


**Brukermedvirkning:
hvordan slutte
å bekymre seg
for skjemavelde
og begynne å elske
tilbakemelding?**

**Nasjonal konferanse for kommunalt
psykologarbeid**

Kristian Rognstad



A Systematic Review and Meta-Analysis of Measurement Feedback Systems in Treatment for Common Mental Health Disorders

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Abstract

To investigate the effects of measurement feedback systems (MFSs) in therapy on mental health outcomes through a literature review and meta-analysis. Using a three-level modeling approach, we conducted a meta-analysis of all effect sizes from randomized controlled studies of MFSs used in the treatment of common mental health disorders. Eighty-two effect sizes were extracted from the thirty-one included studies. Analyses were performed to consider the post-treatment effects of the MFS-assisted treatment compared to treatment as usual. A separate analysis was done for the subgroup “not-on-track” patients as it is theorized that MFSs will be clinically useful because they make therapists aware of patients who fail to progress. MFSs had a significant effect on mental health outcomes ($d=0.14$, 95% CI [0.082–0.206], $p < .001$). Further analysis found a larger effect in patients identified as less respondent to therapy, the “not-on-track” group ($d=0.29$, 95% CI [0.114, 0.464], $p = .003$). Moderation analyses indicated that the type of outcome measurement and type of feedback system used, and whether it was used for a child and youth or adult population, influenced effect sizes. MFSs seem to have a small positive effect on treatment outcomes. The effects seem to be larger for “not-on-track” patients, the group of patients that would usually not benefit much from treatment.

Keywords Measurement feedback systems · Outcome monitoring · Psychotherapy · Meta-analysis · Three-level analysis

Although therapy for mental health disorders is helpful for a majority of patients, for a large share of patients, therapy will be ineffective (Wolpert, 2016). About 5–10% of par-

reported (Brière et al., 2016; Warren et al., 2010). Such high rates of deterioration and failure to alleviate patient distress should be taken seriously.

- Positive effekter
 - Bedre utfall
 - Særlig for «not-on-track»-saker
 - Bedre allianse
 - Bedre opplevd kontroll over egen psykiske helse

Hvorfor bruke tilbakemelding

- Økt engasjement og medvirkning
 - Brukerorientert hjelp og etikk
 - Nedfelt i lovverk
 - Opplevd kontroll over intervensjoner

- Potensiale for læring (deliberate practice)



“What matters to you?”: A randomized controlled effectiveness trial, Using Systematic Idiographic Assessment as an intervention to Increase Adolescents’ perceived control of their mental health

