

Giving Voice to Children and Families through a Measurement Feedback System (MFS)

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23rd Annual Children's Mental Health Research & Policy Conference
March 8, 2010



Disclosure

Leonard Bickman, Susan Douglas Kelley,
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University
have a financial interest in the CFIT System

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The Problem: A Quality Chasm Exists for Mental Health Services



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Little Research Support for the Effectiveness of Treatment as Usual in Community Settings and Slight Change in a Decade

- "The findings to date offer little support for the effectiveness of conventional clinical intervention for young people." (*Weisz & Jensen, 1999, p. 133*)
- Some common elements of effective practice have been observed in treatment as usual but not in the depth and breadth needed for effective treatment. (*Garland, Bickman, & Chorpita, 2010*)

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We Need Fundamental Change

"You can't cross a chasm in two small jumps."

David Lloyd George, (1863-1945), former British Prime Minister

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Are We Systematically Learning From the Youth that We Treat?

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A Relevant Model: Treatment of Childhood Cancer

- Cure rate for some childhood cancers went from 20% to 80% in 30 years
- Most enter a randomized clinical trial
- Almost every child treated adds to knowledge
- Few children treated in human services are systematically monitored to add to systematic knowledge
- Every child treated should be an opportunity to learn
- Failure is acceptable but failure to learn is not

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Lack of Accurate & Systematic Feedback to Clinicians is Part of the Problem



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“The greatest obstacle to discovery is not ignorance - it is the illusion of knowledge”

Daniel Boorstin, 1984 Librarian of Congress

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Clinical Intuition and Regulations are not Sufficient

- Fifty years of research does not support relying only on clinical judgment for effective practices
- Reliance on other standards of putative quality such as licensing and accreditation also retard development of effective services
- This dependency contributes to the poor outcomes of treatment in community settings

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What is Needed: A Concurrent, Systematic Monitoring and Formative Feedback Practice Improvement Tool



Practice Without Feedback Does Not Lead To Improvement

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Strong Support for Feedback Concept

- Measurement and feedback are the core of all management and learning theories.
- Thousands of studies outside of mental health show that improvement is minimal without measuring performance and providing feedback.
- Direct feedback occupations show improvement with experience. However, clinician experience is not a good predictor of client outcomes.

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Comprehensive Web Systems

Include administrative and clinical functions, e.g., fiscal, human resources, scheduling, cost reporting, assessment, medication management; typically large corporations

- Anasazi Software, Inc. (Anasazi Systems)
-<http://www.anasazisoftware.com/>
- Netsmart Technologies, Inc. (Avatar Suite)
-<http://www.ntst.com/>
- Duke Behavioral Health Informatics (MindLinc)
-<http://www.mindlinc.com/>
- Infinity/Civerex, LLC – (CIVER-PSYCH®)
-<http://www.civerex.com/pages/civpsyc.html>
- NextStep Solutions
-<http://www.nextstepsolutionsinc.com/ProductInfo.html>

Measurement Feedback Systems

Usually focus on data collected concurrent with treatment, clinical usefulness, client-driven; typically developed by researchers

- Danya International, Inc. (My Outcomes – PCOMS Miller & Duncan) <https://www.myoutcomes.com/>
- OQ Measures, LLC (OQ®-Analyst – Burlingame & Lambert) <http://www.oqmeasures.com/site>
- PracticeWise, LLC (PracticeWise – Chorpita & Daleiden) <http://www.practicewise.com/web>
- Mental Health Pros (Mental Health Portal) <http://mentalhealthpros.com/mhp/index.php>
- Vanderbilt University (CFIT – Bickman, Riemer, Kelley & Breda)

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Contextualized Feedback Intervention and Training CFIT

- Is a practice improvement strategy
- is part of treatment – provides an opportunity for brief reflection at the close of a session
- is primarily designed to support clinicians
- supports supervisors – helps supervisors identify areas where clinicians need extra guidance
- can be used for administrative and reporting functions

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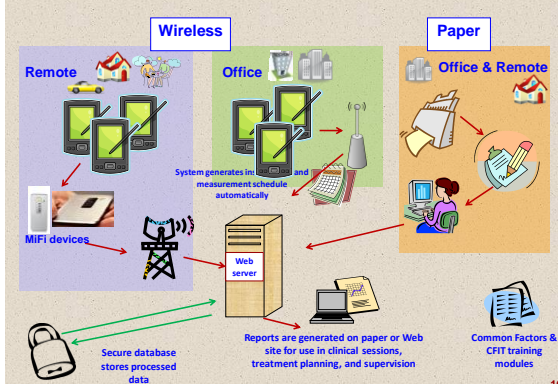


