The Society for Clinical Child and Adolescent Psychology (SCCAP): Initiative for Dissemination of Evidence-based Treatments for Childhood and Adolescent Mental Health Problems

With additional support from Florida International University and The Children's Trust.

SOCIETY OF CLINICAL CHILD & ADOLESCENT PSYCHOLOGY

practice into science into practice

DIVISION 53

American Psychological Association

The Children's Trust

FIU Center for Children and Families

Workshop

Measuring Progress in Clinical Practice: Contextualized Feedback Systems (CFS)

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CFS Contextualized Feedback Systems®

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Statement of Potential Conflict

CFS Contextualized Feedback Systems

Disclosure of potential conflict of interest.

Vanderbilt is the owner of CFS but the presenters can receive income from CFS sales.

Workshop Overview

CFS Contextualized Feedback Systems

1. Real world need, scientific theory, and research evidence in support of measurement feedback systems
2. Integrating feedback into clinical practice
3. Relevant questions in youth psychotherapy: *Peabody Treatment Progress Battery (PTPB)*
4. Case study of the use of feedback in the treatment of a 14 yr old girl
5. Supporting successful implementation
6. Summary and conclusions

Learning Objectives

CFS Contextualized Feedback Systems

1. Summarize basic theoretical, research, and practice perspectives on the strengths and limitations of using feedback to inform practice
2. Observe demonstrations of feedback use in clinical encounters, session documentation, treatment planning, and supervision with youth and family case examples
3. Describe five strategies for integrating feedback into clinical care to improve client outcomes
4. Utilize feedback in clinical care with youth and families

Outline

CFS Contextualized Feedback Systems

1. My Personal Journey
2. Brief Introduction to CFS
3. Theories of Change
4. Six Pressing Problems
5. CFS Evaluation Results
6. Summary

What is Contextualized Feedback Systems (CFS)?

CFS - A Concurrent, Systematic Monitoring and Formative Feedback Practice Improvement Tool

Practice Without Feedback
Does Not Lead To Improvement

CFS is a Practice Improvement Strategy

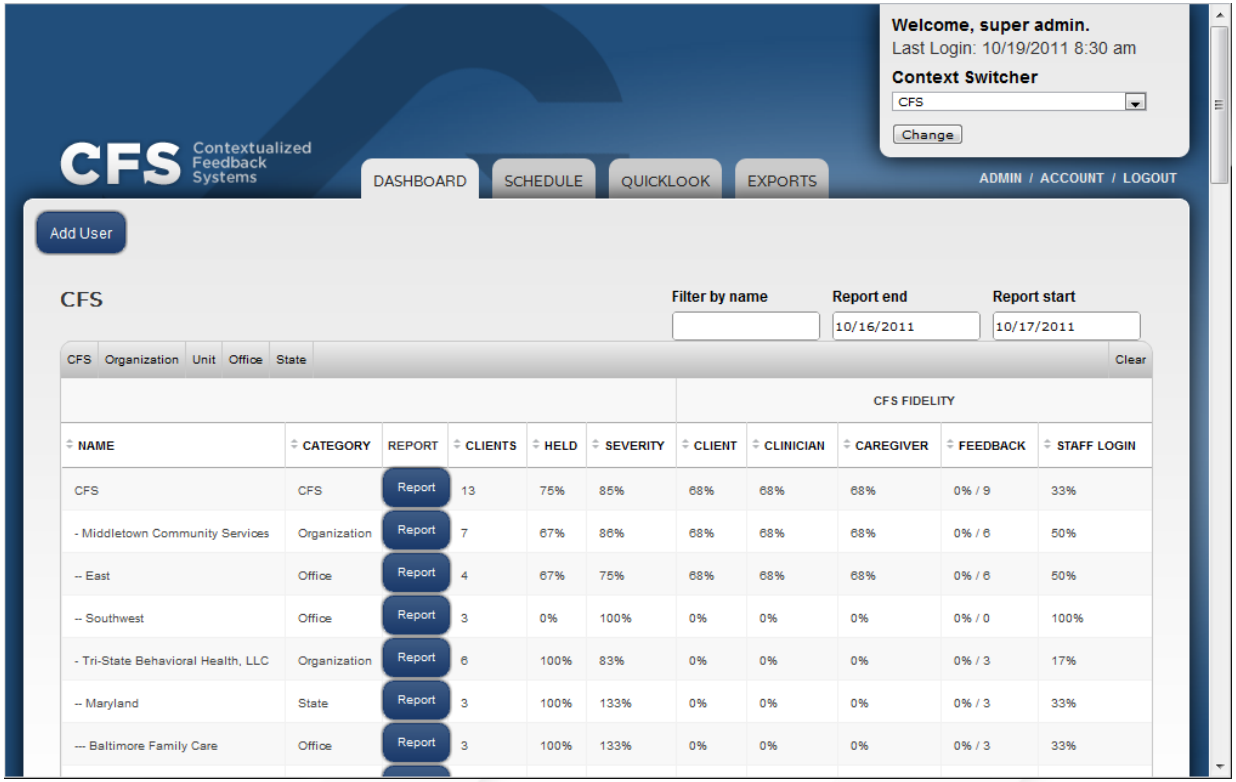
CFS Contextualized Feedback Systems

- Is part of treatment – can be completed at the close of a session or at any other time
- Is designed by clinicians to support clinicians
- Supports supervisors – helps supervisors identify areas where clinicians need extra guidance to ensure they feel confident
- Is flexible – use any measure, schedules, reports can be tailored for office workflow and QI initiatives. Not designed to support a specific measure or questionnaire
- Provides administrative and reporting functions – tools for leadership to become more successful at meeting the needs of their funders and clients

Contextualized Feedback Systems® (CFS) is:

CFS Contextualized Feedback Systems

- A real time, web based, quality improvement tool
- A result of over 15 years of research & development with grants from multiple agencies
- A measurement feedback system that assesses change as a client progresses and instantly provides feedback
- A system that enhances evidence-based practices
- The only system shown to improve youth outcomes



CFS™ can be used in any human services setting, with any measure, any number of respondents and any schedule of services

CFS Was Developed Because of Two Personal Questions

The journey that led my colleagues and I to develop CFS over the last 15 years was influenced by two questions.

Question 1. How can human services achieve similar success rates as childhood cancer treatment?

CFS Contextualized Feedback Systems

- Cure rate for some childhood cancers went from 20% to 80% in 30 years
- Most children enter a randomized clinical trial
- Almost every child treated adds to knowledge
- Every client treated should be an opportunity to learn
- Few human service agencies systematically collect information to add to scientific knowledge of how to improve services
- A major opportunity is being lost to learn how to do better

Question 2. How do we improve clinical effectiveness of systems of care?

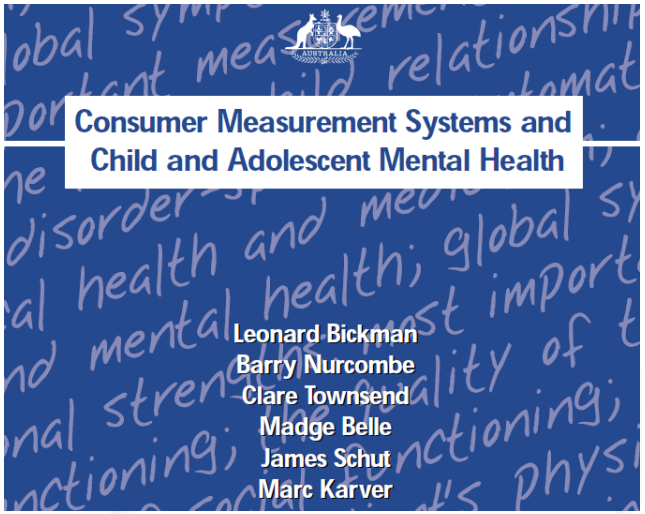
CFS Contextualized Feedback Systems

- $94 million, 5 year (1989 – 1994) demonstration funded by the U.S. Army known as the Ft. Bragg Demonstration.
- Clinical outcomes were no better in the system of care but it was more expensive than treatment as usual.
- Replicated in a RCT in Stark County Ohio.
- Findings not well received by the field but 17 years later agreement with results and need for effective "interventions, services, and supports" (Stroul, Blau, & Friedman, 2010)
- The Center for Mental Health Services has a major emphasis on the importance of continuous quality improvement, accountability, and evaluation (Stroul, Blau, & Sondheimer, 2008).

Journey to Developing CFS

CFS Contextualized Feedback Systems

- 1997 sabbatical in Australia gave me time to consolidate my thinking on an important missing ingredient in typical clinical care
- Developed a monograph for the Commonwealth that described the core of CFS
- Received first NIMH grant in 2004 for initial development and evaluation
- In 2010 received second NIMH grant to combine CFS with an another EBT – Functional Family Therapy.
- Additional demonstrations currently supported by SAMHSA and AHRQ



CFS is Theory and Evidence Based

CFS Theory of Change is on Two Levels

CFS Contextualized Feedback Systems

- The individual or psychological level
- The group or organizational level

The Psychological Approach of CFS – Motivation is Needed

CFS Contextualized Feedback Systems

CFS applies four well-established social psychological theories

Goal theory – Goal commitment, expectancies & attractiveness in its **feedback approach**

1. Cognitive dissonance theory – Feedback shows the gap between goal and reality

2. Attribution theory – Attribute cause of gap to controllable factors

3. Strength-based / self-efficacy theory – Maintains positive performance & supports learning

Strong Support for Feedback Approach

CFS Contextualized Feedback Systems

- Measurement and feedback are the core of all management and learning theories.
- Thousands of studies outside of mental health show that improvement is minimal without measuring performance and providing feedback.
- Direct feedback occupations show improvement with experience. However, clinician experience alone is not a good predictor of client outcomes.

Theory at the organizational and services levels

CFS Contextualized Feedback Systems

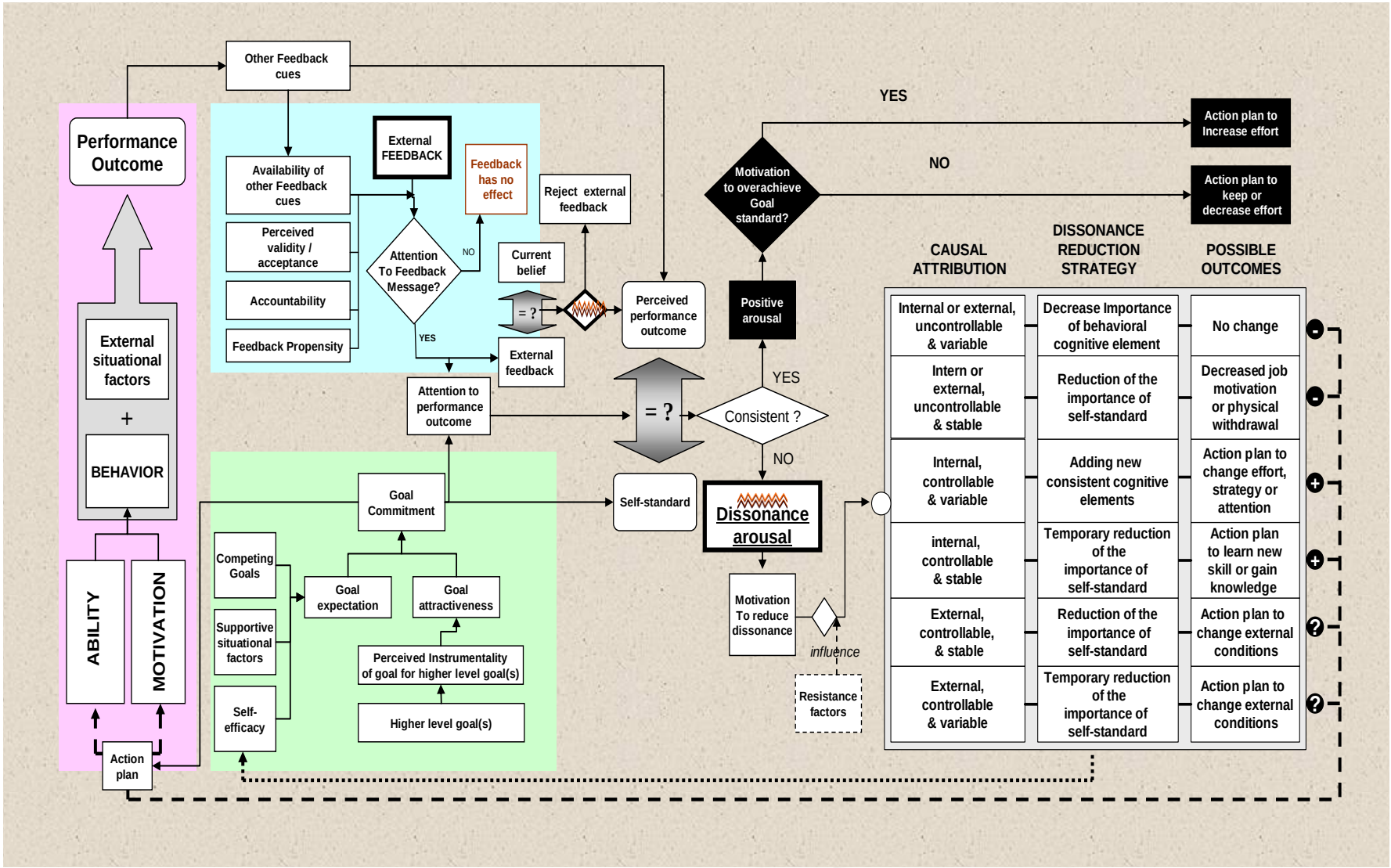
Organizational level measurement and theories are also considered: organizational learning and transformation, implementation, and leadership factors

Pre-implementation Readiness Study of culture, adaptability, leadership, organizational learning, barriers to implementation & initial perceptions of CFS

- Annual organizational survey of initial constructs plus barriers/supports, value of reports, self-efficacy, & goal commitment
- CFS connects with other evidence based treatments models by providing feedback on model specific process changes

