



Using outcome feedback in psychological therapy:

A guideline for IAPT practitioners



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A note about this booklet

This brief guideline was developed to support psychotherapists to adopt and use outcome feedback in English IAPT services. It was written as part of a study supported by an NHS Research Capability Funding grant awarded by Leeds Community Healthcare NHS Trust in May 2015.

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What is outcome feedback (OF)?

- Outcome tracking technology helps to identify patients who are not progressing as expected, and who may be at risk of poor outcomes.
- Real-time feedback is provided to therapists and patients, indicating if therapy is 'on track' or 'not on track'.
- This feedback informs the therapeutic process and plan.
- Essentially, it's a trouble-shooting aid that helps to improve outcomes.





Why should therapists use outcome feedback?

- Although psychotherapy helps many people, some patients don't reliably improve and up to 10% of patients deteriorate.
- Studies show that most therapists can't predict treatment outcomes very accurately, and often fail to detect deterioration in their patients. Especially if they mainly rely on their clinical judgement, without reference to objective data or outcome measures.
- This might be explained by the fact that many therapists tend to be over-optimistic about their practice, looking for the 'silver lining' even in the most difficult cases.
- Optimism is necessary to help therapists to instil hope in many patients and to prevent burnout. However, over-optimism may not enable them to detect obstacles and to troubleshoot early enough in some cases at risk of poor outcomes. According to the outcome feedback method, these cases are referred to as risk 'signal' cases.



<https://www.psychotherapy.net/interview/preventing-treatment-failures-lambert>

<http://onlinelibrary.wiley.com/doi/10.1002/jclp.20108/abstract>

<http://onlinelibrary.wiley.com/doi/10.1002/cpp.656/abstract>

<http://tcp.sagepub.com/content/34/3/341.short>

<http://psycnet.apa.org/journals/law/2/2/293/>



Does outcome feedback improve outcomes?

- Over 40 studies have investigated OF methods applied in diverse countries, settings (e.g. inpatients, outpatients, students, IAPT services) and clinical populations, using controlled trials and observational designs.
- The first major meta-analysis of controlled trials indicated that patients who were classified as 'not on track' during treatment were 2.3 times more likely to deteriorate in usual therapy, by comparison to therapy + OF (Shimokawa et al., 2010).
- 6 further systematic reviews and meta-analyses have been published in the last decade, which indicate that using OF can help to improve outcomes, prevent deterioration and improve efficiency (treatment cost reductions).
- The overall effect size favouring OF is small ($d=.22$) and mostly relevant for patients with common mental health problems who are classed as 'not on track'.
- Basically, OF helps to identify and resolve obstacles to improvement in cases where therapy is not working as expected.



<http://dx.doi.org/10.1037/a0019247>

<http://www.tandfonline.com/doi/abs/10.1080/10503307.2013.871079>

<http://www.tandfonline.com/doi/abs/10.1080/10503307.2014.928756>

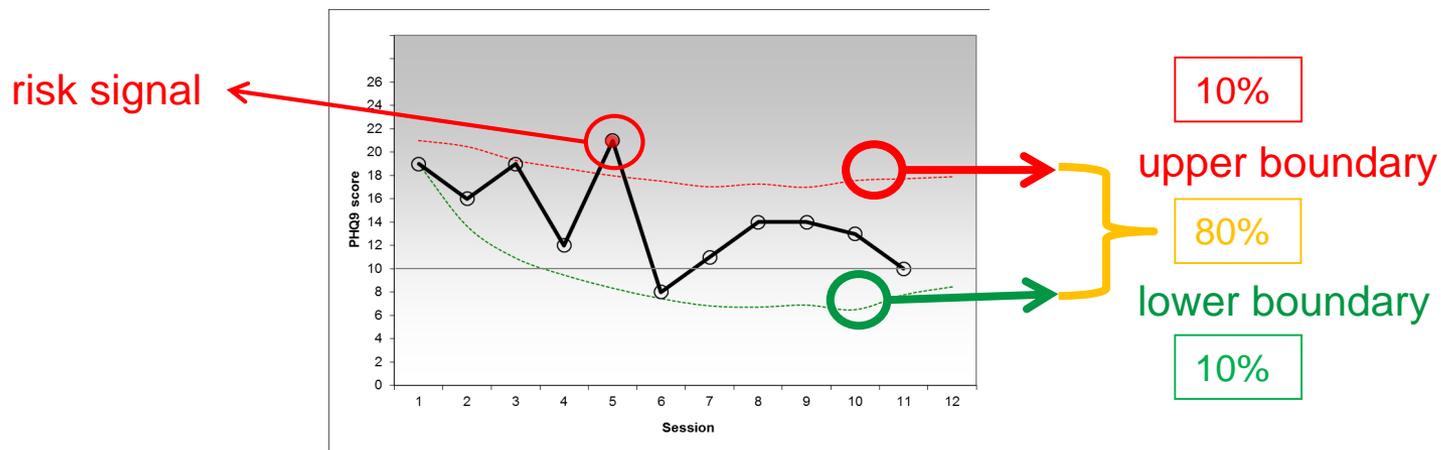
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[https://doi.org/10.1016/S2215-0366\(18\)30162-7](https://doi.org/10.1016/S2215-0366(18)30162-7)



How do I make sense of outcome feedback?

