# -Transcript for Video 11.1 Developing a Clinical Decision Tree (3 Part Videos)

Reigniting Clinical Supervision (RCS)

**11. 2 Developing a Clinical Decision Tree (part 1 of 3)**

Hello. This is Daryl and welcome back to Reigniting Clinical Supervision.

in this module. We will be talking about developing a clinical decision tree or clinical decision pathway. And this is going to be important because as you have gone through the modules, we've been talking about the benefits of using measures using the graphs, and playing around with a rate and predict exercise, but when you've got cases that you keep seeing and you've got a lot of clients in your caseload, you want to be able to not tax your cognitive load and making some decisions. And part and parcel of the importance of a clinical decision tree in this case is really to pre decide.. Make a pre-decision... On certain key factors that you want to make sure that you get yourself covered with.

And when I say pre decision, this is about what we're going to do in the situation when there's a lack of progress. So this pre-decision here is referring to the issue of progress.

So let me give you an example. (See video) And isolating only to the outcome rating scale. So let's just say if you see a client and the person starts off at a score of 16. Right. And in this case, this is the outcome rating scale and this is the first session. The person's score goes to about maybe 17 in the second...And... goes down about 15 in the third. And sort of stays the same. And the fourth session so this is the second, third , fourth. Now, if you look at the ors in a simplistic form, based on the overall scores, this is suggesting that there is a lack of progress in this case, right? So there's no progress in this case when you compare where the person is at currently in comparison with the Baseline. Now. Though this is fairly obvious. There's not much progress.

What we need to be able to do is create if/then situations in advance again, this is about pre-decision. So if then situation means if there is no progress by the fourth session, what do we do? If there is no progress on the four session then what do we do? So. in this case, what you can do be doing is make a pre-decision that if there is no progress by the fourth session, you may want to talk openly with your clients, discuss about what needs to be done differently or the other people that need to come too, the discussion in a session, or may be a family member a loved one or maybe even as simple as increasing or decreasing the frequency of the session.

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You might be thinking, why would we be doing this? At this point in the fourth session. So take notes on base rate information.  We know on average that the mean number of sessions attended by people at large is about four to six sessions. But this varies whether you are an agency a private practice setting of course, but roughly is about four to six sessions.
The next piece of information you want to take note Is this: The experience of change happens approximately around the fourth session, the fourth or sixth session as well.
So what this means on average that a person experiencing change happens around the 4th. To the 6th session. Which means that if your specific client you seeing doesn't experience change at this point, you may want to be thinking about what needs to be done.
So this is where the case would bump up to a bit more on your alert mode and you want to watch out to see what needs to be done differently.

**11. 2 Developing a Clinical Decision Tree (part 2 of 3)**

In the previous video, we use a simple example of what we are going to do in a clinical decision tree where a lack of progress is being seen in the early stages of therapy.
What I'm going to do now is show you a clinical pathway, an example we can use that we pre-decide in advance based on what we know from the literature, from research, as well as from your own clinical practice. Now, if you collect your own data, which we will talk about in the next module, you will be able to use the data to inform how you design your decision pathway.
Even though it's arbitrary at this point. It's good to have it in place, so that there's something you can rely on and not tax your cognitive load all the time.

Let me flesh out this four examples. The first is one of the things I use is that if the client is at-risk, I would always make sure that in my documentation, in my spreadsheet, that I use this is always highlighted to be at-risk. And I'll flag it to myself when I check the spreadsheet that I continue to monitor and consult with somebody if need be. So it's a simple as that. That's my first step.

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The second step is if there's no improvement by fourth session—actually is about 3rd to 4th session because I know from my own data that typically on average change happens around the 3rd to 4th session for me. So if no improvement by 3rd or 4th session, then I would have to discuss the lack of progress with the client, and to consider a different approach—maybe change the frequency level of the engagement, typically it may mean to increase it instead of fortnightly to move it to weekl, or maybe even inviting a significant others into the session, a loved one or somebody that's meaningful to get them involved in the session.

Now, I remember a case where we had to do this and just inviting the person's partner into the conversation expanded the possibilities of what we could do and added a different voice into how we can actually help the situation. So this is pathway number two.

Moving onto pathway number three. If the progress continues to be not going anywhere, if there is no improvement by the six session, then I would trigger a decision to discuss this with a supervisor, formally to discuss with the case bring in the graphs bring in the progress and alliance measure into the discussion and to use that as a guide. We're going to talk a bit about the use of videos in Pre in future modules, but for now, this is the third clinical pathway that I have in place, if no progress is being made by the six session.

