
# School Mental Health:

## *Do We Make A Difference?*

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# Special Thanks to Jeb Brown, Ph.D.

# Are School Based Mental Health Clients Really Getting Better?

# The Assumptions

*School Mental Health Clinicians:*

1. have greater access to clients,
2. can see clients more often in school,
3. can offer consultation to school personnel,
4. can advocate for greater supports at school for their clients.

# Was Outcome Measurement System (OMS) 2013 Data Sensitive Enough to Capture Change?

- *Compared our Outpatient Clinic to our School Mental Health Program and found Outcomes to be Equivalent.*

- *Both Outpatient Clinic and School Mental Health Program yielded Outcomes Slightly Above and Slightly Below the State Averages of All Outpatient Clinics.*

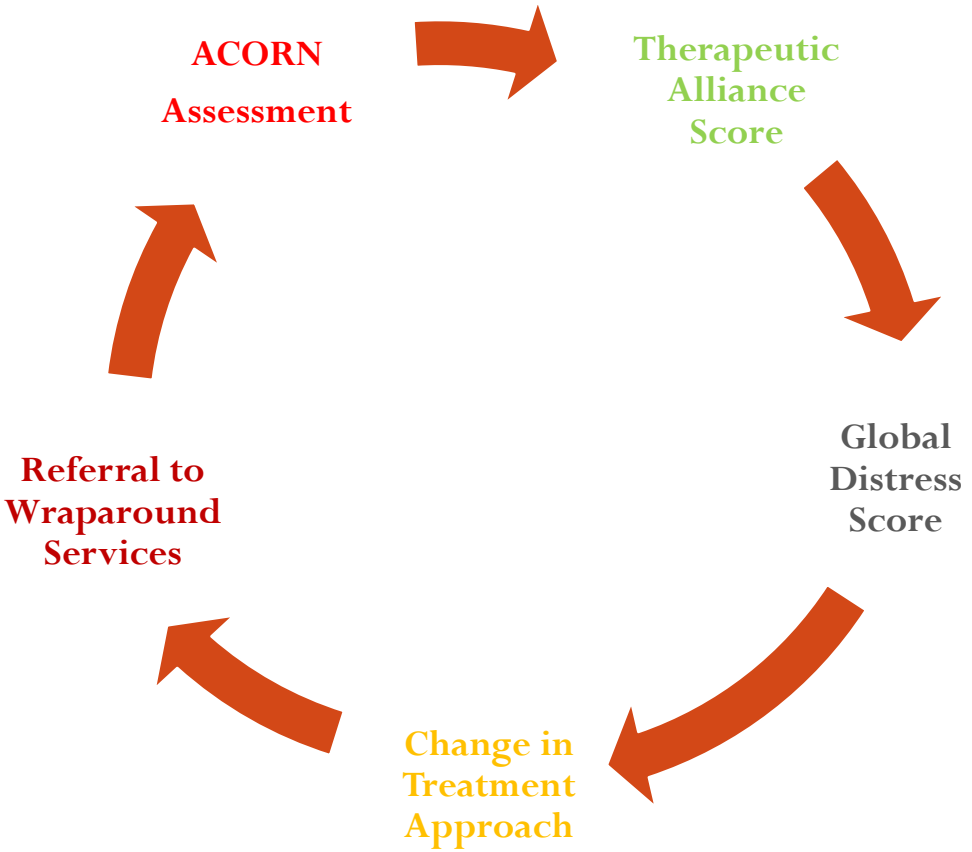
- *90% of Child and Adolescent Clinics ended Treatment after a Year Across Both Settings. Only eleven clients stayed longer than a Year.*

# A Different Kind of Nut: The ACORN Psychotherapy Outcome Measurement System

# Features of ACORN System

- Briefly Measures Change in Psychotherapy across diagnostic categories by measuring the underlying construct of global distress.
- Measures the Therapeutic Alliance between Therapist and Client to monitor how well the Therapeutic Relationship is Developing.
- Compares the Client's Progress against Other Clients in its Large Data Base of Historical Outcome Data.
- Compares the Effectiveness of the Agency and Therapist against Other Agencies and Therapists to Provide a Data Based Evaluation of the Relative Effectiveness of Clinical Work.

# Feed Back Informed Care



# Value of Feedback Informed Care

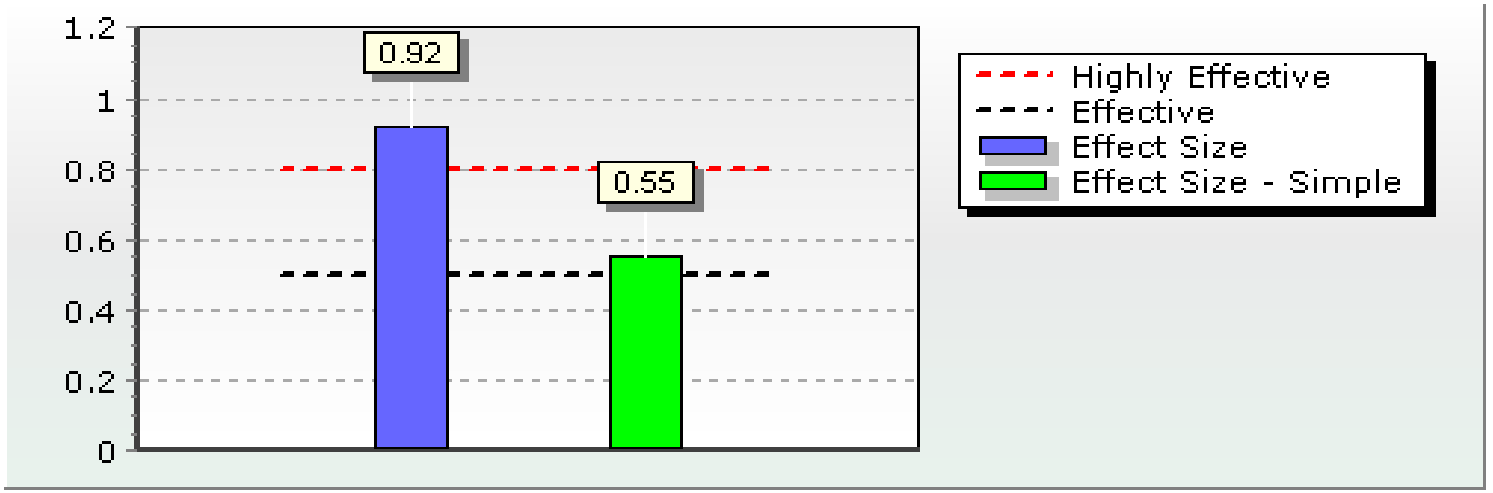
- Flags clients who are not progressing among a large agency case load for supervisory attention and case conferences.
- Suggest which clients can be discharged if they have sustained remission of symptoms for a significant period of time.
- Current community practice may be keep high risk and low risk clients in treatment for equal periods, or more often keep high functioning clients in treatment longer since they are more satisfying to treat. With ACORN, clients may receive only as much treatment as they need.
- Monitoring client progress improves client progress since adjustments to treatment are made.

