

# Seeing the Bigger Picture

## Leveraging Outcome Data for Insightful Practice

- Understand existing benchmarks for therapy success.
- Demonstrating how to answer simple questions, like “what proportion of my clients experience improvement”.
- Become skilled in using data to tell your professional story: “Turning numbers into narratives”.
- Explore the use of aggregated data in reflective practice.

Dr David Hegarty

Dr Ben Buchanan



**NovoPsych**





## How would you choose a psychologist to send your friend to?

- Go on APS find a psychologist?
- Someone who's affordable?
- Good qualifications?
- Personally known to you and with good personal qualities?
- A particular therapeutic approach?
- Experience level?
- Specialise in a particular area?
- Heard good things from their patients?
- Soonest available?
- Nice website?

*Is knowing who a good therapist is even knowable?*

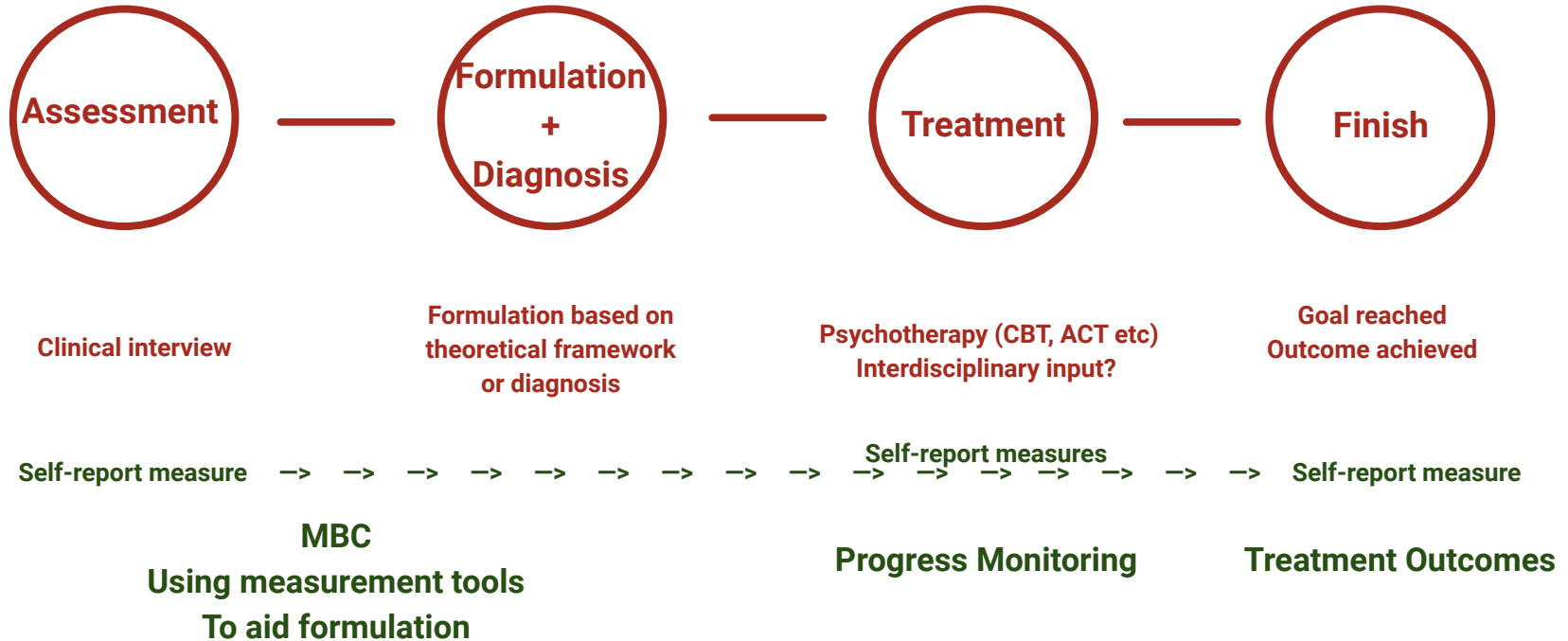
# Measurement-Based Care (MBC)

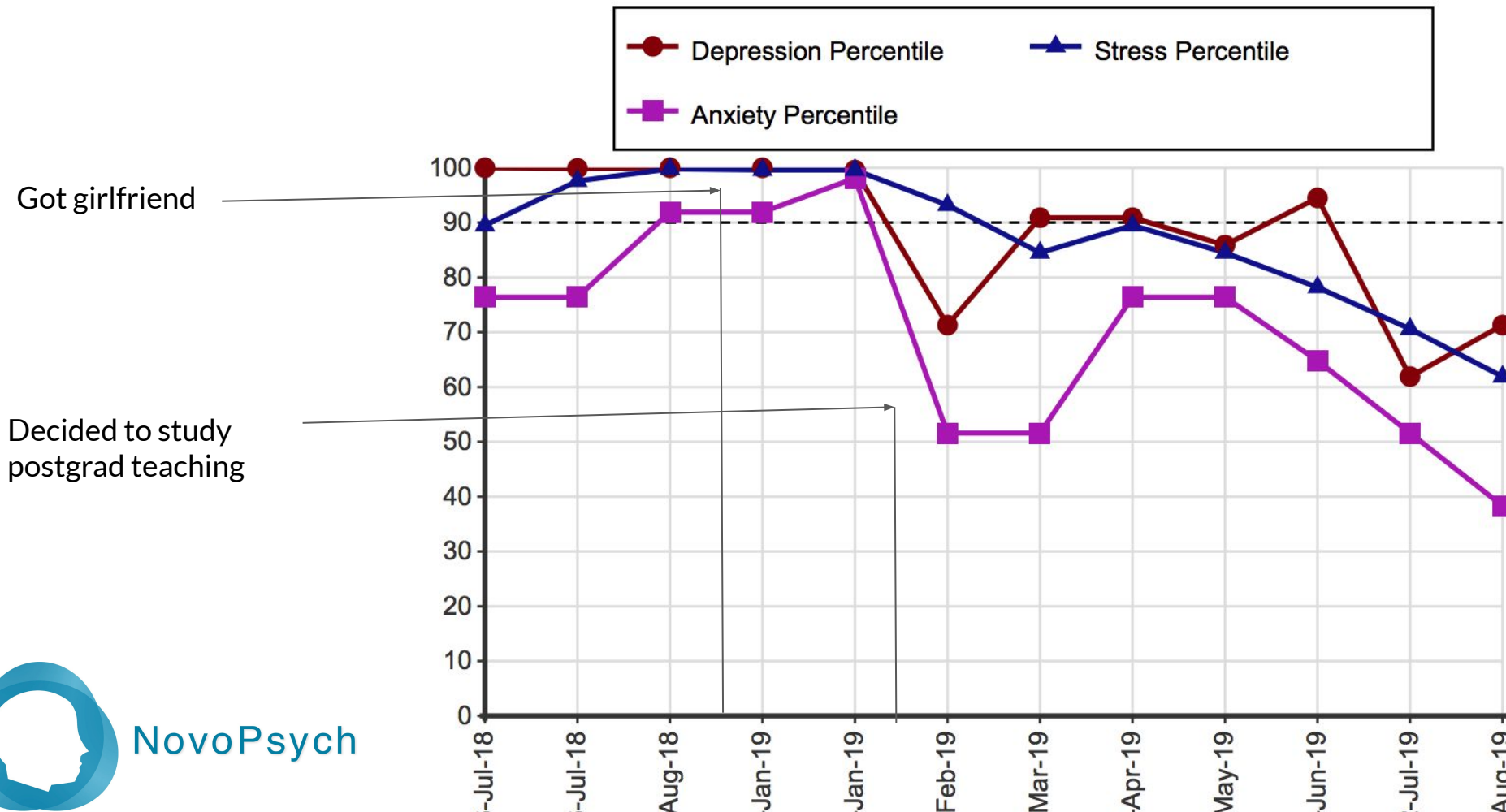
Measurement-based care also known as:

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

Measurement based care is 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

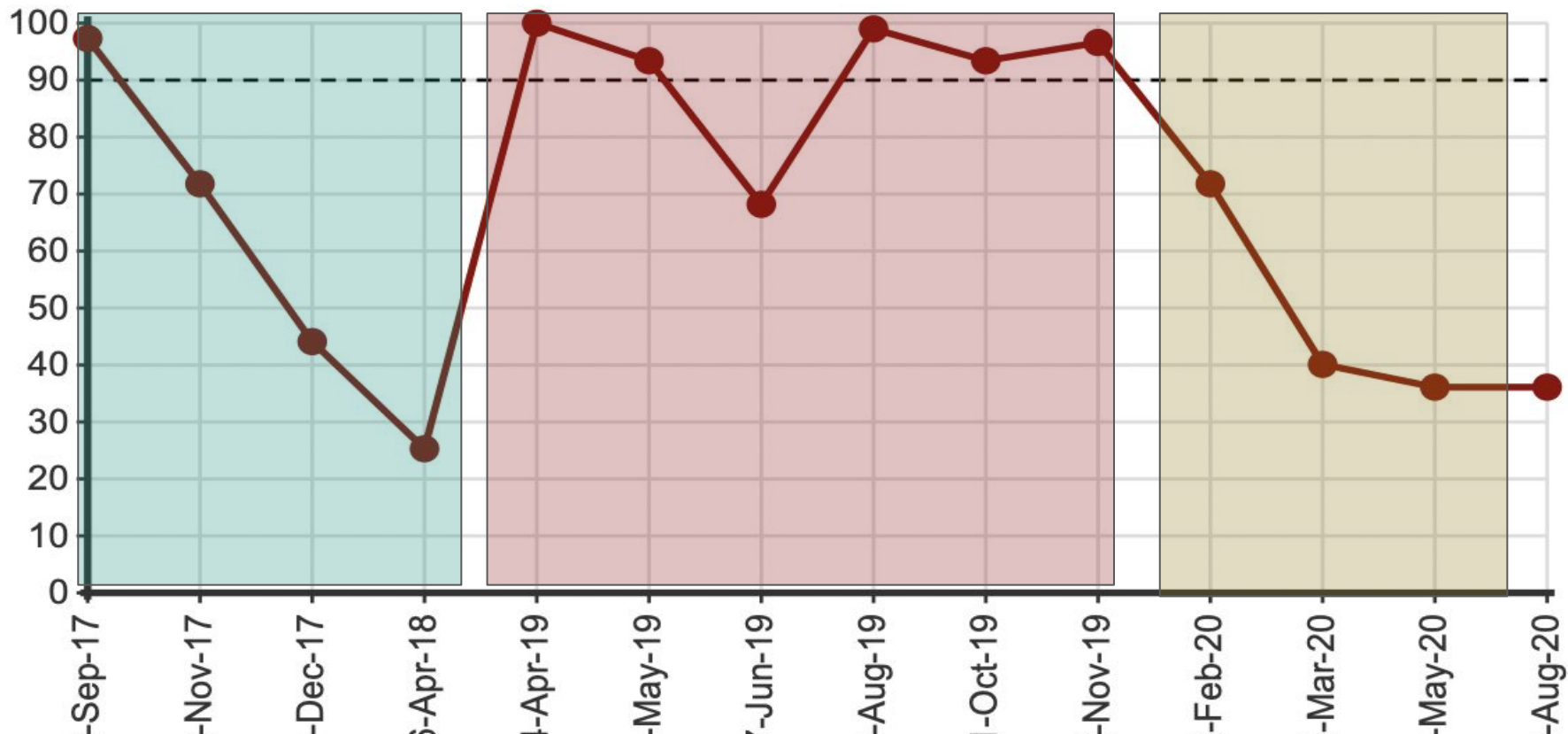




Episode of care 1  
CBT successful! Discharged

Episode 2  
CBT not working!  
Referred to group

Episode 3  
Compassion focussed and  
mindfulness group work





# Why Measurement-based care?

- 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).
- 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