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10 000 timer

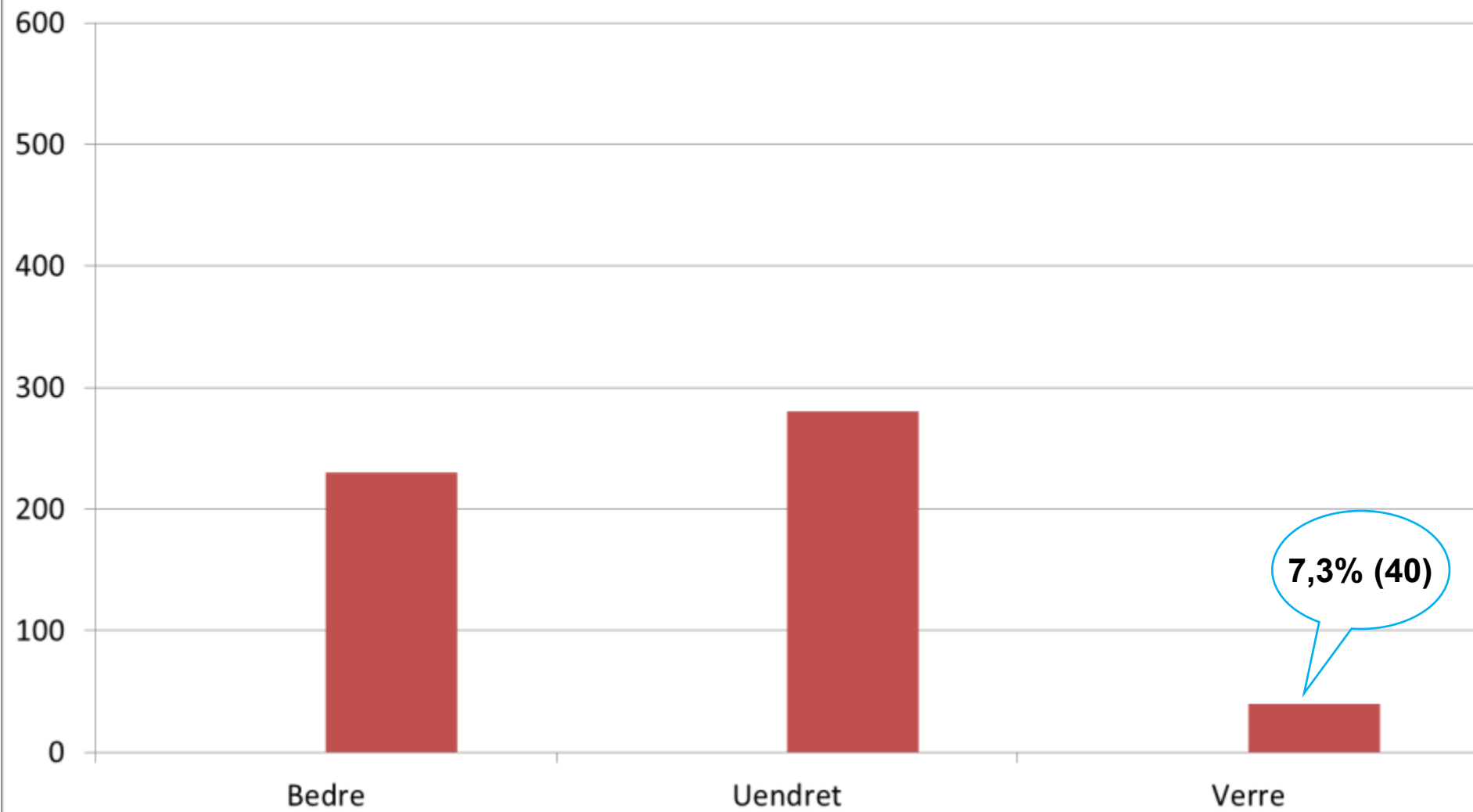
Selvtillit bak rattet

Et stor flertall hevder å være en bedre og tryggere sjåfør enn gjennomsnittet (Svenson, 1981)