Key Domains of CFIT

- System Development
- Measurement
- Feedback
- Training CFIT operations and in Common Factors

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Overview of CFIT Process



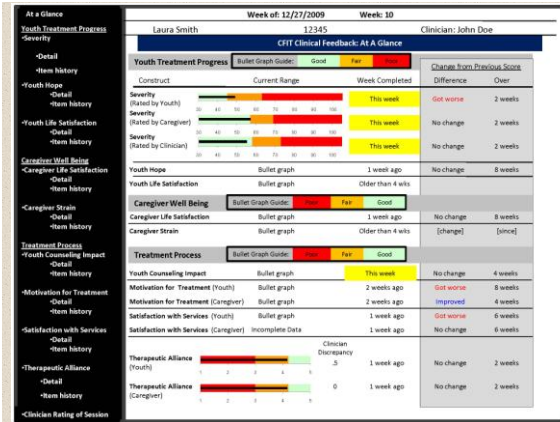
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The screenshot shows the CFIT2.0™ dashboard for a clinician named John Doe. The dashboard includes a sidebar with navigation options like Questionnaires, Reports, and Training. The main area displays a 'My Caseload' table with the following data:

Client	Questionnaires			Most Recent Clinical Feedback Severity	Reports			Alerts	
	This Week	Last Week	Report Non-Completion		Clinical New	Clinical Pending	Action New	Action Pending	
Smith, Laura	1	1	1	Medium	6	1	1	1	
Douglas, Beth	1	1	1	Low	4	2	1	1	
Downs, Billy	1	1	1	High	1	3	1	1	
Doe, John	1	1	1	Low	3	0	0	0	

Below the table are icons for 'View/Enter/Print questionnaire', 'Report non-completion of questionnaire', and 'View/Print feedback report'.

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CFIT Common Factors Training Modules

- Common factors are those features typically found in all psychotherapy approaches: Three current modules
 - Building and repairing therapeutic alliance
 - Addressing expectancies about counseling
 - Collaborative planning
- Developed collaboratively by academic and clinical experts
 - Provide useful tools for practice, reflection, and supervision
 - Fit into a busy clinical schedule by offering online convenience
 - Internal and external review for clinical utility and scientific accuracy
 - Topic matter for each module is directly linked to questionnaires included in the CFIT system

Measurement: The Peabody Treatment Progress Battery (PTPB)

- 18 measures include processes and outcomes
- Includes strength-based measures
- Brief – each scale takes 10 seconds to 2 minutes
- Reliable and show convergent and divergent validity
- Information from youth, clinician, and caregiver
- Easy to score and interpret
- Sensitive to change
- Free for anyone to use
- <http://peabody.vanderbilt.edu/ptpb>

CFIT Consultation and Training Model

- CFIT is a tool for transforming an agency into a learning organization
- Ongoing support to
 - Promote sustainability through local ownership
 - Contextualize CFIT operations and feedback to an agency's needs and resources
 - Apply feedback to inform clinical sessions, supervision, program planning, professional development, and more
 - Practice improvement leadership at all levels of your agency and support accountability.

The Evaluation

A six year study funded by the NIMH

Treatments I & II

Treatment I: Training Randomly Assigned by Site

- Clinical training on common factors includes
 - Web-based modules
 - In-person training
- Of 38 sites, 19 got training and 19 did not

Treatment II: Feedback Randomly Assigned by Site

- Feedback on a weekly basis
- No weekly Feedback

Data & Analysis

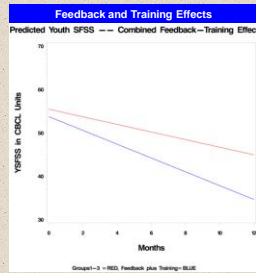
- 726 youths in 3,666 sessions during their first year in CFIT
- 257 clinicians
- Two analyses conducted: intent-to-treat (ITT) analysis and feedback and training adherence analysis
- Two outcomes presented – youth and clinician symptoms and functioning (SFSS) scores.

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Does Feedback & Training in Common Factors Affect Clinical Outcomes? (preliminary results)

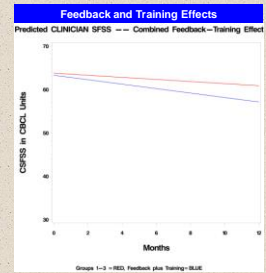
Feedback & Training Improves Youth Functioning (youth report)

- Youth functioning improves more when clinicians receive feedback and training in common factors ($p=.0003$) (blue line)
- Red line is all other groups (no fb/no training; fb/no training; no fb/training)



Feedback & Training Improves Youth Functioning (clinician report)

- Clinicians report youth functioning improves more when they receive feedback and training in common factors ($p=.0080$) (blue line)
- Red line is all other groups (no fb/no training; fb/no training; no fb/training)



Does Feedback Impact Clinician Behavior?

