

# 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.



# Keynote

## Solving the Quiet Crisis in Youth Services: Utilizing Measurement Feedback Systems

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## *Statement of Potential Conflict of Interest*

Vanderbilt University is the owner of CFS,  
but the presenter can receive income from  
CFS sales.

# The Conspicuous Crises



- Poor Access
- Inefficient Human Resources
- Inadequate Financial Resources
- Substandard Conditions

**But There is a  
Quiet Crisis:**

**Ineffective Usual Care  
Services**



Nashville  
Symphony

{ROLLOVER HERE}

## Mental health care often ineffective

Feb 11, 2013 | 1 Comments

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Written by  
**Leonard Bickman, Ph.D.**

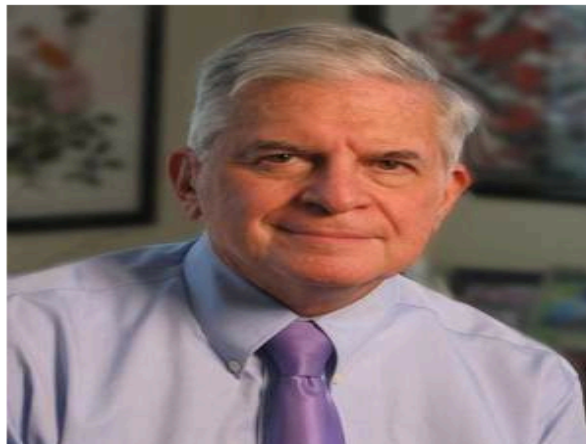
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In the wake of the Newtown tragedy, which has shaken our nation to its core, we have identified problems and offered solutions in our desperate need and hope to minimize the potential of a repeated tragedy like Newtown. There has been widespread but diffuse discussion about the importance of improving access to mental health services. After Newtown, President Obama said we needed to make "access to mental health care at least as easy as access to guns."

Too often, this assertion on "improving access" has been the answer to resolving mental health problems in our country. Limited access is part of the conspicuous crises in mental health along with continual decreases in funding of services. But ineffective treatment is a quieter and unacknowledged crisis that is more pervasive and

insidious than insufficient access. Increasing access to poor quality services would simply be a waste of resources because current research indicates mental health care for children does not work very well.



The lead article in the January special issue of the journal I edit, *Administration and Policy in Mental Health and Mental Health Services Research*, synthesizes research on the effectiveness of psychotherapeutic mental health services for children and adolescents as delivered in mental health clinics. The authors conclude that typical outpatient mental health care for children is mostly

# Research on Usual Care (UC)

- Little research in spite of treating 4.6 million children, costing 8.9 billion dollars in the U.S.
- UC studies with control groups show little or no effect of treatment
- Uncontrolled studies show that less than 50% improve with the rest showing no improvement or deterioration.
- Garland et al. (2013) provides a review of UC that indicates at best we should be cautious in assuming that UC on its face value is effective

# Silent Crisis Developed Because of Belief in Myths that are Reassuring

- Myth defined “as an unproved or false collective belief that is used to justify a social institution”.
- Beliefs were not necessarily wrong, but little or no scientific support for them.
- These myths support the *assumption* that our services are effective.



# First Myth in 1994: System Level Reforms Improve Clinical Effectiveness



- The \$94 million 5 year Ft. Bragg Demonstration showed that clinical outcomes were no better in the system of care but more expensive than usual care. Replicated in a randomized clinical trial in Ohio.
- System level reform affects system level variables – cost, access, but clinical outcomes are affected by reform at the treatment level.

# Additional Myths in 1999

“Practice Makes Perfect and  
Other Myths about Mental  
Health Services”  
(*American Psychologist*, 1999)



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# Myths Consume Resources and Help Maintain the Illusion of Effectiveness

- Experienced clinicians deliver more effective services
- Advanced degree programs produce more effective clinicians
- Continuing education improves the effectiveness of clinicians
- Licensing helps assure that clinicians will be effective
- Accreditation improves outcomes for consumers
- Clinical supervision results in more effective clinicians
- In the last 13 years there has been no substantial evidence provided that refute the claim that these are myths.
- Three more recent myths that I have written about:
  - Evidenced based treatments are just as effective in the real world
  - Progress notes are worth the time and cost
  - Society supports effective services

**A Solution to Ineffective Services is Measurement Feedback Systems (MFS).**

# What is MFS?



- A MFS is a System of Measurement & Feedback:
- administered frequently
  - concurrent with treatment
  - provides rapid, useful and objective feedback
  - includes clinical processes, contexts, and outcomes
  - uses digital technology

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

**In your Professional Life?**

**A Measurement Feedback  
Systems (MFS) is a  
Evolutionary/Revolutionary  
Solution**

# What is Revolutionary and Evolutionary About a MFS?

- **Revolutionary**

- Uses data to help make decisions
- Makes treatment more transparent
- Incorporates multiple perspectives