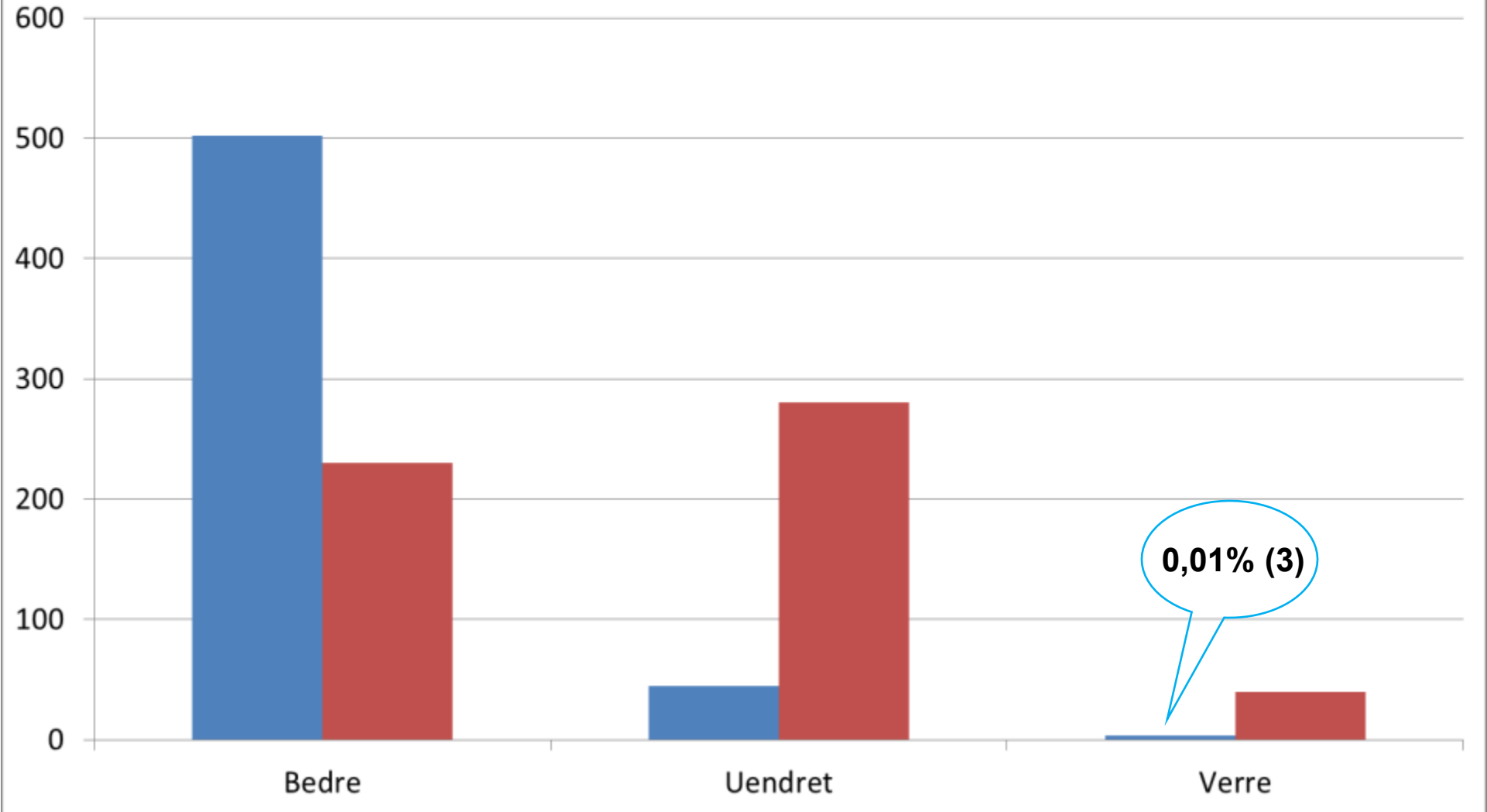
Resultat ved avslutning

Predikert ■ Faktisk



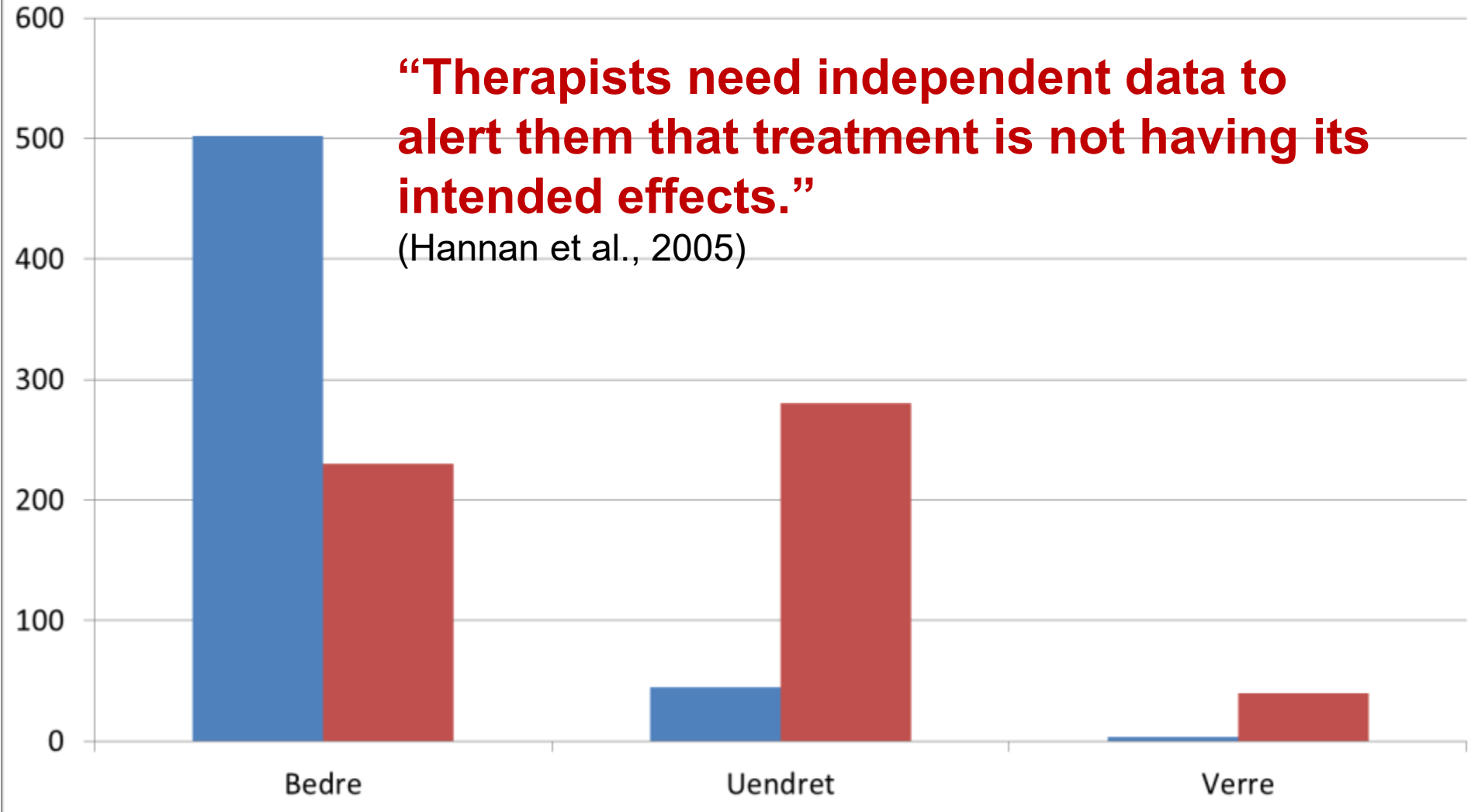
Resultat ved avslutning

■ Predikert ■ Faktisk



Resultat ved avslutning

■ Predikert ■ Faktisk



“Therapists need independent data to alert them that treatment is not having its intended effects.”

(Hannan et al., 2005)

Oppdager vi forverring?

Terapeuter gjettet rett på 1 av 40 saker med negativ utvikling (Hannan et al. 2005)

Selv i saker med tydelig forverring i symptomer bemerkes det svært sjelden i journal (Hatfield et al. 2010)

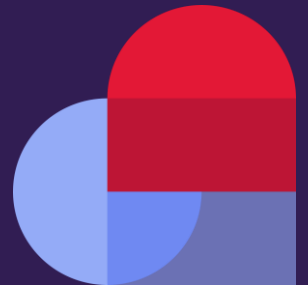
Terapeuter underestimerer antall pasienter med negativ utvikling og overestimerer terapeutisk relasjon (Chapman et al. 2012)

“The great majority of clinicians rated themselves as being better clinicians than their peers ... also reported exceptionally positive therapy outcomes” (Parker & Waller, 2015)

Lite samsvar mellom pasienters og terapeuters opplevde allianse (Bar-Kalifa et al. 2016)

What's the use?

Therapists and patients voting with their feet
vs. implementation barriers



Nå telte han deg også!



