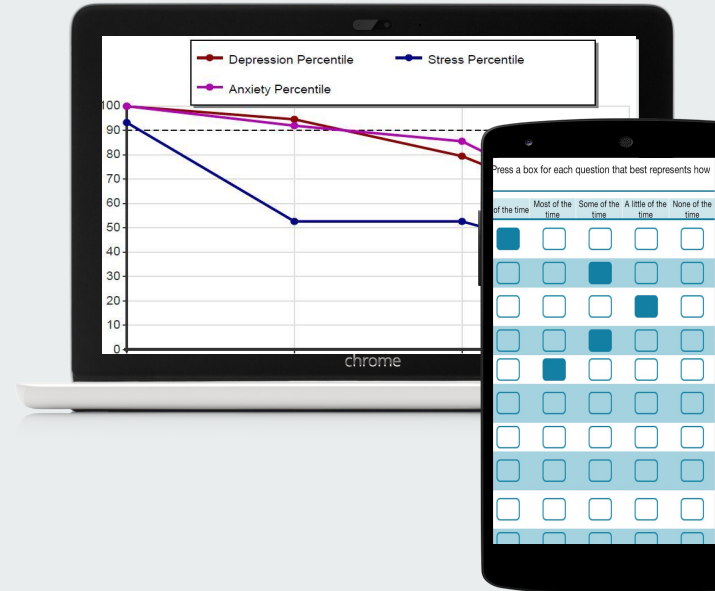


# How Measurement-based care will advance psychology: Lessons from history

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# Disclosure of Interests



Potential conflicts of interests include:

- Founder and CEO at NovoPsych.com.au, providing psychometric tools for psychologists
- Member of Better Access Review funded by the Department of Health









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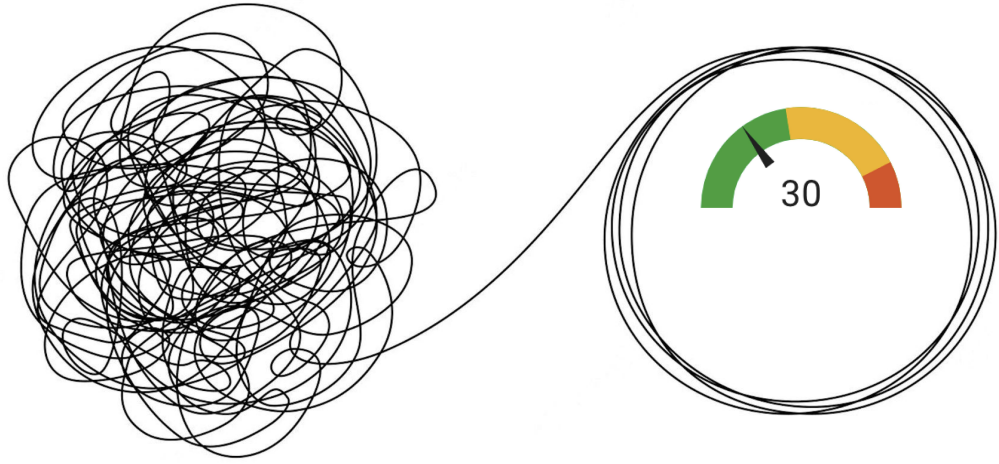
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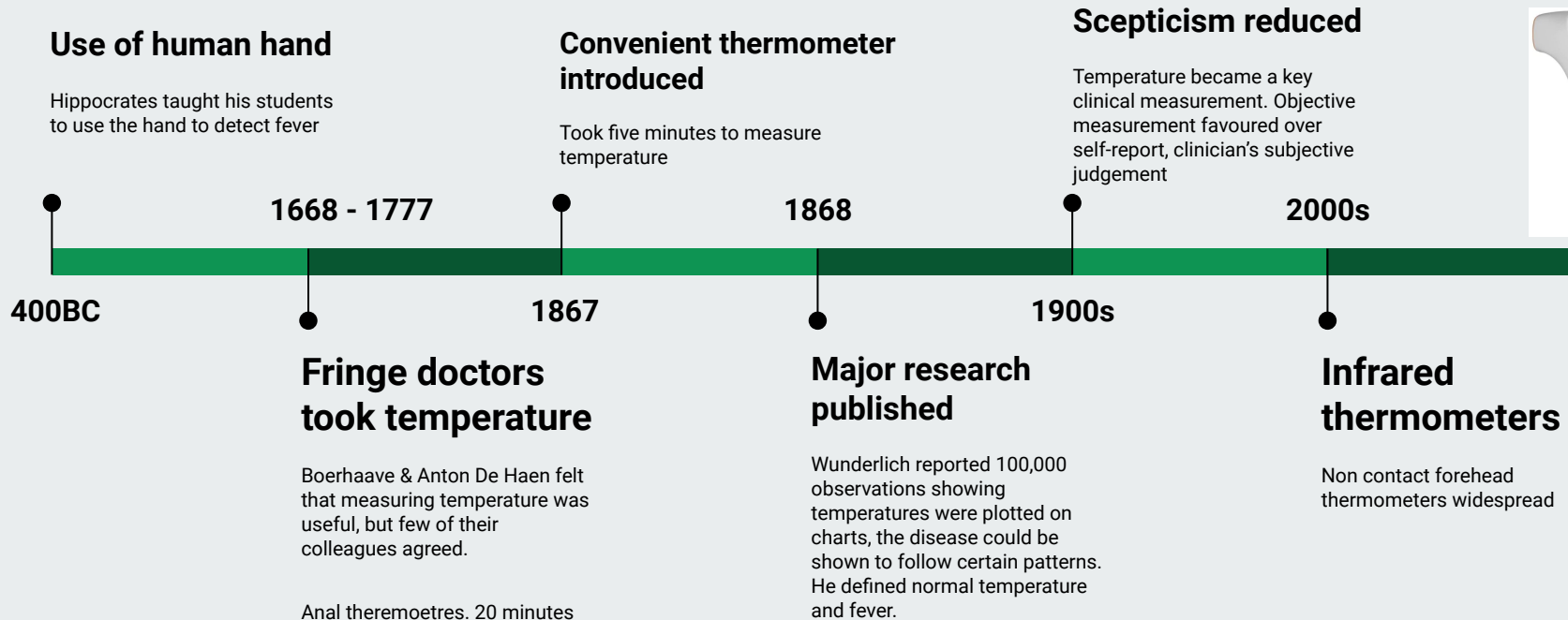








