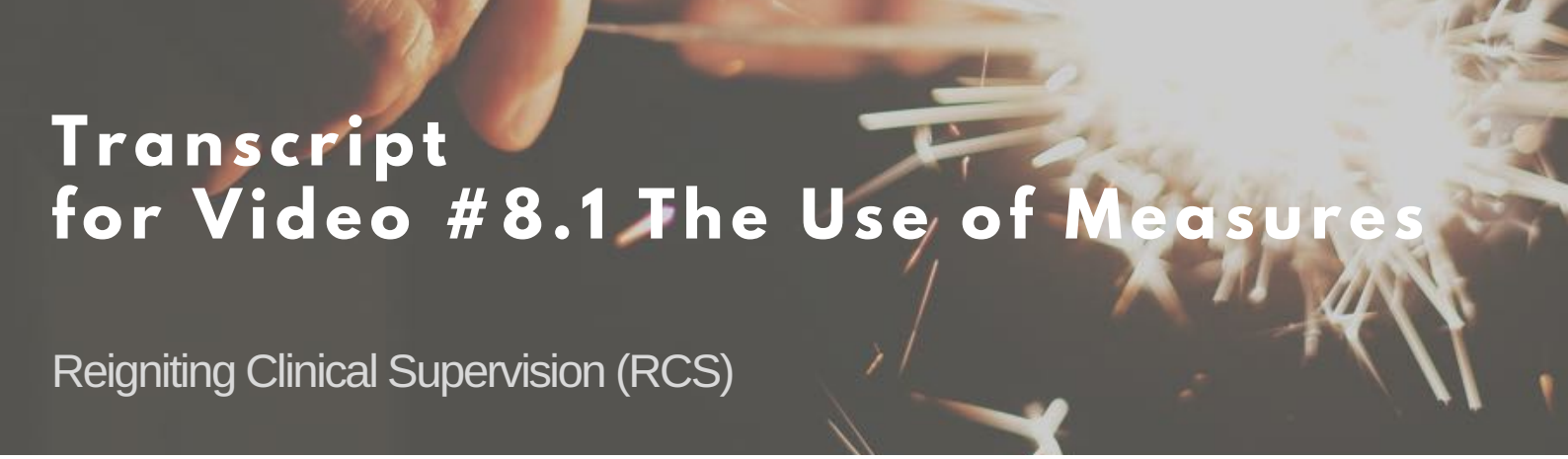

Transcript for Video #8.1 The Use of Measures

Reigniting Clinical Supervision (RCS)

Welcome back to Reigniting Clinical Supervision. We are now, insection two, which is the segment about actual solutions. We gonna get into the weeds, the nuts and bolts of what we can do with measurements, as well as other tools to help us to develop the ways to that we run clinical supervision or self supervision.
At this part, we gonna talk about the use of measures. One of the most important things to note at this stage is **Measurement Precedes Professional Development**. The biggest barrier towards your professional development is not on how to get from zero to ten, but from zero to one.

Many therapists struggled with systematically measuring their outcomes. Because of this, they lack a clear baseline performance. While the interest continues to grow for therapists in deliver practice it is hard to appreciate the effort and tenacity it takes to consistently measure your outcomes. One client at a time, in a systematic and reliable manner. By the way, we will be talking more about using the deliberate practice principles in section 3 which will come later on.

One cannot truly begin the journey without the system of measuring results. As management guru Peter Drucker points out that “What gets measured, gets managed.” Without the information of your baseline performance it is very easy to lose track. For starters, your assumption of what to work on is typically based on ideology rather than reality. You may want also to go back to the previous video where we talk about the part the inherent biases and self-assessment.

One of the things that people like my mentor collaborator Dr. Scott Miller and the team with ICCE, International Center for Clinical Excellence, we talk a lot about what we call Feedback Informed Treatment Approach and in essence what is Feedback Informed Treatment Approach? It is the combination of evaluation plus improving the quality and effectiveness of behavioral services.

