Feedback Informed Treatment:

An Approach for Evaluating and Improving the Quality and Effectiveness of Behavioral Health Services
Agenda

• Foundations of Feedback Informed Treatment (FIT)
• Feedback Informed Clinical Work: The Basics
• Feedback Informed Supervision
Foundations of Feedback
Informed Treatment
Behavioral Health Outcomes: Therapeutic Factors

• The average treated person is better off than 80% of those without the benefit of treatment
• Treatment is cost effective
• Treatment works because of a core group of general factors
  – Treatment Effects
  – Alliance Effects
  – Model/Technique Effects
  – Expectancy, Placebo & Allegiance Effects
  – Therapist Effects
Behavioral Health Outcomes: What Does Not Work in Therapy

• Failure to address dropouts in treatment
• Failure to identify who will not benefit and who will deteriorate while in treatment
• Substantial variation in outcomes between therapists with similar training & experience
• Therapists lack of knowledge regarding their overall rate of effectiveness
• Therapist effectiveness tends to plateau over time
Behavioral Health Outcomes: What Does Work in Therapy

• Evidence of the role of routine and ongoing feedback in improving outcomes
  – Predictors of outcome:
    • Duration of therapy without positive change
    • Early client change
    • Client rating of the alliance
    • Level of client engagement
    • Improvement in the alliance over the course of treatment

• Client level of distress at the start of therapy
The Therapeutic Alliance

• Substantial and consistent contributions to client success
• Best predictor of treatment outcome and is more highly correlated with outcome than therapist ratings
• Variability in outcome is due to differences in the alliance
• Monitoring alliance corrects problems with engagement and reduces early dropout
Properties of Alliance and Outcome Measures

- Reliability
- Validity
- Feasibility
- Sensitivity to Change
- The Outcome and Session Rating Scales
Expert Performance and Clinical Practice

- Establishing a baseline performance level
- Engaging in deliberate, reflective practice
- Obtaining ongoing feedback/coaching
Feedback Informed Clinical Work: The Basics
Psychometrics of the Measures

• Measures for tracking client well-being and the quality of the therapeutic alliance:
  – The Outcome Rating Scale (ORS)
  – The Session Rating Scale (SRS)
Creating a Culture of Feedback

• Creating an atmosphere where clients feel free to rate their experience
• Introducing the scales to the client
• Therapists and the culture of feedback
Administering the Measures

• Introducing the ORS to clients
  – Interpreting the score

• Introducing the SRS to clients
  – Interpreting the score
Integrating Feedback into Care

- Client treatment goals
- Client progress notes
- ORS and SRS as dialogue tools
Feedback Informed Supervision
Key Principles of FIT Supervision

• Include client feedback in supervision

• FIT Administrative Supervision
  – FIT Administrative Supervision Checklist

• FIT Clinical Supervision
  – FIT Clinical Supervision Checklist
Administrative Supervision Checklist

• Monitor client feedback in discussions about clients and Treatment Planning Sessions
• Establish policies regarding the use of data generated by client feedback
• Establish standards and methods for data management and reporting
Administrative Supervision Checklist

• Set clear standards for compliance in data generation
• Provide oversight and leadership for successful implementation and data collection:
  – Providing adequate and ongoing training
  – Identify and address implementation roadblocks
  – Support consultant with staff as needed
Clinical Supervision Checklist

• Build trust with clinicians and teams by using client feedback constructively rather than punitively;
• Be open to acknowledging, validating and addressing clinicians fears and concerns about data collection;
• Acknowledge clinicians efforts to use data in their practice and commend clinicians’ willingness to present cases for consultation;
• Emphasize the opportunities for learning that failing cases bring;
Clinical Supervision Checklist

• Demonstrate a willingness to share and learn from their own failures;
• Encourage a balance between presenting successful cases and cases of concern in supervision;
• Act as a role model by demonstrating the introduction and integration of outcome and alliance measures;
Clinical Supervision Checklist

• Encourage consultation on “at risk” cases;
• Acknowledge that there is a learning curve for clinicians as they start to employ a data use approach and demonstrate patience, understanding, and support for clinicians as they learn;
• Inspire clinicians to establish baselines of performance, to learn new skills, and to increase their repertoire of treatment approaches thereby increasing their ability to match treatment approaches with client preferences.
Practical Applications of FIT Supervision

• Identifying cases for review in supervision
  – Successful cases
  – At-risk cases
• Lack of progress on the ORS
• Fluctuating ORS scores
• Problematic alliance scores
“Red Flags” for Supervisors

• Therapist uses language inconsistent with FIT practice
• Therapist not able to describe client preferences or goals for treatment
• Therapist is vague about how outcome and alliance measures are used in practice
• Therapist dropout rates are higher than national benchmarks
“Red Flags” for Supervisors

- Therapist continues to see clients for long periods despite an absence of measurable progress
- Alliance scores consistently reflect problems with client engagement
- Therapist sees the formal use of outcome and alliance measures as an administrative rather than a relevant clinical task
- Therapist outcomes are consistently lower than the national benchmarks
Assisting Therapists with Continuous Professional Development

1. Establishing a baseline level of performance
2. Seeking ongoing feedback
3. Engaging in deliberate practice
Questions?