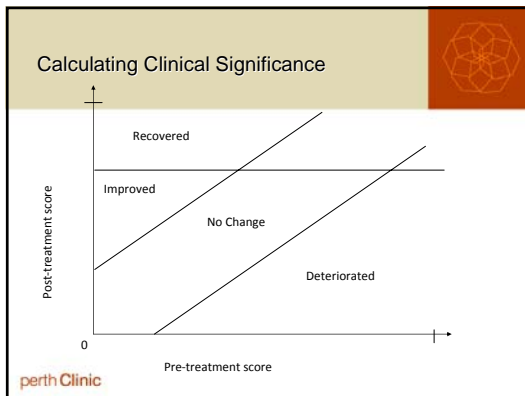
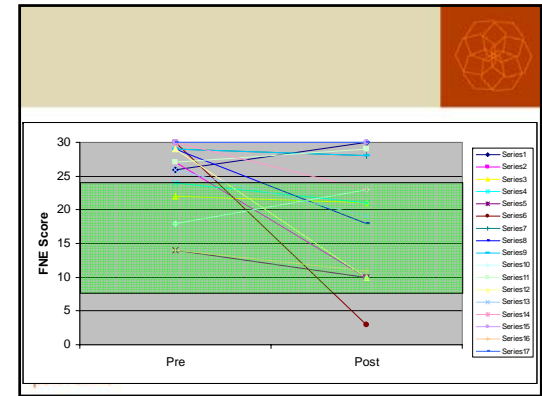
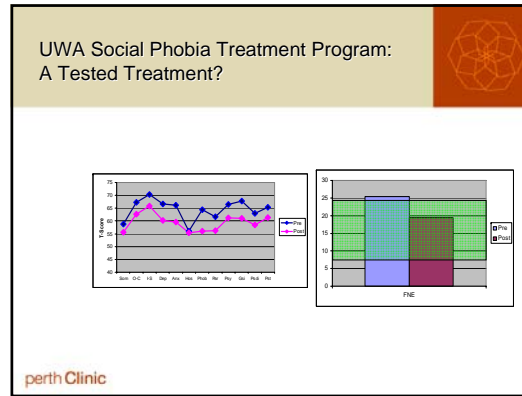
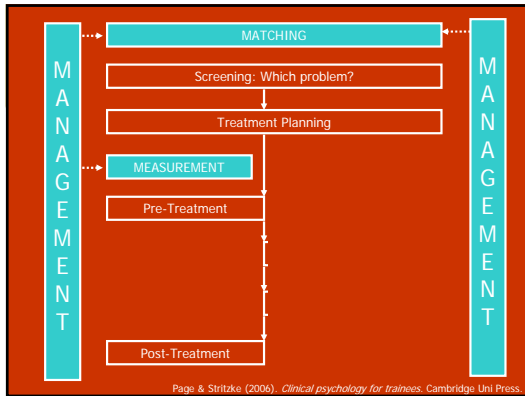
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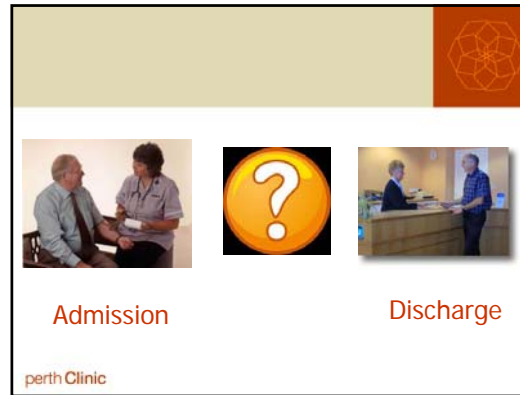
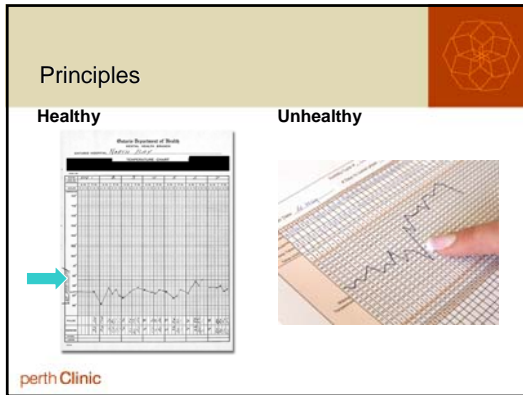
### National Practice Standards for the Mental Health Workforce (2002)

- Standard 11: Evaluation and Research
  - "Mental health professionals systematically monitor and evaluate their clinical practice ... to ensure the best possible outcomes ..."