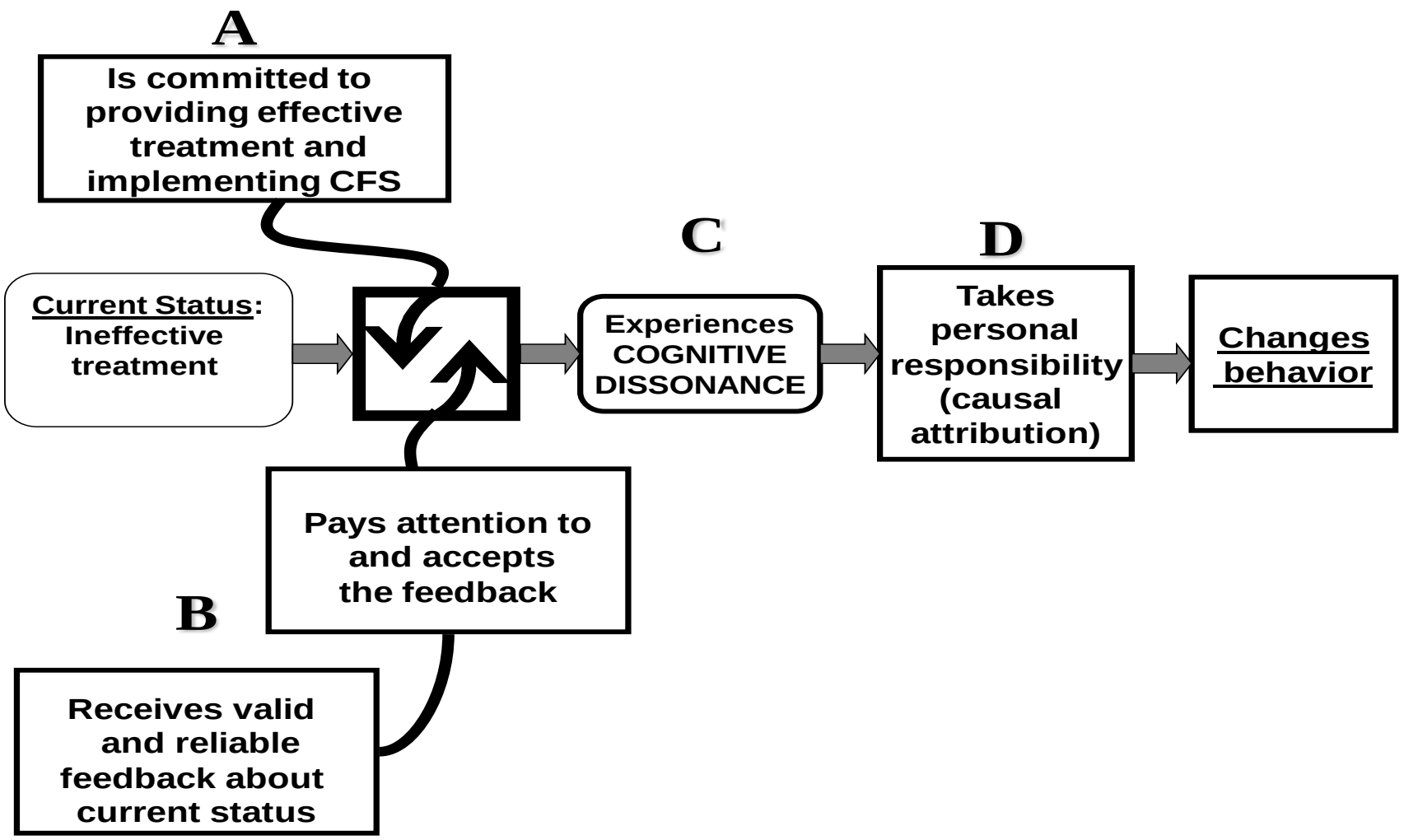
Changing Behavior is Complex

CFS Contextualized Feedback Systems

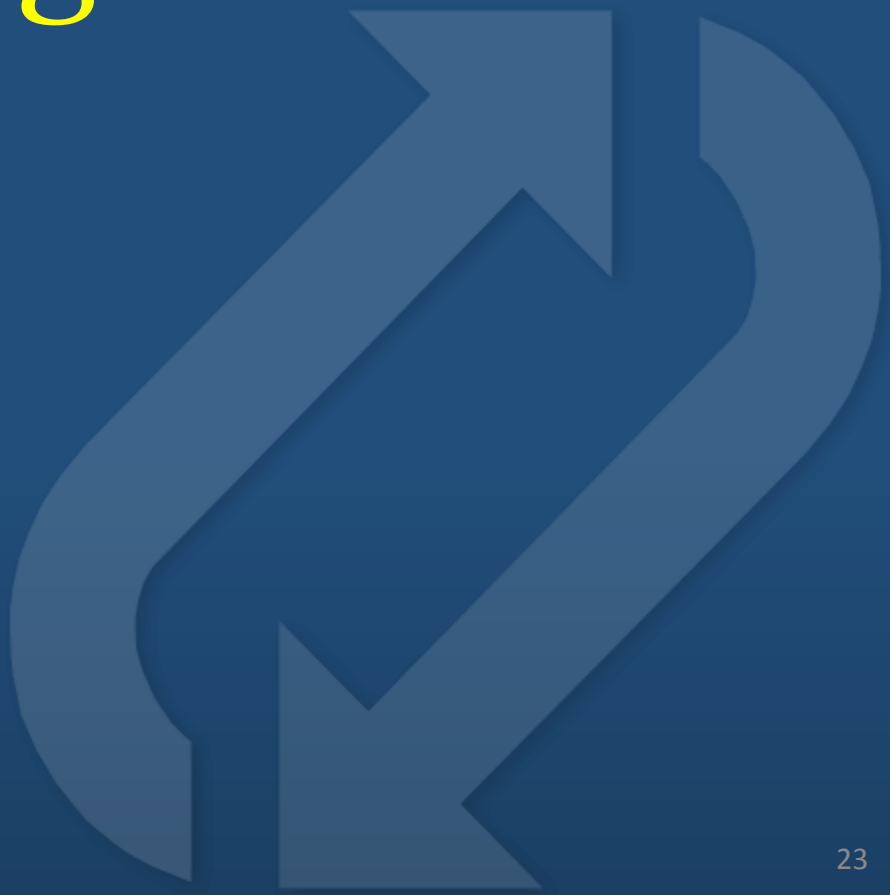


The CFS Path To Change

CFS Contextualized Feedback Systems



CFS Responds to Six Pressing Problems.



Problem 1: Inadequate quality improvement and accountability

CFS Contextualized Feedback Systems

- Changes in standards for monitoring and quality are imminent.
- Clinician experience alone is a poor predictor of client outcomes.
- No scalable way to measure effectiveness of services for funders and managers.
- Consumers do not know if the services they are receiving are effective.
- No comprehensive way to monitor implementation fidelity of most Evidenced Based Treatments (EBTs).
- Human services are priced like a commodity in a downward spiral in price

***Solution**: CFS provides and accountability measurement and feedback*

CFS Contextualized Feedback Systems

Measurement and feedback in CFS:

- are the core of all management and learning theories
- are critical to success at every level of a system from front-line staff to policymakers
- includes input from consumers and thus aids in their empowerment
- can lead to more efficient services without sacrificing outcomes
- provides consumers with access to accurate indicators of effective services,

Problem 2: *How to increase efficiency in the face of decreasing resources*

CFS Contextualized Feedback Systems

- Funds are becoming scarcer
- Substantial management inefficiencies exist
- Paperwork is time consuming and without demonstrated benefits
- Traditional management approaches are without research support - we have 19th century management in 21st century
- Baseball teams (see "Moneyball") and police departments use data to make critical decisions. Why are human services not using data?


SPECIAL ISSUE
DATA IS POWER
HOW INFORMATION IS DRIVING THE FUTURE

***Solution**: CFS promotes efficiency through automation and relevant data*

CFS Contextualized Feedback Systems

- CFS uses information from multiple sources and does not depend on detailed notes and guesswork
- CFS can reduce paperwork
- CFS evaluates the impact practices and policies
- CFS can increase the efficiency of human resources
- CFS automates information gathering, analyses and communication using modern technology

Problem 3: *Lack of knowledge and difficulty in translating research into practice*

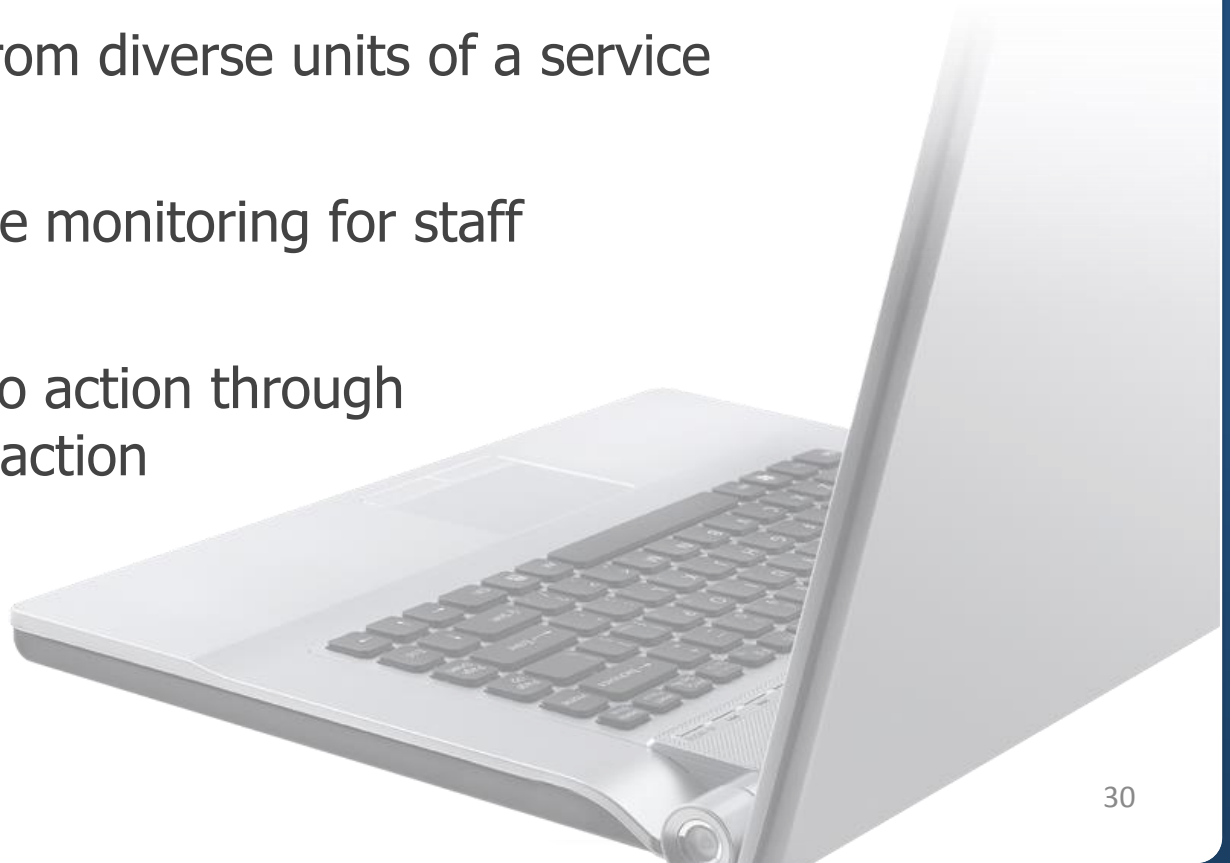
CFS Contextualized Feedback Systems

- What works with whom?
- Current researchers and research funds cannot fill the gap
- We need methods to learn from each client served
- We have had limited success translating research findings for use in real-world service environments

Solution: *CFS can transform providers into learning organizations – practice based research*

CFS Contextualized Feedback Systems

- Utilizes sophisticated software that provides information that is immediately useful
- Uses most devices with an Internet connection
- Customizes information collected
- Gathers information from diverse units of a service provider organization
- Provides administrative monitoring for staff support
- Translates findings into action through visual alerts for quick action by users



Problem 4: How to optimize & individualize treatment

CFS Contextualized Feedback Systems

- Individualized medicine is needed in mental health.
- Wide variation in effectiveness among clinicians. Which clinicians work best with what types of problems and clients?
- Evidence-based treatments, effective in the development lab:
  - Lose up to 50% of their effect when implemented in community settings
  - These reductions persist despite the development of model specific adherence or fidelity measures
  - We need additional information concurrent with treatment that measures changes in key process variables.

Solution: *CFS gives the power to individualize*

CFS Contextualized Feedback Systems

- CFS empowers clinicians with the information needed to individualize service delivery,
- CFS allows EBTs to individualize the manual based clinical protocol and "fit" it to clients
- CFS provides EBTs with a continuous quality improvement tool
- CFS provides a comprehensive way to promote the continual evolution of EBT's

Problem 5: *Lack of tools to ameliorate previous problems that boundaries*

CFS Contextualized Feedback Systems

- Problems are similar across different disciplines and agencies
- Staff are similar in their training and background
- Many clients are served in different systems at the same time
- No easy way to share data between and among agencies and units in agencies

***Solution**: CFS is flexible, customizable & dynamic*

CFS Contextualized Feedback Systems

- Can be used by any organizational structure in any type of agency
- Allows the use of any questionnaire or form
  - Multi-lingual support
  - Our mental health measures (PTPB) are provided at no cost
  - Uses any schedule of service provision, daily, weekly or unscheduled on-the-fly sessions
- Produces customized reports that include benchmarks set by the organization

Problem 6: Clinicians are not omniscient

CFS Contextualized Feedback Systems

- More than 3/4 of child-parent-therapist triads had no consensus on a single problem after the first session
- No significant correlation between standardized measures and clinicians' perceptions of progress
- Clinicians had difficulty detecting worsening of symptoms and functioning over the course of treatment
- Chance Agreement on Level of Care Assignment of youth among clinicians in a SOC
- Clinicians poorly estimate how youths and caregivers rate therapeutic alliance with them
- Clinicians overestimate the degree of agreement between youths and caregivers on how they would rate the alliance with the clinicians
- Not one of 143 clinicians rated him or herself below average and 2/3 gave themselves A or better on how good a clinician he or she is

Solution: CFS Provides Accurate Feedback to Clinicians and Supervisors

CFS Contextualized Feedback Systems

- CFS provides clinicians with immediate feedback on problems as the caregiver and youth see them
- Clinicians get feedback on the severity of problems and other outcomes as caregivers and youths define them
- CFS has built in visual alerts to let clinicians know if they are missing issues raised by caregivers or youths
- CFS reminds clinicians if they are not discussing important issues raised by caregivers or youth
- Alliance rating feedback is provided to clinicians from all participants for each session and over time in one simple graph.
- Supervisors can provide feedback to clinicians on how well they are performing compared to other clinicians

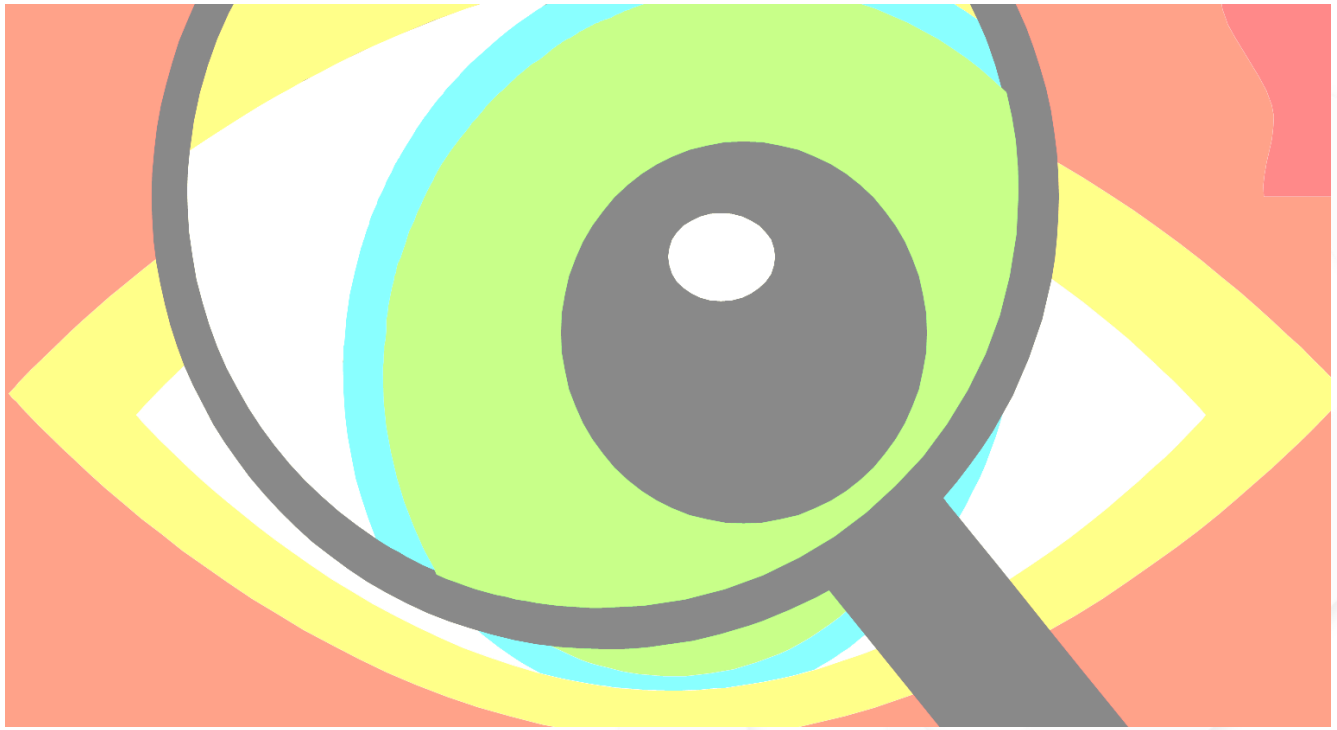
CFS is applicable to the six pressing problems