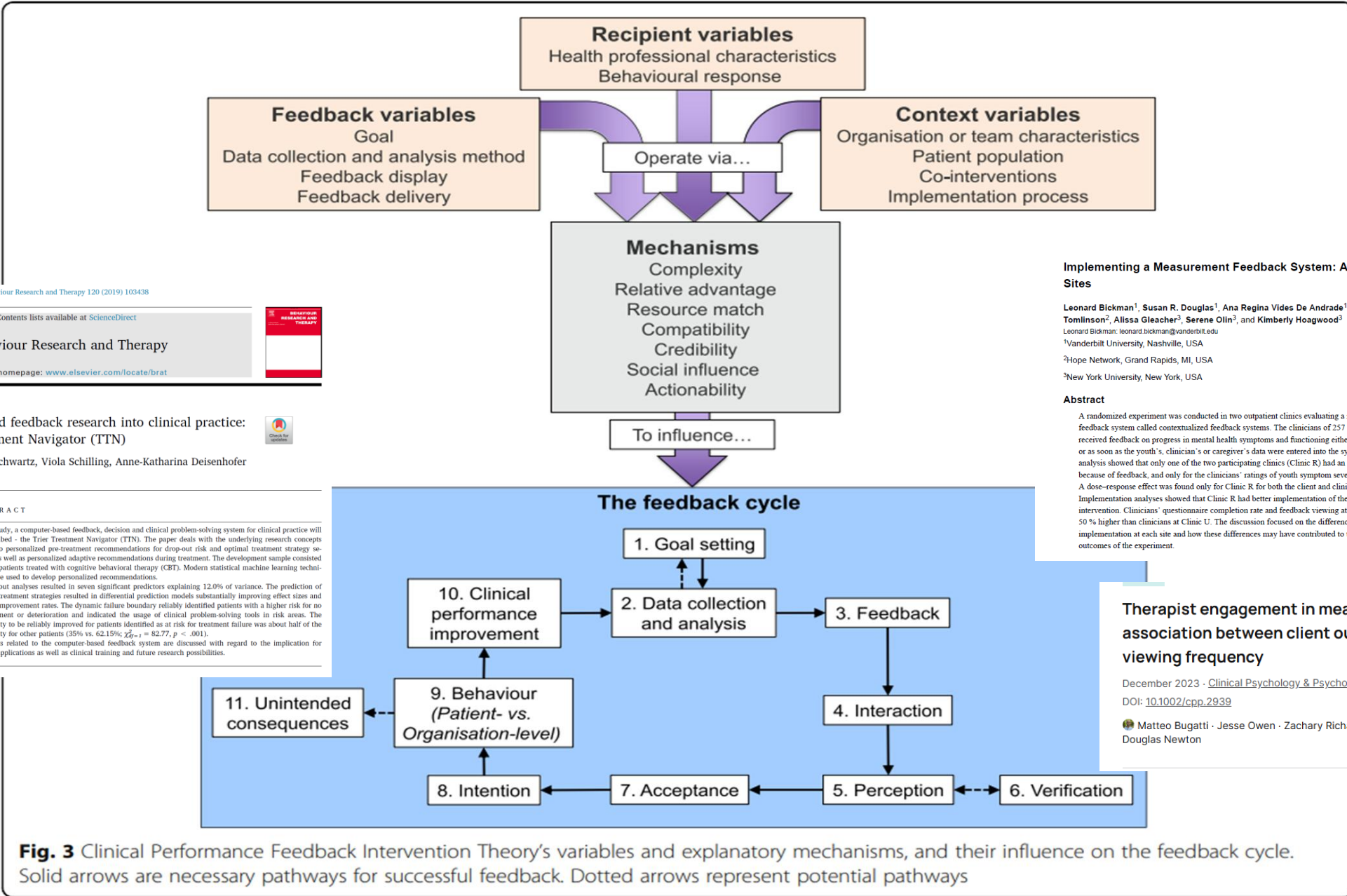


Fig. 3 Clinical Performance Feedback Intervention Theory's variables and explanatory mechanisms, and their influence on the feedback cycle. Solid arrows are necessary pathways for successful feedback. Dotted arrows represent potential pathways

Implementing a Measurement Feedback System: A Tale of Two Sites

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Abstract

A randomized experiment was conducted in two outpatient clinics evaluating a measurement feedback system called contextualized feedback systems. The clinicians of 257 Youth 11–18 received feedback on progress in mental health symptoms and functioning either every 6 months or as soon as the youth's, clinician's or caregiver's data were entered into the system. The ITT analysis showed that only one of the two participating clinics (Clinic R) had an enhanced outcome because of feedback, and only for the clinicians' ratings of youth symptom severity on the SFSS. A dose-response effect was found only for Clinic R for both the client and clinician ratings. Implementation analyses showed that Clinic R had better implementation of the feedback intervention. Clinicians' questionnaire completion rate and feedback viewing at Clinic R were 50% higher than clinicians at Clinic U. The discussion focused on the differences in implementation at each site and how these differences may have contributed to the different outcomes of the experiment.

Therapist engagement in measurement-based care: The association between client outcomes and therapist viewing frequency

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 Matteo Bugatti · Jesse Owen · Zachary Richardson · Show all 5 authors · Douglas Newton

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Towards integrating personalized feedback research into clinical practice: Development of the Trier Treatment Navigator (TTN)
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ABSTRACT
 In this study, a computer-based feedback, decision and clinical problem-solving system for clinical practice will be described - the Trier Treatment Navigator (TTN). The paper deals with the underlying research concepts related to personalized pre-treatment recommendations for drop-out risk and optimal treatment strategy selection as well as personalized adaptive recommendations during treatment. The development sample consisted of 1224 patients treated with cognitive behavioral therapy (CBT). Modern statistical machine learning techniques were used to develop personalized recommendations.
 Drop-out analyses resulted in seven significant predictors explaining 12.0% of variance. The prediction of optimal treatment strategies resulted in differential prediction models substantially improving effect sizes and reliable improvement rates. The dynamic failure boundary reliably identified patients with a higher risk for no improvement or deterioration and indicated the usage of clinical problem-solving tools in risk areas. The probability to be reliably improved for patients identified as at risk for treatment failure was about half of the probability for other patients (35% vs. 62.15%; $\chi^2_{(1)} = 82.77, p < .001$).
 Results related to the computer-based feedback system are discussed with regard to the implication for clinical applications as well as clinical training and future research possibilities.