# OUTCOMES BENCHMARKS

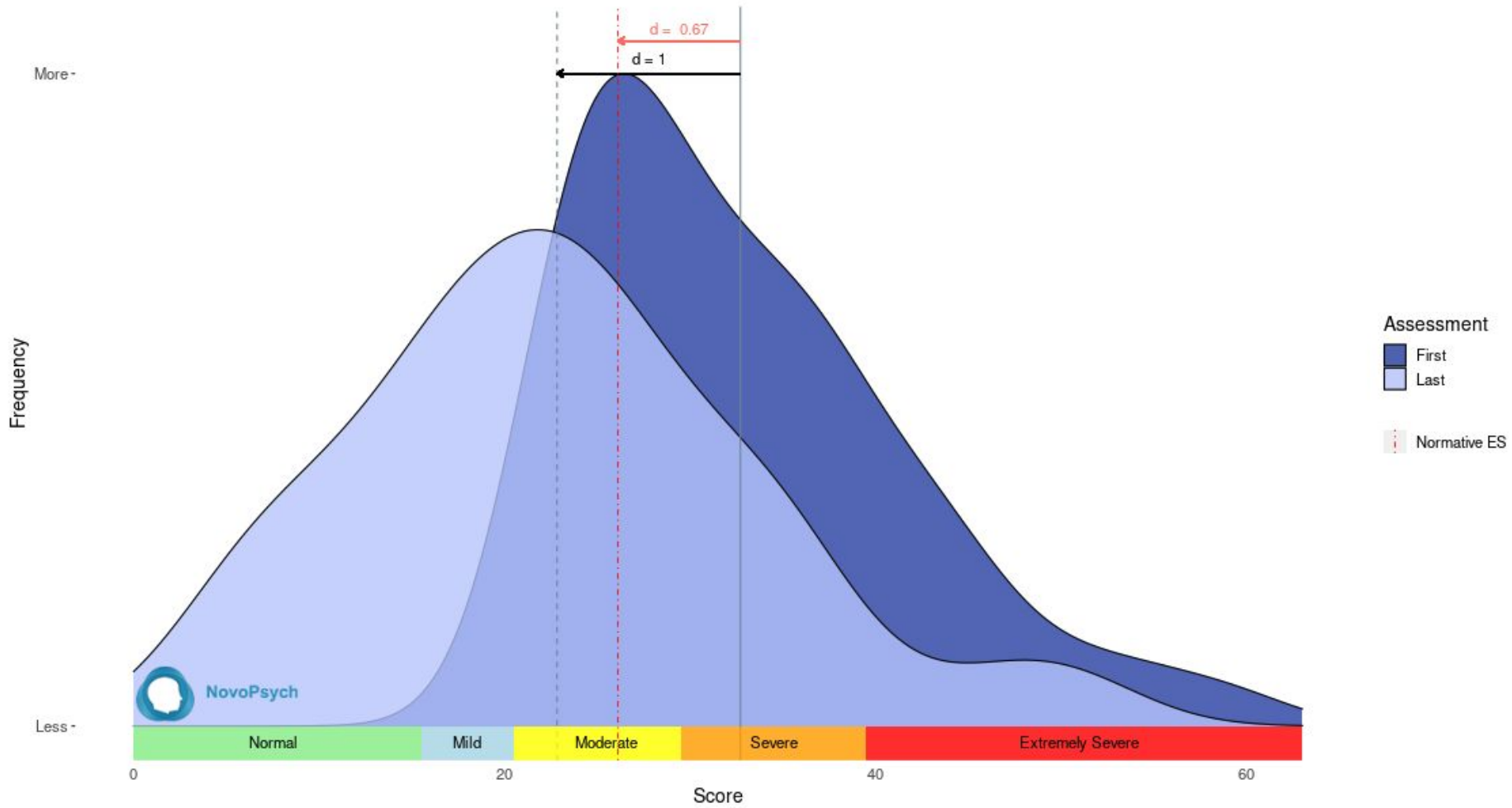
## What metric would be most important to you?

METRIC	BENCHMARK	DESCRIPTION
Proportion of clients improving	50%*** - 76%*	Calculated by looking at the change on each clients outcome measure and assessing whether it meets the Reliable Change Index (RCI)
Proportion of clients getting worse	2%* -18%***	Calculated by looking at the change on each clients outcome measure and assessing whether it meets the Reliable Change Index (RCI) in the opposite direction
Proportion of clients dropping out	20% - 22%	Calculated by the percentage of clients who attend one and two sessions, and don't rebook
Overall treatment effectiveness	Cohen's $d$ = 0.5 to 0.94**	Calculated by comparing average change and variability across caseload

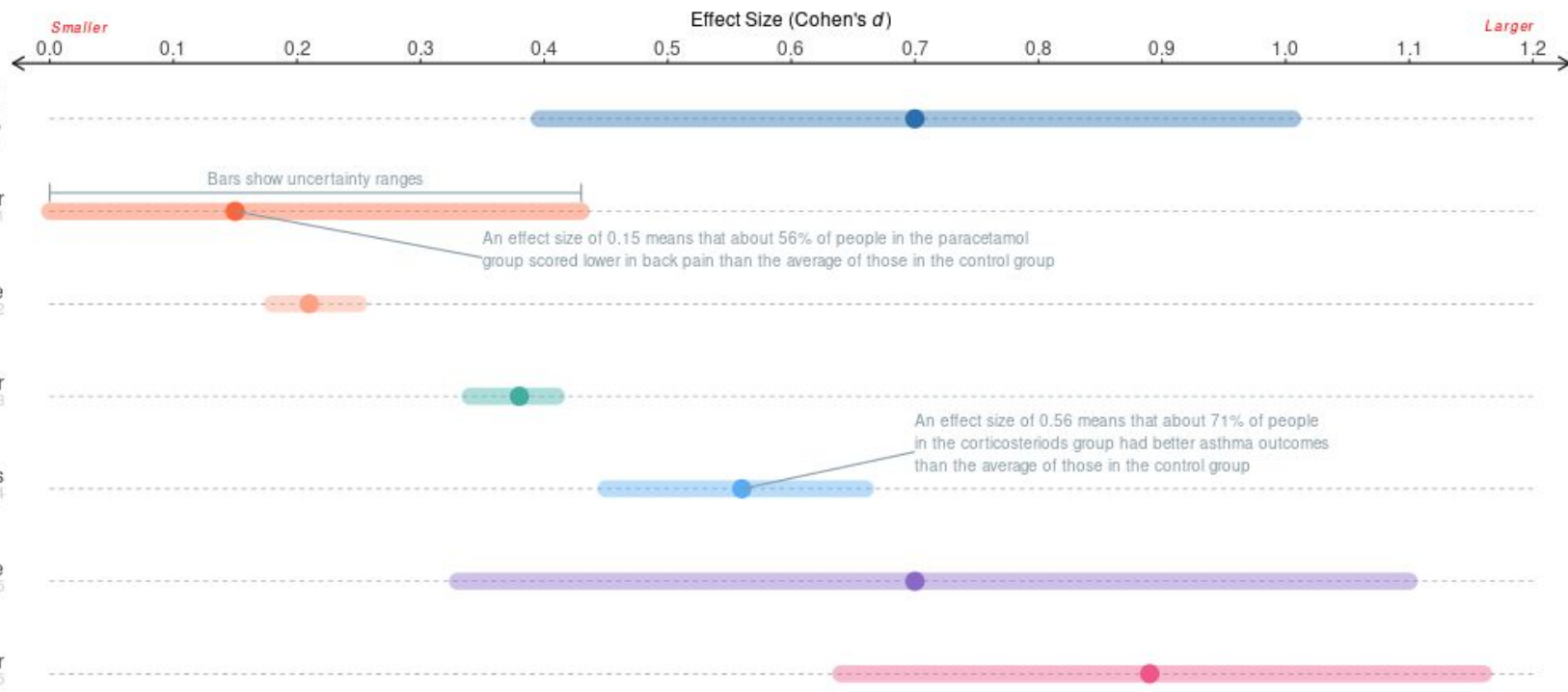
\*\*\* Better Access Evaluation (2022), \*\*Goldberg et al., 2016,

\*Chow, D (2014). The study of suprshinks. Development and Deliberate Practices of Highly Effective Psychotherapists