CFS Contextualized Feedback Systems

- CFS provides a quality improvement method that can result in greater accountability
- CFS can increase provider efficiency in the face of decreasing resources
- CFS can increase our knowledge of what works for whom and translate research findings into practice
- CFS provides accurate, relevant and timely feedback from caregivers and youths
- CFS is designed to be integrated with other evidence based treatments and provides the information needed to individualize treatment
- CFS is a tool designed to ameliorate those problems, especially for uses that cross disciplinary or agency boundaries

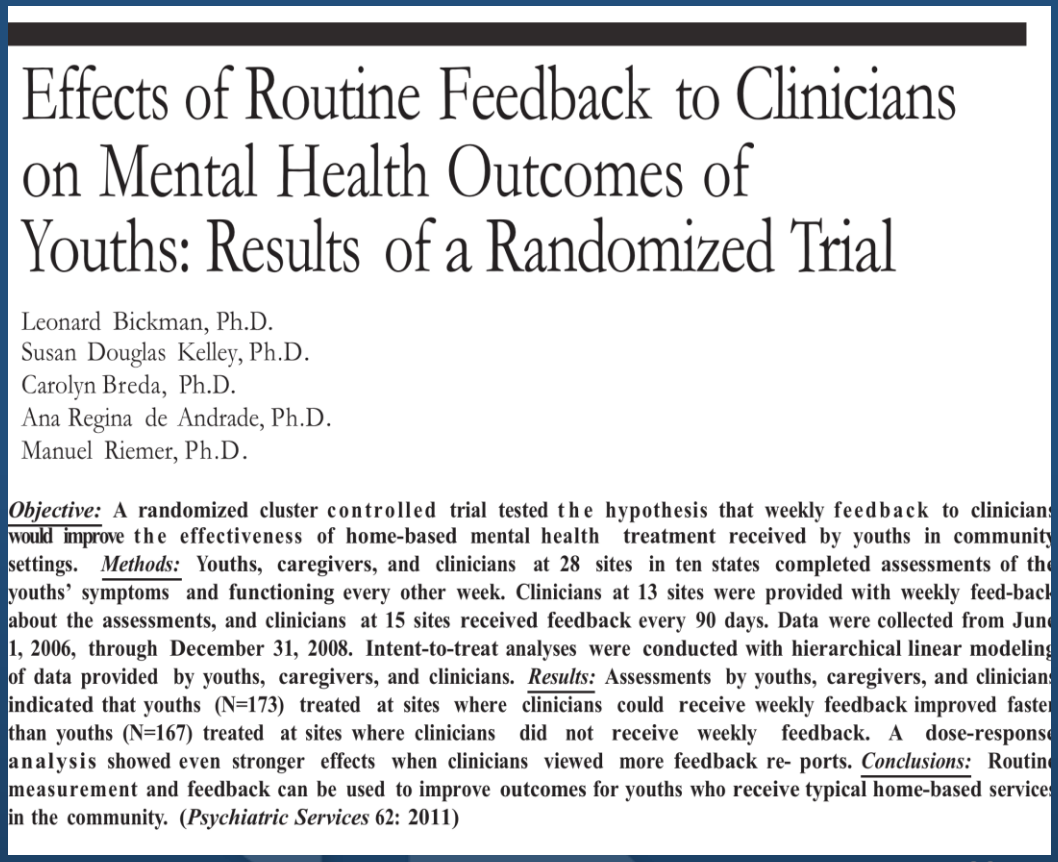
The Evaluations

CFS Contextualized Feedback Systems



The Evaluation of CFS Version 1

December 2011 issue of Psychiatric Services: *The only feedback system for youth of demonstrated effectiveness*



Effects of Routine Feedback to Clinicians on Mental Health Outcomes of Youths: Results of a Randomized Trial

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Carolyn Breda, Ph.D.
Ana Regina de Andrade, Ph.D.
Manuel Riemer, Ph.D.

Objective: **A randomized cluster controlled trial tested the hypothesis that weekly feedback to clinicians would improve the effectiveness of home-based mental health treatment received by youths in community settings.** ***Methods:*** **Youths, caregivers, and clinicians at 28 sites in ten states completed assessments of the youths' symptoms and functioning every other week. Clinicians at 13 sites were provided with weekly feed-back about the assessments, and clinicians at 15 sites received feedback every 90 days. Data were collected from June 1, 2006, through December 31, 2008. Intent-to-treat analyses were conducted with hierarchical linear modeling of data provided by youths, caregivers, and clinicians.** ***Results:*** **Assessments by youths, caregivers, and clinicians indicated that youths (N=173) treated at sites where clinicians could receive weekly feedback improved faster than youths (N=167) treated at sites where clinicians did not receive weekly feedback. A dose-response analysis showed even stronger effects when clinicians viewed more feedback re- ports.** ***Conclusions:*** **Routine measurement and feedback can be used to improve outcomes for youths who receive typical home-based services in the community. (*Psychiatric Services* 62: 2011)**

Research Design

CFS Contextualized Feedback Systems

- Randomly assigned 28 sites in 10 states to weekly feedback or no weekly feedback conditions to test if CFS feedback improves outcomes
- Participants were 356 youths, 432 caregivers & 167 clinicians with 1500 sessions
- The largest national provider of in-home services in U.S.

CFS Contextualized Feedback Systems

1.

CFS affects clinician behavior

The more reports viewed by the clinician, the more often "alert" topics addressed in future sessions

CFS Contextualized Feedback Systems

2.

CFS improves clinical outcomes

Youth whose clinicians received feedback improved significantly faster according data from the clinician, youth and caregiver respondents

CFS Contextualized Feedback Systems

3.

CFS has a dose-response relationship between implementation and clinical outcomes

The better the implementation by the clinician the faster the clinical improvement

The Evaluation of CFS Version 2

Implementation is Critical – A Tale of Two Sites

Research Design

CFS Contextualized Feedback Systems

- Youths were randomly assigned to treatment groups within each site. Two Sites: Red Hook & Tilden
- Participants were 257 youths, 243 caregivers & 31 clinicians with 2702 sessions
- Large provider of child and adolescent mental health services in New York State.
- Random assignment was at the client level within each site
- Each site considered separately

CFS Contextualized Feedback Systems

1.

CFS improves clinical outcomes Only at Red Hook

Youth whose clinicians received feedback on them improved significantly faster according data from the clinician

CFS Contextualized Feedback Systems

2.

Implementation significantly better at Red Hook.

Clinicians completed a higher percentage of questionnaires and viewed a higher percentage of reports

CFS Contextualized Feedback Systems

3.

CFS has a dose-response relationship between feedback viewing and clinical outcomes at Red Hook

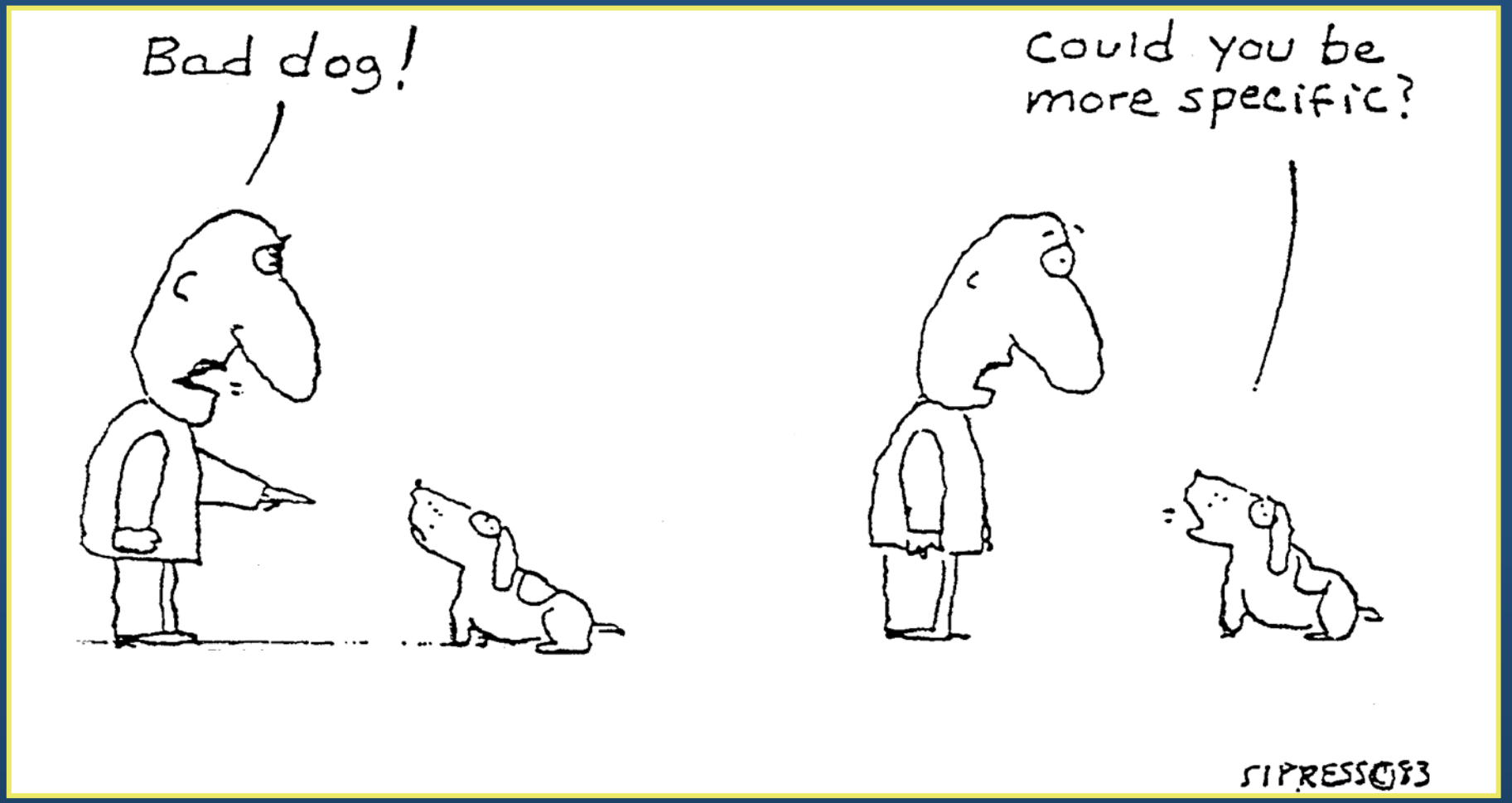
The better the implementation by the clinician the faster the clinical improvement rated by clinician and caregiver

Plans

CFS Contextualized Feedback Systems

- Version 3 is being tested in a large NIMH supported randomized trial combining CFS with Functional Family Therapy (Sexton)
- Version 4 is in development that will offer additional features such as business analytics, predictive modeling, online analytic processing (OLAP) as well as tie to social media.
- CFS supports provider initiated research, collaboration and quality improvement through its built in random assignment procedures and ease of introducing new measures.
- CFS is extremely flexible and customizable – use one or multiple measures, respondents, schedules and reports.

But Feedback is Still in the Early Stages of Development




ENGAGE
MEASURE
ANALYZE
TREAT
LEARN
CFS
Contextualized
Feedback
Systems

Integrating feedback into clinical practice

Outline

CFS Contextualized Feedback Systems

1. Why feedback?
2. How does CFS work?
   - Secure and automated process
   - Dashboard driven to facilitate workflow
   - Evidence-based clinical feedback
3. Why CFS: What can CFS do for you?
   - Clients and caregivers
   - Clinicians and supervisors
   - Agencies

What Type of Feedback do you Receive in your Everyday Life?

In your Professional Life?

54

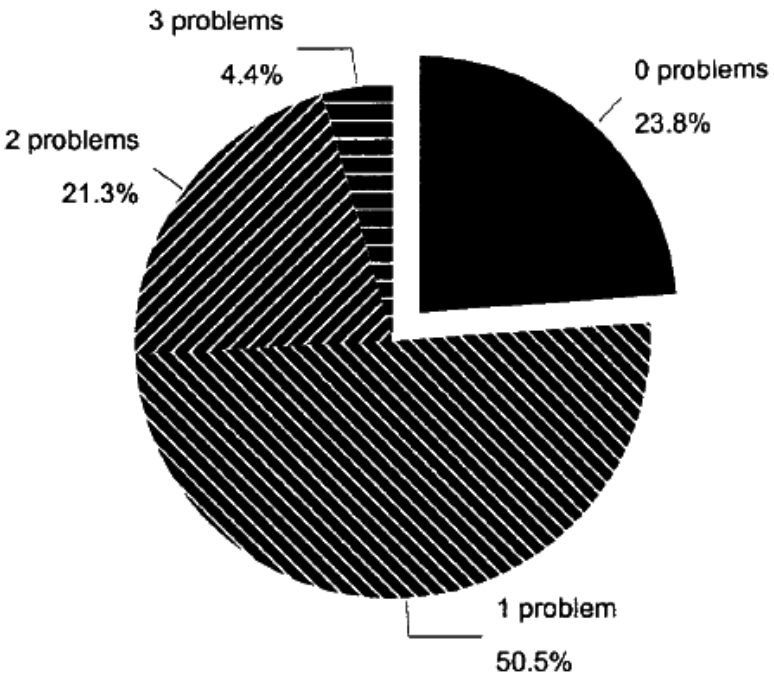
Little Accuracy About Client Progress

CFS Contextualized Feedback Systems

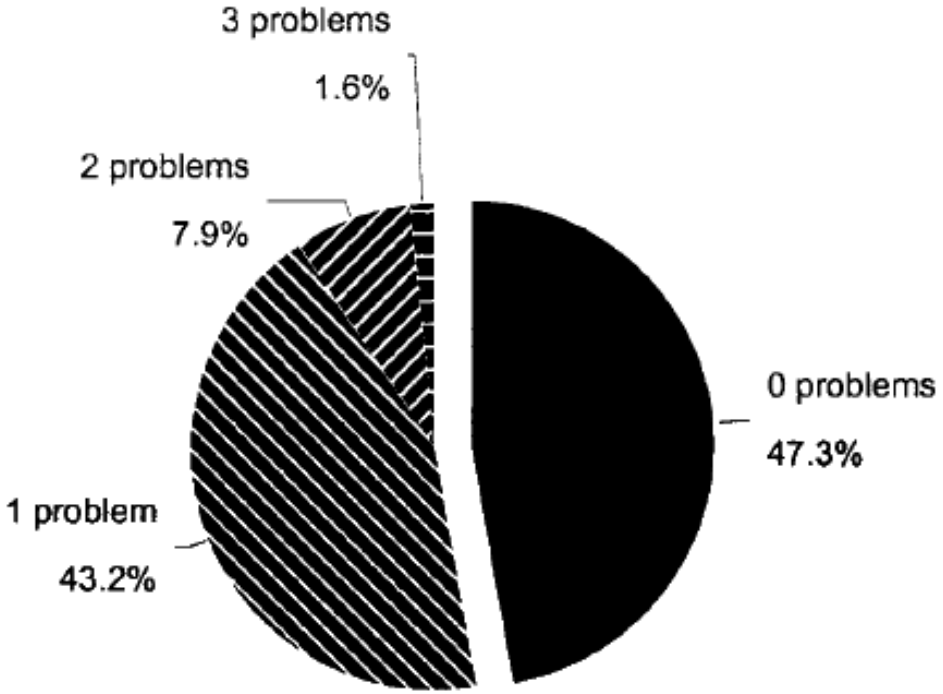
- No correlation between standardized measures and clinicians' perceptions of progress (Love et al., 2007)
- Difficulty predicting and detecting worsening of symptoms and functioning over the course of treatment (Hannan et al., 2005; Hatfield et al., 2009)
  - Yet when asked how they would know if clients deteriorated, 89% of clinicians said they would know based on their clinical judgment

Little Agreement About the Focus of Treatment

CFS Contextualized Feedback Systems



Parent-Therapist Agreement



Child-Therapist Agreement

Number of target problems agreed on by parents and therapists, and children and therapists.