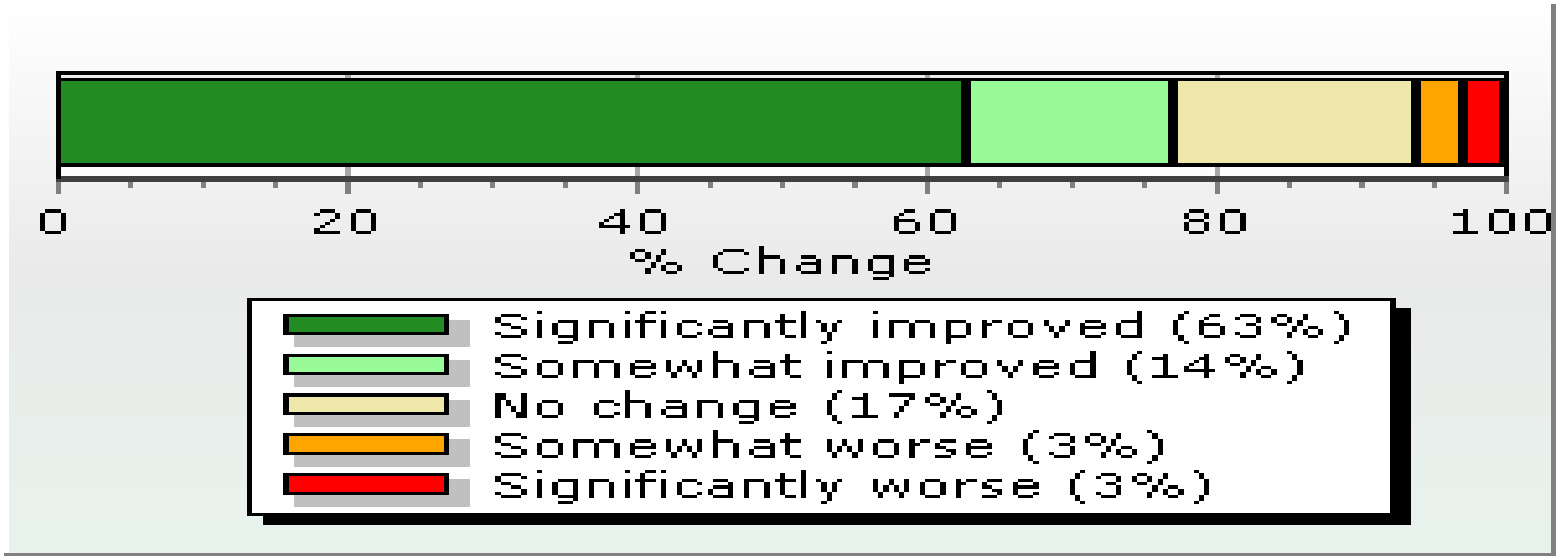
# Beacon Health Options Partnership with FSI

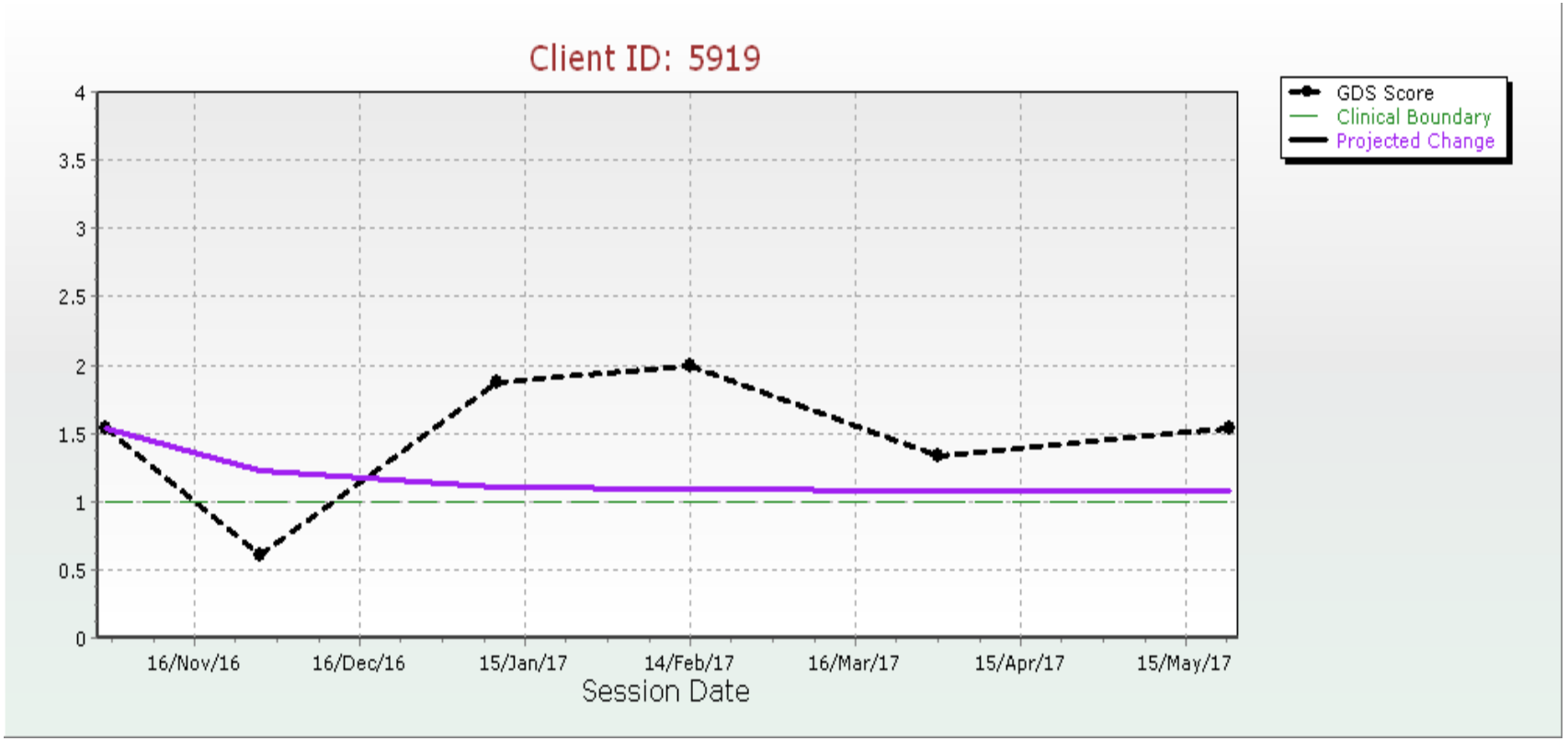
- Completed 10 months of outcome measures with ACORN over the 2014-2015 School Year. **84%** of clients experienced significant or somewhat improved symptom relief over the course of the school year. Our treatment Effect Size was greater than .80 placing us at the **88th** percentile of agencies using ACORN the first year.
- Repeated ACORN Assessments in 2015-2016 School Year finding **69%** had significant or some symptom relief and in 2016-2017 School Years finding **73%** had significant or some symptom relief.
- In the 2015 and 2016 School Years, we gave a separate client satisfaction survey and found in both years over **90%** of clients endorsed that counseling helped them and improved behavior in the classroom.