# History of Thermometers in Medicine





# Barriers to thermometry

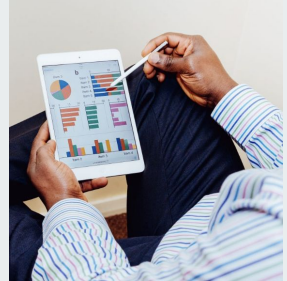
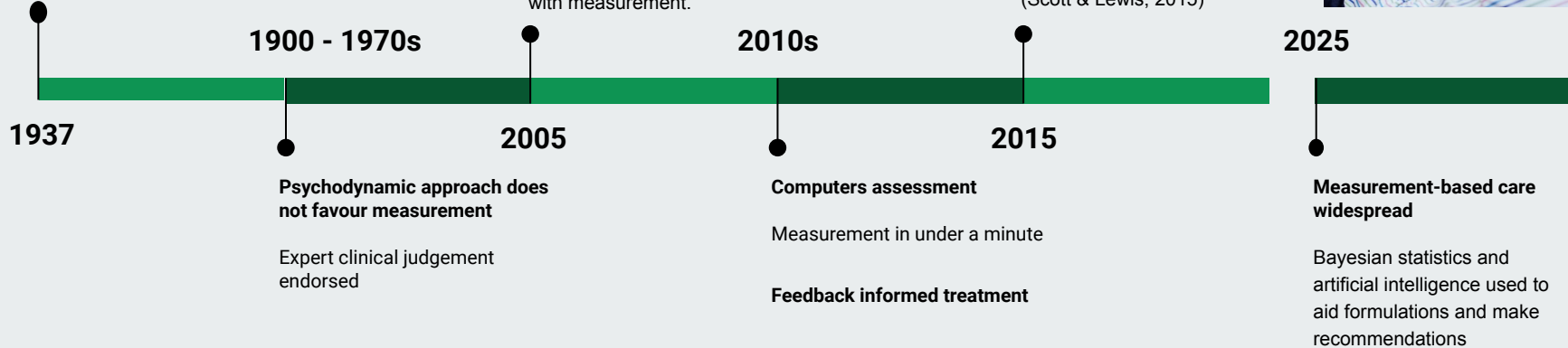


- 1000s of years between basic knowledge and wide practice
  - Lack of convenient, accurate technology
  - The concept of fever was ill defined (lack of high quality data)
  - Reliance on clinical judgment
- 
- “A doctor who has devoted years of education and training to acquiring and refining a particular skill will inevitably be reluctant to accept a new development that seems to make all that effort redundant.” (From Patient Data to Medical Knowledge: Paul Taylor)

# Measurement in Psychotherapy

## MMPI introduced

An objective aid in the routine psychiatric case work-up of patients and as a method of determining the severity of the conditions. Takes hours to administer and score.