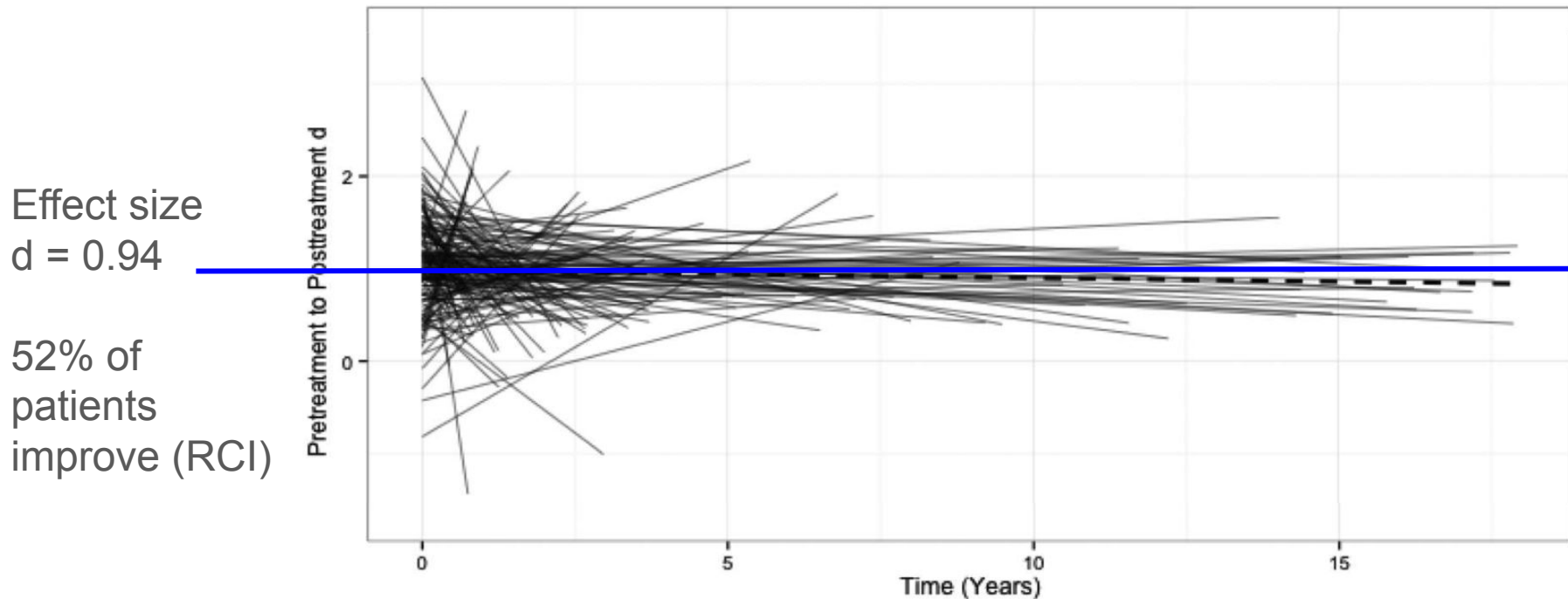
# Effect Size Plot



## Effect Size Comparisons



# Does experience matter?



- 39% of therapists improved over time
- 61% of therapists deteriorated
- The trend to lowered effectiveness over time remained after controlling for confounding variables.

# Traditional Views of what improves clients outcomes That have been debunked by research

- 1) Supervision (does help confidence, professional identity, but not outcomes)
- 2) Credentials
- 3) Continuing Professional Development (CPD)
- 4) Therapists having personal therapy
- 5) Clinical experience

Erekson, D. M., Janis, R., Bailey, R. J., Cattani, K., & Pedersen, T. R. (2017). A longitudinal investigation of the impact of psychotherapist training: Does training improve client outcomes?. *Journal of Counseling Psychology, 64*(5), 514.

Goldberg, S. B., Rousmaniere, T., Miller, S. D., Whipple, J., Nielsen, S. L., Hoyt, W. T., & Wampold, B. E. (2016). Do psychotherapists improve with time and experience? A longitudinal analysis of outcomes in a clinical setting. *Journal of counseling psychology, 63*(1), 1. *NB. This provides evidence for point 4 & 5 as therapists had feedback*

Moe, F. D., & Thimm, J. (2021). Personal therapy and the personal therapist. *Nordic Psychology, 73*(1), 3-28.

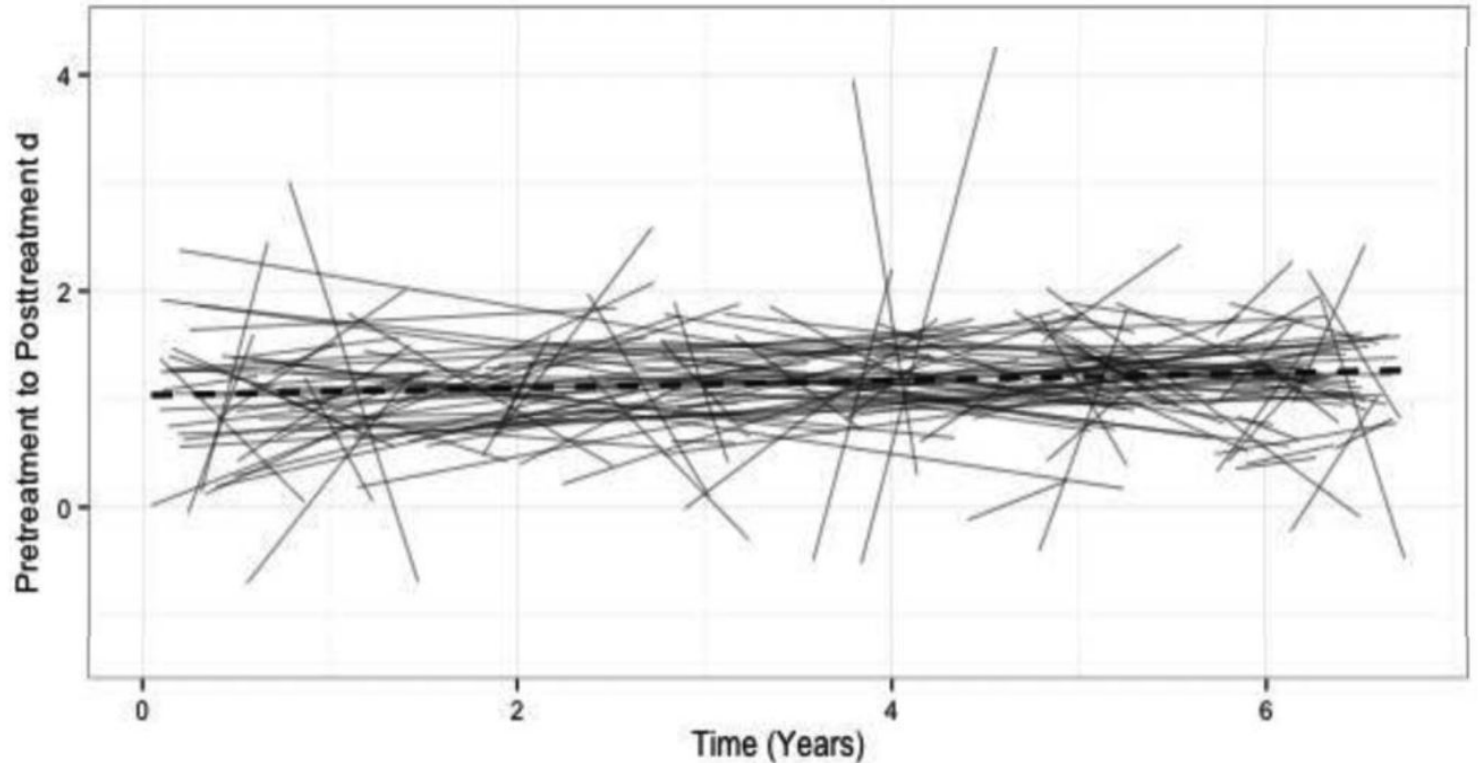
Watkins Jr, C. E. (2011). Does psychotherapy supervision contribute to patient outcomes? Considering thirty years of research. *The clinical supervisor, 30*(2), 235-256.



# Practice Level Improvements with Deliberate Practice

What did this practice do to improve?

Discussed patients that were not showing improvement.



Improvement over time at a practice level AND at the level of the psychotherapist. The improvements over time was not due to hiring more effective therapists. Increase in effectiveness was three times bigger than the reduction associated with years of practice.

Goldberg et al., (2016)

# How can improve? - Deliberate Practice

1. Measuring baseline performance
2. Obtaining specific and ongoing feedback
3. Engaging in practice through rehearsing
4. Evaluating the plan for improvement. Is it working?
5. Have a spirit of quality improvement





# Therapy Failure

- Therapists only take note of deterioration 21% of the time (Hatfield, McCullough, Frantz & Krieger, 2010), whereas standardised tools accurately identify deterioration 85% of the time (Hannen et al., 2005).
- In a large study of treatment efficacy, 20% of patients deteriorated, but only 8% of patients who deteriorated were identified by therapists! (Lambert, 2007)
- Evidence from randomized controlled trials comparing feedback versus no feedback conditions suggests that feedback may improve outcomes primarily by reducing the rates of patients who are not improving as expected (Shimokawa et al., 2010).



Home



Clients



Assessments



Insights



Account

### Data Selection

Select clients:

All Clients  Active Clients  Inactive Clients

Select Assessment:

DASS-21

Groups Included:

N/A

### Data Filtering

Adjust the inputs below to filter what data is included for analysis.

Note. Adjusting the inputs below will include / exclude data according to what you specify. Defaults are set for score filtering for each specific assessment (i.e., it will exclude initial scores below a specific value), but other inputs include all available data by default.

Dates - include initial (intake) assessment between:

24-Sep-13

to

01-Jul-23

[Reset dates to all](#)

Scores - include initial (intake) scores between:



Weeks - include data where weeks between first and last assessment are:



Note. The maximum value in the slider above is determined by the maximum week between assessments in the data.