# Limitations of the ACORN Data

- Only 50-65 clients out of 200 were given the ACORN inventory at least 4 or more times in each school year leading to a small sample size.
- Clinicians had no incentive to give the ACORN Assessment versus the OMS that was tied to securing new authorizations and financial productivity. Clinicians were juggling a large amount of documentation to have sufficient time to complete ACORN outcome measurement consistently.
- Self-report data is subject to positive response bias and child clients sometimes misunderstand the ACORN questions.


1.2
1
0.8
0.6
0.4
0.2
0
0.92
0.55
Highly Effective
Effective
Effect Size
Effect Size - Simple


0
20
40
60
80
100
% Change
Significantly improved (63%)
Somewhat improved (14%)
No change (17%)
Somewhat worse (3%)
Significantly worse (3%)


Client ID: 5919
GDS Score
Clinical Boundary
Projected Change
4
3.5
3
2.5
2
1.5
1
0.5
0
16/Nov/16
16/Dec/16
15/Jan/17
14/Feb/17
16/Mar/17
15/Apr/17
15/May/17
Session Date

# Why Did ACORN make Us Appear Effective and Maryland's OMS Assessment, Average or Mediocre?

- 1. ACORN is administered more frequently (4 times per year at minimum) which may make it more sensitive to client improvements over time whereas the OMS is administered every 6 months.
- 2. ACORN compares an individual clinician or agency against a bench mark effect size. You are doing well if 70% of clients improve. The benchmark is clear and reasonable. With the OMS, changes in outcomes are compared among agencies and not based on whether a majority of clients are getting better in the agency.
- When many public mental health clinics are under-resourced, we all perform similarly, so comparisons may not yield large differences.

# The Next Frontier: Analytics

- ACORN can predict hospitalization risk.
- ACORN can predict premature termination.
- ACORN can predict potential treatment failure.
- ACORN can predict if treatment will be impactful.
- ACORN can learn from the patterns in the data to make better predictions.

# Become an ACORN Kind of Nut

Contact the Center for Clinical Informatics to find out how you can try out ACORN at your agency. E-mail **Datacenter@Clinical-Informatics.Com** for more information.

CCI | Center for Clinical Informatics

beacon
health options

# Introduction to Feedback Informed Treatment and Beacon's On Track Outcomes Program

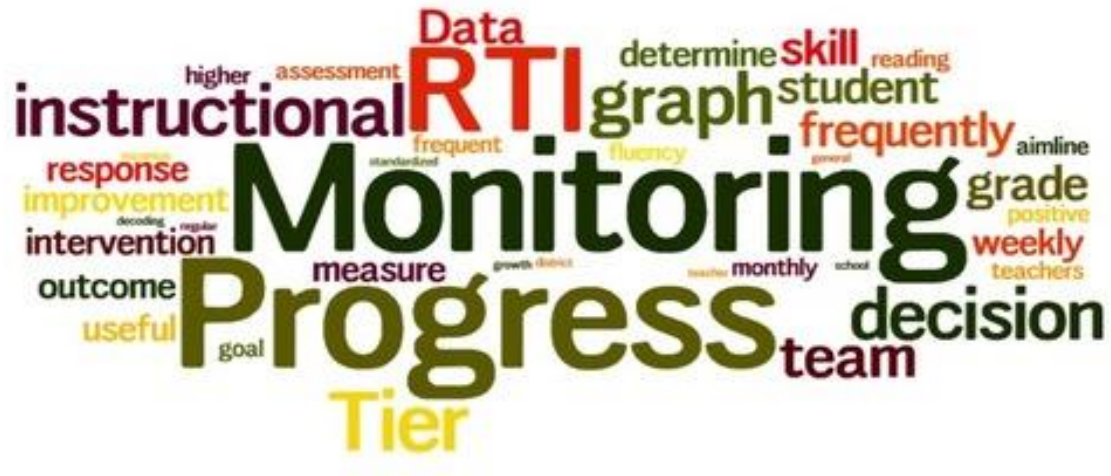
# Feedback-Informed Treatment

# Feedback Informed Treatment

- Feedback Informed Treatment refers to the practice of providing psychotherapy treatment that is informed by repeated administrations of patient-reported treatment outcomes.
  - Routine administration of patient self-report measures over the course of treatment
  - Clinicians have access to continuous feedback on patient's clinical symptoms and alliance

# Progress Monitoring

- Progress monitoring, consisting of measurement and feedback, has the potential to significantly improve treatment outcomes
- Monitoring of treatment response is standard practice for most medical conditions
- It's simply a mental health vital sign – it says whether it's going in the right direction or it's not

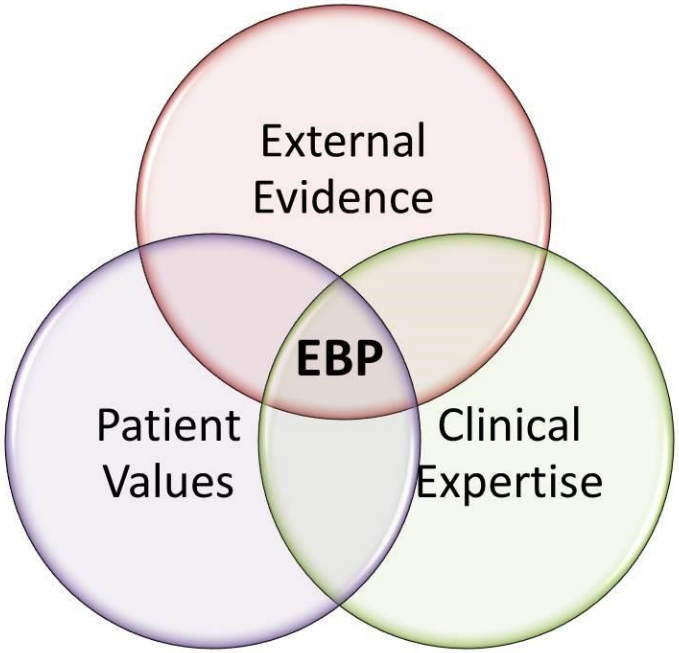


# APA on Progress Monitoring

- The American Psychological Association's (APA) task force on evidence-based practice stated that clinical expertise "entails the monitoring of patient progress … that may suggest the need to adjust the treatment."