- **Evolutionary**

- Does not tell clinician what to do – clinical judgment still important
- Does not replace other evidence based treatments
- Does not depend on diagnosis, theory or type of treatment



# How Does a MFS Respond to This Crisis?

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## 5 Problems & Solutions

# #1 Problem

Inadequate quality improvement and accountability:

- No measure of quality
- No monitoring of EBTs
- Services are only a commodity



# MFS Solution

Provide quality improvement and accountability:

- Feedback a core of all learning
- Empowers consumers
- Data infrastructure

## #2 Problem

Need to increase efficiency:

- Current management approaches are without research support - we have 19th century management in 21st century
- Paperwork is time consuming and without demonstrated benefits

## MFS Solution

Promote efficiency through automation and relevant data:

- A MFS automates information gathering, analyses and communication using modern technology.



# #3 Problem

## Need to Optimize and Individualize

- Individualized medicine is needed in all human services.
- Evidence-based treatments, lose up to 50% of their effectiveness in real world
- We need additional information concurrent with treatment that measures changes in key process variables.

# MFS Solution

## Provide the power to individualize:

- A MFS empowers clinicians with the information needed to individualize service delivery, treatment interventions, and therapeutic relationships.



## #4 Problem

Clinicians do not have access to needed tools:

- Child-parent-clinician triads lack consensus on problems & therapeutic relationships



## MFS Solution

Provide accurate and quick feedback:

- immediate feedback on problems from all respondents
- Reminds clinicians if they are not discussing important issues raised by caregivers or youth
- Supervisors can provide feedback to clinicians on how well they are performing compared to other clinicians

## #5 Problem

## MFS Solution

Difficulty in bridging the gap between research and practice:

- Current researchers and research funds cannot fill the gap
- No inexpensive method to learn from practice on how to provide effective services



Create learning organizations:




- Utilize sophisticated software that provides information that is immediately useful
- Gather information from diverse units of a service provider organization
- Customize information collected
- Provide practice-based evidence

# MFSs Improve Clinical Outcomes

- Our literature review [of 52 RCTs] shows [positive] evidence for providing feedback... which is in conformity with other relevant reviews such as a recent meta-analysis' (Carlier et al., 2010).
- Positive results found with adults with:
  - Lambert's OQ Analyst
  - Duncan & Miller's MyOutcomes System and
  - The English CORE system



# Comparison of MFS's

	 <a href="http://www.cfsystemsonline.com">www.cfsystemsonline.com</a>	 <a href="http://www.myoutcomes.com">www.myoutcomes.com</a>	 <a href="http://www.oqmeasures.com">www.oqmeasures.com</a>
<b>Research Evidence</b>	Vanderbilt University: Bickman, Douglas-Kelley, Breda	Duncan & Miller	Burlingame & Lambert
<b>Web-based</b>	✓	✓	✓
<b>Security (passwords &amp; encryption)</b>	✓	✓	
<b>Standard Measures</b>	13 measures: Peabody Treatment Progress Battery	PCOMS: two 4 question measures	13 measures
<b>Customized Measures</b>	✓		
<b>Input from Clinicians, Clients &amp; Caregivers</b>	✓	Clients	Clients
<b>Dashboard</b>	For Clinicians, Directors & Supervisors	✓	
<b>Feedback Reports</b>	Clinical Feedback Report, Trend over Time, Item Detail, Session Report	✓	✓
<b>Scheduling</b>	✓		
<b>Training</b>	✓	✓	
<b>Ongoing User Support</b>	✓		
<b>Ability to connect with EHR</b>	✓		