- We examined whether clinicians who accessed more feedback reports containing an alert subsequently addressed that topic in future sessions and if this affected clinical outcomes

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Feedback affects clinician behavior

- The more FB reports read by the clinicians in which there was an alert indicating a specific problem area, the more often that topic was discussed in future sessions.
- Holds true for several youth and caregiver reported problem.

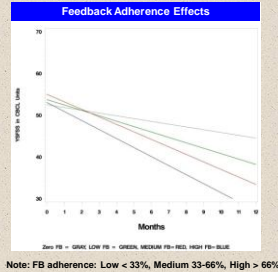
Problem Alert from Youth SFSS	Discussion Topic from SRF	p-value
Drinking alcohol	Alcohol & substance use	<0.0001
Fear of being laughed at in class	Problems with peers	<0.0001
Getting in trouble	Delinquent behavior	<0.0001
Don't get along w/family and friends	Family problems	<0.0001
Low youth alliance	Relationship with youth	<0.0001
Low caregiver motivation for youth's treatment	Caregiver motivation for the youth's treatment	<0.0001
High caregiver strain total score	Caregiver strain of parenting a youth w/ emotional/ behavioral problems	<0.0001
Low caregiver's satisfaction with life score	Caregiver satisfaction with life	<0.0001
Low caregivers alliance	Relationship with caregiver	<0.0001

Note: from GLM models with a Poisson link function

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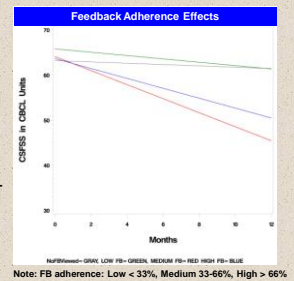
High Feedback Adherence Improves Youth Functioning (youth report)

- Clinicians who viewed a higher percentage of weekly feedback reports (blue line) improved faster than clients whose clinicians' viewed a smaller percentage of feedback reports ($p=.01$)



High Feedback Adherence Improves Youth Functioning (clinician report)

- Clinicians who viewed a medium to high percentage of weekly feedback reports (red and blue lines, respectively) perceived their clients to improve faster than clinicians who read a lower percentage of feedback reports (gray and green lines) ($p=.0071$)



What Can CFIT Do For Youths and Caregivers?

- Provide a way to raise issues they may not feel comfortable addressing aloud or in the presence of caregiver or youth
- Reassure them that the clinician is paying attention to their needs and is contextualizing services to their concerns
- Demonstrate that effective services are a priority
- CFIT is a tool that takes the consumer's voice beyond the session and into all aspects of care*

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What Can CFIT Do For Clinicians?

- Better identify thoughts, events, and feelings of clients and caregivers
- Identify successes and problem areas to focus sessions
- Provide consistent and systematic feedback of clinically relevant information
- Inform treatment planning and goal setting
- Focus sessions on clients' issues to show that you are attending to their concerns
- Check on how well treatment is working
- CFIT is a tool that enhances the clinician's ability to tailor treatment as it progresses*

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What Can CFIT Do For Clinical Supervisors?

- Provide clinical data on each case's progress and areas that seem to be improving or declining
- Provide a tangible framework from which to guide clinical supervision that is independent of the clinician
- Provide the needed information for a continuous quality improvement effort that facilitates accountability
- CFIT is a tool that provides the supervisor with needed resources to promote evidence-based practice*

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What Can CFIT Do For an Agency?

- Serve as evidence to funding agencies that quality of services and effectiveness are a priority
- Manage clinical services based on their effectiveness as well as their price
- Provide data on the effectiveness of services, how clients are improving, the typical problems being encountered, and where needs are not being met
- CFIT is a tool that supports overall practice improvement*

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What CFIT Can Do for a State

- Determine who is being served and their progress
- Provide a Quality Assurance mechanism
- Incentivize optimal performance for all agencies in a non-competitive framework
- Reduce costs of regulations and other data collection activities

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Plans

- Recreated all the software to make it more flexible and user friendly – will subject it to additional testing
- Revised and shortened the measures to use and test in new system
- Plan to test CFIT with different types of feedback with co-morbid youth
- Working with Tom Sexton on integrating CFIT with his evidence based treatment (Functional Family Therapy) to produce synergistic effect
- Hope to integrate CFIT with other EBTs

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