# FIT is an Evidence-Based Practice

- Feedback informed treatment is now widely accepted as an “evidence based practice”
- Evidence-based practices integrate individual **clinical expertise**, **patient values**, and the best available **external research evidence** into the decision making process for patient care



# Designation as Evidence-Based Practice

- SAMHSA has added Feedback-Informed Treatment to its official database of evidence-based practices (February 2013)
- Joint Commission requires the use of a standardized tool
  - "nearly twenty years of behavioral health care research has demonstrated the value of measurement-based care as a tool for improving the outcomes of care, treatment, or services." [1, 2, 3, 4]


1. Revised Outcome Measures Standard Behavioral Health Care Accreditation Program (Standard CTS.03.01.09)
2. Boswell JF, Kraus DR, Miller SD and Lambert MJ. Implementing routine outcome monitoring in clinical practice: Benefits, challenges, and solutions. *Psychotherapy Research.* 2015; 25(1):6-19.
3. Goodman JD, McKay JR and DePhilippis D. Progress monitoring in mental health and addiction treatment: A means of improving care. *Professional Psychology: Research and Practice.* 2013; 44(4):231–246.
4. Tarescavage AM and Ben-Porath YS. Psychotherapeutic outcomes measures: A critical review for practitioners. Journal of Clinical Psychology. 2014;70(9):808–830.

# Designation as Evidence-Based Practice

- "The application of research evidence to a given patient always involves probabilistic inferences. Therefore, ongoing monitoring of patient progress and adjustment of treatment as needed are essential to EBPP (evidence-based practice in psychology)."
  - Report of the **2005 Presidential Task Force on Evidence-Based Practice, American Psychological Association,** p. 18
- Recommendation 4-2: Clinicians and organizations providing M/SU services should increase their use of valid and reliable patient questionnaires…to assess the progress and outcomes of treatment systematically and reliably.
  - Improving the Quality of Health Care for Mental and Substance Use Conditions: Quality Chasm Series, **National Academy of Sciences**, 2006

# You Can Only Manage What You Measure

- Management consultant, educator, and author Peter Drucker wrote 39 books on business management
- Widely regarded as the greatest management thinker of all time.
- “What gets measured gets improved.” – *Peter Drucker*
- “**If you can't measure it, you can't improve it.**” *- Peter Drucker*

# Why Use Feedback-Informed Treatment?

# The Evidence

- Psychotherapy is remarkably effective
- In most studies of treatment conducted over the last 40 years, the average treated person is better off than 80% of the untreated sample.
- Therapists in practice achieve outcomes comparable to those achieved in randomized clinical trials.


- Duncan, B., Miller, S., Wampold, B., & Hubble, M. (eds.) (2009). *The Heart and Soul of Change: Delivering What Works*. Washington, D.C.: APA Press.
- Minami, T., Wampold, B., Serlin, R., Hamilton, E., Brown, G., Kircher, J. (2008). Benchmarking for psychotherapy efficacy. *Journal of Consulting and Clinical Psychology, 75 232-243.*

# Stubborn Facts: Dropout Rates

- A meta-analysis of 125 studies on psychotherapy drop-out found that rates average 46.86%.[1]
- Over 70 percent of all dropout occurs after the first or second session.[2]
- Mental health treatment dropout is a serious problem, especially among the young and patients of low income.[3]


1. Wierzbicki, M and Pekarik, G. *Professional Psychology: Research and Practice*, Vol 24(2), May 1993, 190-195.
2. Olfson, Mojtabai, Sampson, Hwang, Kessler. Dropout from Outpatient Mental Health Care in the United States. *Psychiatr Serv*. 2009 Jul; 60(7): 898–907.
3. Edlund M, Wang P, Berglund P, Katz S, Lin E, Kessler R. Dropping out of mental health treatment: patterns and predictors among epidemiological survey respondents in the United States and Ontario. *Am J Psychiatry*. 2002; 159:845–85

# Stubborn Facts: Deterioration

- 5 to 10% of adults and 14 to 25% of child clients deteriorate in routine care[1]


1. Hansen, N. B., Lambert, M. J., & Forman, E. V. (2002). The psychotherapy dose-response effect and its implications for treatment delivery services. *Clinical Psychology: Science and Practice, 9,* 329–343. doi:10.1093/clipsy.9.3.329


# Deterioration: Failure to Predict

- Clinicians rarely accurately predict who will not benefit from psychotherapy[1]


1. Hannan C, Lambert MJ, Harmon C, Nielsen SL, Smart DW, Shimokawa K, Sutton SW. A lab test and algorithms for identifying clients at risk for treatment failure. *J Clinical Psycholo*gy, 2005 Feb;61(2):155-63.


# Deterioration: Failure to Recognize

- Hatfield examined case notes of patients who deteriorated to see if therapists noted worsening at the session it occurred. [1]
  - If the patient got reliably worse, was there any recognition? 21%
  - If the patient got 30 points worse (equivalent of going from typical outpatient to typical inpatient) was there recognition? 32%

1. Hatfield, D., McCullough, L., Frantz, S. H., & Krieger, K. (2010). Do we know when our clients get worse? An investigation of therapists' ability to detect negative client change. *Clinical Psychology & Psychotherapy, 17,* 25–32.

# Why the Failure to Predict?

- Therapists seldom expect their clients to get worse.[1]
- Patients lie!—93 percent of patients reported whitewashing feedback to their therapists ("pretending to find therapy effective" and "not admitting to wanting to end therapy.") [2]