And here’s the thing, most agencies do one thing. They evaluate outcomes only. They only do the evaluation portion of it. And one way for you to tell is when the agency measuring only pre and post and not measuring session by session. The other thing you can tell as well is the measuring outcomes is detached from the practitioner and their growth. So in essence, in feedback and form, treatment approach is about the combination of evaluating the services and ongoing improvement.

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A little bit more about what Feedback Informed Treatment approach is. It is a session by session use of routine outcome monitoring. And by doing that it doubles the effectiveness of the outcomes. It also slashes your dropout rates by as much as half. It reduces deterioration by 33%. Reduces hospitalisation stays and also reduces cost of care compared to groups that do not use feedback measures. And going a little bit further, FIT as we call it, provides true accountability to funders and organisations for service rendered. I think more importantly, it provides accountability for clients, helping them to become active agents of decision making in the treatment process. It also provides provision for conducting ongoing practice-based research within a localised native context and allows you to compare that with international benchmarks as well.

As you can tell the use of measurement session by session has an impact. But just to be clear we are not seeing that FIT in another intervention method. It is rather a way of measuring your outcomes, weaving that into practice so that you can reap the benefits for your clients one at a time.

My colleagues and I in Singapore we managed topilot of practise-based research with outpatients and we really wanted to just figure out whether the use of outcomes within an agency setting at the time I was in Singapore that when we ran the study, had an impact. So we compared therapists who were doing treatment as usual and were not seeing the outcomes... where research assistants would come in and basically get the clients fill up the scales that we were using– the outcome rating scale and the session rating scale. (We'll talk more about that in the next video)... and compared to the same therapist later on who were actively monitoring, discussing and integrating outcomes into the practice. And here's what we found. Often we talk about the effectiveness we hear this term called effect size, which is the magnitude of change as experienced by clients. And out of the pool of 178 clients as seen by 4 therapists, here is the results for the no-feedback group with a magnitude of change 0.72, but once they start to use the routine outcome monitoring in a systematic fashion, the outcomes improved to the effect size of 1.0, which is significantly higher. And bear this in mind, this is the same therapist treating a new bunch of clients with controls of initial severity. And if we were tobreak that down even further into what we call the Reliable Change Index. We will talk more about what this means on how can we translate this with the ORS, but for now, the RCI, the Reliable Change Index in plain English means Reliable Improvement, right. So let's take a look at this one (see graph). And you can tell for the Control Group it's about 52% of the clients improved. For Clinical Significance, it's about 31.6%.

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Once again, in simple English, Clinical Significance means Reliable Recovery, which means that the clients not only meets the RCI criteria but moves from the Clinical population to the non-Clinical population. So it's the combination of meeting this criteria the RCI and moving from a clinical to a non-clinical population. Once again, we talk will abit more about that in the next video in the use of the outcome rating scale.

And Dropout percentage which means newer people who stop therapy in the face of no improvement, and those who are at risk for not reaping any benefits.

So let's see what's the comparison with that for the feedback. you can see that the RCI most up so did the Clinical Significance or Reliable Recovery. Dropout rate goes down so is the At-Risk group. So remember, these were the same therapists bunch with different clients. One without a feedback and one with a feedback.

And if you look at the Outcome Rating Scale, the main measure we're using– across session 1, 2, 3, 4, 5, 6, 7. You can see that the Control group's trajectory group goes something like that (see Graph)... whereas the feedback group peaks up and it continues to maintain and goes up slightly. If you look at the session rating scale which is the trajectories of alliance across session...if we look at the blue line for the control group... look at this slight dip and it goes back to baseline and it goes down again (see Graph)... Whereas the feedback group, it goes up. And we know in the study that we conducted together with Jesse Owen, that working alliance in a given point and time is not as predictive as Alliance across time. As you can see that alliance goes up for the feedback group, which is a good sign of engagement.

So far we talk about what Feedback Informed Treatment Approach is, and one of the benefits of using measures and why ultimately measurement precedes professional development. And in the next video, we gonna talk a little bit on the specific measures that we can use and also to think about what kind of measures that would fit your needs.