Active Clients

Summary Data

Effect Size

Average Change

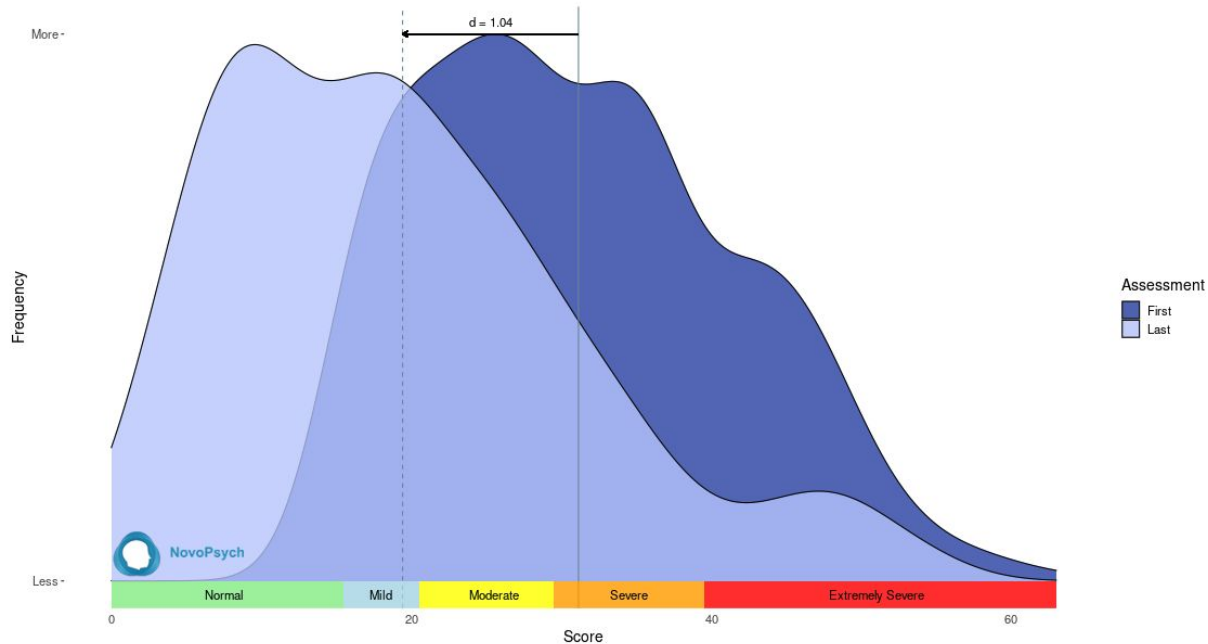
Reliable Change

Trajectory

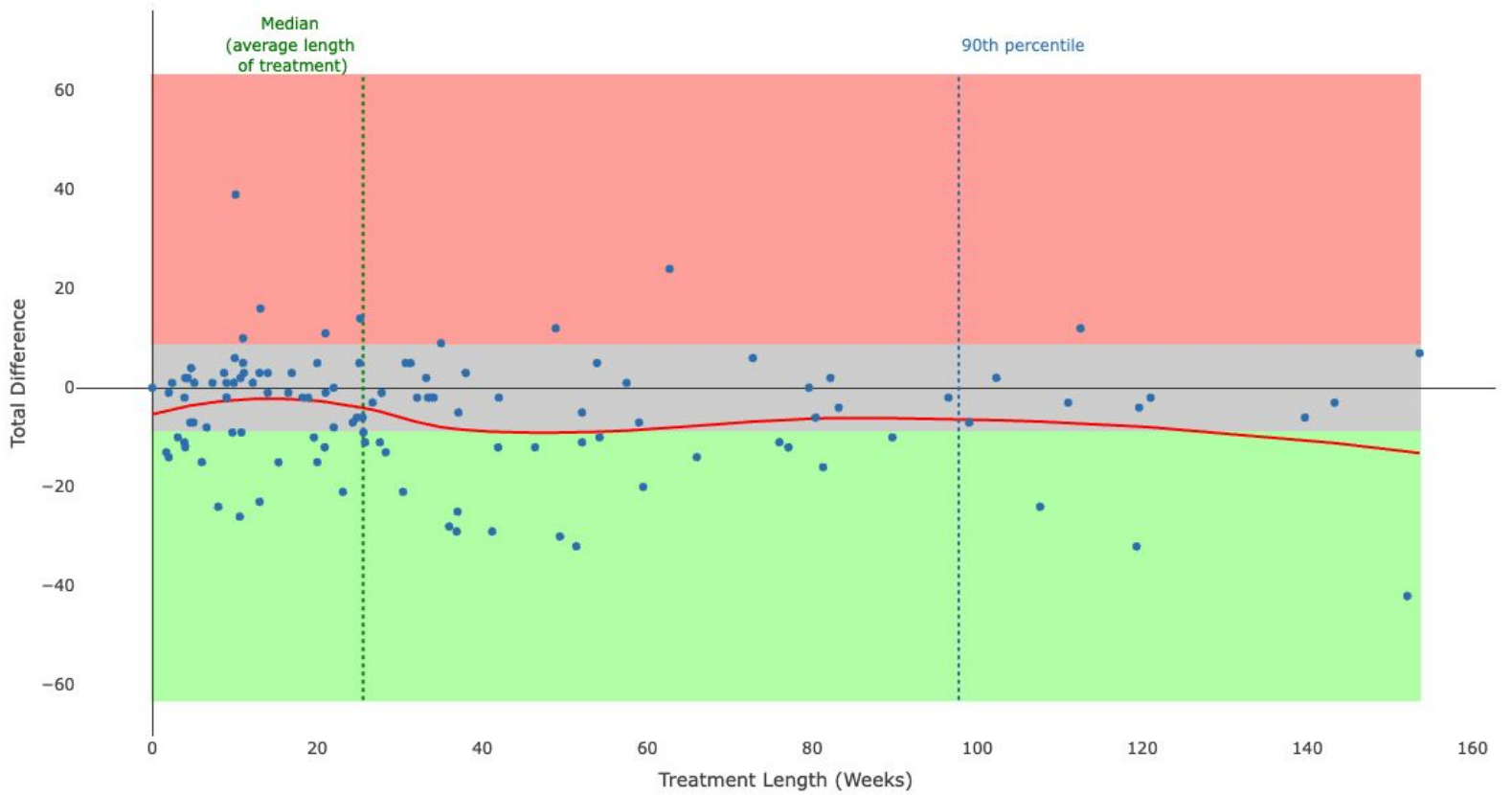
Treatment Length

Data Table

### Effect Size Plot



## Change Scores Related to Treatment Length



Click to change x-axis on Change Score Plot:

Weeks

x-axis

### Data Selection

Select clients:

- All Clients
- Active Clients
- Inactive Clients

Select Assessment:

DASS-21

Groups Included:

Mindfulness group, N/A

Assigned Practitioner:

Ben On dev (some ready data)

### Data Filtering

Adjust the inputs below to filter what data is included for analysis.

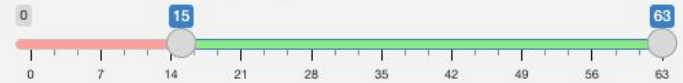
Note. Adjusting the inputs below will include / exclude data according to what you specify. Inputs include all available data by default.

Dates - include initial (intake) assessment between:

06-Feb-20 to 20-Jan-23

Reset dates to all

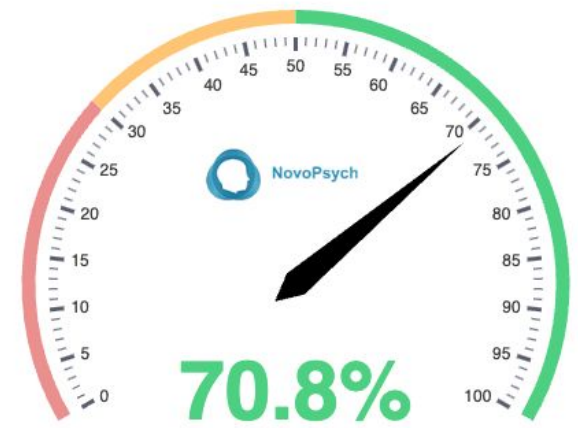
Scores - include initial (intake) scores between:



Active Clients Supervisor Data **Summary Data** Effect Size Average Change Reliat

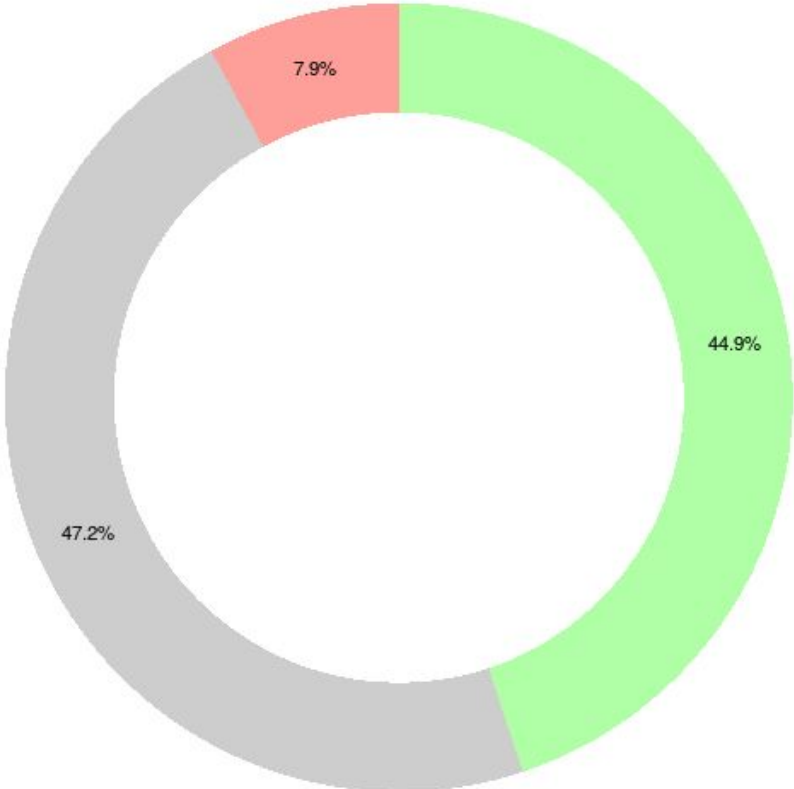
Treatment Length Data Table

### Effectiveness Plot



70.8% of clients who come to you improve on their DASS-21 score over time.