# Measurement-Based Care (MBC)

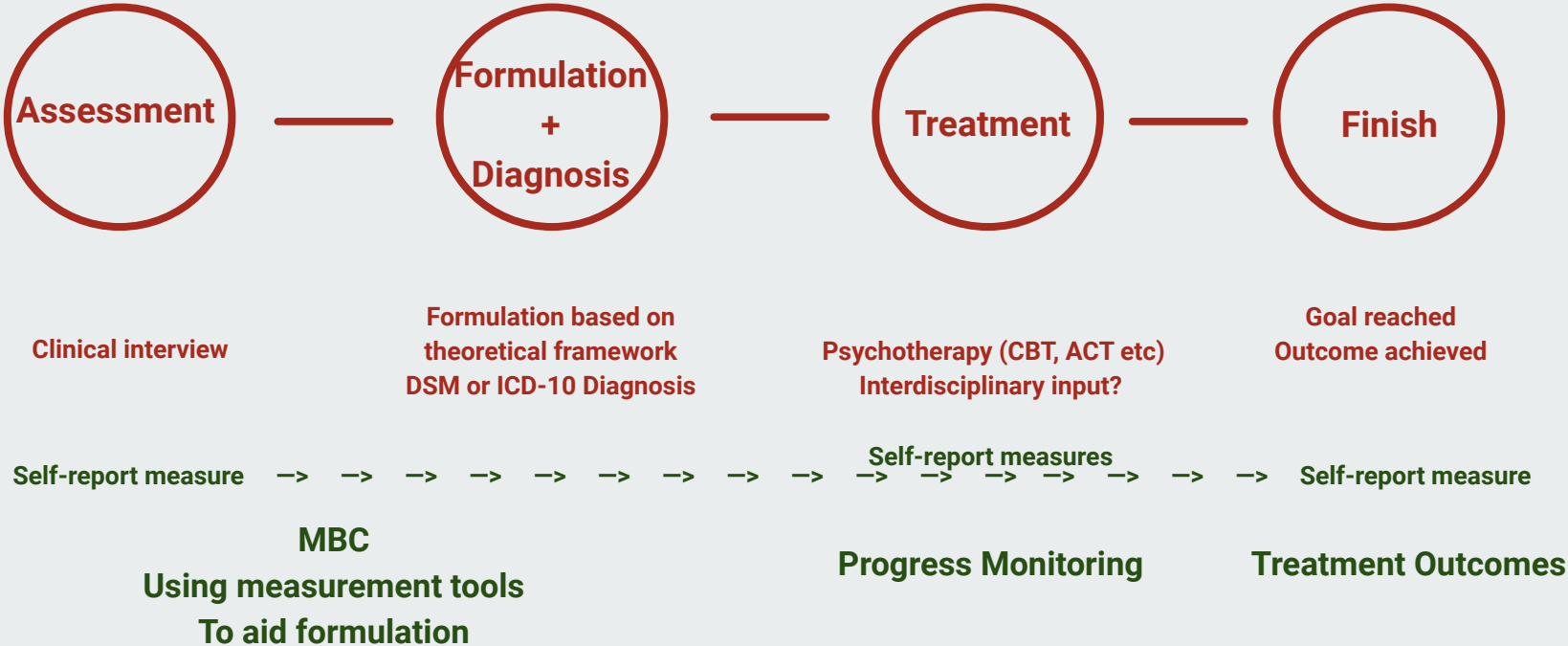


Measurement-based care also known as:

- Routine outcome monitoring (Paul Elwood, 1988)
- Progress monitoring (Goodman et al, 2013)
- Feedback informed treatment (FIT)
- Stepped care

