

# Measuring Outcomes in Psychological Therapies – Addressing the Challenges

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# Current Context

- National recalibration of NHS services 2010

*“We therefore need to recalibrate the whole of the NHS system so it focuses on what really matters to patients and carers and what we know motivates professional – the delivery of better health outcomes” (Andrew Lansley - Liberating the NHS – Transparency in Outcomes)*

- Ten year Quality Strategy for Health and Social Care in NI 2011

*“We will improve outcome measurement and report on progress for safety, effectiveness and the patient / client experience”*

- Psychological Therapies Strategy - NI 2010

*“Psychological therapy services should be subject to evaluation – to include therapeutic outcomes, safety and governance, cost-effectiveness of service delivery and the views / experiences of service users and carers”*

# Evidence Based Practice - Evidence of Efficacy in Psychological Therapies

- Therapies which work....
  - Behavioural
  - Cognitive-Behavioural
  - Systemic
  - Psychodynamic
  - Humanistic
- PLUS specific derivatives
  - EMDR...Motivational counselling...  
Psychoeducation...ABA...  
CAT...IPT... Cognitive remediation
- Referenced to specific populations and presentations...
  - Mood disorders
  - Psychosis
  - Eating disorders
  - Children and families
  - Physical health conditions
  - Etc.

# BUT...

## Quality of the evidence base

- Randomisation principle compromised
- Follow-up and attrition
- Power
- Problem of control groups
- Publication bias
- Therapist allegiance
- Reactivity of outcome measures
- Compatibility of therapeutic model with efficacy requirements
- Stage of clinical interventions research career

## Evidence of efficacy does NOT guarantee effectiveness in clinical settings

- Diagnostic homogeneity
- Co-morbidity and complexity
- Manualisation limited relevance to clinical settings
- Need for second-line treatments
- Therapist-patient factors bigger predictors of outcome
- Clinical judgement and individual formulation required with consequent deviation from standard
- Therapies a “broad church”
- “Cure” –v- maintenance... Stabilisation...coping etc.

# Therefore....

## Need services which have...

- Psychological therapists with range of regulated therapy, formulation and critically reflective practice skills
- Skill mix and systematic model of service delivery
- Regular training and quality supervision

AND

- Integral and routine outcomes monitoring

## Challenges...

- One size does not fit all
- Generic -v- disorder specific scales
- Methods which measure symptoms -v- causes
- Across clinical populations (-v- AMH model)
- Minimise reactivity of measurement
- Minimise missing values
- Capture outcomes for range of goals and indirect work
- Resources and infrastructure
- Benchmarking
- Avoid outcomes driven practice
- Fears in the system

# Addressing the Challenges – Psychological Services BHSCT

- Large and diverse service
  - Perinatal...older adult...child mental health...LAC...Paediatric...Neuropsychology...LD...Forensic...
- Skill mix
- Range therapies / therapists
- Training and supervision governance frameworks
- Outcomes
  - Historically cross-sectional and snapshot in time
  - Specialism specific
  - Needed ongoing, across specialisms and routine