- **E**xpected **T**reatment **R**esponse (**ETR**) models tell you how your patient's progress compares to that of (hundreds of) patients with similar characteristics, using depression (PHQ-9) and anxiety (GAD-7) measures.
- ETR models include an upper and a lower boundary, which are like 'confidence intervals'.
- If symptoms are within the boundaries, therapy is likely to be generally 'on track' (OT) and progressing as expected, since 80% of similar cases show symptom scores in this range.
- If symptoms are above the upper boundary, this is a risk signal indicating that therapy is 'not on track' (NOT). The patient's response is more like 10% of cases that deteriorate or don't improve.
- Scores below the lower boundary suggest remarkable improvement.
- Also consider that reliable change (symptom reductions greater than 5 points) by session 4 can be a useful indicator of whether or not a patient is likely to respond and recover.



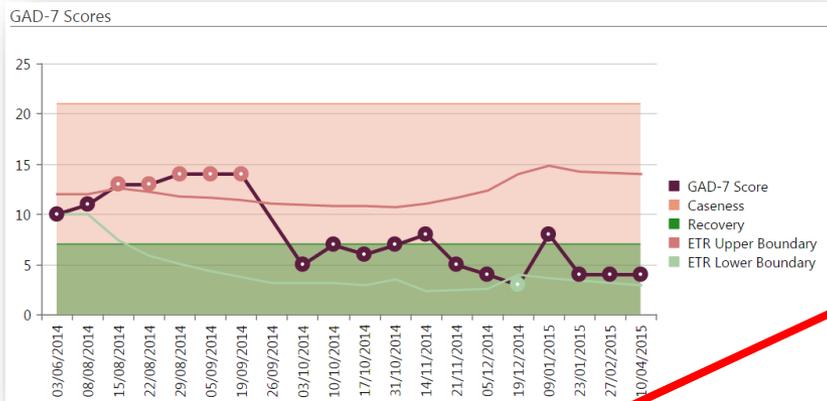


How do I make sense of outcome feedback?

- ETR models will help you to detect cases that are ‘not on track’ (NOT), so that you can review progress, identify and overcome obstacles to improvement.
- ETR models can also help you to learn about your own practice, and about therapy processes and mechanisms of change.

Case example: “Initially NOT, but responded after sudden gain”

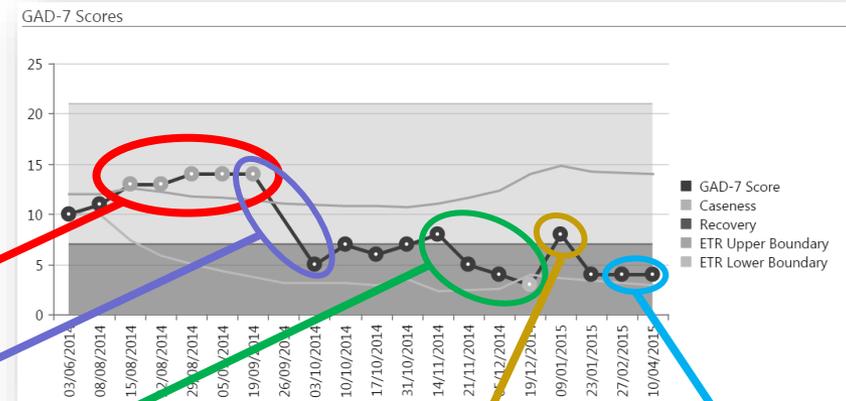
Actual graph from [PCMIS](#) system, for a patient with moderate OCD who accessed 18 sessions of CBT



NOT during sessions 2 – 6

Something important happened after session 6, which led to a sudden and reliable improvement, and points to a key process of change

Annotated graph to explain how to interpret it



Effortful practice of change methods and coping skills led to remarkable improvement between sessions 11 – 14

