

# The OQMeasures Approach—Alerting Clinicians to Impending Treatment Failure

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## The Problem

- 5 to 10% of adults and 14 to 25% of child clients deteriorate in psychotherapy
- What shall we do about it????

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## Major Issues

1. Development of change sensitive brief measures.
2. Development of expected treatment response and method of predicting treatment failure.
3. Automated method of providing instantaneous feedback to clinicians and patients.
4. Development of Problem-solving tools for failing cases
5. Clinical trails to test effects

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## Outcome Is:

- Symptom Distress—internal pain
  - e.g., I feel hopeless about the future
- Interpersonal Problems
  - e.g., I feel lonely
- Social Role Functioning
  - e.g., I feel angry enough at work to do something I may regret
- Well being

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## Measured With

- Thirty to 45-item self-report (parent-report) scale taken prior to each treatment session And delivered to clinician in real time—with 2 seconds.
- The test provides a mental health “Vital Sign” or “Lab Test” that calibrates current functioning in relation to functioning prior to treatment AND expected treatment response of similar clients WITH **ALERTS**.

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**ALERTS** are Essential Because Clinicians are Overly Optimistic

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## How Well do Practitioners Predict Treatment Failure?

- Final Outcome was predicted for 550 Clients
- 3 were predicted to have a negative outcome
- 40 had a negative outcome
- Staff identified only one case
- Algorithms predicted 85% of those who had a negative outcome and but false alarm signals were given at a 2:1 ratio.

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## Hatfield in Press

- Examined case notes of patients who deteriorated to see if therapists noted worsening at the session it occurred.
- If the patient got 14 points worse was there any recognition? 21%
- If the patient got 30 points worse was there recognition? 32%

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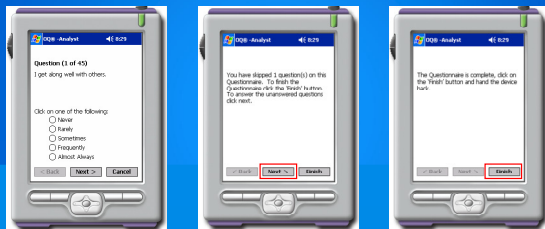
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## PDA Administration



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## Research Program

> SIX CLINICAL TRIALS IN WHICH WE ATTEMPTED TO REDUCE DETERIORATION RATES BY PROVIDING PROGRESS FEEDBACK TO PSYCHOTHERAPISTS

Lambert, et al. 2001  
 Lambert, et al. 2002  
 Whipple, et al. 2003  
 Hawkins, et al. 2005  
 Harmon, et al. 2007  
 Slade, et al. 2008

> Random assignment of patients to experimental condition blocked on therapist (every therapist had patients for whom they received feedback and were denied feedback) N = 4,000

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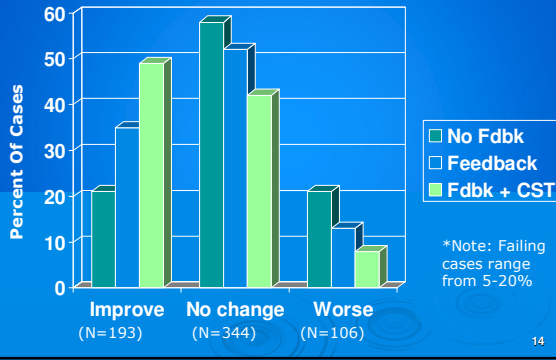
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### Effect of Giving Therapists OQ Feedback on **Failing Cases\***:




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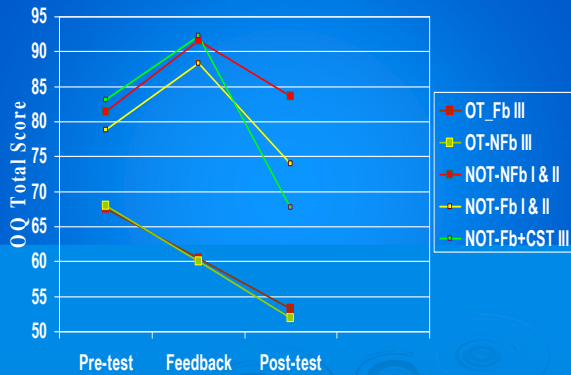
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## Provider Profile

- Providers can profile real time change metrics for themselves—percent of cases recovered, improved, no change & deteriorated—to determine strengths & areas for improvement
- Providers can view aggregate cases by diagnosis, gender, etc. for differential effectiveness in case load
- Providers contrast differential effectiveness (e.g., diagnosis) with peers

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## Results (Outcome)

	Recovered or Improved	No Change	Deteriorated
NOT-NFb (n = 286)	60 (21%)	165 (58%)	61 (21%)
NOT-Fb (n = 298)	104 (35%)	154 (52%)	40 (13%)
NOT-Fb+CST (n = 154)	69 (45%)	73 (47%)	12 (8%)

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## In sum...

- Ongoing monitoring & feedback:
  - Increases overall outcomes
  - Reduces treatment failures
  - Increases service access by reallocation of staff time
  - Identifies best practice groups/clinicians and those in need of peer-supervision
  - Saves support staff time when using a fully automated system.

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