# MFS and Systems of Care

Updating the System of Care Concept and Philosophy –  
Stroul, Blau & Friedman

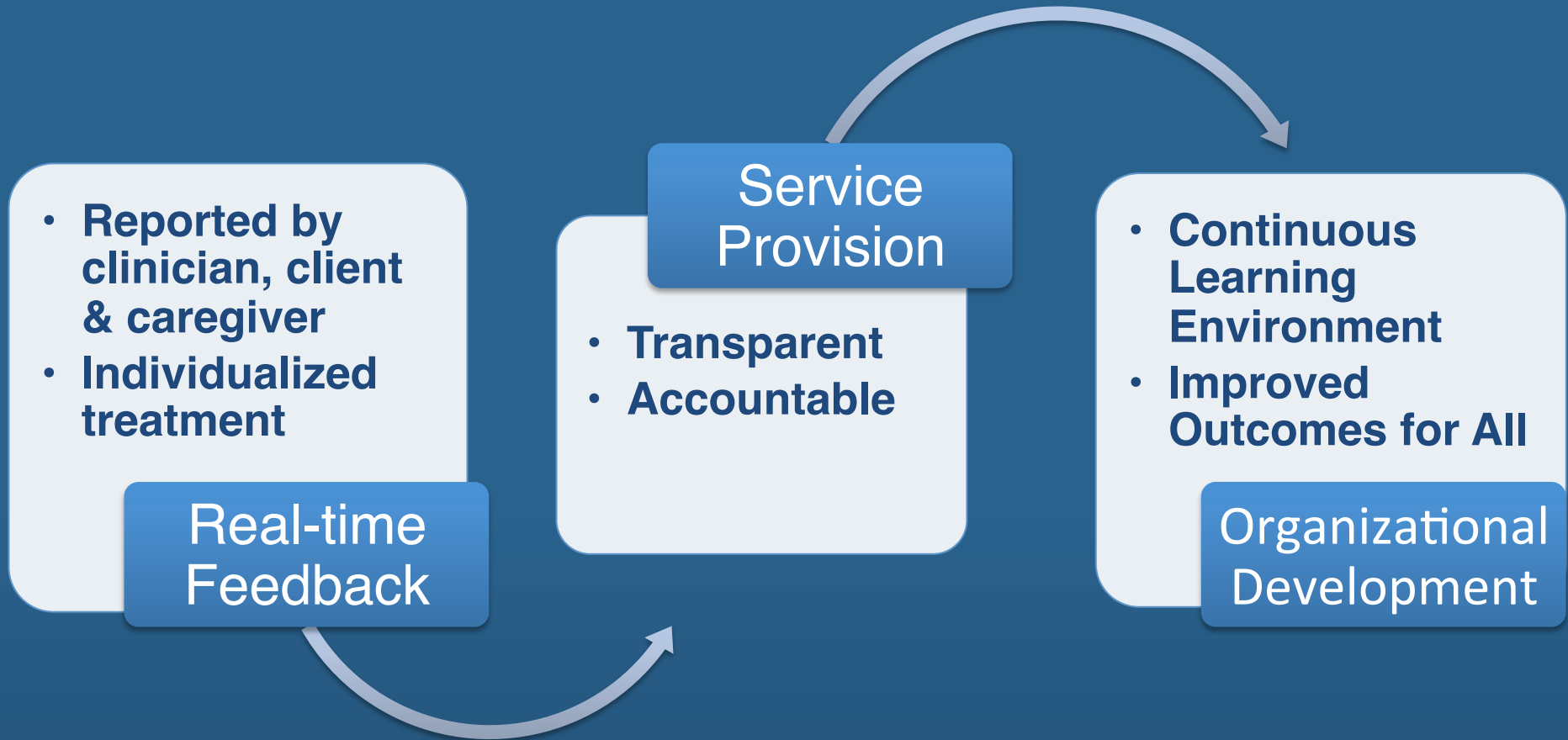
“While system-level change is essential, research and experience have demonstrated that it is also critical to emphasize the importance of providing effective, evidence informed clinical interventions, services, and supports within the system of care.”

# How Does MFS Work?

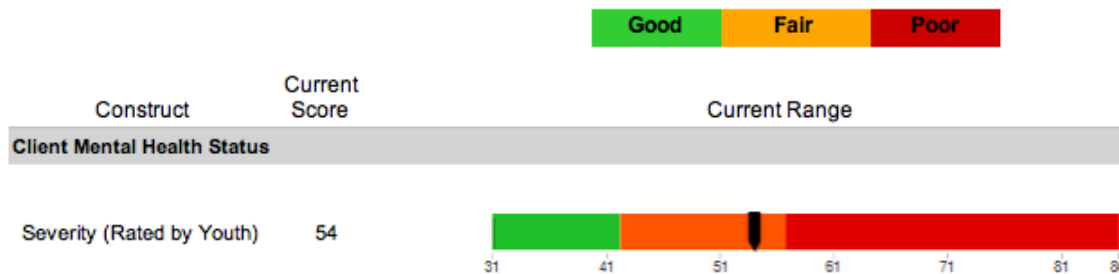
An example from  
Contextualized Feedback  
Intervention (CFS)



# Impact of Process



# Case study: Carlos



← Overall SFSS Score

- In the first session
  - Mother said he is not doing well but not much more specific
  - Carlos said little about what was going on
  - Initial treatment plan for 3-4 sessions to build TA
- The first feedback report 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

## 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
<b>Internalizing</b>	<b>72</b>

# 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

Leonard Bickman, Ph.D.  
Susan Douglas Kelley, Ph.D.  
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 feedback 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 reports. **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)

# 3 Main Findings

1. Affects clinician behavior
2. Improves clinical outcomes
3. Dose-response relationship between feedback viewing & clinical outcomes