# Moving Forward – Key Principles

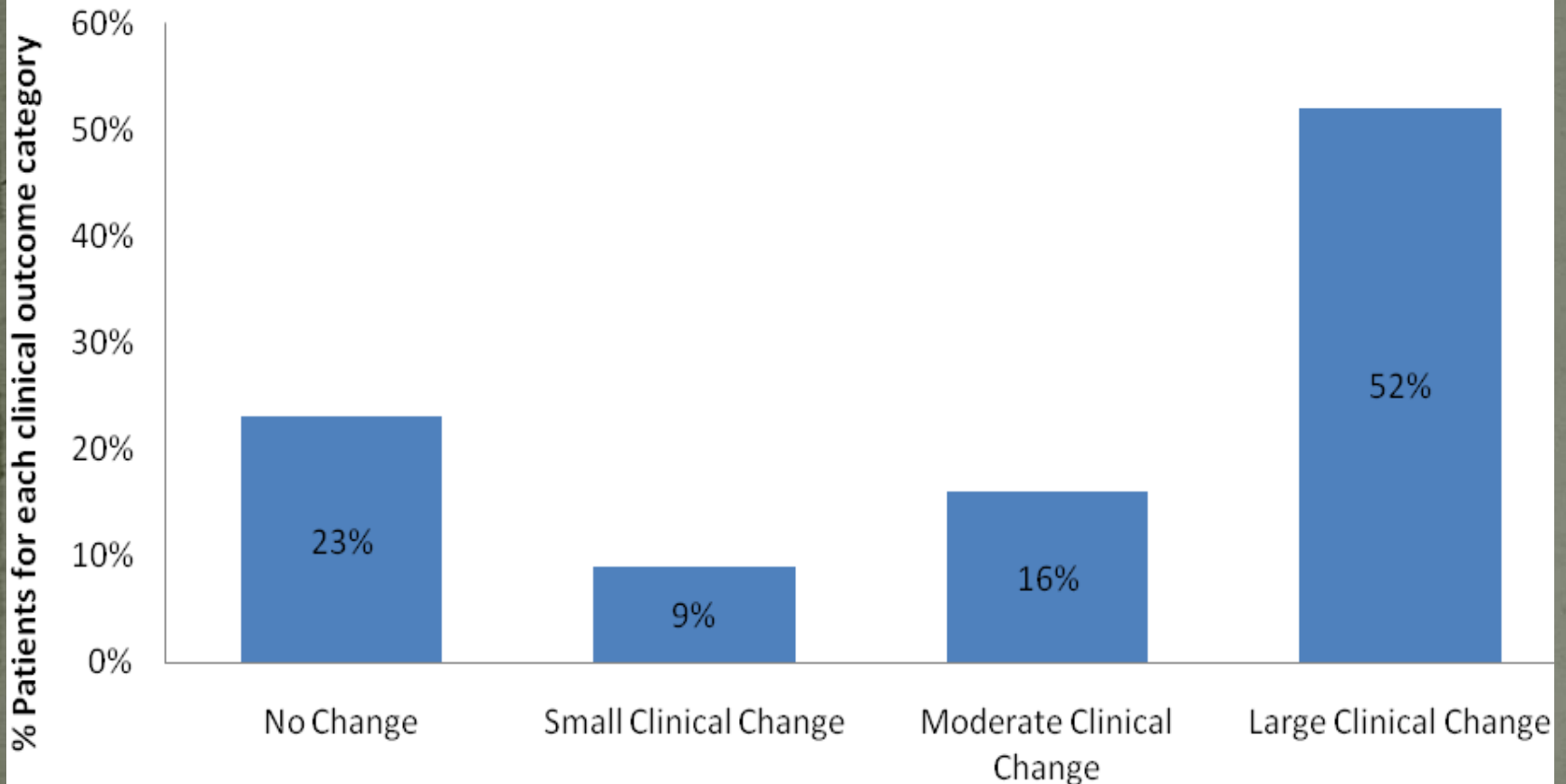
- Affect a culture shift – Change Management
- Resource
- Resolve a paradox
  - Simple, clear, outcome indicator, relevant across specialisms, ages, abilities etc. which answered basic questions about recovery and change BUT have an outcomes portfolio which “*shows respect for the complexity of psychological interventions and outcomes*” (Berger, 1996)
- Objective / standardised measures of change but also needed to account for experiences and views of service users and carers.

# (1) Clinical Outcomes

- The Clinical Effect Size Change Score
  - Vary our primary outcome measure to best suit clinical presentation and goals BUT
  - Still amalgamate outcome scores across clinical presentations within the same and different psychological therapy services
- Behaviour change indicators
  - Why?
  - How?