Hawley, KM & Weisz, JR. (2003). Child, parent, and therapist (dis)agreement on target problems in outpatient therapy: The therapist's dilemma and its implications. J Consult Clin Psych, 71(1), 62-70.

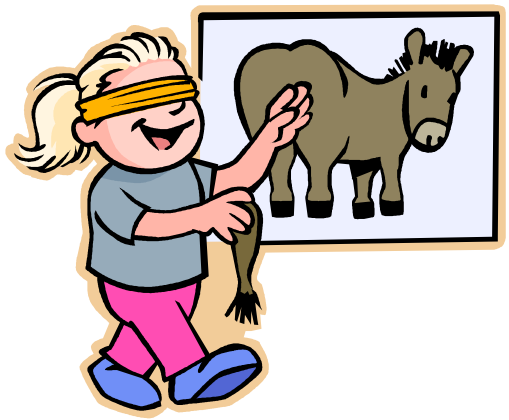
Clinical Intuition and Regulations are not Sufficient

CFS Contextualized Feedback Systems

- Fifty years of research does not support relying only on clinical judgment for effective practices
- Reliance on other standards of putative quality such as licensing and accreditation also retard development of effective services
- This dependency contributes to the poor outcomes of treatment in community settings

Why CFS?

CFS Contextualized Feedback Systems



"Improving personal and organizational performance without constant feedback is like trying to pin the tail on the donkey when we're blindfolded. Only through knowing where we are, can we change where we are going."

- from Jim Clemmer's article, "Don't Wait to See the Blood"

What is MFS?

CFS Contextualized Feedback Systems

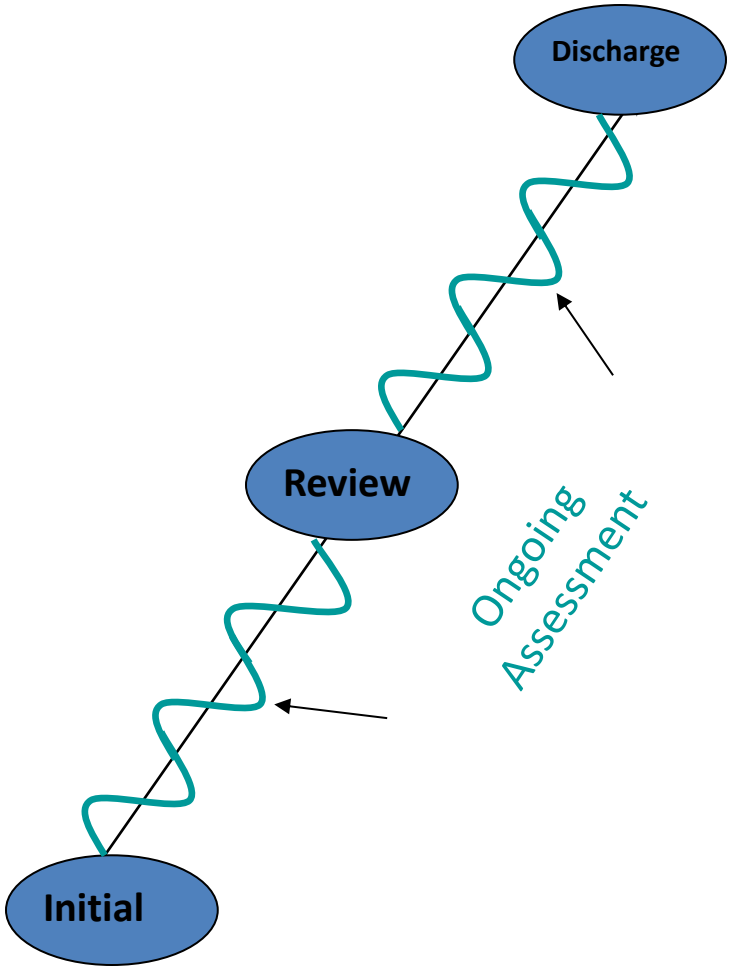
A measurement feedback system (MFS) is:

- Administered frequently
- Concurrent with treatment
- Provides rapid, useful and objective feedback
- Includes clinical processes, contexts, and outcomes
- Uses digital technology

How do you learn about your clients?

CFS Contextualized Feedback Systems

- Process of ongoing assessment
- Begins at the initial assessment and is an ongoing process- not an outcome
- Requires continuous review. It is a guide to direct your everyday interactions with the youth and caregiver
- Builds on intake information to continually inform discharge planning in treatment



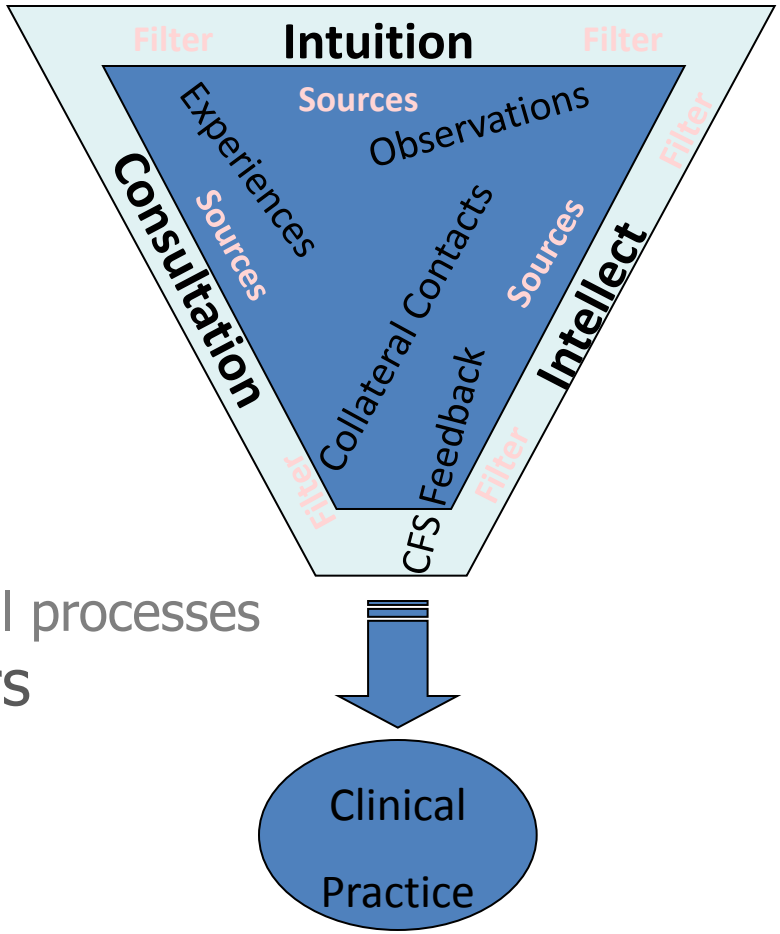
What kinds of information do you use for ongoing assessment?

CFS Contextualized Feedback Systems

- Your experiences with and observations of the youth's and caregiver's
  - Energy
  - Tone
  - Mood
  - What they are saying
  - What they are not saying
- Your conversations with collateral contacts
  - Teachers
  - Psychiatrists
  - Other counselors
  - Case managers
  - Other
- Your CFS questionnaires and feedback reports
  - Client
  - Caregiver
  - Clinician

How Do You Filter All That Information?

- Your *intellect*
  - Educational knowledge
  - Formal and informal training
  - Direct practice with clients
  - CFS feedback reports
- Your *intuition*
  - Sixth sense
  - Perceptive insights
  - Knowing without the use of rational processes
- Your *consultation* with supervisors
  - Fresh perspective
  - Space that promotes reflection
  - Safe place to process

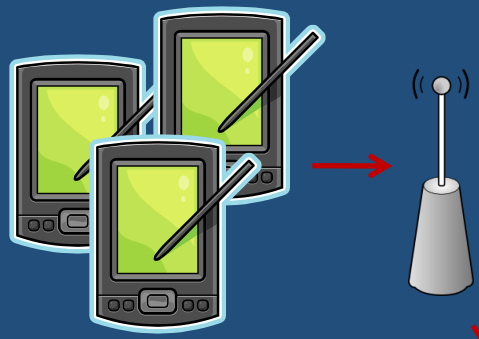


How Does CFS Work? A very brief introduction

VERSION 3.0

CFS uses cutting edge technology as well as paper and pencil

Clients and caregivers complete questionnaires using a computing device or paper-and-pencil



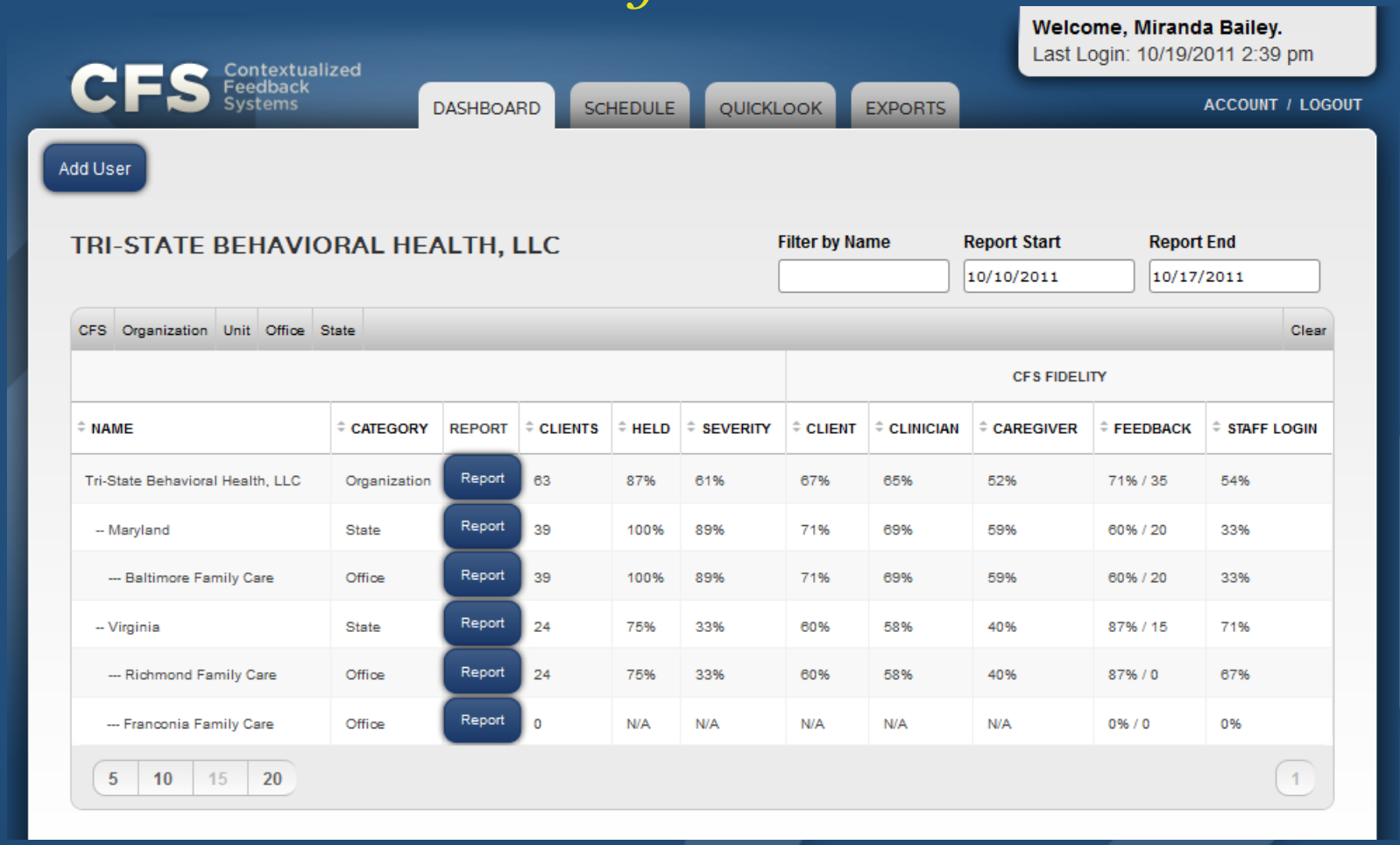
Secure database stores processed data

Clinicians complete questionnaires and other documentation on the computer

Questionnaires are scheduled automatically

Reports are generated on paper or Web site for use in clinical sessions, treatment planning, and supervision

CFS is a Dashboard-Driven System

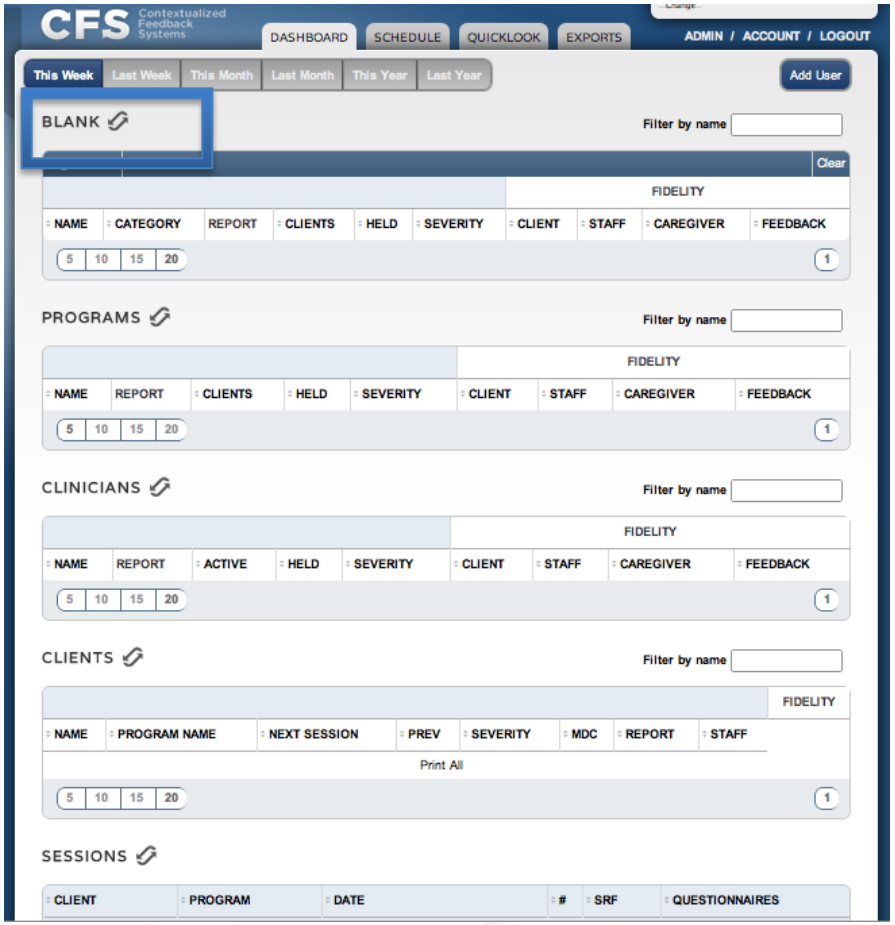


- Organized to show information and actions relevant to the user's workflow
- Easily see vital information at a glance
- Quickly reach more detailed information