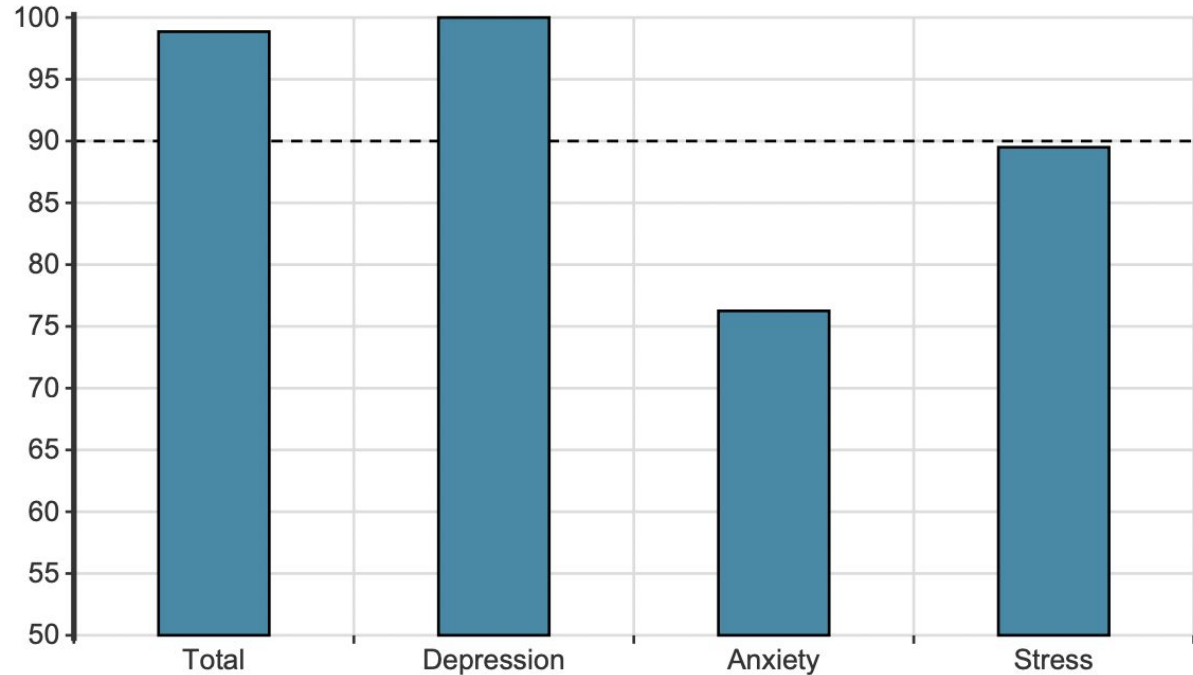
Measurement based care defined as systematic use of symptom monitoring scales and the use of those results to drive decision making at the level of individual patients (Scott & Lewis, 2015)