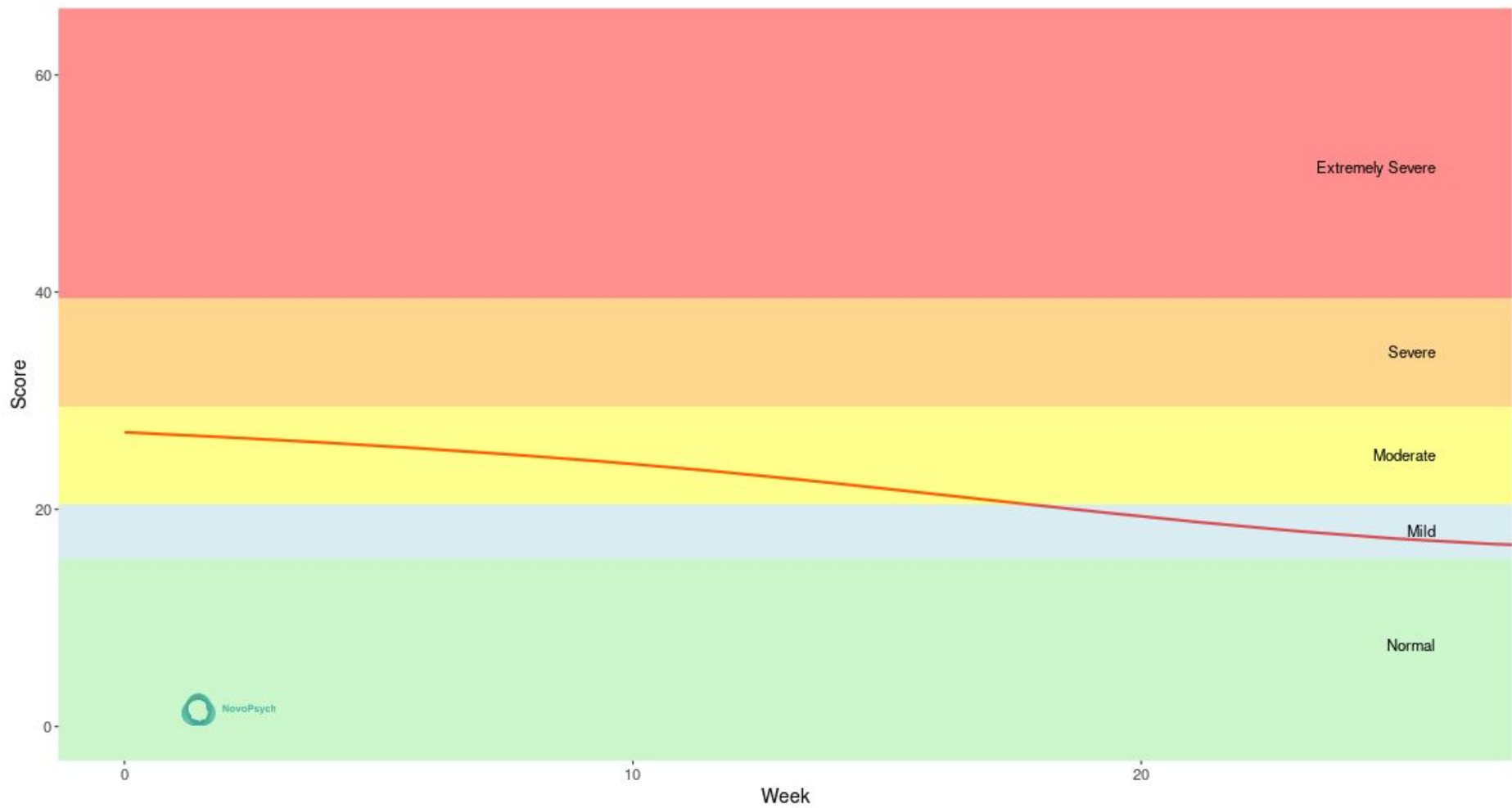
# Reliable Change Plot



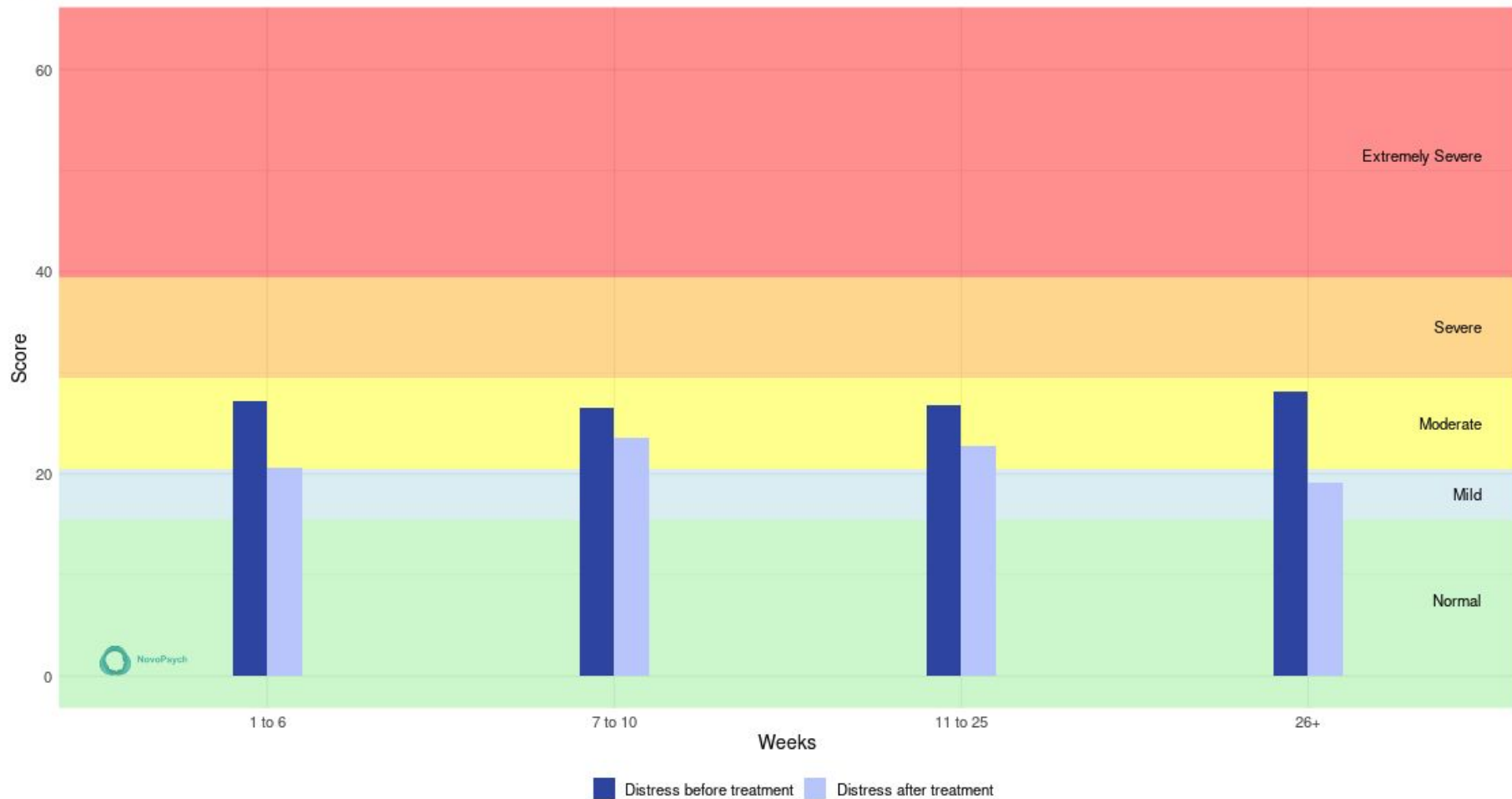
Classification

- Deteriorated
- Little Change
- Significantly Improved

# Trajectory Plot



## Weeks/Assessments Plot





# Professional self-doubt

- No significant correlation between ratings of how effective a therapist thinks they are, and how effective they actually are (Chow et al., 2014)
- Moderately high levels of professional self-doubt predict better patient outcomes and may be used as an antidote to inaccurate self-appraisal (Walfish et al., 2012, Nissen-Lie, Monsen, Ulleberg, & Rønnestad, 2013; Nissen-Lie et al., 2017).
- High Professional self-doubt is associated with higher patient alliance evaluations (Nissen-Lie, et al., 2015).
- Among therapists, professional self-doubt, especially when coupled with self-compassion, has shown to be positively related to patient progress in treatment (Nissen-Lie et al., 2013)



## EXPERT THERAPISTS

### **Fixed Mindset**

Beliefs are “fixed”. Talks about  
“evidence based practice”

**SKILL:** Say “client not therapy ready”

### **Model Collection**

“Collect” many different  
training models

**SKILL:** Tell others you’re certified!

### **Ask but don’t ask**

Ask clients, “Does this fit?” or  
“How was the session?”

**SKILL:** Tell others you never get  
negative feedback from clients

VS

## EFFECTIVE THERAPISTS

### **Growth Mindset**

Curious and open to new beliefs &  
practices .

Develops practice-based evidence.