# We Could Achieve Similar Success as Childhood Cancer Treatment

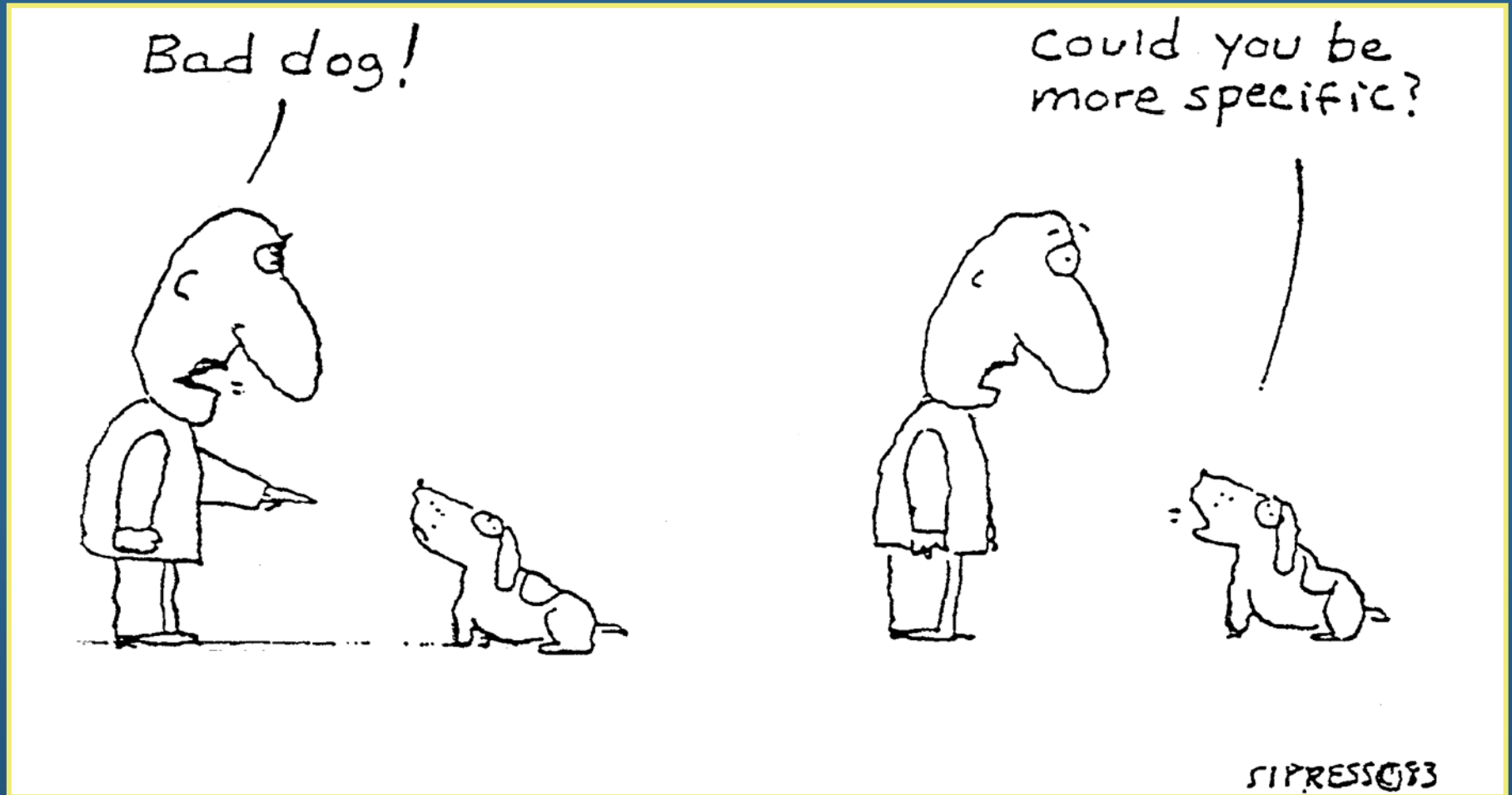
- Cure rate for some childhood cancers went from 20% to 80% in 30 years
- Most children entered into a clinical trial with data infrastructure
- Every child treated added to knowledge
- Every client treated should be an opportunity to learn
- Few agencies systematically collect information to add to scientific knowledge of how to improve services
- A major opportunity is being lost to learn how to do better
- We have a desperate need to have a services data infrastructure that includes more than just payments

# Conclusions

- Focus has been on the conspicuous crises
- We do not monitor implementation or effectiveness. Imagine ....
- We need a revolutionary/evolutionary solutions
- Measurement Feedback Systems is one way of responding to the silent crisis.
- In spite of my commitment we have to acknowledge that this is a difficult and complex undertaking and ...



# Measurement Feedback Systems are Still in the Very Early Stages



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>
3. [Peabody Treatment Progress Battery](#)

### 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.