# Standard care versus **MBC**

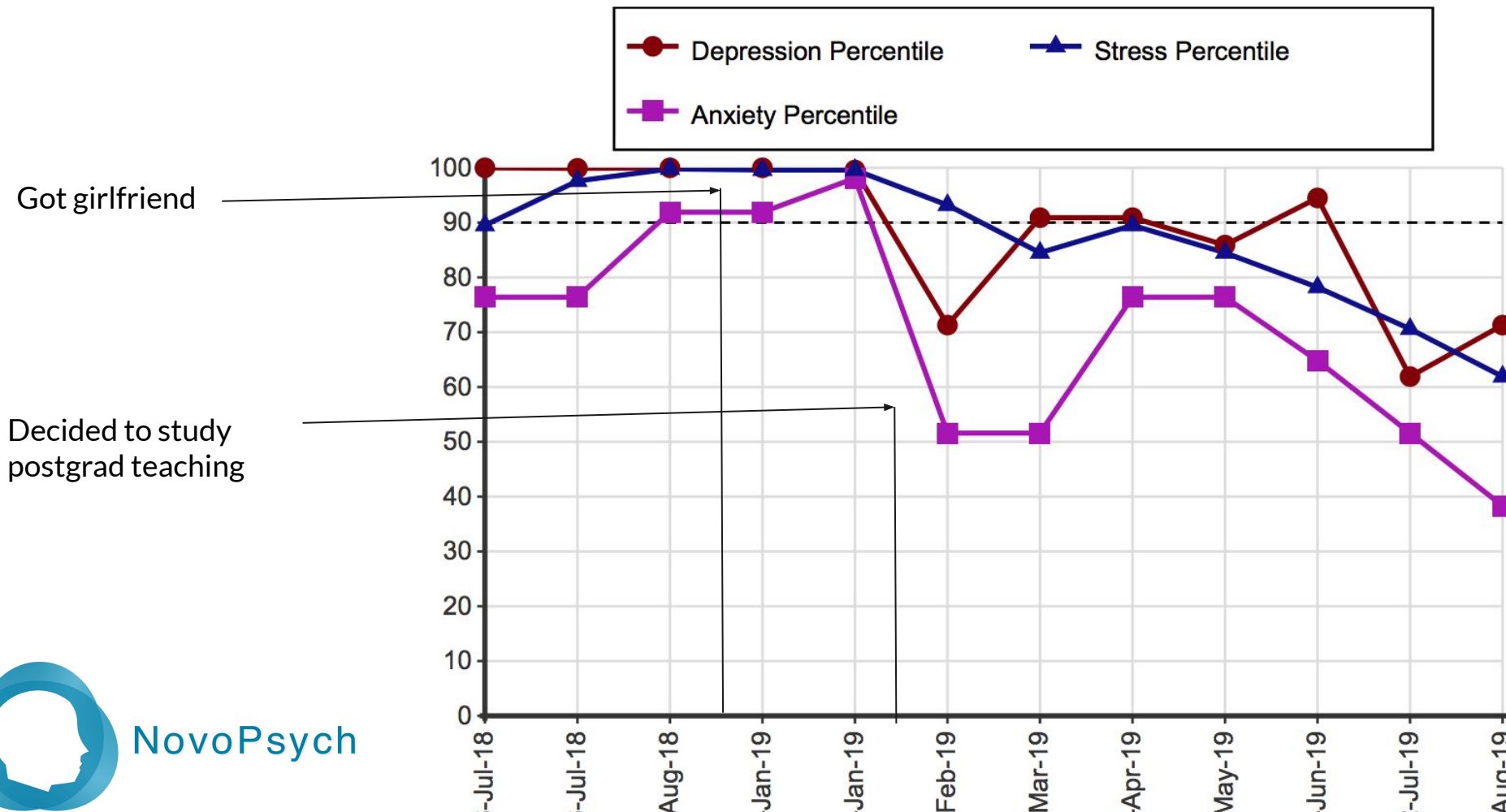


Relative to the sample population, this patient is in the:  
-Extremely severe range for depression;  
-Mild range for anxiety;  
-Moderate range for stress.

**Symptom Percentile Ranks**



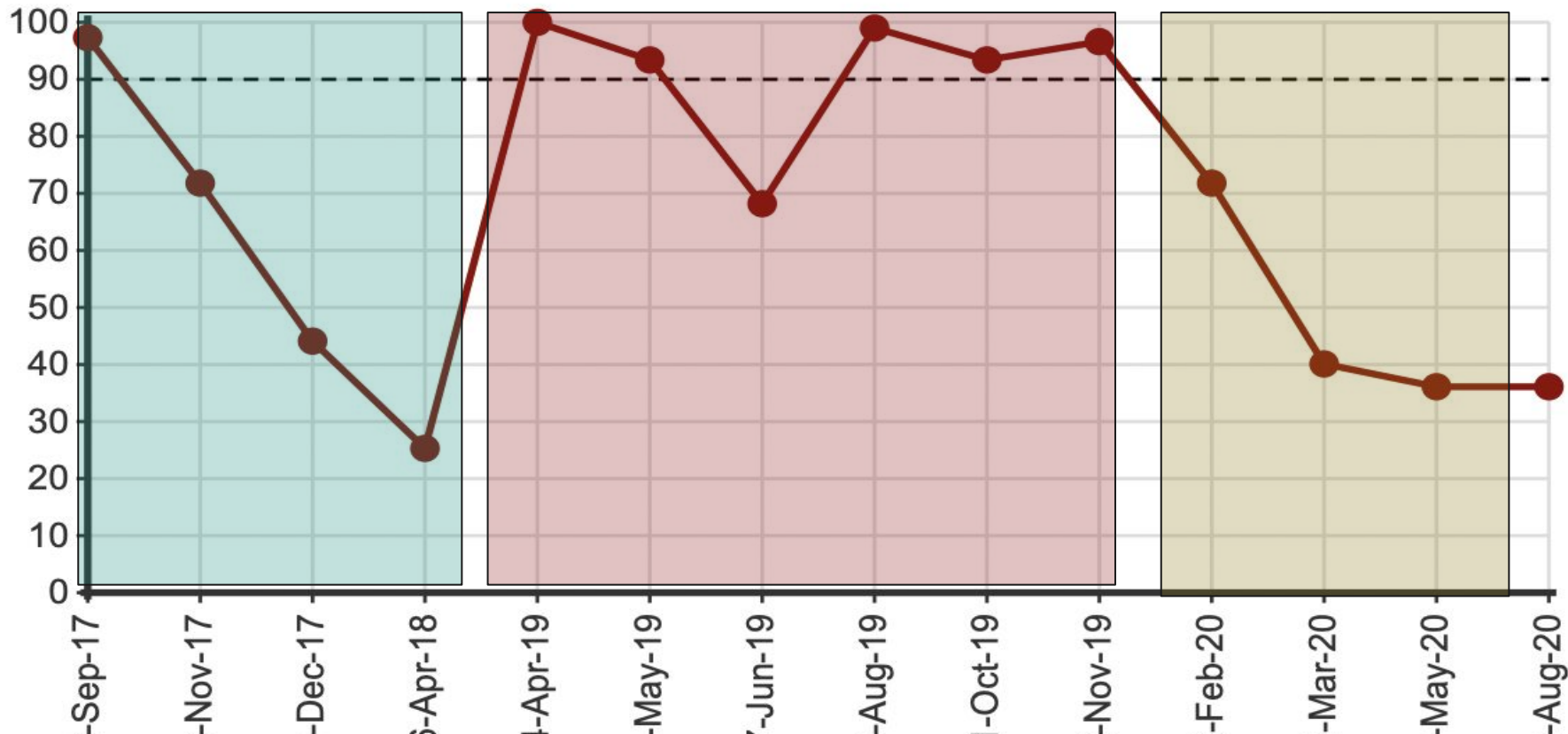
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Episode of care 1  
CBT successful! Discharged