**SKILL:** Systematically review work

### **Not Afraid of Errors**


Reflect on the clients that didn’t  
improve. Takes responsibility

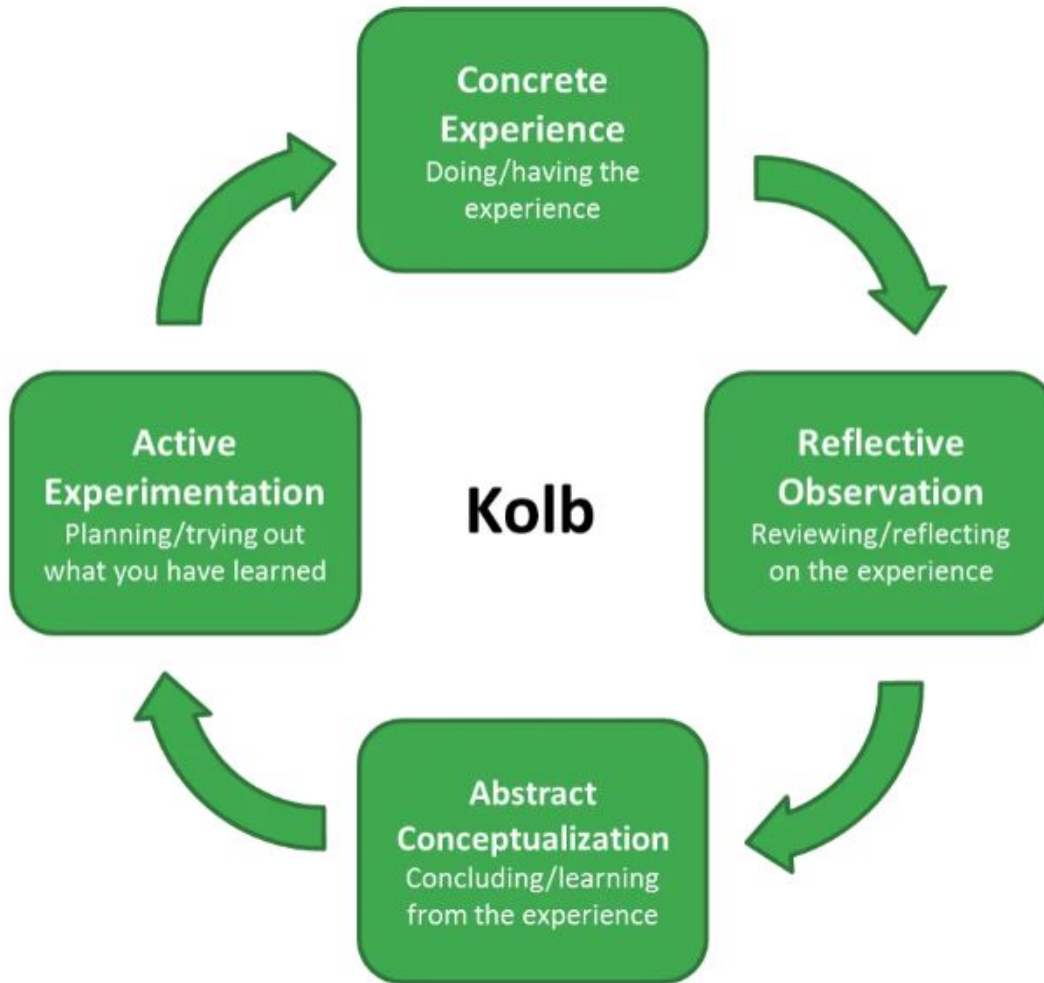
**SKILL:** Review treatment failures

### **Feedback Mindset**

Looks for opportunities for new  
information & critical feedback

**SKILL:** Open and curious



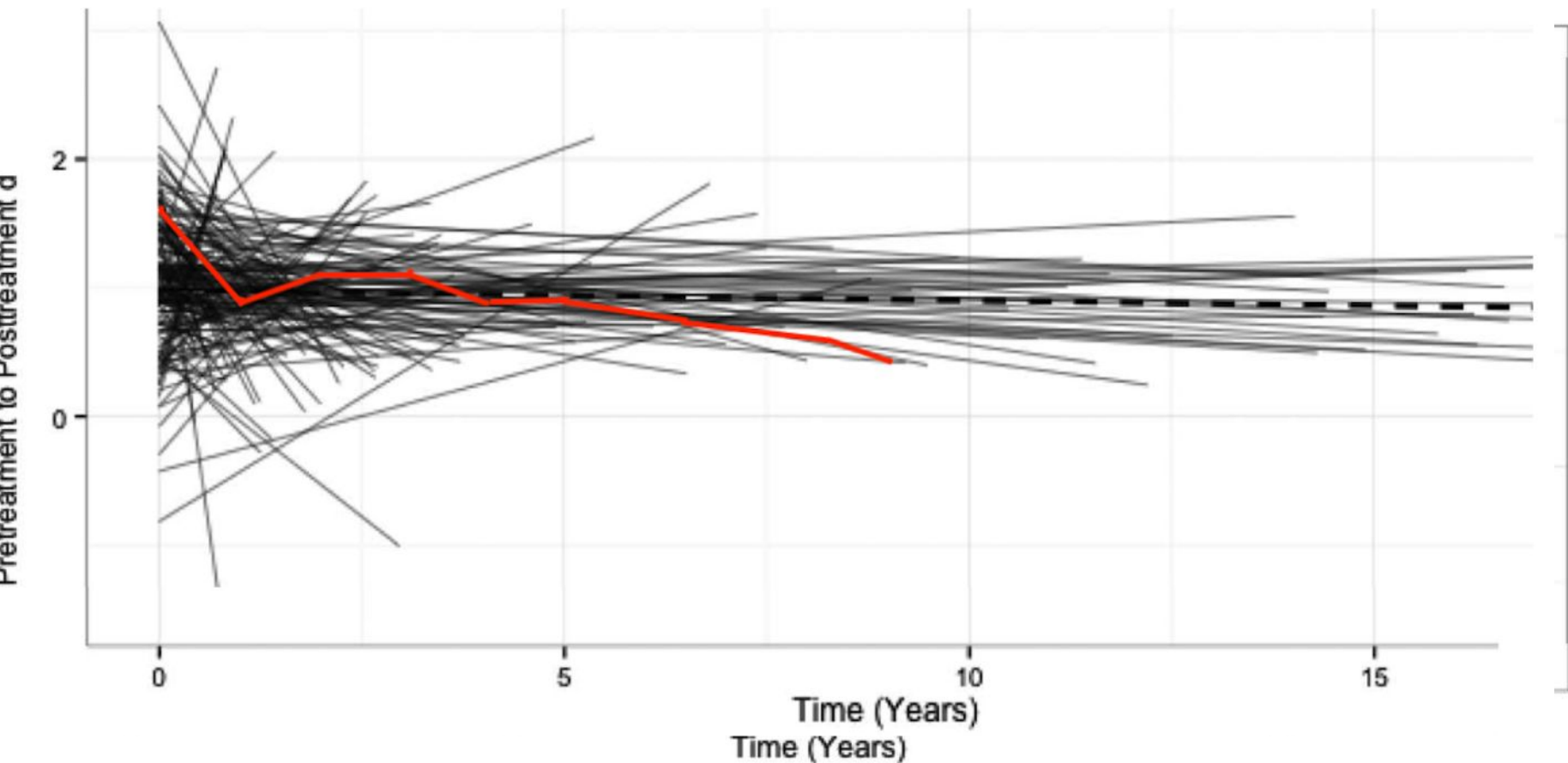


David Kolb's Learning Cycle (1984) - educational researcher

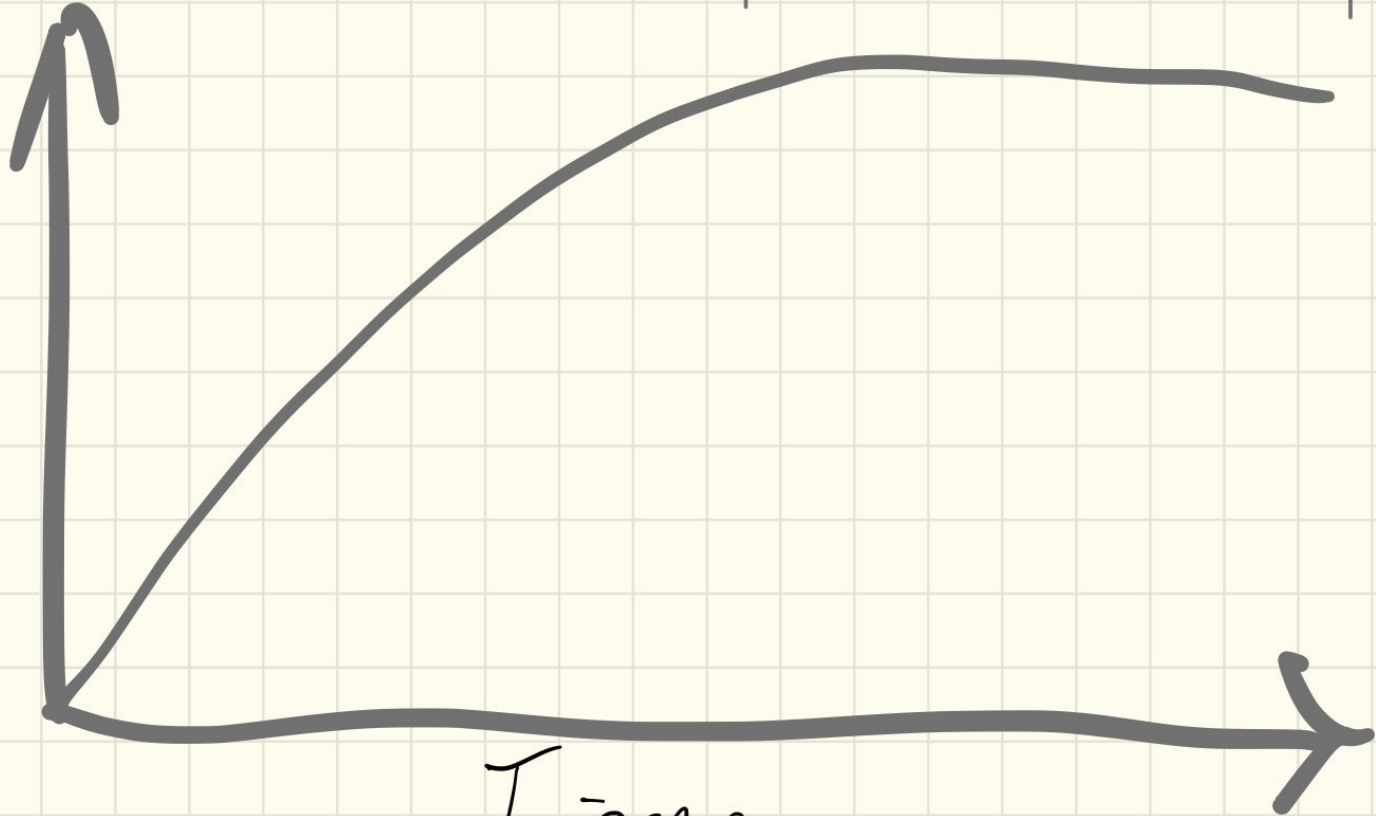
# Pitfalls of Reflective Practice



# Outcomes Each Year

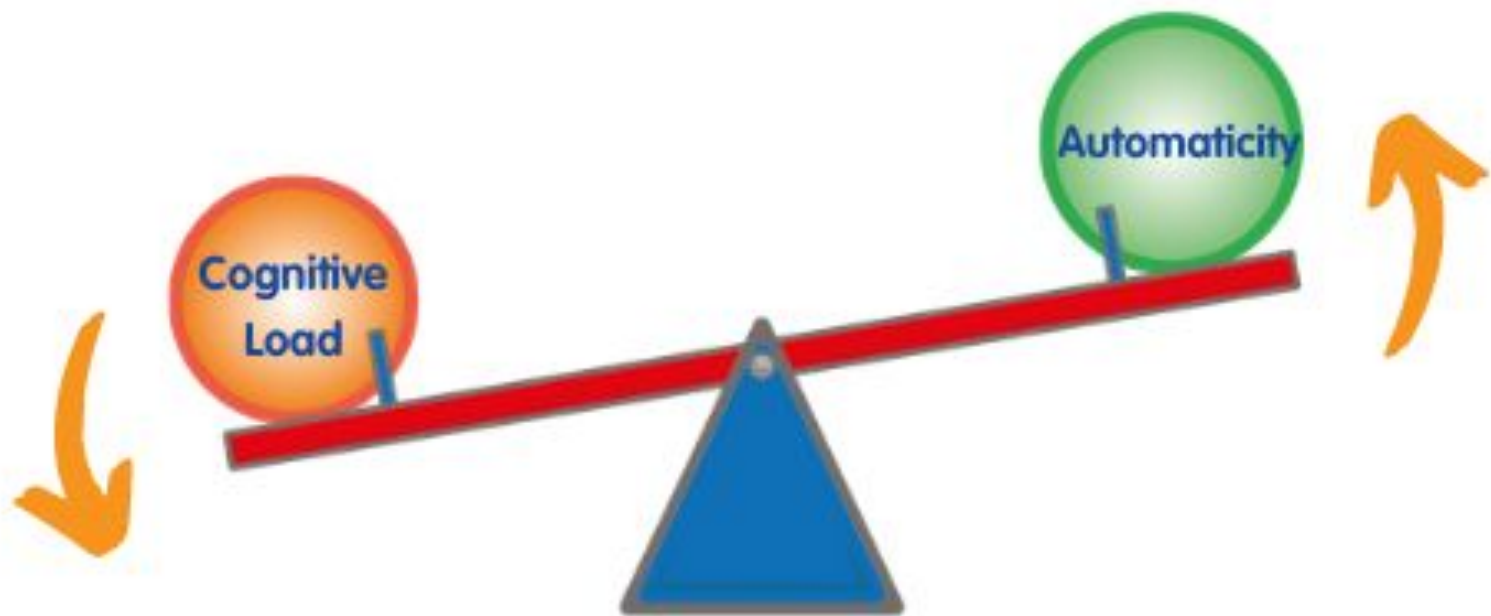


Performance



Automaticity

Time

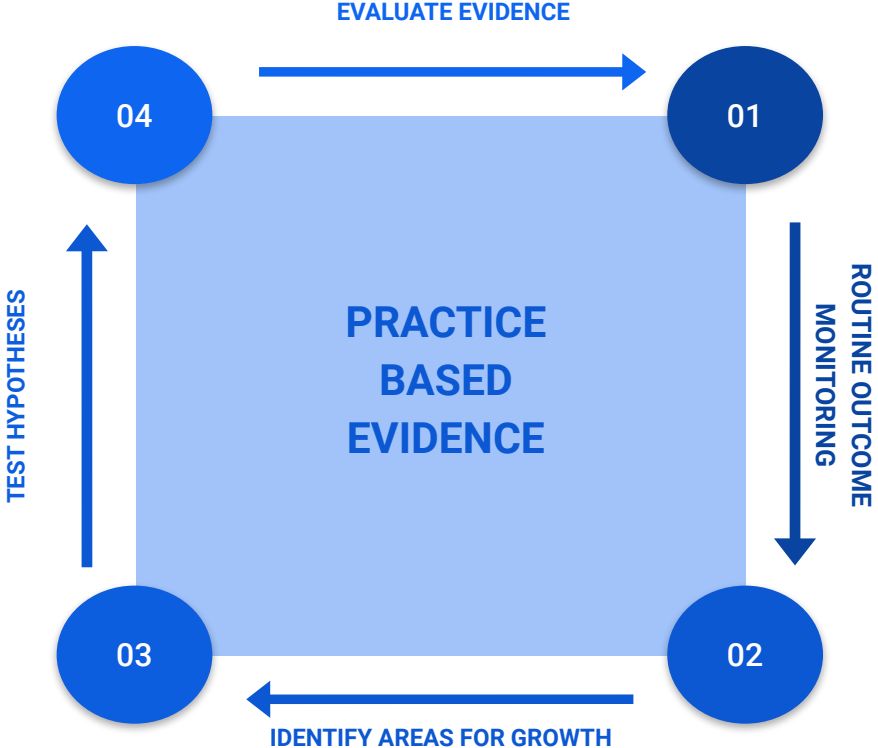


# Being Critical of Ourselves - And Fair

- Learning about your strengths and weaknesses gives you new information.
- Professional self-doubt gives us the gift of curiosity.
- Surround yourselves with curious and forever learning colleagues.
- Question your APPROACH but never your value.
- Get supportive AND critical supervision



# Evidence Based Practice vs Practice Based Evidence



# FOUNDATION PSYCHOLOGY TREATMENT OUTCOMES

REPORT

This report demonstrates the benefit that patients received while attending our service.

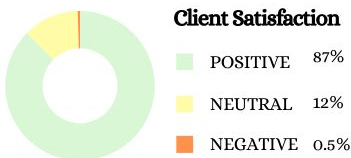
**Aim:** Foundation Psychology is a private practice in Melbourne. We sought to quantify the benefit that patients received while attending our service.

**Method:** Adult clients were administered the Depression Anxiety Stress Scale (DASS-21) every second session during the course of therapy by 18 psychologists. In addition, a Client Satisfaction Survey was emailed to clients post discharge.

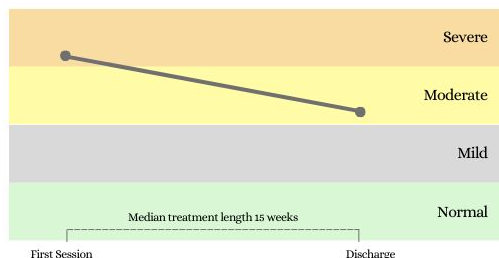