Moving on to step 4. So... I will continue to monitor this if the person doesn't progress by but the 6th session, and moving on to 8th and 10ht session, if there is still no progress then reality sets in. To really consider whether someone else might be more suitable for this person or maybe with all the engagement level as well as the client's take about it, is to hang in there for a couple more sessions maybe, though we know that the chances of improvement at that stage— if it's not experienced earlier—is less likely to happen. I'm going to talk a bit of a case that was not having progress and how these pathways help me to illuminate what's in front of me and to think critically, using my intuition and data to guide what I was going to do.

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**11.3 Developing a Clinical Decision Tree (part 3 of 3)**

We will use an example on how the execution of the clinical decision tree helped me to stay on track.
I saw case, a lady who is in a 40s and she (had) multiple physical issues, medical concerns that she had to deal with and the mood was low and she was facing a lot of family challenges in a previous marriage, and with family of origin as well. But one thing that came in first when we started working was concerned about her risk, so we did talk about that and I wish I had to make sure that I was on alert about risk level. So let me just draw out the graph here at this. Bear with me when we stretch this line out (see video) .
Okay, here we go. So we're going to use the reference of the outcome rating scale as well as the session rating scale. When she first came in to see me the score was about a four.
This is the outcome rating scale. And because of her level of risk the multiple medical concerns as well as her past suicide attempts, I was making sure that this stays as a red flag for me.
And when I continued to see her, her scores didn't move much. In fact, there was a point that even went so low. When she was so unwell, her scorewas only like a one... And it continued to be so.
Now you may remember that the RCI or the reliable change index for the ORS is Ffve points  or more. so with that there hasn't been much change.
And just to put this into timeline, this was somewhere around the fourth session already... The fourth session here.  And I continued to see her further. But at this point this is when  I need to have a conversation with her... We had to talk openly we look at the graph and "say look are we on track? Should we continue doing what we're doing? What do we need to do anything different?" This was brought up to have an open dialogue with the client. And her response was well, no, she wishes that for this to continue and it's only because she's been facing challenges at home and with a medical condition that that's why the scores this way and we had to persist.

But bear this in mind that her session rating scale started off at about a 34. ...And slowly picked up to be about a 36 at this point. So just to recall the session rating scale or the SRS is a measure of the level of engagement or alliance and just to be clear. Alliance...We don't mean just a feel-good that I can connect with you. It means three things. It means the level of emotional engagement, of course. The goals agreement, the approach whether that is cogent with the person and just a general fit.

So you can tell that there is a level of engagement...The person has a slight increment of that and maintained that somewhat all the way.

So we had this conversation. This was our step 1. I'm sorry actually it's our step two because earlier on we were talking about the risk level, to make sure that we had that on alert.
So here's one here's two... (see video). And then this continued. This continued to about the seventh of eight session here.  And the scores remained the same. And this was at the point where I had to execute step 3, which was to see consult with my supervisor.

And we talked about what needs to be done differently. We were addressing whether is there anything else that we might have missed or we should have focused on something else that could help her because when she came in all she wanted to do was to work on a mood, but it turns out that we had to address the systemic issues that we're going on as well... that were Impacting her.

So at this point, one thing that we need to take note of is ... Something to always bear this in mind is what we call base rates. Base rates something that we can compare with what we know statistically of the average results, and we know that change happens earlier. As you may recall sometime between the 3rd, 4th to the 6th session that change happens, but another base rate as unique to me is that I was able to look at my data and ask myself the question and analyse it to say how many people...  what's the percentage of people who improved? Who actually had Improvement after 8th session?

in other words, how many people actually got better,  who actually benefited from therapy, or had a successful outcome in therapy, and only experienced benefit after each session? Right, how many?  As supposed to people who experience benefit on average around the third session for me. Not that they fully cured or are done with therapy but they experienced benefit.

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So when I looked at my data, there was about only a 10% chance that somebody actually improved later rather than earlier. Somebody who improved after the 8th session, which is really small. In other words, going back to this case. the odds are against my client and I that we actually going to improve. So we talked openly about this and we did say eventually that we would continue.

And when we continued I had this in mind and thankfully things started to pick up for her as she started to rebuild her life, refocus and certain things that she can do, control the things that you can, and give up controlling the things that she can't which was causing a lot of suffering as she navigated medical stuff that she had to deal with, which was her reality unfortunately... And engagement continues that way.

So why I'm showing you this story is because without such an information, we tend to be overly optimistic and without a **pre-decided, a pre-committed decision** about how you're going to make checks, when you can take some pit stops, it's very hard.... It's very hard to keep track off because you've got so many things that you have to keep in mind.
So my suggestion for you is to develop a clinical decision pathway in advance, even though the gauge of when the **trigger if/then situation**s are arbitrary, at least have them in place so that they can guide you to have an effective practice in your work.