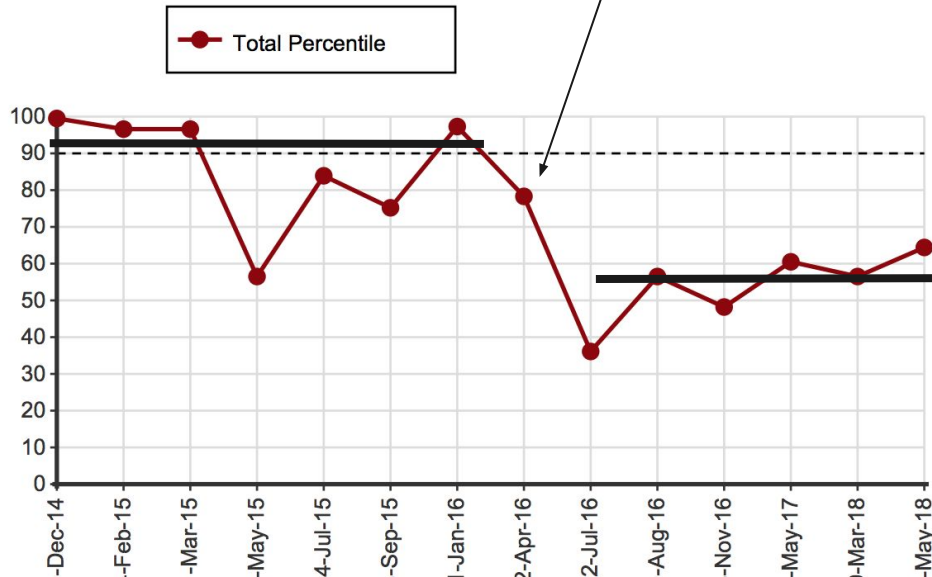
Episode 2  
CBT not working!  
Referred to group

Episode 3  
Compassion focussed and  
mindfulness group work



# Feedback letters to GPs with graph

Started medication from GP



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The new standard in psychometric testing

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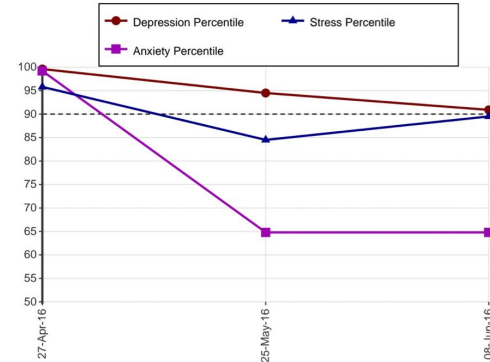
10/11/2018

Dear Doctor,

RE: John SMITH

Thank you for referring John to me for psychological assistance. I have now seen him on six occasions.

The graph below represents John's percentiles scores (compared to the Australian population) on the Depression Anxiety Stress Scale (DASS-21). When first administered during our initial appointment he had particularly high depression and anxiety symptoms. Scores above the 90th percentile are of clinical significance. He has responded well to CBT and these symptoms have reduced significantly, particularly his anxiety. He remains moderately depressed and stressed.



John and I have agreed to continue treatment given its observable benefit so far. Future sessions will target his depressive symptoms, pending your review of his Mental Health Care Plan.