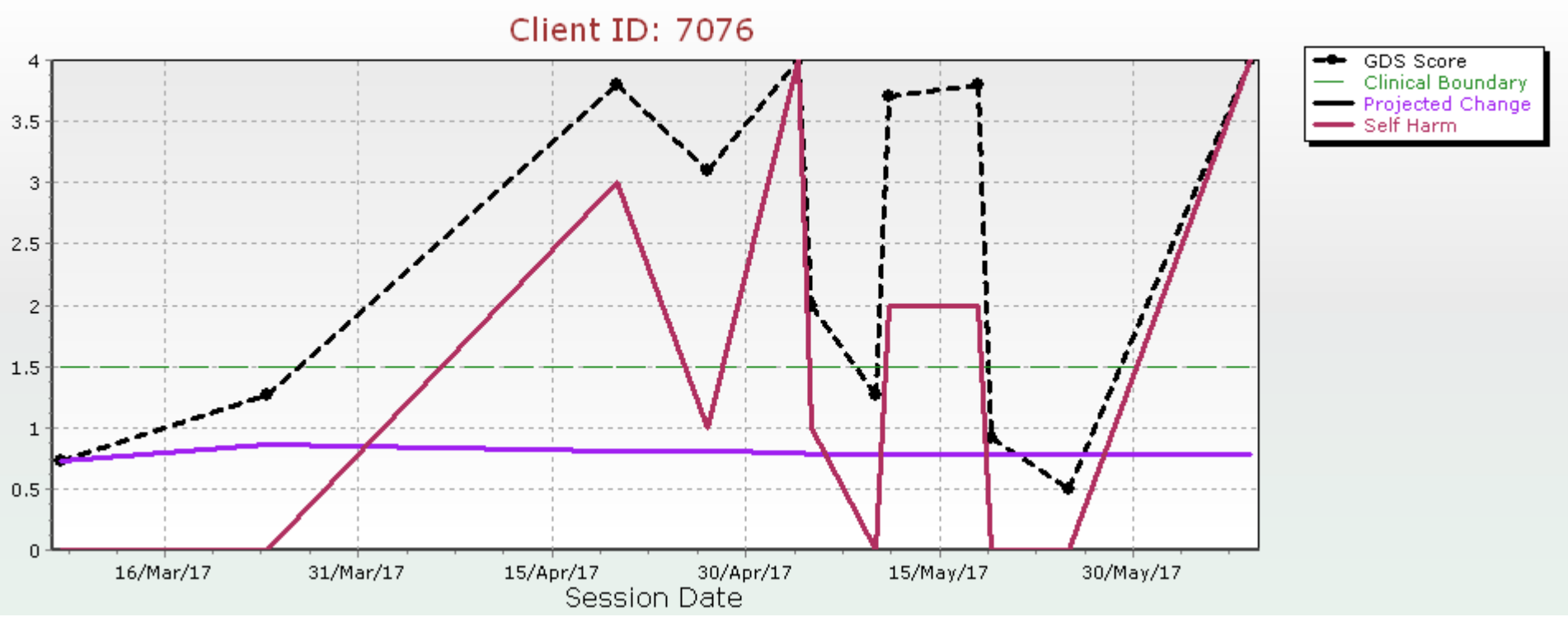

1. Lambert, M. (2007). What we have learned from a decade of research aimed at improving psychotherapy outcome in routine care. Psychotherapy Research, 17, 1–14.
2. Blanchard, M & Farber, B (2016). Lying in psychotherapy: Why and what clients don't tell their therapist about therapy and their relationship**.** Counselling Psychology Quarterly Vol. 29 , 90-112.

# Stubborn Facts: Suicide Risk

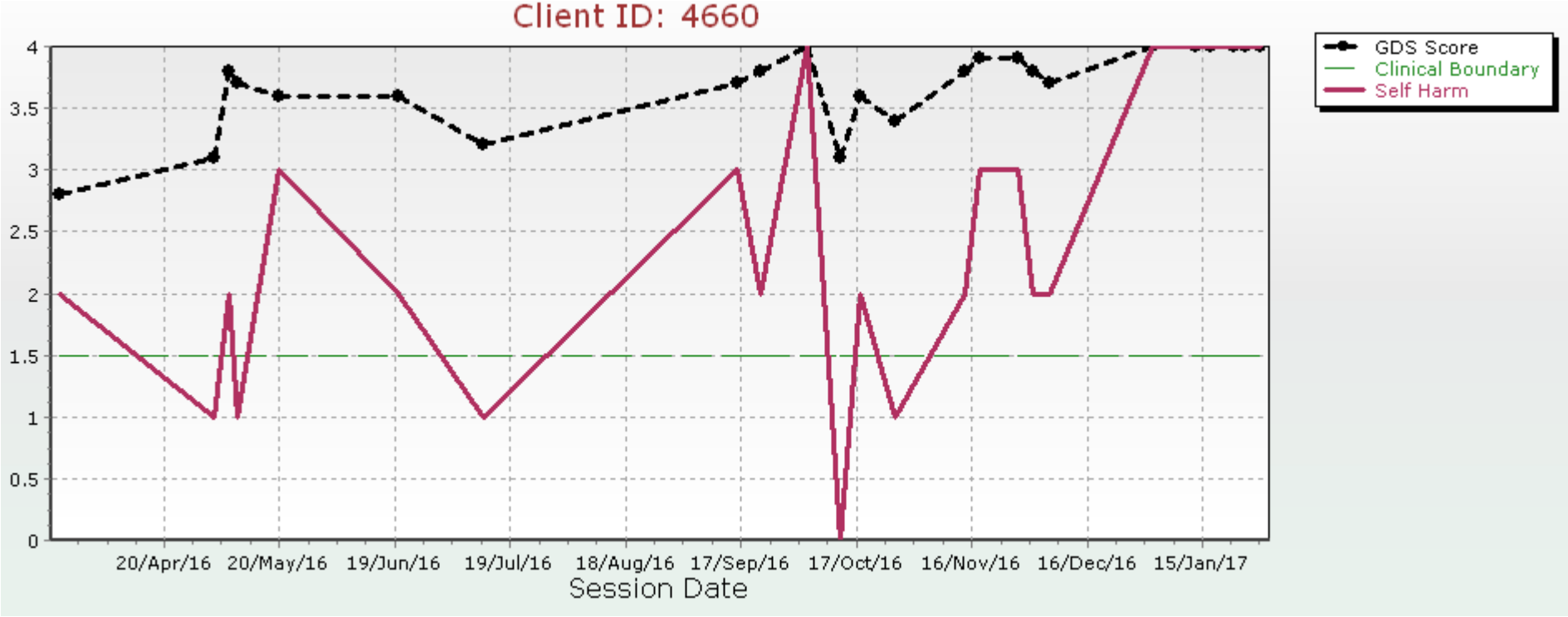
- QA reviews of clinical records and the analyses of suicide cases reveal shortcomings in suicide risk assessment.
- Approximately 25% of suicidal patients deny suicidal ideation when asked.[1]
- Failure to conduct systematic assessments. [2]
- Suicide risk varies over time [3]


1. Robins E. *The Final Months: A Study of the Lives of 134 Persons Who Committed Suicide*. New York: Oxford University Press; 1981.
2. American Psychiatric Association. Practice guideline for the assessment and treatment of patients with suicidal behaviors. *Am J Psychiatry*. 2003;160 (11 suppl):1-60.
3. Isometsä ET, Lönnqvist JK. Suicide attempts preceding completed suicide. *Br J Psychiatry*. 1998;173:531-535.