Dashboard organization is designed for easy use

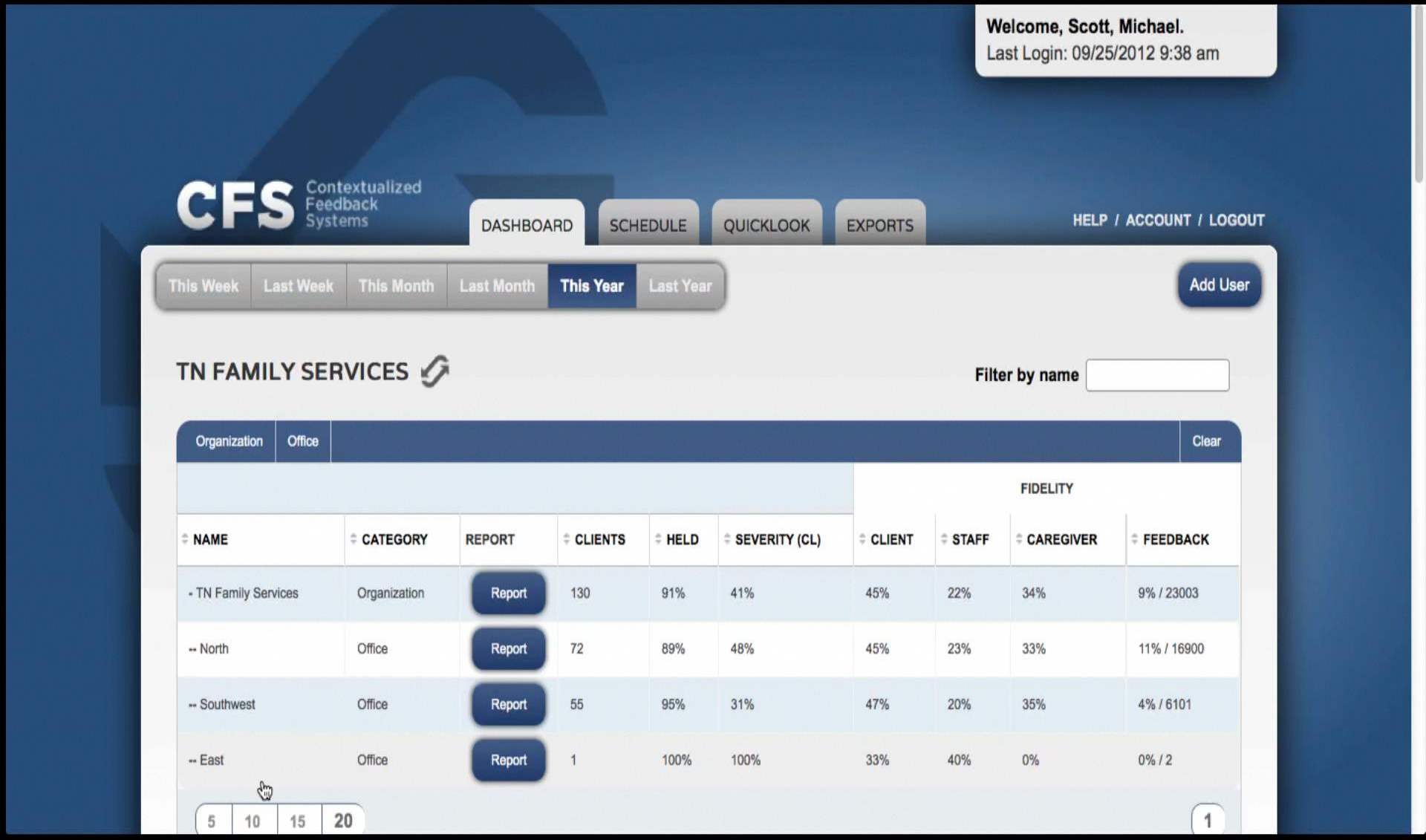
CFS Contextualized Feedback Systems

- Separate tables contain information for:
  - Organizational hierarchy
  - Programs
  - Clinicians
  - Clients
  - Sessions
- Look at data the way you want
  - Choose different time periods
  - Sortable columns within tables
  - Filtering across tables



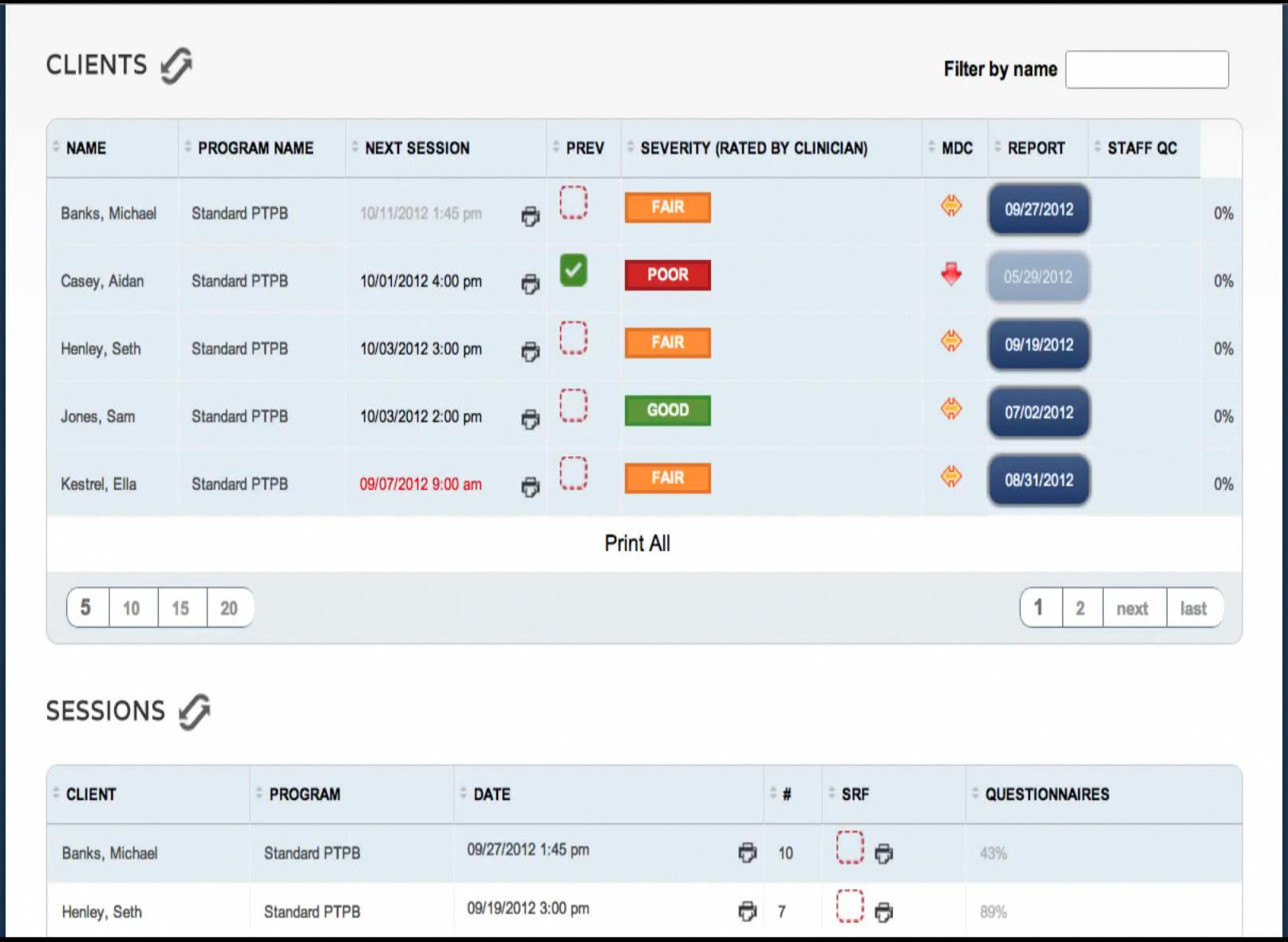
Director Dashboard

CFS Contextualized Feedback Systems



Clinical Dashboard

CFS Contextualized Feedback Systems



Clinical Feedback Report – bullet charts

CFS Contextualized Feedback Systems

Features:

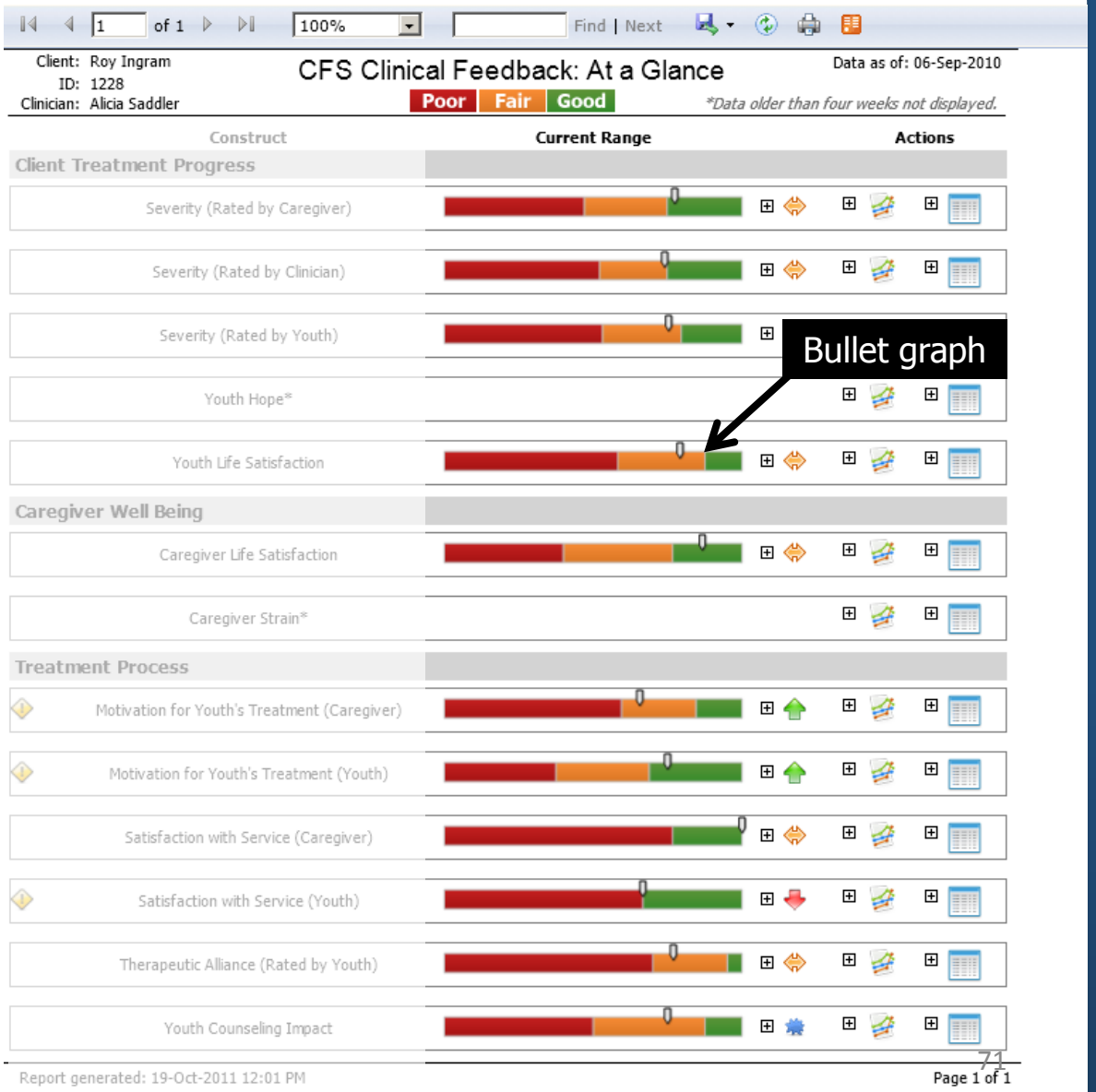
- Bullet Charts provide a visual representation of the clients current score against the benchmarks
- Color scheme is intuitive and it is easy to interpret red, yellow, green
- Quickly assess areas of concern visually. The picture tells the story.

Improved

Declined

No change

No previous score

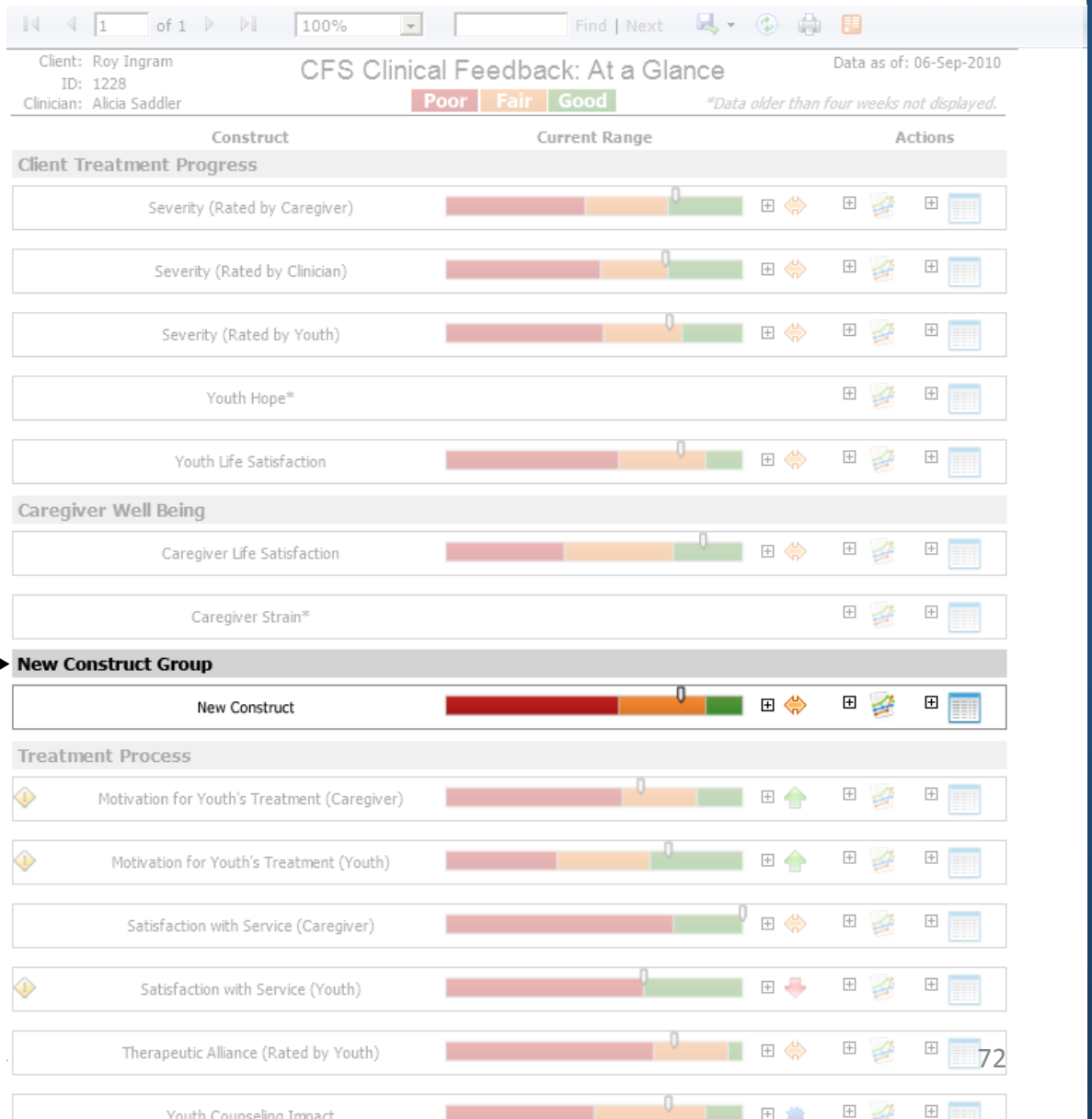


Clinical Feedback Report – easy to add measures

CFS Contextualized Feedback Systems

Features:

- Easy to add constructs and associated questions
- Allows for customizations on the fly
- Gives the ability to modify and get results to monitor, measure and respond



Why CFS?