**Sample:** DASS-21 data from 2013 to 2023 consisted of 1366 episodes of care from 1198 clients. From 2021 to 2023, Client Satisfaction Surveys were received for 207 clients.

[www.foundationpsychology.com.au](http://www.foundationpsychology.com.au)

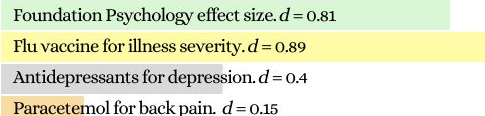
**Treatment length:** The most common treatment length was 5 to 6 weeks, with the median length being 15 weeks. Clients who attended the longest (11+ assessments) had the highest distress to start with and gained the most during treatment.



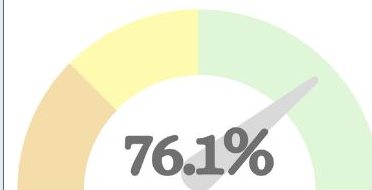
A positive experience is defined as responses of Agree or Strongly Agree on all eight survey questions.



**Effect size:** Most clients scored in the “Severe” range of distress on the DASS-21 at their first session. By discharge distress had typically reduce to the “Moderate” range. An effect size of 0.81 (Cohen’s  $d$ ) was achieved, which reflects substantial change in people’s lives. This effect size is more than five times larger than paracetamol for back pain and more effective than antidepressants for depression.



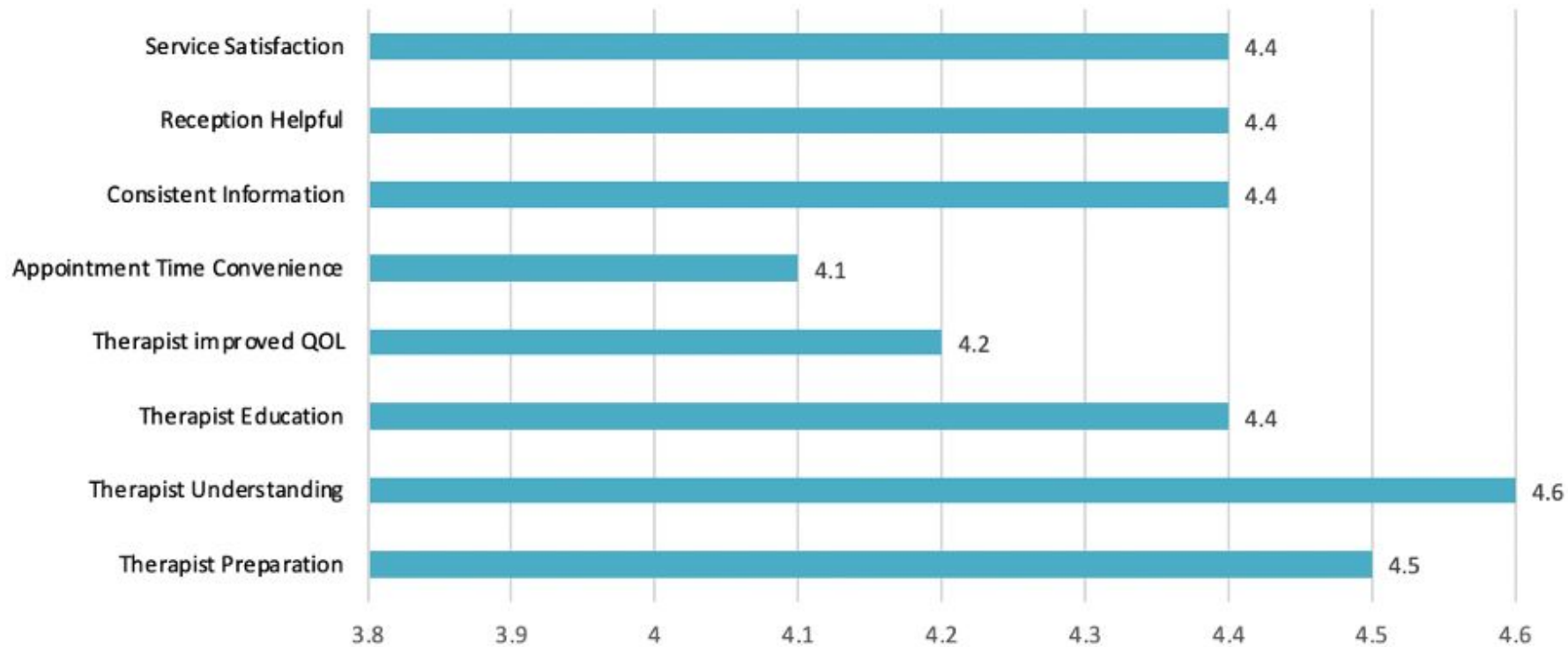
**Impact:** 76% of clients had a reduction of symptoms as measured by the DASS-21 over the course of therapy. Using the reliable change index, 49% were classified as significantly improved and 6.5% deteriorated.



**Conclusion:** Clients receiving psychological therapy at Foundation Psychology typically have a reduction in symptoms. Higher distress at intake was associated with longer engagement. The effect size was in line with published research and the vast majority of clients were satisfied with their experience.