Ulike feedback-systemer i psykisk helsearbeid

**Partners for Change
Outcome
Management
System (PCOMS)**
Også FIT/KOR

Allianse og symptomer

To korte skjemaer:
ORS og SRS,
ukentlig utfylling

Grafer på skjerm/papir
og korte rapporter.
Pasienten er aktiv
deltaker. Fokus på
relasjon og tilpasning.

**Outcome
Questionnaire-45
(OQ-45)**

Symptombelastning,
interpersonlig funksjon
og sosial rolle

45 spørsmål, fylles ut
regelmessig (eks.
ukentlig)

Grafisk og skriftlig
tilbakemelding om
pasientens utvikling.
Mer klinikerrettet, vises
ofte uten pasienten til
stede.
Off-track/on-track

Ulike feedback-systemer i psykisk helsearbeid

Norse Feedback	Dynamisk, adaptiv kartlegging av symptomer, funksjon, allianse og ressurser/mestring	Skjema før hver time. Skjema justeres basert på tidligere svar	Visuell rapport som både pasient og behandler kan bruke som grunnlag for samtale
Trier Treatment Navigator (TTN)	Symptombelastning Funksjonsnivå Demografisk informasjon Diagnoser Behandlingstype Historikk	Skjemaer før og underveis. Prediktiv modell basert på store datasett, sammenligner pasientforløp	Konkrete anbefalinger basert på maskinlæring og antatt behandlingsutbytte både før og under behandling
Hva er viktig for deg (HEVD)	Selvdefinerte mål	Lages i samtale med behandler, følges opp og scores ved hvert møte	Scoringsark hvor man sammen med pasient manuelt plotter inn nye scorer

Forskjeller i hvordan systemene støtter terapeuten i behandlingsarbeidet

	Tilbakemeldingstype	Varslingsfunksjon	Anbefalinger	Pasientinvolvering
TTN	Prediktiv kurve (on track / off track)	Ja, tidlig avvik varsles	Ja, forslag til tiltak	Begrenset (datadrevet fokus)
PCOMS	Grafisk visning + samtalegrunnlag	Nei (ingen algoritme)	Nei, men terapeut tilpasser direkte	Høy (pasienten eier dataen)
OQ-system	Graf + fargekode (grønn/gul/rød)	Ja, avviksvarsler ("not on track")	Begrenset (tilbakemelding til terapeut)	Moderat
Norse	Dynamisk rapport med fokusområder	Ingen eksplisitt, men fremhever endringer	Ja, terapeut får visuell støtte og oppfølgingstemaer	Høy (refleksjon og målsetting sammen)