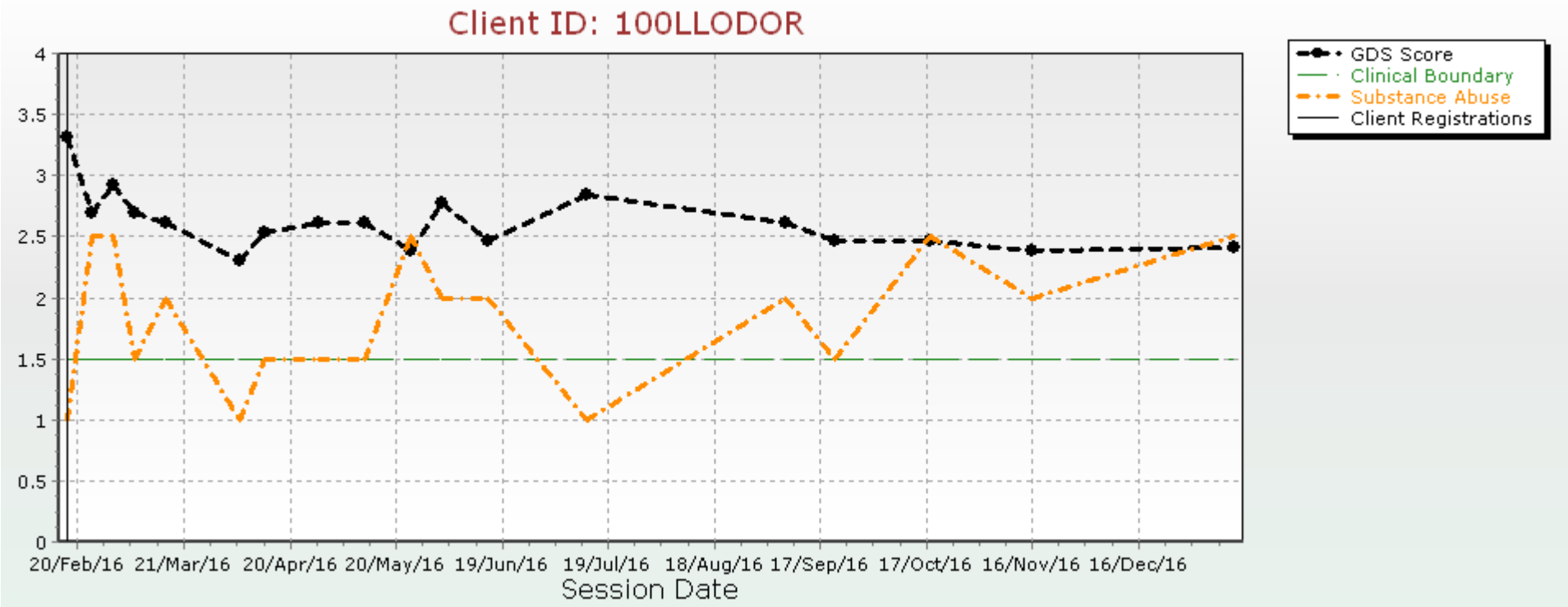
# Suicide Risk Varies – Example 1



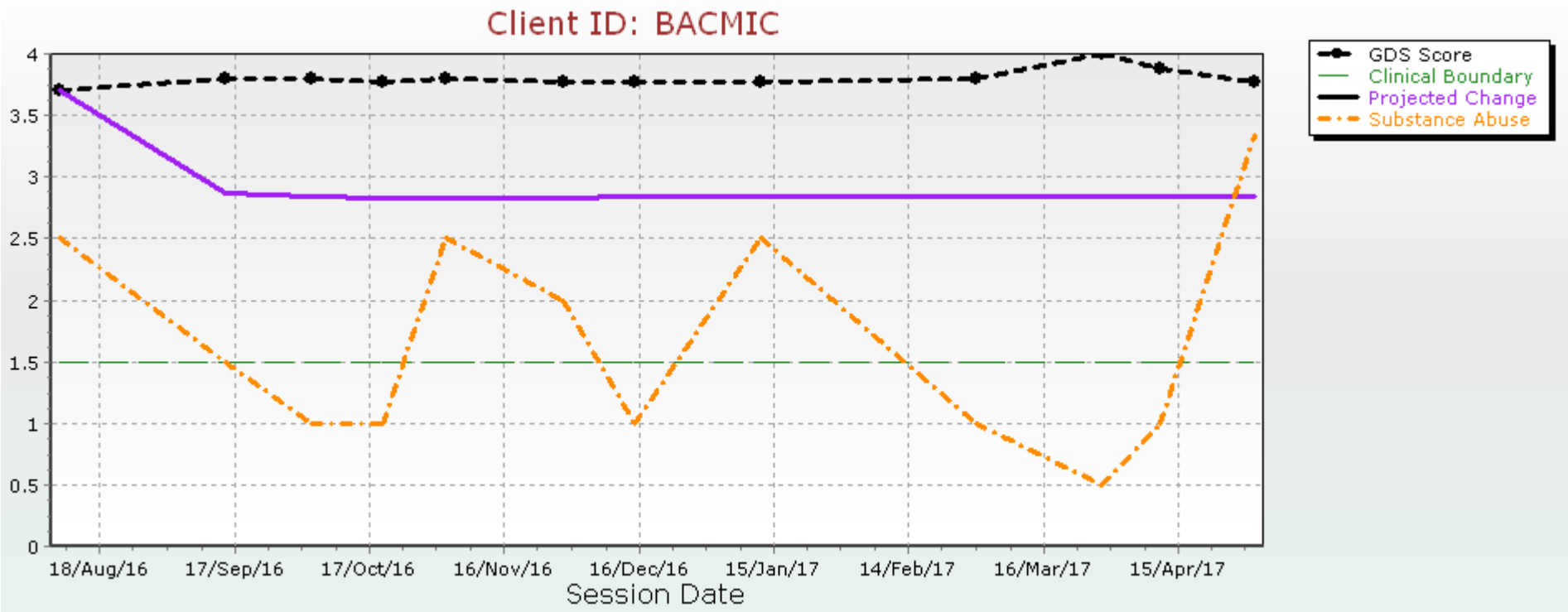
# Suicide Risk Varies – Example 2



# SA Risk Varies – Example 1



# SA Risk Varies – Example 2



# How Does Feedback-Informed Treatment Improve Outcomes?

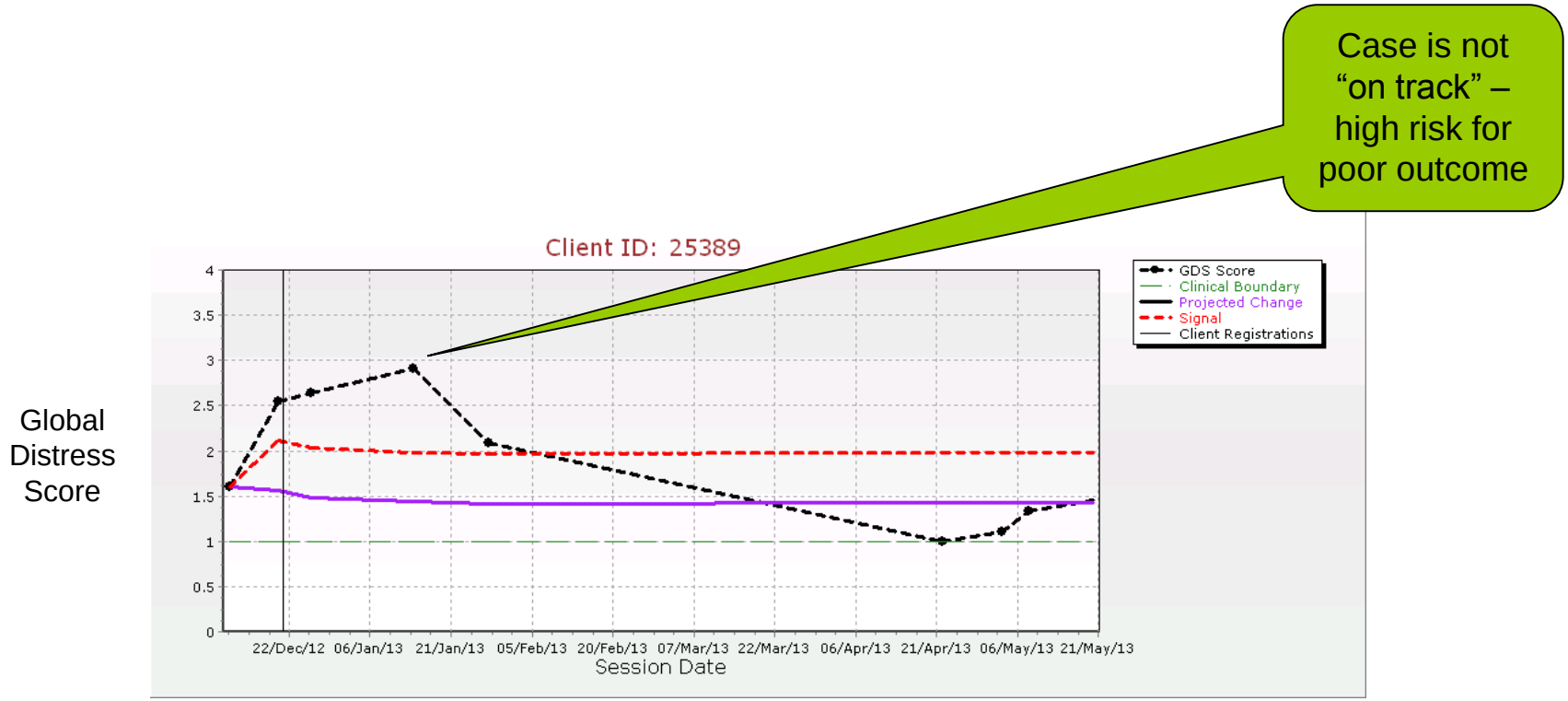
# Proactively Identifying At-Risk Patients