CFS provides information on treatment progress and the therapeutic process

---

CFS provides the information to help you tailor treatment to your individual client

---

CFS improves youth outcomes

Everyone who uses CFS can benefit

- Clinicians
- Youths
- Caregivers
- Supervisors
- Directors/Managers

CFS Purpose

CFS Contextualized Feedback Systems

Enhance clinician's ability to gather and act upon information to better support clients and their caregivers for the purpose of:

- Assuring clients feel heard
- Providing guidance in supervision
- Improving client outcomes
- Facilitating professional growth and organizational improvement
- Improving effectiveness of other evidence-based practices
- Guiding program planning

What can CFS do for clinicians?

CFS Contextualized Feedback Systems

- Better identify thoughts, events, and feelings of clients and caregivers
- Identify successes and problem areas to focus sessions
- Provide consistent and systematic feedback of clinically relevant information
- Inform treatment planning and goal setting
- Focus sessions on clients' issues to show that you are attending to their concerns
- Check on how well treatment is working

CFS is a tool that enhances the clinician's ability to tailor treatment as it progresses

What can CFS do for clients and caregivers?

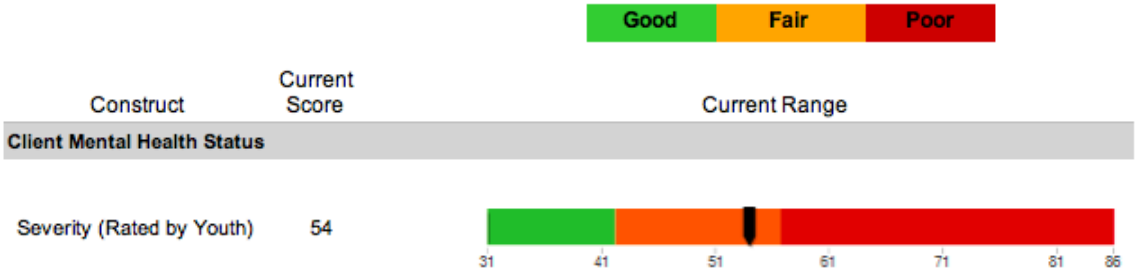
CFS Contextualized Feedback Systems

- Provide a way to raise issues they may not feel comfortable addressing aloud or in the presence of family
- Reassure them that the clinician is paying attention to their needs and is tailoring services to their concerns
- Demonstrate that effective services are a priority by showing that effectiveness is actually measured by the organization
- Help focus treatment on issues that are important to them

CFS is a tool that takes the consumer's voice beyond the session and into all aspects of care

Case study: How CFS focused treatment on 'Carlos' concerns and helped clinician, client, caregiver

CFS Contextualized Feedback Systems



- In the first session
  - Mother said he is not doing well but not much more specific
  - Carlos said little about what was going on
- The feedback told a very different story
  - Severity of Symptom and Functioning (SFSS) rated by the youth
- What happened in the next session
  - Clinician looked at the feedback report together with Carlos
  - Sparked discussion about his concerns and they agreed on a treatment plan for social anxiety

← Overall SFSS Score

SFSS Item Alerts

01A. Youth feels unhappy/sad	4
03A. Youth has little/no energy	4
05B. Youth worries a lot	5
06A. Youth fears others will laugh at him/her	5
07B. Youth feels worthless	5
08A. Youth feels nervous/shy around others	5
08B. Hard for youth to have fun	4
10A. Youth cries easily	1
11B. Trouble sleeping b/c youth worrying	3
12B. Youth feels tense	4
Internalizing	**72**

What can CFS do for clinical supervisors?

CFS Contextualized Feedback Systems

- Provide clinical data on each case's progress and areas that are improving or declining
- Provide the needed information for a continuous quality improvement effort that facilitates accountability
- Provide a tangible framework from which to guide clinical supervision that is independent of the clinician's own account or report

CFS is a tool that provides the supervisor with needed resources to promote evidence-based practice

Supervising with CFS is different –it's based on data

CFS Contextualized Feedback Systems

CLINICIANS -- Vanderbilt X

Filter by name

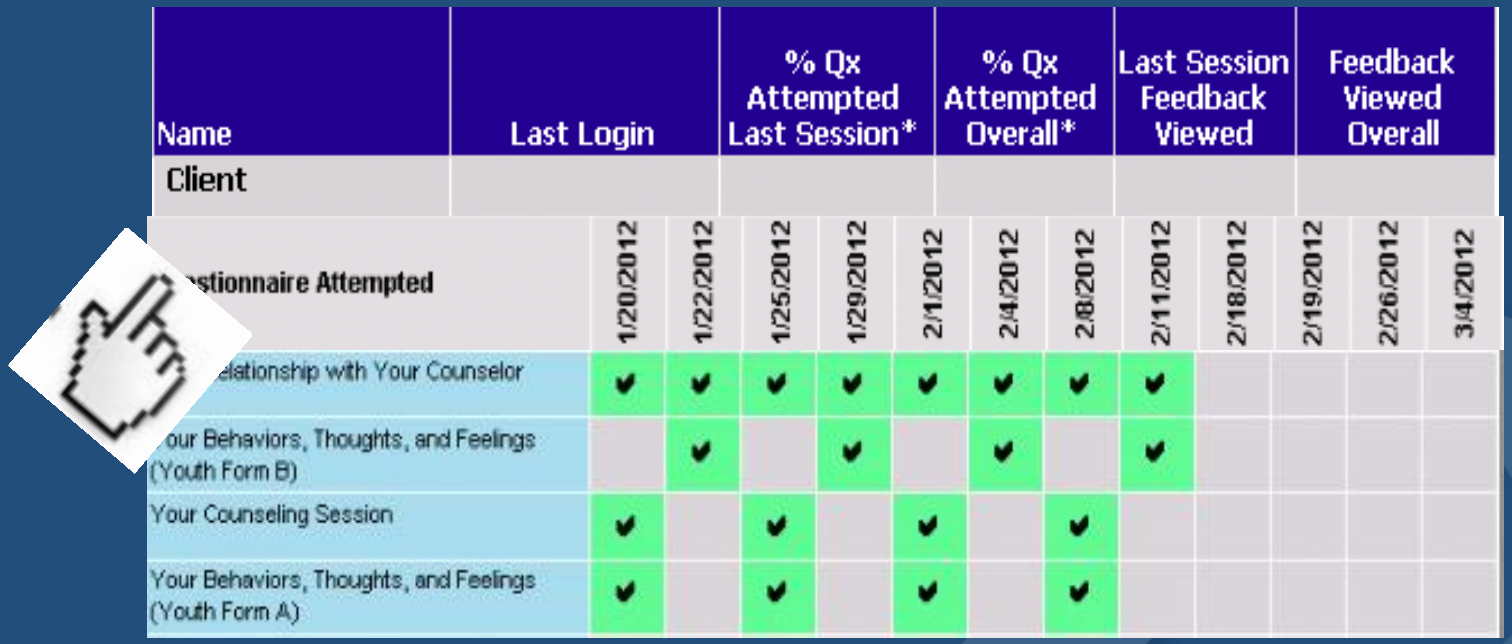
					FIDELITY			
NAME	REPORT	ACTIVE	HELD	SEVERITY	CLIENT	STAFF	CAREGIVER	FEEDBACK
Clinician, A history - edit	Report	3	100%	0%	40%	40%	40%	80%
Kelley, Susan history - edit	Report	21	90%	25%	55%	55%	55%	52%
Williams, Ted history - edit	Report	25	89%	60%	20%	100%	20%	40%
Alda, Alan history - edit	Report	16	50%	90%	75%	100%	75%	100%
Fey, Tina history - edit	Report	19	75%	75%	75%	100%	75%	100%

5 10 15 20

1

- To whom do I assign a new case?
- Which clinician could use my support to improve treatment engagement?

Fidelity of Implementation Reports



Name	Last Login	% Qx Attempted Last Session*	% Qx Attempted Overall*	Last Session Feedback Viewed	Feedback Viewed Overall
Client					

stionnaire Attempted	1/20/2012	1/22/2012	1/25/2012	1/29/2012	2/1/2012	2/4/2012	2/8/2012	2/11/2012	2/18/2012	2/19/2012	2/26/2012	3/4/2012
elationship with Your Counselor	✔	✔	✔	✔	✔	✔	✔	✔				
our Behaviors, Thoughts, and Feelings (Youth Form B)		✔		✔		✔		✔				
Your Counseling Session	✔		✔		✔		✔					
Your Behaviors, Thoughts, and Feelings (Youth Form A)	✔		✔		✔		✔					

- At-a-Glance information on implementation of CFS
  - Date and time of last login
  - Overall questionnaire completion
  - Feedback viewing
- Click for more detailed information
  - Which questionnaires were completed when
  - Which feedback reports viewed and when

What can CFS do for an agency?

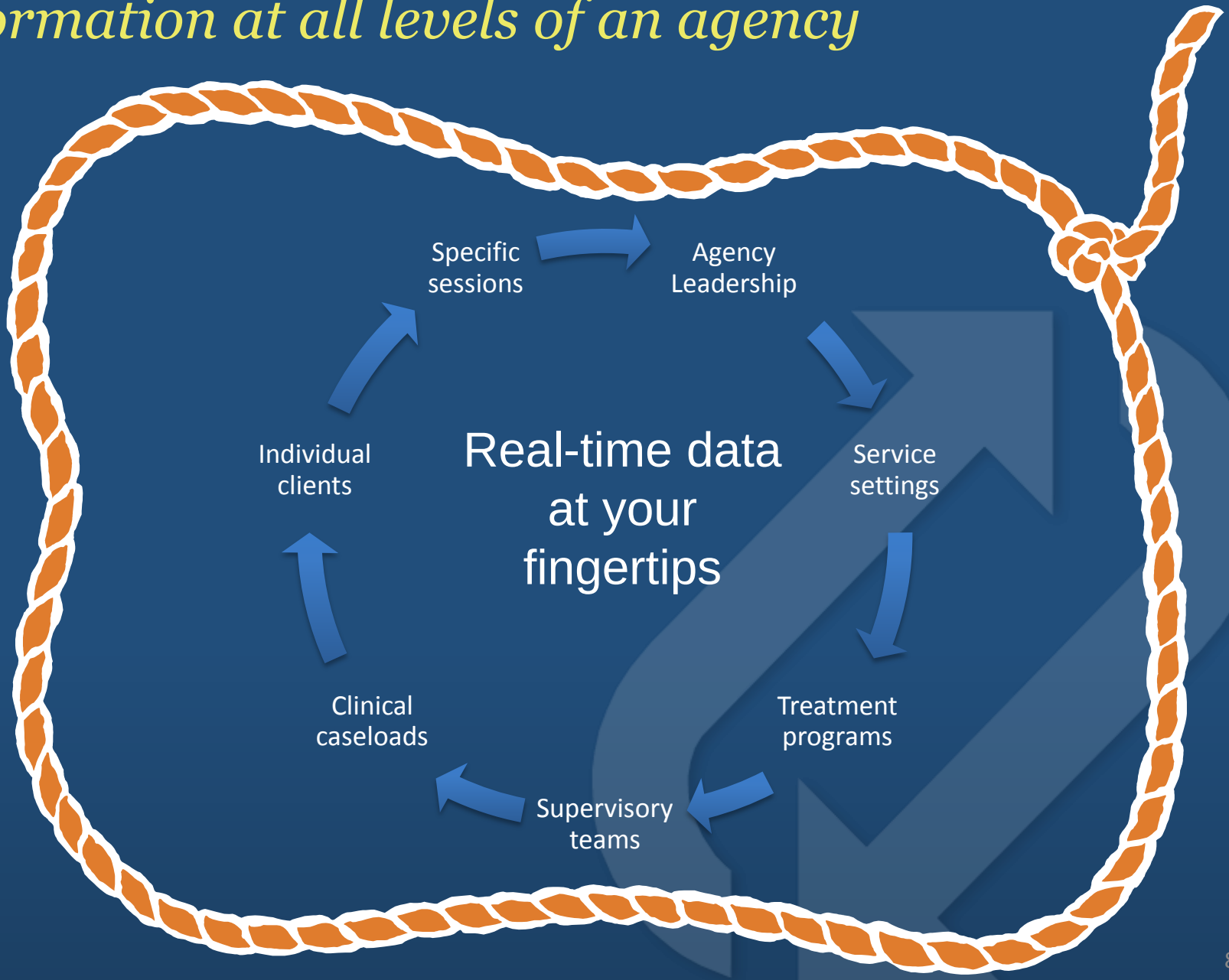
CFS Contextualized Feedback Systems

- Show funding agencies that quality of services and effectiveness are a priority
- Manage clinical services on their impact as well as their cost
- Provide data on the effectiveness of services, how clients are improving, the typical problems being encountered, and where needs are not being met

CFS is a tool that supports overall practice improvement

Captures the "golden thread" of linking information at all levels of an agency

CFS Contextualized Feedback Systems




ENGAGE
MEASURE
ANALYZE
TREAT
LEARN
CFS
Contextualized
Feedback
Systems

CFS Measurement

- *CFS can use any number of measures*
- *With any schedule*
- *Measures can be customized*
- *Includes the electronic and paper versions of the Peabody Treatment Progress Battery*

CFS Core Measurement:
The Peabody Treatment Progress Battery (PTPB)

CFS Contextualized Feedback Systems

- Includes process and outcome measures
- Includes strength-based measures
- Practice-oriented – developed in collaboration with clinicians
- Brief & reliable – each takes 15 seconds to 1 minute
- Classic and item response theory used to develop and validate all the measures
- Shows convergent and divergent validity
- Information from youth, clinician, and caregiver
- Easy to score and interpret
- Sensitive to change
- Free paper and pencil version, licensed to over 1200 groups
- Now in second edition
- http://peabody.vanderbilt.edu/ptpb

Administration and Policy in Mental Health AND Mental Health Services Research

Volume 39 · Numbers 1–2 · March 2012

Special Issue: Practical Multi-Informant Measurement of Youth Mental Health Treatment Progress

Guest Editors: Leonard Bickman · Mary Michele Athay

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What are the relevant questions you ask when working with youth and caregivers?

How is the youth doing overall?

How is treatment going with this youth?

Caregivers play a critical role in treatment with a youth. What are some ways that the caregiver(s) can affect your treatment with a youth?