Data analysis by NovoPsych.com.au

## CLIENT SATISFACTION



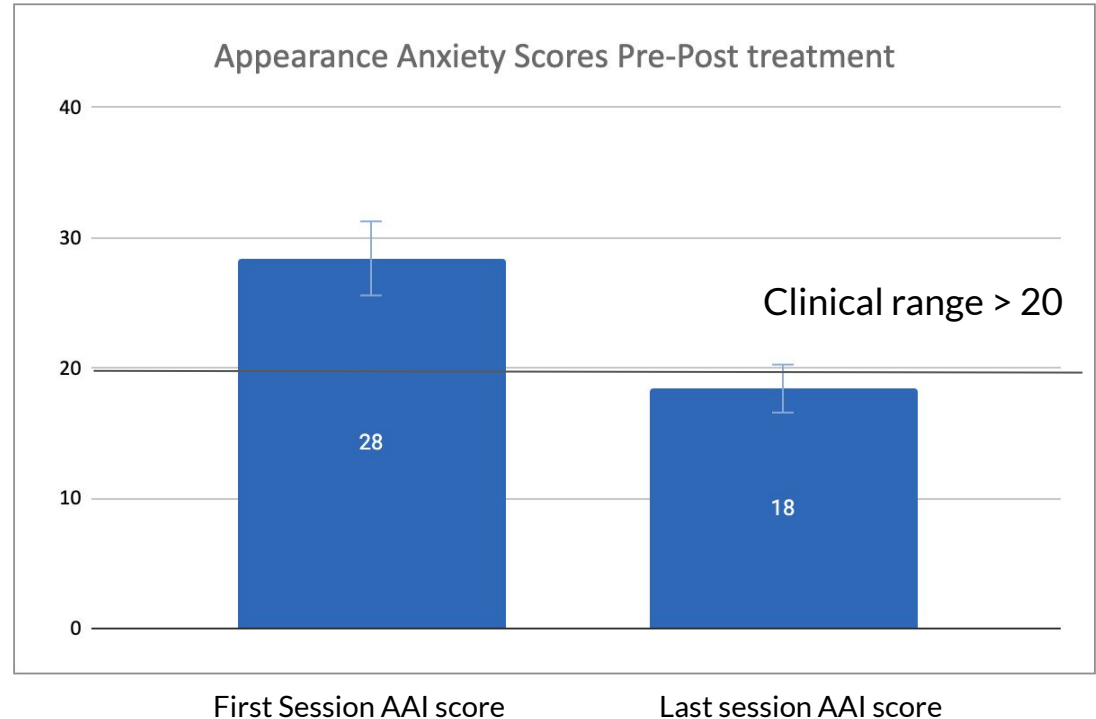
# Treatment Response Practice-Based Evidence for Body Dysmorphic Disorder (BDD)

Administered the Appearance Anxiety Inventory every second session to all clients presenting with BDD, from March 2018 to May 2021  
36 clients included in analysis


## Results

- Mean of 28 at start of treatment, and 18 at end of treatment
- 69% Reliably improved
- 0% Deteriorated
- 31% had no reliable change
- Cohen's  $d$  of 1.24

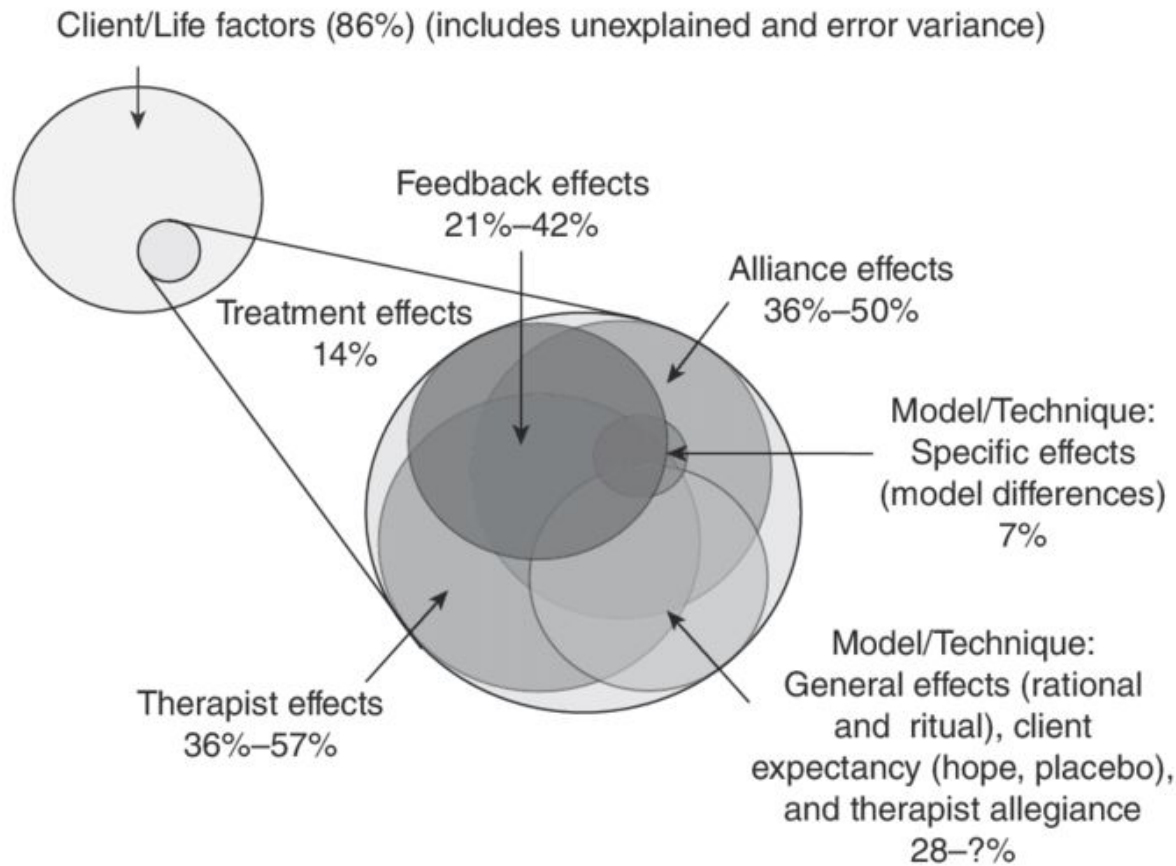
Effect size is higher than published research (Cohen's  $D = 1.22$ , *Harrison et al, 2016*). Meta-analysis found 40% to 50% respond to CBT, whereas current data found 69%



# Plans Suitable for Individual Practitioners, Large Practices and Agencies.

<b>Pro</b> For Individual Practitioners	<b>Pro + Insights</b> For Advanced Practitioners	<b>Practice Plan</b> For Practices with Multiple Practitioners	<b>Practice Plan + Insights</b> For Feedback Informed Practices
 <b>\$ 25</b> Monthly, \$300 paid annually	<b>\$ 60</b> Monthly, \$720 paid annually	<b>\$ 80</b> Monthly, \$960 paid annually	<b>\$ 200</b> Monthly, \$2400 paid annually
✔ Access to Over 100 Assessments	Everything in Pro, plus:	Everything in Pro, plus:	Everything in Practice, plus:
✔ Instant Scoring and Metrics	✔ Data Analytics - Insights	✔ Central control over users & patients	✔ Data Analytics - Insights
✔ Graph Symptoms Over Time	✔ Caseload Summary Statistics	✔ 4 Users (Extra Users \$15 per Month)	✔ Outcome Reporting
✔ 150 Assessments Monthly	✔ 300 Assessments Monthly	✔ Unlimited Monthly Assessments	✔ Management Tools
✔ Add up to 500 Clients	✔ Unlimited Clients	✔ Unlimited Clients	✔ Additional Users from \$38 per month
<a href="#">Activate Plan</a>	<a href="#">Activate Plan</a>	<a href="#">Learn More</a>	<a href="#">Learn More</a>

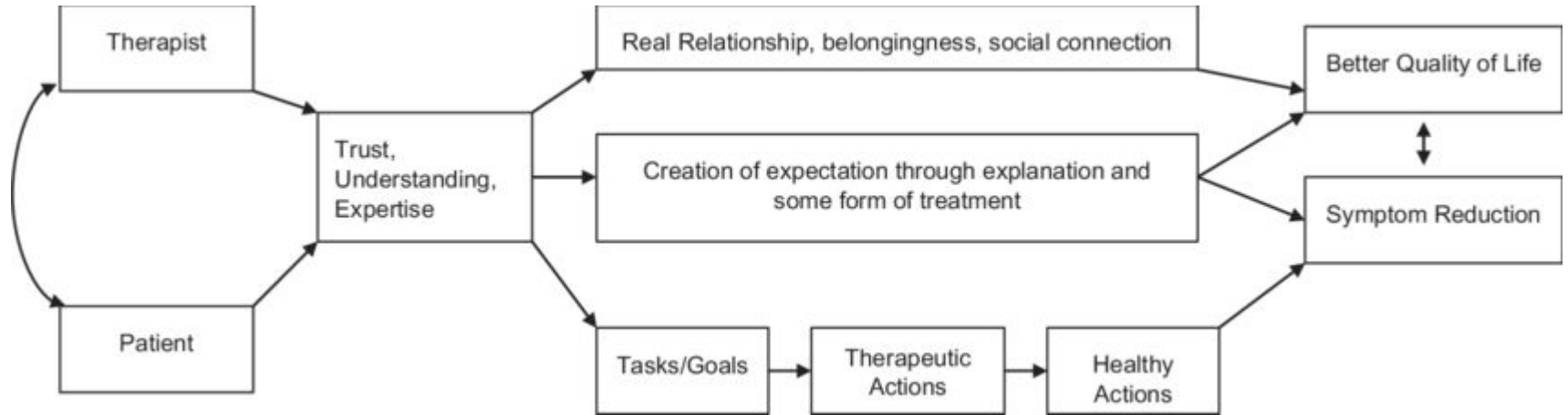
To Activate Insights email [info@novopsych.com](mailto:info@novopsych.com)



The Handbook of Humanistic Psychology: Leading Edges in Theory, Practice, and Research (2nd ed.) (pp.457-472). Edition: Second. Chapter: Chapter 29. Publisher: Sage. Editors: K. J. Schneider, J. F. Pierson, J. F.T. Bugental

Patient characteristics account for the lion's share of variability in psychotherapy outcomes, with psychotherapists by contrast, accounting for a relatively small proportion of variance (3% to 7%: Baldwin & Imel, 2013).

# The ingredients for successful therapy



Wampold & Z. Imel [2015]. The great psychotherapy debate: The evidence for what makes psychotherapy work (2 nd ed.). New York: Routledge.

# Summary


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Step back. Where are you?

The quality of **feedback** determines the quality of **learning**.







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