- A growing body of published studies demonstrates that therapists who have access to patient self-report treatment outcomes are able to proactively identify patients who are most at risk for treatment failure.

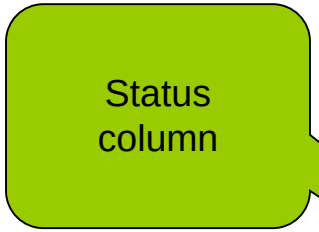

1. Lambert MJ, Harmon C, Slade K et al. Providing feedback to psychotherapists on their patients progress: Clinical results and practice suggestions *J Clin Psychol* 2005; 61(2):165-74. .
2. Hannan C, Lambert MJ, Harmon C, Nielsen SL, Smart DW, Shimokawa K, Sutton SW. A lab test and algorithms for identifying clients at risk for treatment failure. *J Clinical Psycholo*gy, 2005 Feb;61(2):155-63.
3. Harmon C, Hawkins, Lambert MJ et al. Improving outcomes for poorly responding clients: The use of clinical support tools and feedback to clients. J Clin Psychol 2005; 61(2):175-85.

# Proactively Identifying At-Risk Patients

- The On Track outcomes program relies on research-based clinical decision tools that provide psychotherapists with timely warnings when a patient's deviation from an expected treatment response foretells possible treatment failure.

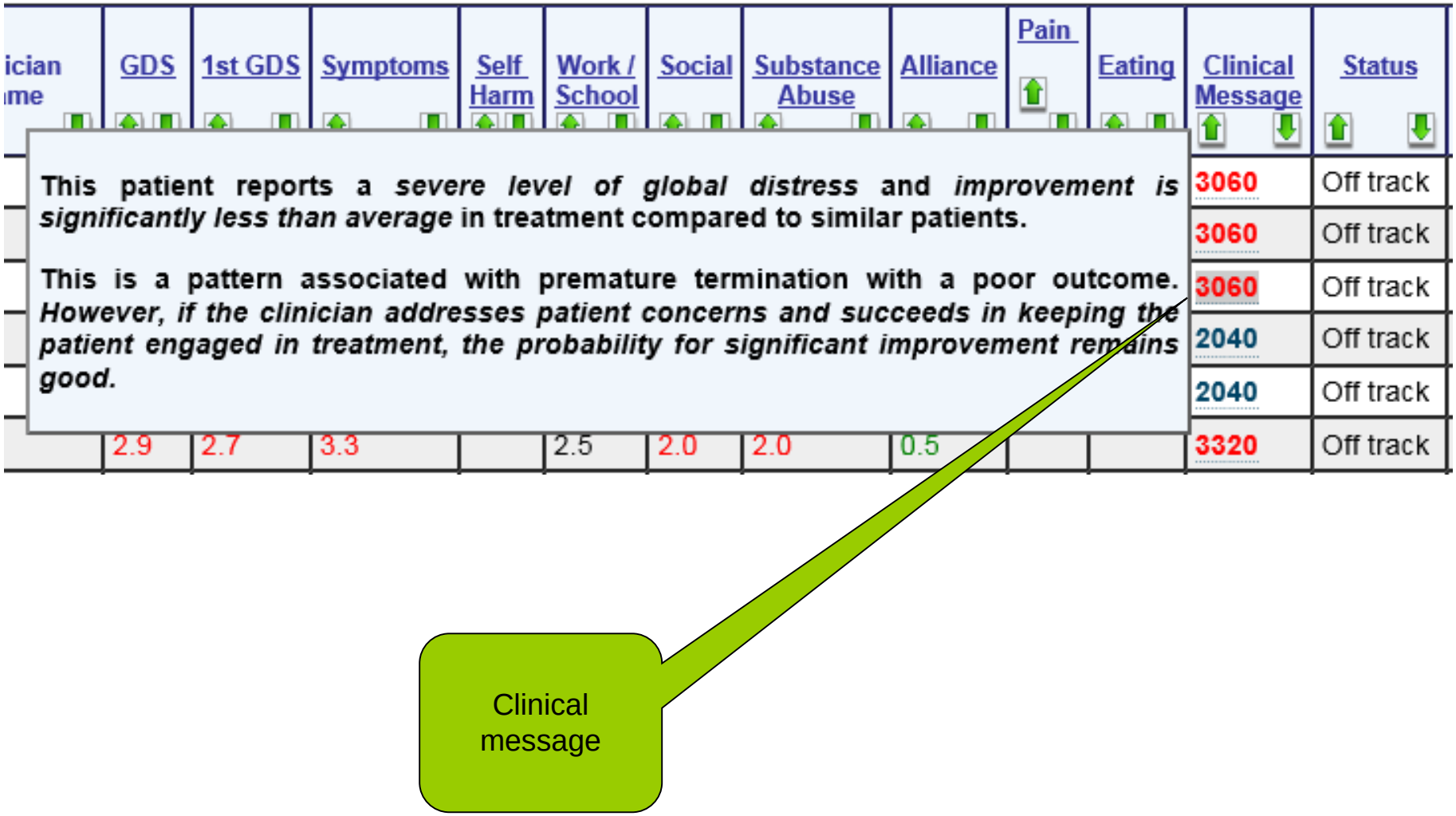


# View Online Results: Clinician's Toolkit




| Client ID | Assessment Count | Most Recent Date | First Session Date | GDS | 1st GDS | Clinical Message | Status |
|---|---|---|---|---|---|---|---|
| 68713 | 2 | 8/27/2017 | 8/21/2017 | 3.0 | 1.3 | 3060 | Off track |
| 68834 | 2 | 9/10/2017 | 9/9/2017 | 2.8 | 1.3 | 3060 | Off track |
| 365105546 | 2 | 9/17/2017 | 8/27/2017 | 3.3 | 2.2 | 3060 | Off track |
| 20432 | 3 | 9/3/2017 | 8/9/2017 | 2.3 | 1.2 | 2040 | Off track |
| 20547 | 2 | 8/23/2017 | 8/21/2017 | 2.0 | 0.9 | 2040 | Off track |
| 20431 | 2 | 9/16/2017 | 8/13/2017 | 2.9 | 2.7 | 3320 | Off track |