CFS Measures Map onto Relevant Clinical Questions

CFS Contextualized Feedback Systems

- How is the youth doing overall?
  - Severity of symptoms and functioning (y, cg, cl)
  - Life satisfaction (y)
  - Hope (y)
- How is treatment going with the youth?
  - Therapeutic alliance (y, cl)
  - Motivation for treatment (y)
  - Counseling impact (y)
  - Service satisfaction (y)
- What are important caregiver issues?
  - Caregiver strain
  - Life satisfaction
  - Therapeutic alliance
  - Motivation for treatment
  - Service satisfaction
- What is the content of treatment sessions?
  - Session Report Form (cl)

CFS Measures Map onto Relevant Clinical Questions

CFS Contextualized Feedback Systems

- How is the youth doing overall?
  - Severity of symptoms and functioning (y, cg, cl)
  - Life satisfaction (y)
  - Hope (y)

Youth: Severity of Symptoms and Functioning

Symptoms and Functioning Severity Scale (SFSS)

The SFSS assesses common internalizing and externalizing problems in youth. Its items were selected to reflect four of the most common childhood disorders: ADHD, conduct/oppositional disorder, depression and anxiety. In addition, it includes items related to peer and family relationship problems and drug and alcohol use.

The Symptoms and Functioning Scale (SFSS)

CFS Contextualized Feedback Systems

- Core indicator of treatment progress.
- Measure of youths' emotional and behavior problems
- Developed with IRT and classical test theory
- SFSS completed by caregiver, clinician and youth
- 3 forms: 26 items intake and 2 equivalent 13 item concurrent with treatment short forms. Covers 4 major diagnostic categories. Internalizing and externalizing subscales.
- Correlates well with other measures: CBCL Adult .86; YSR Youth .77 YOQ youth; .83 Adult; .89; Clinician .87 SDQ Youth .75; Adult .79; Clinician .71

SFSS Items – Form A & B

Response Key:	1 = Never 2 = Hardly Ever 3 = Sometimes 4 = Often 5 = Very Often

	Session		
Question	2	3	4
Severity (Rated by Clinician)-Externalizing Score Total	**54**	**88**	**43**
01B. Youth throws things		5	
02A. Youth gets in trouble	3		1
02B. Youth interrupts others		5	
03B. Youth lies		5	
04A. Youth disobeys adults	4		
04B. Youth struggles to control temper		5	
05A. Youth threatens/bullies others	2		2
06B. Hard for youth to get along w/ family/friends		5	
07A. Youth struggles to wait turn	2		3
09A. Youth struggles to sit still	2		
09B. Youth hangs w/ kids who get in trouble		5	
10B. Youth struggles to pay attention		5	
11A. Youth annoys others on purpose	2		
12A. Youth argues w/ adults	4		

Severity (Rated by Clinician)-Internalizing Score Total	**73**	**88**	**50**
01A. Youth feels unhappy/sad	4		2
03A. Youth has little/no energy	5		
05B. Youth worries a lot		5	
06A. Youth fears others will laugh at him/her	4		3
07B. Youth feels worthless		5	
08A. Youth feels nervous/shy around others	3		
08B. Hard for youth to have fun		5	
10A. Youth cries easily	4		
11B. Trouble sleeping b/c youth worrying		5	
12B. Youth feels tense		5	
Severity (Rated by Clinician) Score Total	**57**	**88**	**46**
014. Youth thought about hurting self	1	5	
13A. Youth drinks alcohol	1		
13B. Youth uses drugs (non-medical)		5	

Youth: Life Satisfaction

Brief Multi-Dimensional Student Life Satisfaction Scale (BMSLSS)

The BMSLSS assesses youth's life satisfaction across five dimensions. These dimensions are: Family, friends, school living, environment, & self

CFS Contextualized Feedback Systems

Youth: Hope

Children's Hope Scale (CHS)

Children's hope is defined as the beliefs in one's capabilities to produce workable routes to goals (the pathways component), as well as the self-related beliefs about initiating and sustaining movement toward those goals (the agency component).

CFS Measures Map onto Relevant Clinical Questions

CFS Contextualized Feedback Systems

- How is the youth doing overall?
  - Severity of symptoms and functioning (y, cg, cl)
  - Life satisfaction (y)
  - Hope (y)
- How is treatment going with the youth?
  - Therapeutic alliance (y, cl)
  - Motivation for treatment (y)
  - Counseling impact (y)
  - Service satisfaction (y)

Youth: Alliance

Therapeutic Alliance Quality Scale (TAQS)

Therapeutic Alliance Quality Rating (TAQ-R)

Three components of the TAQS:

- Agreement on therapeutic goals,
- Agreement on therapeutic tasks
- The bond between the client and therapist.

The counselor rating (TAQ-R) includes two items. One rates counselors' perceptions of the level of their alliance with their adolescent client. The other item estimates the level of alliance counselors think the youth reported about their relationship with the counselor.

CFS Contextualized Feedback Systems

Youth: Motivation

Motivation for Youth's Treatment (MYTS)

The youth version of the MYTS assesses internal motivation to stay and participate in treatment including:

- Problem recognition,
- The desire for help,
- Treatment readiness (or acceptance)

CFS Contextualized Feedback Systems

Youth: Counseling Impact

Youth Counseling Impact Scale (YCIS)

The YCIS has two dimensions: (a) immediate session-based task impact and (b) prolonged counseling impact on client behavior.

It focuses on the helpfulness of therapeutic tasks and if counseling has affected the youth's behavior over the past two weeks such as:

- Used things they learned in counseling
- Felt better about themselves, and
- If they changed their behavior either at school or at home as a result of counseling.

Initial Assessment: Treatment Expectations

Treatment Outcome Expectancies Scale (TOES)

Treatment Process Expectancies Scale (TPE)

Expectations about treatment are assessed with two questionnaires, the TOES and the TPE.

The TOES assesses youths' and caregivers' expectations about the outcomes of services, resulting in a total score.

The TPE looks at process and role expectancies about treatment. Items assess issues such as concerns about confidentiality, school involvement, etc. No summary score is available for the TPE—instead, individual items are presented.

CFS Measures Map onto Relevant Clinical Questions

CFS Contextualized Feedback Systems

- How is the youth doing overall?
  - Severity of symptoms and functioning (y, cg, cl)
  - Life satisfaction (y)
  - Hope (y)
- How is treatment going with the youth?
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  - Motivation for treatment (y)
  - Counseling impact (y)
  - Service satisfaction (y)
- What are important caregiver issues?
  - Caregiver strain
  - Life satisfaction
  - Therapeutic alliance
  - Motivation for treatment
  - Service satisfaction

CFS Contextualized Feedback Systems

Caregiver: Caregiver Strain

Caregiver Strain Questionnaire (CGSQ)

The demands, responsibilities, difficulties, and negative psychic consequences of caring for relatives with special needs. Two subscales of strain are measured:

- Objective strain,
- Subjective internalized strain

CFS Contextualized Feedback Systems

Caregiver: Life Satisfaction

Satisfaction with Life Scale (SWLS)

Focuses on global life satisfaction and does not tap related constructs such as positive affect or loneliness.

CFS Contextualized Feedback Systems

Caregiver: Alliance

Therapeutic Alliance Quality Scale (TAQS)

Therapeutic Alliance Quality Rating (TAQ-R)

Structured the same as the youth version, but about the relationship between the *caregiver* and the therapist

CFS Contextualized Feedback Systems

Caregiver: Motivation

Motivation for Youth's Treatment (MYTS)

The caregiver version of the MYTS assesses internal motivation of the caregiver to participate in youth's treatment including:

- Problem recognition (of youth as well as caregiver),
- The desire for help and support,
- Readiness to participate

CFS Measures Map onto Relevant Clinical Questions

CFS Contextualized Feedback Systems

- How is the youth doing overall?
  - Severity of symptoms and functioning (y, cg, cl)
  - Life satisfaction (y)
  - Hope (y)
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- What are important caregiver issues?
  - Caregiver strain
  - Life satisfaction
  - Therapeutic alliance
  - Motivation for treatment
  - Service satisfaction
- What is the content of treatment sessions?
  - Session Report Form (cl)

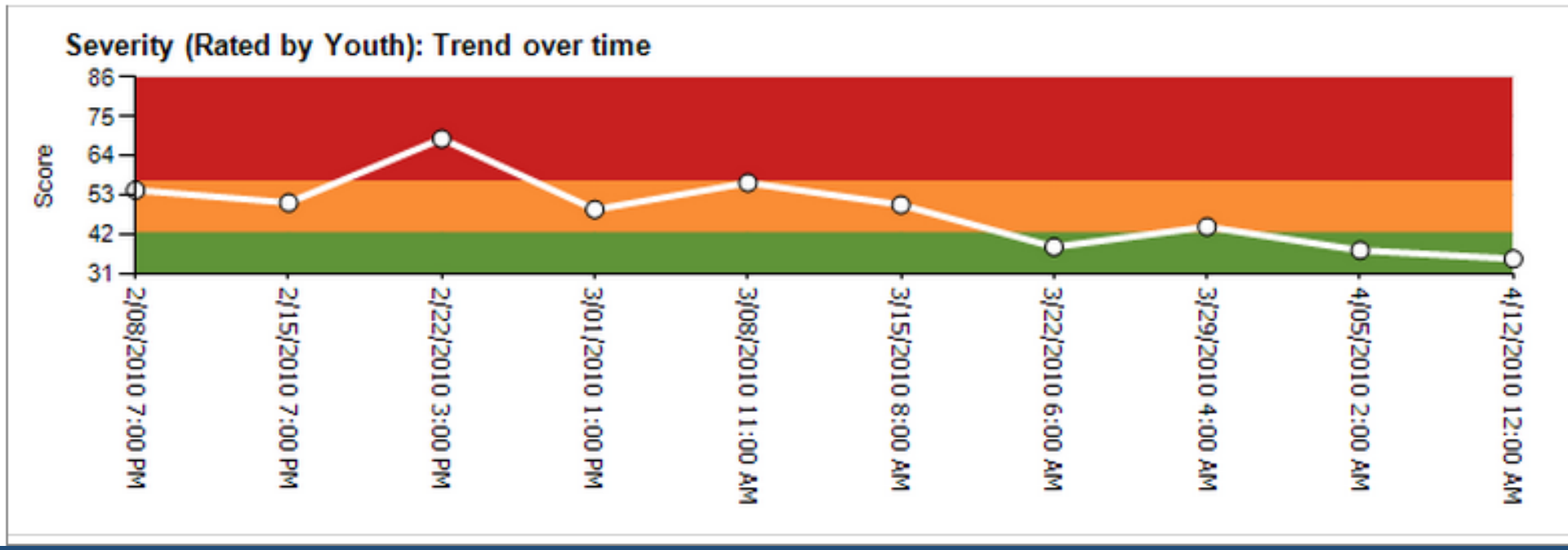
Session Report Form:
Capturing the content of treatment

CFS Contextualized Feedback Systems

- The SRF is completed by the clinician as part of typical session documentation and can be combined with progress notes
- Keyed to corresponding PTPB measures of treatment progress and treatment process
- Contains content domains that could be addressed and/or an important focus of treatment problem area
- Psychometric analyses supports internal consistency and utility as part of regular clinical documentation
- SRF provides important feedback for supervision and collaborative care – what client and caregiver issues is the clinician missing?
- Feedback alerts are provided to clinicians if they do not discuss critical issues as indicated by caregiver or youth

What is the clinician addressing in sessions?

Example: spike in severity at third session



What happened?
What did the clinician do?
How did the clinician address this decline?

Session Report Form (SRF)

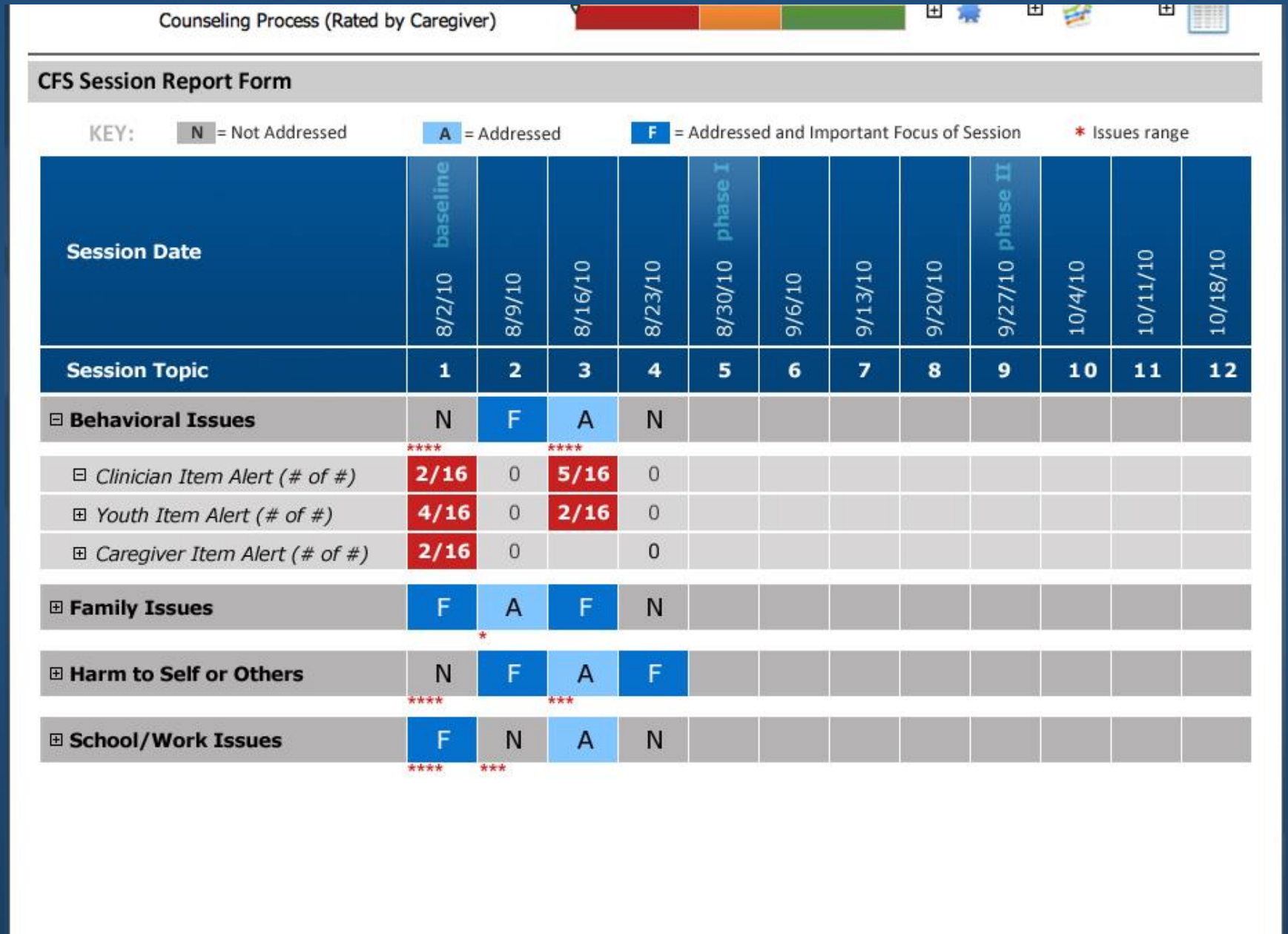
Counseling Process (Rated by Caregiver)

CFS Session Report Form

KEY: N = Not Addressed A = Addressed F = Addressed and Important Focus of Session * Issues range