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But Do We Need Monitoring?

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### How Well do Practitioners Predict Treatment Failure? (Hannan et al., 2005)

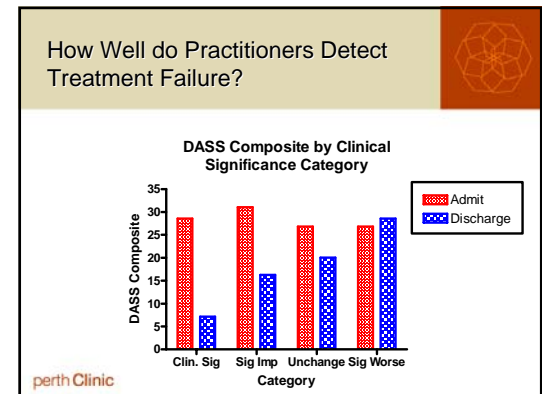
- 40 therapists predicted at end of session if the patient would leave treatment deteriorated and if worse off at this particular session compared with functioning at therapy entry.
- Base rate for deterioration = 8%
- Only 3 of 550 clients predicted to deteriorate, one of whom actually deteriorated. The therapists did not identify 39 additional clients who deteriorated during treatment.

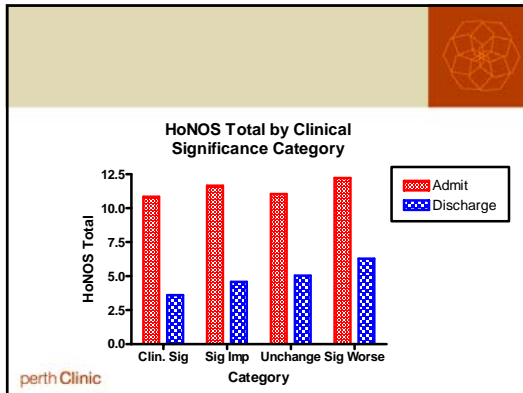
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### SUMMARY

1. We can't predict poor outcomes well

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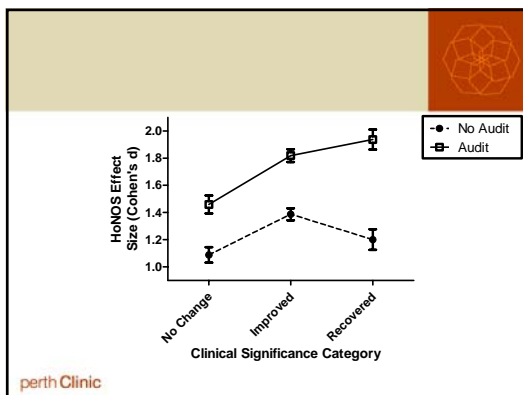
### SUMMARY

1. We can't predict poor outcomes well
2. We can't always identify poor outcomes

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### ASIDE: CAN WE IMPROVE HONOS VALIDITY?

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### Schulte & Eifert (2002)

- 30% of treatment goals were established during therapy
- Average number of method changes per session was 1.4

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### Schulte & Eifert (2002)

- Changes in treatment direction occur when therapists are pessimistic about outcomes or believe they have little control over treatment ... BUT ... therapist ratings of session success were poorly correlated with final outcome

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## Schulte & Eifert (2002)

- Therapist mood predicted treatment direction and perceived success of treatment, but therapist mood deteriorated if patients did not express acceptance or signaled dislike
- Method changes in treatment correlated negatively (-.49) with outcome

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## How Well do Practitioners Predict Treatment Failure? (Hannan et al., 2005)

- Although therapist correctly identified 16 clients who had worsened during treatment, they did not interpret this information as a predictor of final patient outcome.