Yours sincerely,

Dr Ben Buchanan



# Why Measurement-based care?

## For your clients

- Clients like tangibility of symptom measures and progress  
(Ionita & Fitzpatrick, 2014; Steinfeld et al., 2016)
- It improves treatment response. A meta-analysis, effect size ( $d=.55$ )  
(Tam & Ronan, 2017).

## For both client and therapist

- It reduces treatment dropout (e.g. Azocar et al., 2007; Brodey et al., 2005; Brown, Burlingame, Lambert, Jones, & Vaccaro, 2001; Hawkins, Lambert, Vermeersch, Slade, & Tuttle, 2004; Hermann, Chan, Zazzali, & Lerner, 2006; Nierenberg et al., 2006).
- Helps form shared conceptualisation of client

## For psychologists

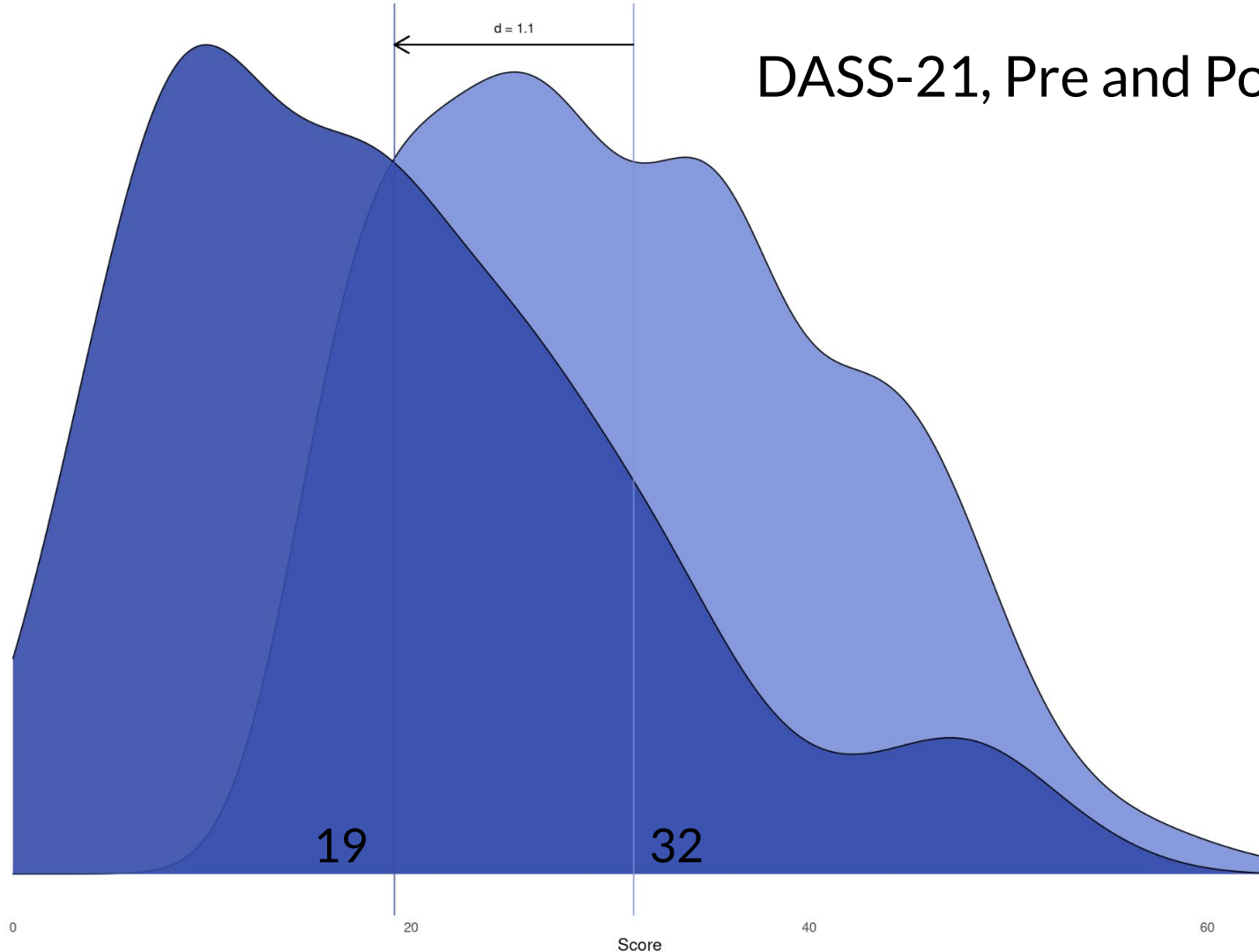
- Makes life easier for psychologists
- Provides objective evidence of treatment response, and feedback on your hard work

