Clinical guideline
Using outcomes measures in outpatient psychotherapy

Conditions

Depressive and bipolar disorders

Anxiety disorders

Eating disorders

Behavioral disorders

Substance-related disorders

Adjustment disorders

Posttraumatic and acute stress disorders

Other disorders, as appropriate for outpatient psychotherapy

Key words

Outcome-informed treatment, treatment-based evidence, practice-based evidence, empirically supported treatment (EST)

Recommendation

Moda Health recommends clinicians actively monitor treatment outcomes throughout each course of treatment. Monitoring should be done through use of objective measures of progress at regular intervals, ideally at every visit. Results of this monitoring should be used to guide the course of treatment.

Rationale

A substantial body of research demonstrates that adding this simple component to outpatient psychotherapy can dramatically improve treatment outcomes and reduce drop-out rates. Using outcome measurements is compatible with a wide variety of treatments, including psychodynamic therapy, cognitive-behavioral therapy, individual, family and group psychotherapy.

Discussion

Behavioral health providers have come under increased pressure to use empirically supported treatments (ESTs). One direction this has taken is a move toward matching specific treatment protocols to specific conditions and highly manualized treatments (i.e., "by the book"). This approach has had some success, such as providing dialectical behavior therapy for patients with borderline personality disorder, and exposure and response prevention for obsessive-compulsive disorder.

Patients encountered in the real world, however, often come to treatment with multiple diagnoses or unique circumstances which defy attempts to match a prescribed set of interventions with a specific set of problems. Additionally, an overwhelming body of research points toward the conclusion that different types of psychotherapy are generally equally effective; and that much improvement in treatment is due to general factors, such as the therapeutic alliance, which transcend different approaches to treatment.

A second approach to EST is to integrate into treatment a set of tools that has been found to enhance treatment outcomes regardless of the type of therapy being provided. One such tool is the consistent use of outcome measurements.

Outcome measurement benefits

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1. Using outcome measurements improves overall treatment outcomes.
A growing body of research has found that consistent use of objective outcomes measurements helps identify patients at risk of treatment failure and improves overall treatment outcomes. For example, Lambert et. al. (2001) found that twice as many patients improved, and at-risk patients stayed in treatment longer and were less likely to deteriorate, when outcome measures were incorporated into treatment.

2. Using outcome measurements can help guide treatment and facilitate provider/patient communication.
Patients are better able to assess how they are doing than even the most skilled clinicians. Using outcomes measurements can bring important information to light that otherwise patients might not have shared. If the patient is not improving, review of outcome measures presents an opening to discuss any needed adjustments to the treatment.

3. Using outcome measurements can help demonstrate appropriateness of treatment to payers.
Tracking treatment outcomes can provide concrete information regarding symptom severity and treatment progress that payers may request. Objective and validated measurement tools lend additional weight to clinicians' subjective judgments.

<u>**Implementation**</u>
Clinicians have a wide range of options in choosing outcome measures to use, including some measures that are free of cost. Using a measurement tool that has been empirically validated is recommended, though clinicians may also design tools specific to each patient. The same tool or tools should be used throughout treatment to allow reliable tracking of clinical change. Tools that measure the strength of the treatment alliance can bring additional valuable information into the treatment process. A sampling of resources is provided below.

It is critically important to obtain a valid baseline at the very beginning of treatment, because therapeutic improvement early in treatment is the strongest predictor of overall treatment response. For example, Brown, Dreis, and Nace (1999) found that, on average, if there was no improvement by the third session, no improvement occurred throughout the entire course of treatment and patients were more likely to drop out. Early identification of patients at risk of treatment failure should be used to open a dialogue with the patient regarding any adjustments that might make treatment more helpful. Doing so improves retention and outcomes for those patients.

<u>**Resources**</u>

Session Rating Scale and **Outcome Rating Scale:** Each four-question scale takes approximately one minute to complete. Scales are empirically validated and normative data are available. These scales are available free of charge to individual clinicians at www.talkingcure.com.

ACORN: "A Collaborative Outcomes Resource Network" provides information, tools, outcome scales and training regarding outcome-informed practice. Free of charge. www.psychoutcomes.org

Evidence basis

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The evidence basis for this guideline includes:
- Randomized, controlled trial
- Meta-analysis
- Narrative review
- Population-based descriptive study

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