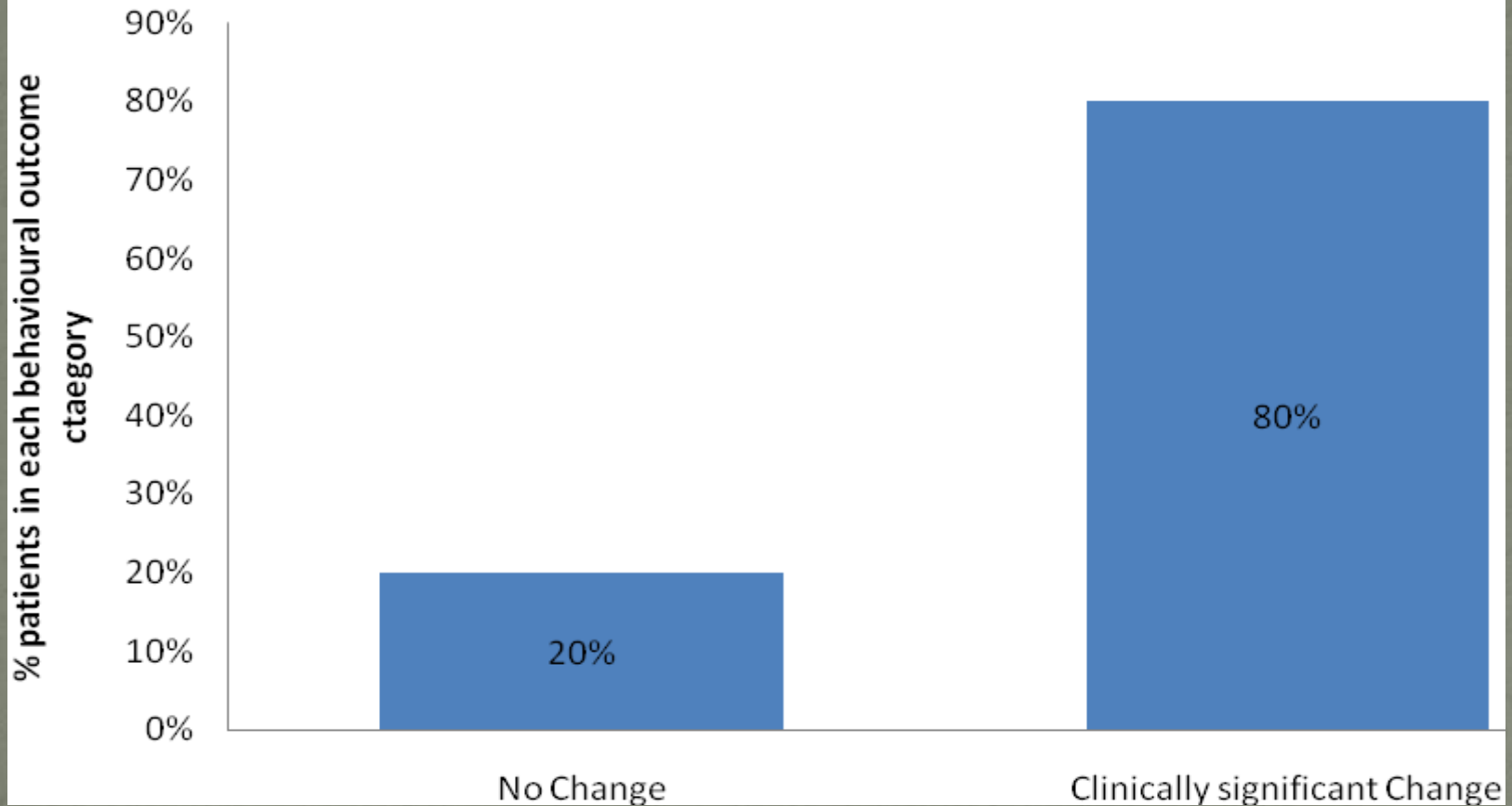
# Child and Family – Psychometrics

**Figure 1: Clinical change at discharge - psychometric outcomes**



# Child and Family – Behavioural PROMS

**Figure 2: Behavioural Outcomes at Discharge**



# Comments

- Good outcomes against benchmarked standards
- Evidence of staff behaviour change (108/151 discharges)
- Across specialisms (paediatrics, CAMHs, autism, LAC, perinatal)
- Psychometrics – 40% (SDQ; Kidscreen; Beck Youth Inventory; HADs commonest)
- Behaviour Change – 28%
- Consultancy – 12%
- Attrition – 5%