# Analysis of patient datasets



- My data from Private Practice
- DASS-21 data collected every 2nd session
- 353 clients from Jan 2014 to May 2022
- 305 clients included
- 381 episode of care

# DASS-21, Pre and Post



Assessment

- First
- Last

Score

40

30

20

10

0

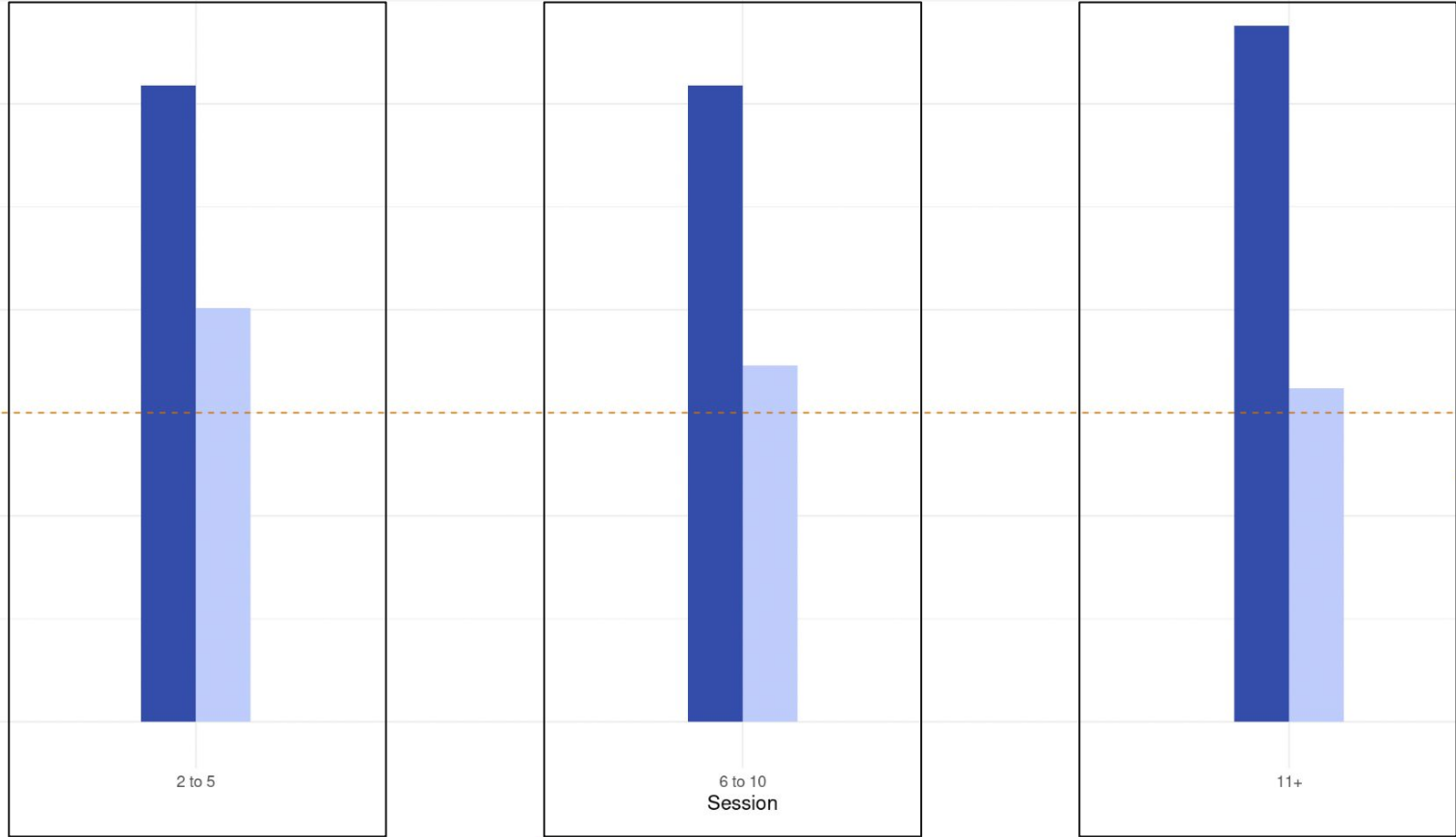
2 to 5

6 to 10  
Session

11+

 Distress before treatment  Distress after treatment

Clinical cut-off



# Thanks

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