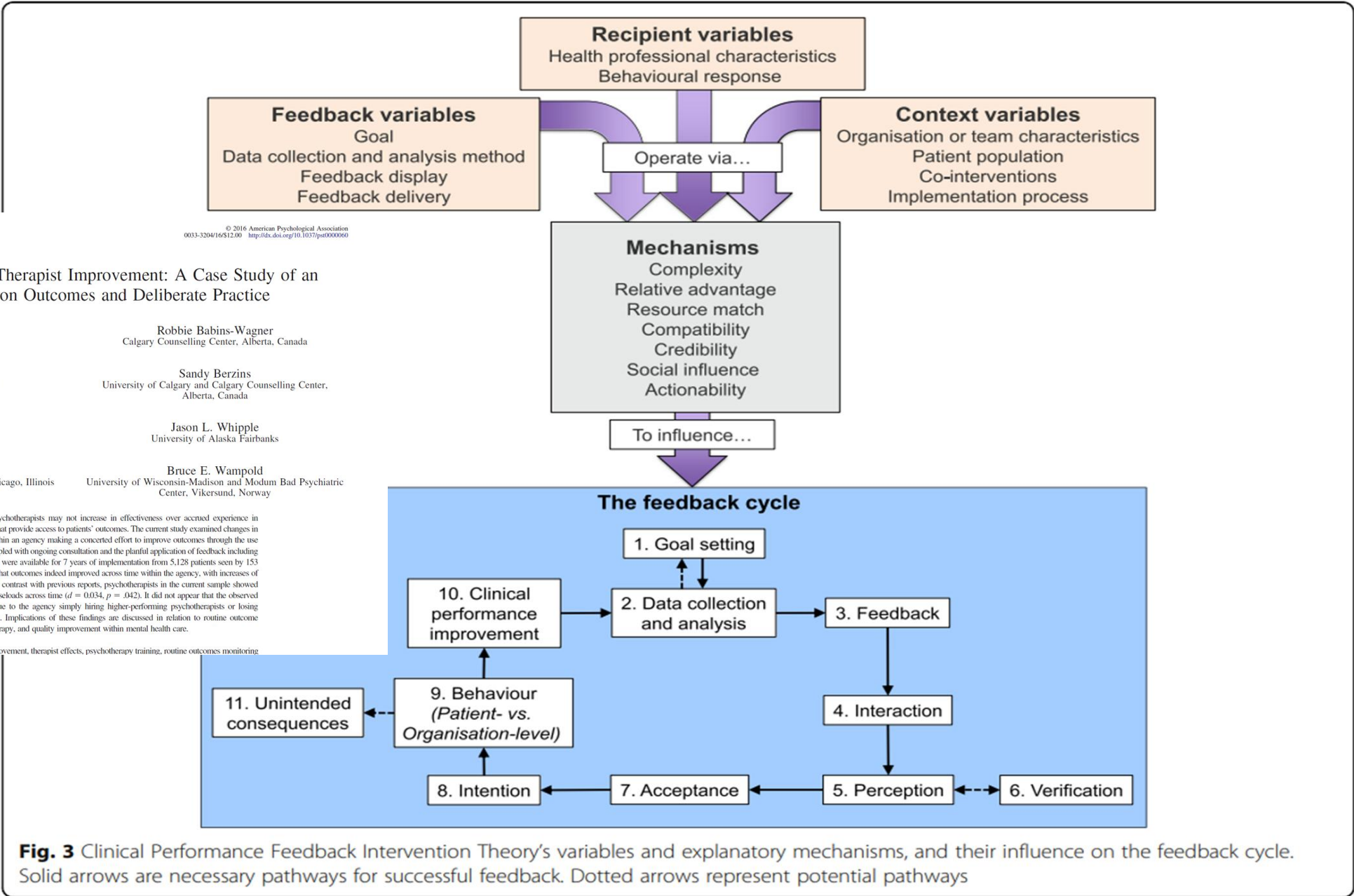


Fig. 3 Clinical Performance Feedback Intervention Theory's variables and explanatory mechanisms, and their influence on the feedback cycle. Solid arrows are necessary pathways for successful feedback. Dotted arrows represent potential pathways

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Creating a Climate for Therapist Improvement: A Case Study of an Agency Focused on Outcomes and Deliberate Practice

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Recent evidence suggests that psychotherapists may not increase in effectiveness over accrued experience in naturalistic settings, even settings that provide access to patients' outcomes. The current study examined changes in psychotherapists' effectiveness within an agency making a concerted effort to improve outcomes through the use of routine outcome monitoring coupled with ongoing consultation and the planful application of feedback including the use of deliberate practice. Data were available for 7 years of implementation from 5,128 patients seen by 153 psychotherapists. Results indicate that outcomes indeed improved across time within the agency, with increases of $d = 0.035$ ($p = .003$) per year. In contrast with previous reports, psychotherapists in the current sample showed improvements within their own caseloads across time ($d = 0.034$, $p = .042$). It did not appear that the observed agency-level improvement was due to the agency simply hiring higher-performing psychotherapists or losing lower-performing psychotherapists. Implications of these findings are discussed in relation to routine outcome monitoring, expertise in psychotherapy, and quality improvement within mental health care.

Keywords: expertise, quality improvement, therapist effects, psychotherapy training, routine outcomes monitoring

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Keywords: expertise, quality improvement, therapist effects, psychotherapy training, routine outcomes monitoring



- Implementering av rutinemessig utfallsmåling (OQ-45)
- Obligatorisk å tilby OQ-måling
- Rekruttering av personale med interesse for utfallsmåling
- Månedlig klinisk veiledning
- "Feilsentrerte" veiledninger
- Bruk av FIT-behandlingsmodeller
- Inkorporering av utfallsdata i opplæring og praksis
- Fremme bevisst praksis (deliberate practice)



Små
forbedringer



Uoppnåelig
perfeksjon

Takk for oppmerksomheten!

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