## (2) Service User Experiences

- Benchmarked framework
  - **Accessibility**
    - Informed – Facilities – Disability – Wait
  - **Acceptability**
    - Respect – Choice – Consent
  - **Perceived outcomes**
    - Knowledge and understanding – Coping – Goal attainment – Symptom reduction

# Accessibility

<b>Service</b>	<b>Referral</b>	<b>Facilities</b>	<b>Disability</b>	<b>Wait</b>
<b>Adult Mental Health</b>	<b>97%</b>	<b>97%</b>	<b>97%</b>	<b>97%</b>
<b>Learning Disability</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Child / Family</b>	<b>98%</b>	<b>95%</b>	<b>95%</b>	<b>100%</b>
<b>Child / Family (Child)</b>	<b>94%</b>	<b>92%</b>	<b>86%</b>	<b>100%</b>
<b>Adult Health</b>	<b>96%</b>	<b>96%</b>	<b>100%</b>	<b>98%</b>
<b>Neuropsychology</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

# Acceptability

<b>Service</b>	<b>Respect</b>	<b>Care</b>	<b>Consent</b>	<b>Wait</b>
<b>Adult Mental Health</b>	<b>100%</b>	<b>97%</b>	<b>100%</b>	<b>97%</b>
<b>Learning Disability</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Child / Family</b>	<b>99%</b>	<b>100%</b>	<b>100%</b>	<b>99%</b>
<b>Child / Family (Child)</b>	<b>98%</b>	<b>94%</b>	<b>96%</b>	<b>87%</b>
<b>Adult Health</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Neuropsychology</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

# Perceived Outcomes

Service	Underst.		Cope		Goals		Symptoms	
	1	2	1	2	1	2	1	2
<b>Adult Mental Health</b>	<b>3%</b>	<b>88%</b>	<b>3%</b>	<b>84%</b>	<b>9%</b>	<b>82%</b>	<b>9%</b>	<b>82%</b>
<b>Learning Disability</b>	-	-	-	-	-	-	-	-
<b>Child / Family</b>	<b>10%</b>	<b>90%</b>	<b>10%</b>	<b>90%</b>	<b>10%</b>	<b>85%</b>	<b>14%</b>	<b>83%</b>
<b>Child / Family (Child)</b>	<b>13%</b>	<b>81%</b>	<b>19%</b>	<b>73%</b>	<b>15%</b>	<b>77%</b>	<b>19%</b>	<b>73%</b>
<b>Adult Health</b>	<b>11%</b>	<b>89%</b>	<b>13%</b>	<b>87%</b>	<b>9%</b>	<b>85%</b>	<b>9%</b>	<b>87%</b>
<b>Neuropsychology</b>	<b>0%</b>	<b>100%</b>	<b>0%</b>	<b>93%</b>	<b>0%</b>	<b>93%</b>	<b>0%</b>	<b>100%</b>

# Qualitative Themes

## ■ The services

*'We have availed of the service on a number of occasions and have had an extremely positive and helpful experience, both ourselves as parents and also our son.'*

*'...First class service which I will never forget.'*

## ■ The staff

*'I was so impressed by her understanding, caring and professional approach. I found sessions not only useful (life-changing!) but very enjoyable.'*

*'She took my concerns seriously, listened to me and was...very pleasant and easy to talk to.'*

## ■ Knowledge and skills

*'Without the help of [our psychologist] we would not be in the strong position we are today and would not be working on our problems together. I think we would have fallen further apart- we now have a positive future.'*

## ■ Length of therapy

*'It helped me to look at my problems in a different way- helped me to solve them and change my behaviour.'*

*'My confidence and belief in myself has increased and I know that my core beliefs are now being challenged.'*

## ■ Facilities

*'I understand that services are only available for a limited time but I feel that it should be able to continue for as long as necessary and not constrained by cost.'*

*'No limits on appointments, they stopped when I felt good about it.'*

## ■ Access

*'I had to use the waiting area for the dentist as the only other waiting area in the same building was cold and depressing!'*

*'Maybe more comfortable surroundings would help us relax easier. I found the consulting room cold and clinical.'*

*'It concerned me that if you missed an appointment you could be struck off as [we are] vulnerable people.'*