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## SUMMARY

1. We can't predict poor outcomes well
2. We can't always identify poor outcomes
3. **We don't always use information about poor progress well**

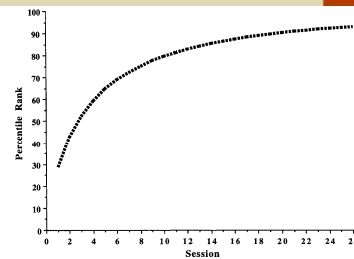
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## Do Patients Know How They are Progressing?



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## Dose Response Model



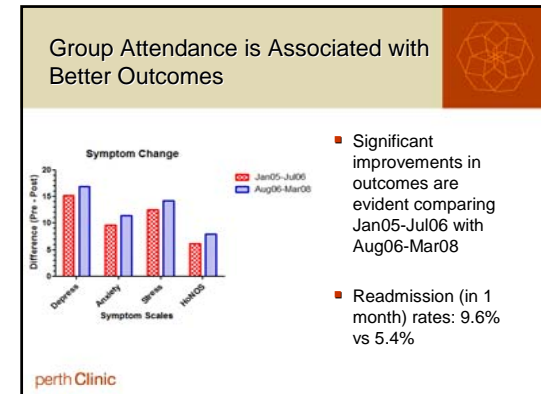
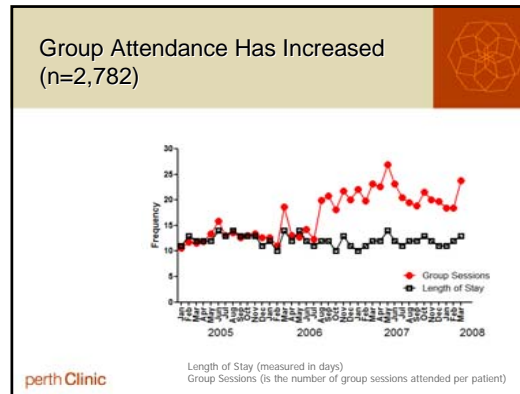
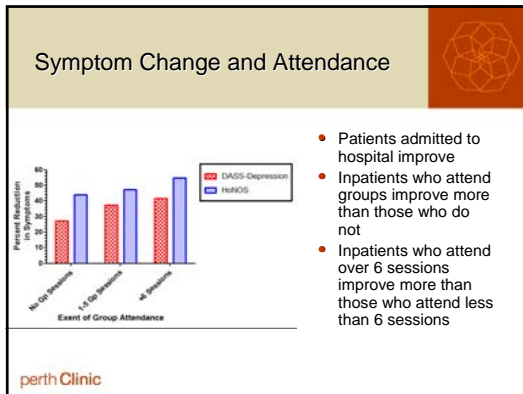
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## Phase Model

- Three progressive phases in the process of treatment response:
  - Remoralization
  - Remediation
  - Rehabilitation

➤ Howard, Lueger, Mailing, & Martinovich (1993)

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### Patient Perceptions at Discharge

	Less Psychotherapy		More Psychotherapy	
	Mean	SD	Mean	SD
Problem changed	5.42	1.15	5.08	1.18
Distress changed	5.45	1.2	5.15	1.25
Knowledge changed	5.57	1.18	5.35	1.20
Apply knowledge	5.30	1.21	5.00	1.15
Confidence change	5.38	1.16	5.14	1.24
Information group	5.82	1.21	5.49	1.32
Satisfied with therapy	6.17	0.97	5.82	1.13
Satisfied with therapists	6.37	0.94	6.09	1.12
Satisfied with support	6.00	1.05	5.68	1.24

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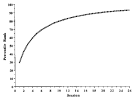
- ### SUMMARY
1. We can't predict poor outcomes well
  2. We can't always identify poor outcomes
  3. We don't always use information about poor progress well
  4. **Our patients do not always know how they have improved**
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- ### Patient-Focused Research
- Seeks to improve the outcome of *individual* patients by monitoring progress and utilizing the feedback of this information to guide ongoing treatment.
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## The Key

- Early treatment response is indicative of final outcome.

➤Howard, Moras, Brill, Martinovich & Lutz, 1996



## SUMMARY

1. We can't predict poor outcomes well
2. We can't always identify poor outcomes
3. We don't always use information about poor progress well
4. Our patients do not always know how they have improved
5. **We can monitor early treatment responses and use them to identify potentially good and poor outcomes**