

Measurement-Based Care in Mental Health The Carepaths Solution: Automated MBC by Bruce Wampold, PhD

www.carepaths.com

What is Measurement-Based Care?

In the context of mental and behavioral health, Measurement-Based Care (MBC), also known as routine outcome monitoring (ROM) or feedback informed treatment (FIT), involves assessing patient progress and therapy processes through the course of treatment to improve the quality of the service being delivered. It is becoming increasingly common in large clinical settings and is considered by the American Psychological Association to be a core element of evidencebased practice¹.



In addition to having clients

complete assessments at regular intervals, MBC also includes the important steps of discussing the results of these assessments with the client, and making collaborative decisions about the direction therapy will proceed in based on these discussions.

What are the Benefits of MBC?

Studies show that MBC can improve outcomes irrespective of the type of therapy practiced² and reduce client dropout rates by up to 20%.³ It is particularly helpful as an intervention in cases that are not on track to be successful.

This is because MBC provides valuable information about client progress so the therapist can respond accordingly. If the assessments show that a client's symptoms aren't improving, the therapist can talk with them about what isn't working and modify their approach, so that treatment doesn't continue in the wrong direction.

Another reason MBC leads to better outcomes is that it increases client engagement and a sense of collaboration with the therapist. Over the last few decades, psychotherapy research has consistently shown that the therapeutic alliance is one of the most important factors in successful therapy, at least as important as therapeutic technique.⁴

Seeing their own progress empowers clients to take an active role in therapy. When they can clearly see the results of their hard work, it encourages them to keep going. Conversely, if they aren't making progress, they can bring this up during a session, whereas previously they may have had a vague sense that something wasn't working but would not have felt comfortable saying anything without having data to point to.

What are the Barriers to Practicing MBC?

Despite these proven benefits, adoption of MBC has been slow, because many clinicians still see it as a burden⁵. They don't want to take valuable time out of sessions to complete assessments, and collecting and organizing the data is just one more task to fit into an already exhausting schedule.

When MBC is implemented, there are several common mistakes that can lead to it being less than optimally effective:

- The measures used may not be comprehensive
- The data may not be collected consistently
- The therapist may not look at the assessment results or act on them

How does CarePaths Solve these Problems?



- Clients complete assessment through the app, so no time needs to be taken out of sessions
 - Assessments are administered weekly, regardless of the frequency of sessions
 - Automatic reminders ensure consistent data collection
 - Responses are automatically recorded and graphed
- The therapist sees the progress graph every time they view the client's chart

⁵ <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6584602/</u>

What Should be Measured?

CarePaths' comes pre-loaded with Automated Measurement-Based Care by Bruce Wampold, PhD, a battery of assessments carefully selected for adult outpatient treatment by one of the world's leading researchers on the factors of successful psychotherapy, and will soon include batteries for other populations.

By providing a comprehensive, expertly curated battery of assessments, CarePaths takes the guesswork out of MBC and allows therapists to collect standardized metrics of their clients' progress.

Together, these assessments track the most important variables for determining whether or not therapy is moving in a positive direction.

They are divided into pairs and sent to clients on three different days each week, so they only ever have to spend a minute or two at a time completing assessments.

The standard battery can also be supplemented with a library of over 40 of the most commonly-used mental health assessments.

The battery includes six brief assessments that measure the following:

1. Symptoms of depression 2. Symptoms of anxiety 3. Sense of well-being 4. Feelings of loneliness 5. Comfort with the therapist 6.Confidence in the treatment

therapist

O Disagree

○ somewhat Disagre

Neither Agree or Disa

Somewhat Agree

O Strongly Agree

I feel accepted and respected by my

How to Talk to Your Clients About MBC

When introducing MBC to clients, it is important to emphasize that it is for their benefit, and that the information will ensure they receive better quality treatment and empower them to determine the direction of therapy. Most therapy clients are happy to complete assessments, and complaince with MBC protocols is generally high.



Other things to keep in mind:

1. Focus on progress

The process of therapy can be complex, but remember that it is all in the service of your client's well-being. Putting their progress front and center in your discussions builds trust and increases their motivation.

2. Emphasize agency

It's important when clients see improvement to attribute their progress to their own hard work. If their progress is less than ideal, emphasize that they have a say in how your approach might change.

3. Address discrepancies

Pay special attention to times when clients' responses to assessments don't match what they seem to be saying in sessions. There can be many reasons for this and discussing it with clients is likely to produce important insights.

MBC and Clinical Decision-Making

There are endless possibilities for how the information gleaned from MBC assessments can be used in treatment. Here are just a few examples of decisions a clinician might make after discussing MBC assessment data with their client:

1. Switching techniques

There are a wide variety of evidence-based psychotherapy techniques, and different clients will respond more or less to particular modalities. If a client is not making adequate progress, or their assessments are showing that they don't have confidence in the current treatment, it may be necessary to offer a different technique, or even to refer them to another therapist who can.



2. Giving clients more or less direction

Similarly, some clients want their therapist to set a clear agenda for every session, whereas others may prefer a looser approach. If the MBC data is showing a low rating for therapeutic alliance, the therapist and client should have a conversation about whether or not the current level of direction is working.

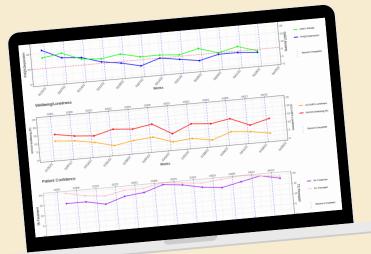
3. Terminating treatment

Sometimes a client will have already achieved their goals for therapy, or may have made good progress and reached a plateau, but won't feel comfortable bringing up the idea of ending treatment. If the assessments are showing that the client has reached a stable level of well-being, consider having a conversation attributing their progress to their own hard work and bringing up the idea of terminating treatment or switching to less frequent sessions

For more information:

Much of the information in this ebook was adapted from a series of blog posts by Bruce Wampold, PhD, Chief Clinical Officer for CarePaths, Inc. You can read them <u>here</u> at <u>Making Therapy Better.</u>

Making Therapy Better also includes a free webinar on Measurement-Based Care eligible for APA-approved continuing education credit, as well as a <u>podcast</u> where Professor Wampold talks with other important figures in the field about MBC and other important topics in psychotherapy.



Click <u>here</u> to see the American Psychological Association's guidelines for implementing Measurement-Based Care.

Visit <u>CarePaths</u> to learn more about their MBC tools and to start a <u>free trial</u> of their complete web-based behavioral health EHR.

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