Session Date	8/2/10 baseline	8/9/10	8/16/10	8/23/10	8/30/10 phase I	9/6/10	9/13/10	9/20/10	9/27/10 phase II	10/4/10	10/11/10	10/18/10
Session Topic	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
⊟ **Behavioral Issues**	N ****	F	A ****	N								
⊞ **Family Issues**	F	A *	F	N								
⊞ **Harm to Self or Others**	N ****	F	A ***	F								
⊞ **School/Work Issues**	F ****	N ***	A	N								

Session Report Form (SRF)



Counseling Process (Rated by Caregiver)

CFS Session Report Form

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Session Date	8/2/10 baseline	8/9/10	8/16/10	8/23/10	8/30/10 phase I	9/6/10	9/13/10	9/20/10	9/27/10 phase II	10/4/10	10/11/10	10/18/10
Session Topic	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
⊟ **Behavioral Issues**	N ****	F	A ****	N								
⊟ *Clinician Item Alert (# of #)*	**2/16**	0	**5/16**	0								
⊞ *Youth Item Alert (# of #)*	**4/16**	0	**2/16**	0								
⊞ *Caregiver Item Alert (# of #)*	**2/16**	0		0								
⊞ **Family Issues**	F	A *	F	N								
⊞ **Harm to Self or Others**	N ****	F	A ***	F								
⊞ **School/Work Issues**	F ****	N ***	A	N								

Session Report Form (SRF)

Counseling Process (Rated by Caregiver)

CFS Session Report Form

KEY: N = Not Addressed | A = Addressed | F = Addressed and Important Focus of Session | * Issues range

Session Date	8/2/10 baseline	8/9/10	8/16/10	8/23/10	8/30/10 phase I	9/6/10	9/13/10	9/20/10	9/27/10 phase II	10/4/10	10/11/10	10/18/10
Session Topic	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
⊟ **Behavioral Issues**	N	F	A	N								
	****		****									
⊟ *Clinician Item Alert (# of #)*	**2/16**	0	**5/16**	0								
Throw things when mad	4	1	4	1								
Get in trouble	5	1	5	1								
Disobey adults	1	1	1	1								
Interrupt others	1	1	1	1								
Lie to get things want	1	1	1	1								
Hard control temper	1	1	1	1								
Get along fam/friends	1	1	5	1								
Threaten/bully others	1	1	5	1								
Hard time waiting turn	1	1	5	1								
Troubled peers	1	1	1	1								
Hard paying attention	1	1	1	1								
Get into fights fam/friends	1	1	1	1								
Lose things you need	1	1	1	1								
Hard to sit still	1	1	1	1								
Annoy others on purpose	1	1	1	1								
Argue with adults	1	1	1	1								
⊞ **Family Issues**	F	A	F	N								
		*										
⊞ **Harm to Self or Others**	N	F	A	F								

Danni's Story

Case study using concurrent feedback to inform clinical decision-making

Danni's Baseline

Danni: 14 yrs old (adopted at 4 weeks old) caught for sexting nude pictures to classmates

Danni's cell phone was confiscated at school because classmates were laughing at the nude photo of Danni and graphic sexual language.

Danni brought a knife to school and threatened to kill both male and female classmates. She was suspended for the rest of the year.

Danni's Diagnosis

- Poor communication with mother and daughter
- Anxiety disorder
- Mood disorder
- Additional borderline personality features were noted. Client self mutilates by cutting

Danni's Family

Danni lives at home with Mom, Dad, and Emma, her 10 yr old sister (a birth child of parents)

Danni has two older siblings who are away at college. **Kate** – 19 yr old sister (a birth child of parents), and **Bradley** – 18 yr old brother (half-biological sibling also adopted into the family)

Danni's Treatment

Cathy Goodwin, Danni's clinician, began treatment using a structural family therapy frame with attention to the mother-daughter relationship.

Activities were identified that they enjoyed doing together.

Danni's Treatment

Individual counseling included work on client self-identity, her story of abuse from father and her motivations around this story, and emotions experienced during mutilation incidents.


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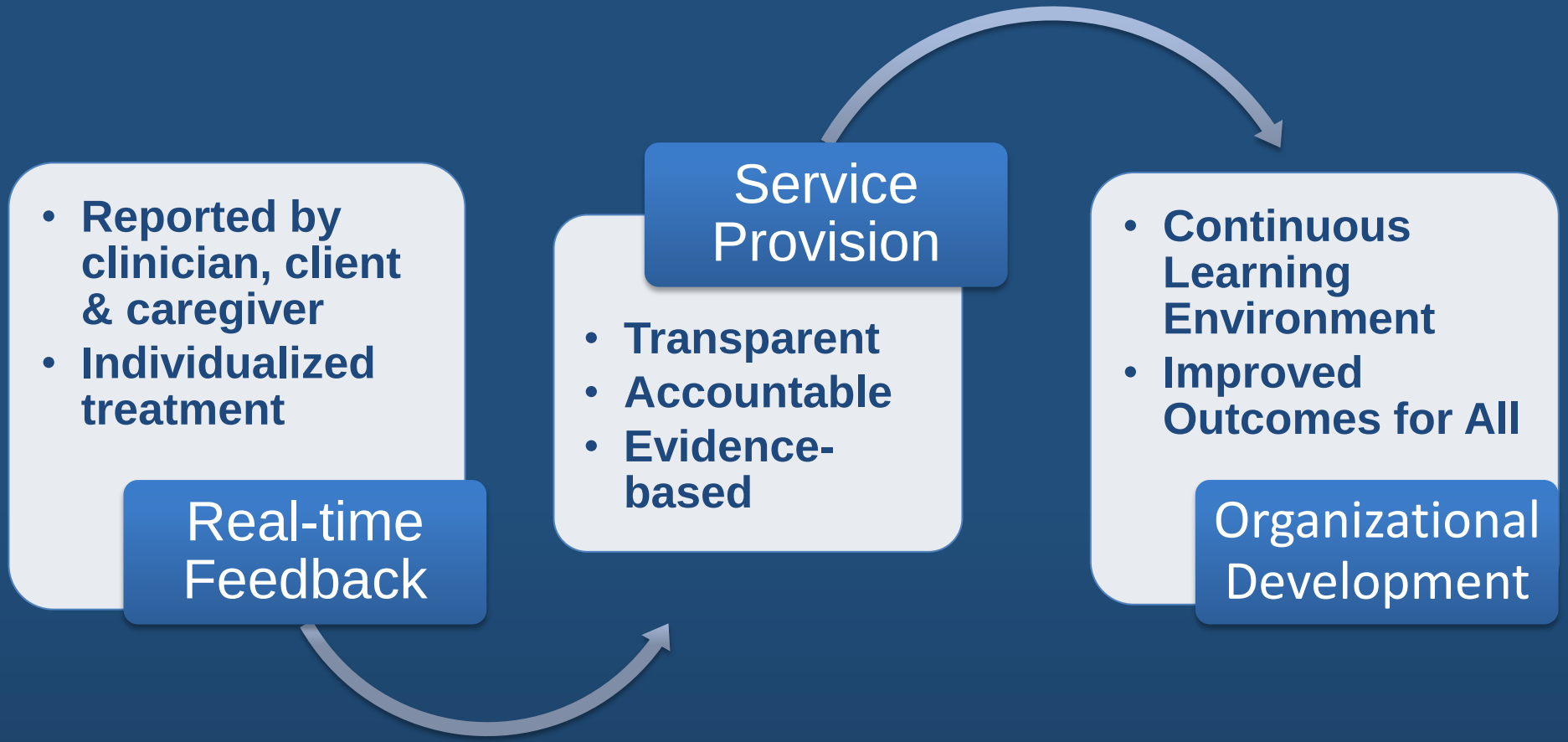
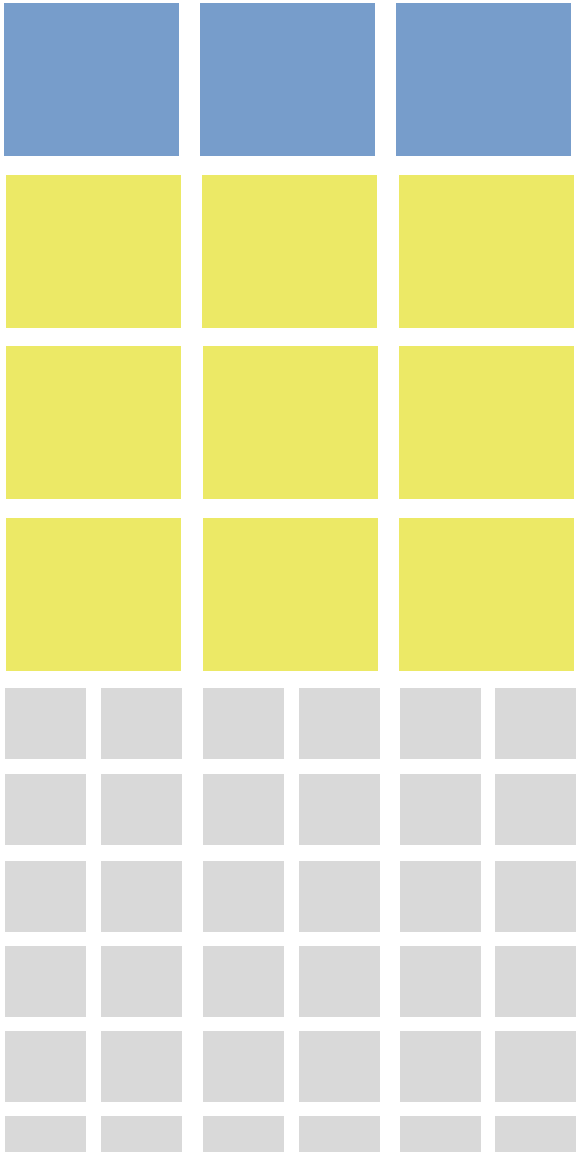
Supporting Successful Implementation

Goal of Implementing a MFS



3 Stages of Implementation & Training

CFS Contextualized Feedback Systems



Discovery Stage

Pre-implementation planning and contextualization to optimize CFS to your organization

Implementation Stage

Contextualization, operational training clinical coaching and consultation

Ongoing support – life of license

Stage 1: Discovery pre-implementation planning

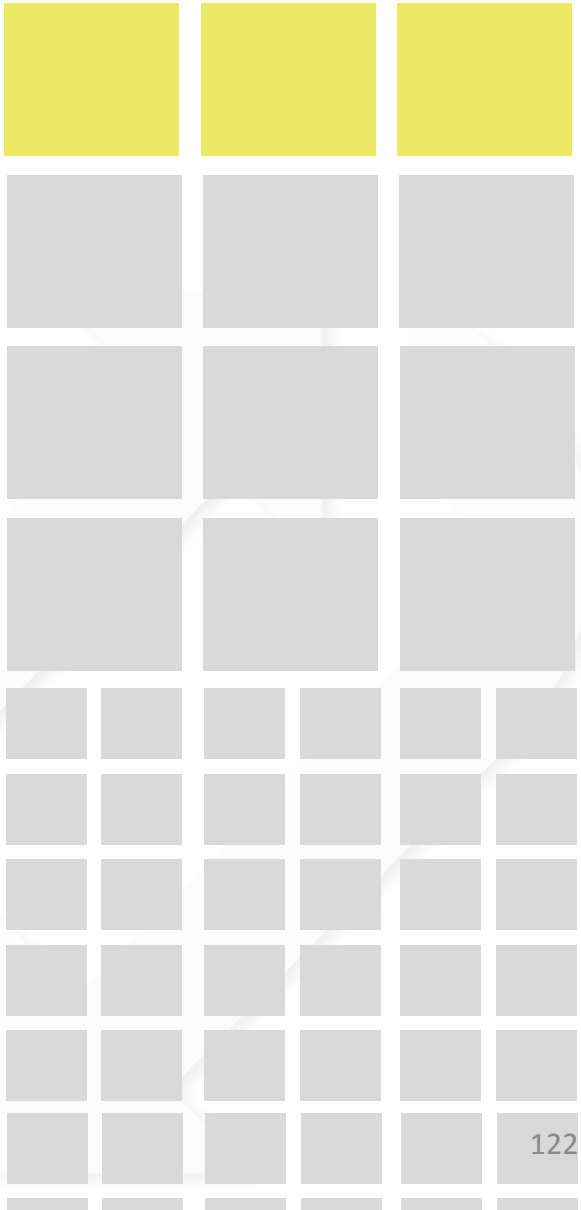
CFS Contextualized Feedback Systems

Key activities

- Readiness assessment
- Workflow analysis
- Collaborative team approach

Key outcomes

- Integration of MFS into relevant areas of business practice
- Direct integration of feedback into required session documentation
- Identification and support for champions



Readiness Assessment

CFS Contextualized Feedback Systems

- Staff investment
- Leadership
- Agency structure
- Client flow
- Resources

Workflow analysis

CFS Contextualized Feedback Systems

Domains

- Client related
- Personnel / supervision
- CQI / QA
- Fiscal
- Technology

Issues

- Roles and responsibilities
- Procedures and protocols
- Requirements v SOP
- Monitoring / auditing
- Improvement needs

Stage 2: Implementation

CFS Contextualized Feedback Systems

Key activities

- Operations training
- Clinical and supervision coaching
- Leadership support

Key outcomes

- Inoculation to common implementation barriers
- Support for staff accountability
- Sharing personal impact of feedback through case review

Stage 3: Ongoing support

CFS Contextualized Feedback Systems

Key activities

- Learning collaborative
- Performance evaluations
- Creation of actionable feedback

Key outcomes

- Transformation as a learning organization
- Active use of MFS is expected as part of culture
- Feedback used to guide training and program planning

Workshop Summary and Conclusions

CFS Contextualized Feedback Systems

- The evidence supports MFS – feedback affects clinician behavior and improves client outcomes
- Feedback is much more than routine outcome monitoring – it is a vital part of ongoing assessment
- A battery of measures provides actionable feedback on treatment progress and process in youth psychotherapy
- Implementation is critical – and takes ongoing commitment
- MFS should be integrated into all aspects of clinical practice
- Actionable feedback is effective feedback

Contact Us

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For more information, please go to the main website and browse for more videos on this topic or check out our additional resources.

Additional Resources

Websites:

1. Contextualized Feedback Systems: http://www.cfsystemsonline.com/
2. Society of Clinical Child and Adolescent Psychology website: http://effectivechildtherapy.com

Books:

Stroul, B., Blau, G., & Sondheimer, D. (2008). Systems of care: A strategy to transform children's mental health care. In B. Stroul & G. Blau (Eds.), *The system of care handbook: Transforming mental health services for children, youth and families* (pp. 3- 24). Baltimore: Paul H. Brookes Publishing. Co.

Peer Reviewed Journal Articles:

1. Bickman, L. (1999). Practice makes perfect and other myths about mental health services. *American Psychologist, 54*(11), 965-978.
2. Bickman, L., Kelley, S. D., Breda, C., de Andrade, A. R., Riemer, M. (2011). Effects of routine feedback to clinicians on mental health outcomes of youths: Results of randomized trial. *Psychiatric Services, 62* (12), 1423-1429.
3. Carlier, I. V. E., Meuldijk, D., Van Vliet, I. M., Van Fenema, E., Van der Wee, N. J. A., et al. (2012). Routine outcome monitoring and feedback on physical or mental health status: Evidence and theory. *Journal of Evaluation in Clinical Practice, 18* (1), 104-110.
4. Garland, A.F., Haine-Schlagel, R., Brookman-Frazee, L., Baker-Ericzen, M., Trask, E. et al. (2013). Improving community-based mental health care for children: Translating knowledge into action. *Administration and Policy in Mental Health and Mental Health Services Research, 40* (1), 6-22.

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