# Clinician's Toolkit: Clinical Messages



# Keeping Patients Engaged in Treatment

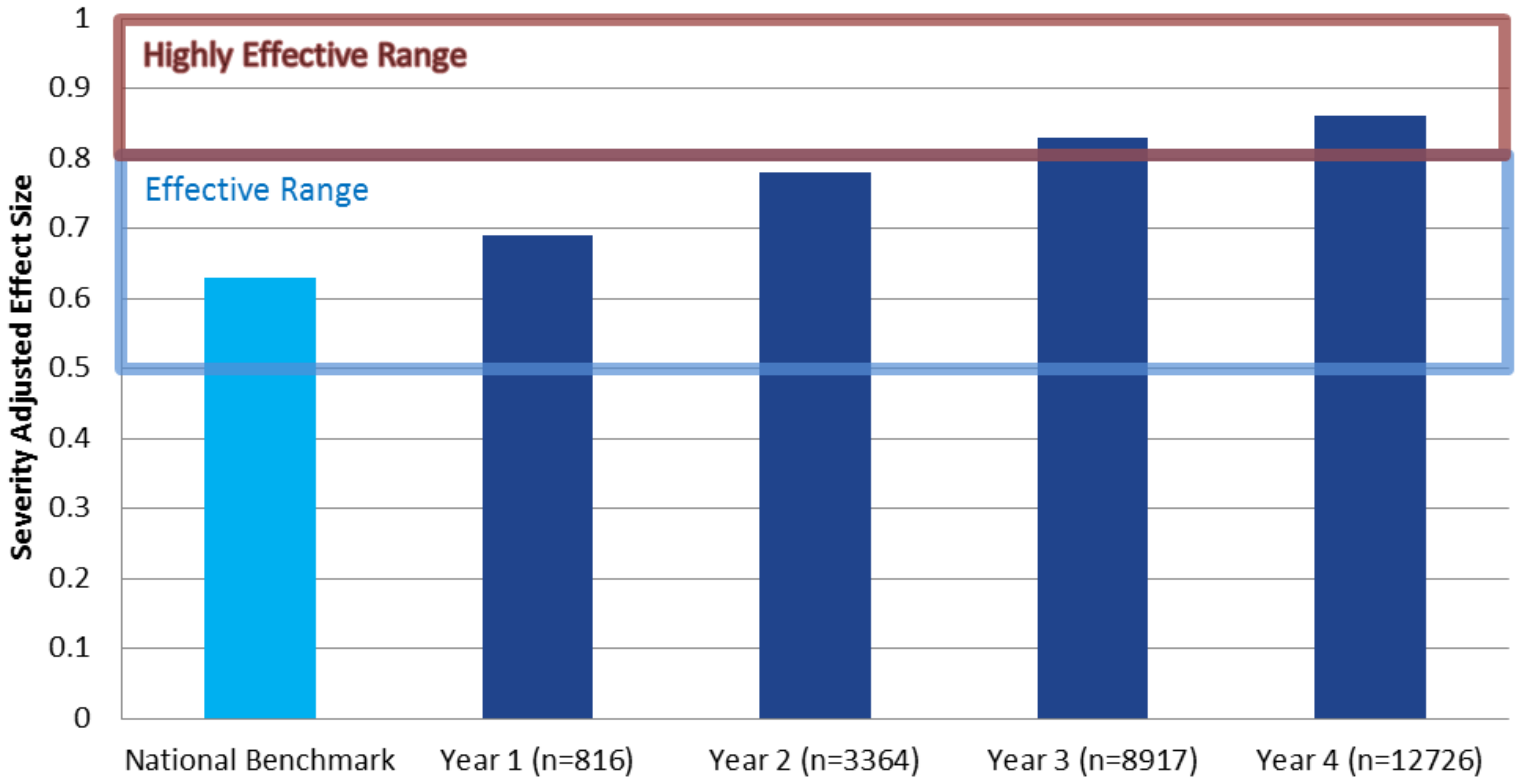
- Research shows a positive effect on communication between patients and providers, which may allow for more trust and engagement in treatment.
- The data also suggest that patients who had a poor initial response to treatment eventually had positive outcomes, provided that they remained engaged in treatment.


1. Lambert MJ, Harmon C, Slade K, Whipple JL, Hawkins EJ. Providing feedback to psychotherapists on their patients' progress: Clinical results and practice suggestions. Journal of Clinical Psychology 2005;61:165–174.
2. Lambert MJ, Whipple JL, Hawkins EJ, et al. Is it time for clinicians to routinely track patient outcome? A meta-analysis. Clin Psychol Sci Prac 2003; 10:288-301.

# Improves Outcomes over Time

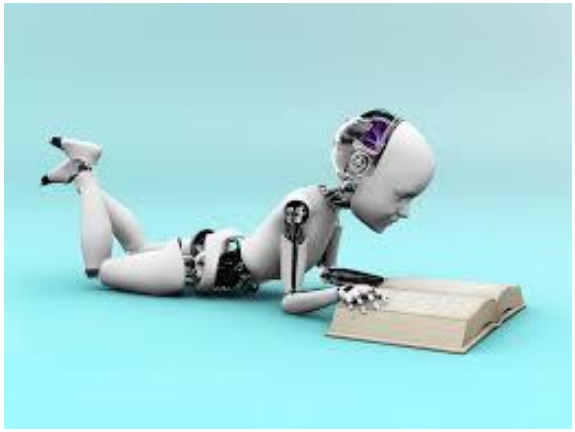
- Analysis of ACORN data for 3,529 participating therapists [1]

1. Brown, G and Simon, A. Evidence that we can improve outcomes. Paper in process.



# Predictive Ability

- The predictive algorithms built into ACORN are able to predict—with high accuracy—which clients will deteriorate
- The algorithms are much more sophisticated than those used by others (most use simple formulas that are hard coded).
  - Uses multivariate models utilizing a massive database in real time.
  - System learns as it goes, sometimes call guided machine learning.
  - Updated continuously with different populations



# Alliance

- Research shows repeatedly that clients' ratings of the alliance are far more predictive of improvement than the type of intervention or the therapist's ratings of the alliance.[1]
- Clients drop out of therapy for two reasons: one is that therapy is not helping (hence monitoring outcome) and the other is alliance problems.
- The On Track program’s alliance measures encourage routine conversations with clients about the alliance.

1. Lambert, M., J. & Barley, D., E. (2001). Research Summary on the therapeutic relationship and psychotherapy outcome. Psychotherapy, 38, 4, 357-361.