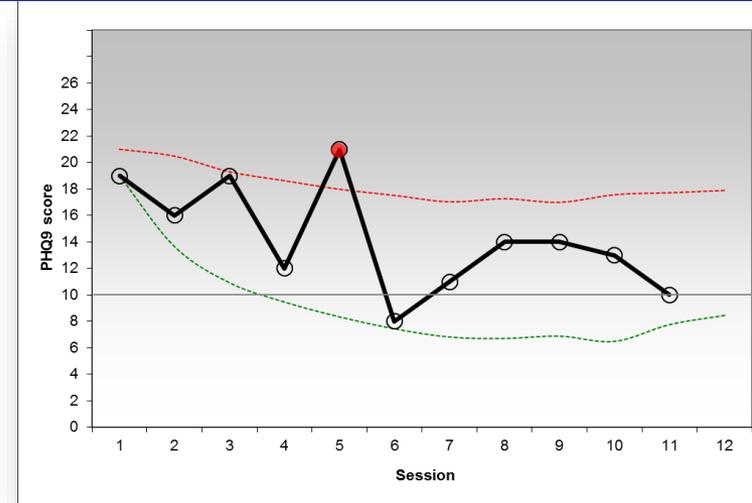
Watch out for sudden spikes! This helped us to learn how to plan a successful relapse prevention strategy

Booster sessions confirmed stability of improvement over time



Best practice

- Introduce rationale for using feedback at session 1, as a tool to help us to learn and to adjust therapy.
- Review graphs with patients at the start of every session, check accuracy of self-report.
- If 'on track', use the graphs to reinforce progress and to instil a sense of optimism.
- If 'not on track', then follow these steps:
 1. Assess possible obstacles by discussing the feedback graphs with the patient.
 2. Discuss in clinical supervision to formulate a plan to resolve or 'work around' obstacles.
 3. Implement your plan and use feedback graphs to assess if it's working or not.
 4. If you continuously get NOT signals, this indicates that therapy isn't helping to improve symptoms and functioning, so other options should be considered.
 5. If there is no evidence of reliable improvement by session 7 @Step2 or by session 14 @Step3, it's time to step-up (<5% probability of recovery).
 6. If symptoms come back 'on track' and there is evidence of reliable improvement compared to session 1, extending the duration of treatment could help to maximize the chances of recovery.



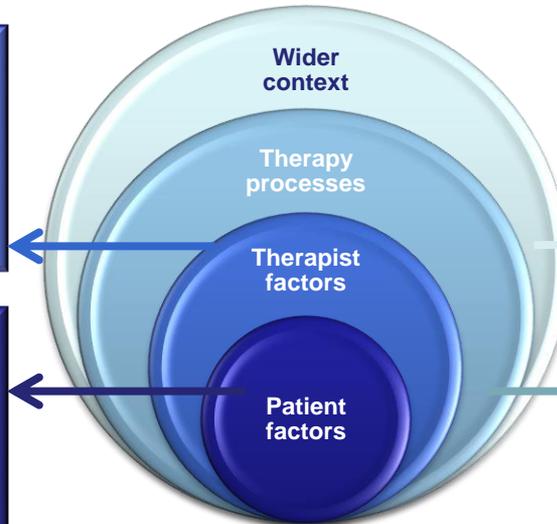


Why are some cases not on track?

NOT signals could be due to one key factor, or an interaction of multiple factors.

- Over-confidence
- Occupational burnout
- Low job satisfaction
- Facilitative interpersonal skills (improve outcomes)
- Reflective functioning (improves outcomes)
- Deliberate practice to improve skills

- Severe functional impairment
- Self-reported disability
- Long-term health conditions
- Comorbidity
- Younger age (<20)
- Minority ethnic group
- Single (as opposed to married or cohabiting)
- Personality disorder traits



- Life problems and events that exacerbate psychopathology
- Unemployment, socioeconomic deprivation
- Lack of social support

- Therapeutic alliance deficits or ruptures
- Lack of goal consensus
- Expectancy deficits
- Motivational deficits
- All of the above get in the way of applying evidence-based change methods

<http://eu.wiley.com/WileyCDA/WileyTitle/productCd-1118038207.html>
<https://www.routledge.com/products/9780805857092>
<http://onlinelibrary.wiley.com/doi/10.1002/cpp.594/abstract>
<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0083875>
<http://psycnet.apa.org/journals/cou/54/1/32/>
<http://onlinelibrary.wiley.com/doi/10.1002/cpp.1977/full>
<http://bjp.rcpsych.org/content/early/2015/11/05/bjp.bp.115.171017>
<http://www.tandfonline.com/doi/abs/10.1080/10503307.2012.673023>
<http://www.sciencedirect.com/science/article/pii/S0005796715000595>
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<http://psycnet.apa.org/journals/pst/50/1/88/>
http://espace.library.curtin.edu.au:80/R?func=dbin-jump-full&local_base=gen01-era02&object_id=200923

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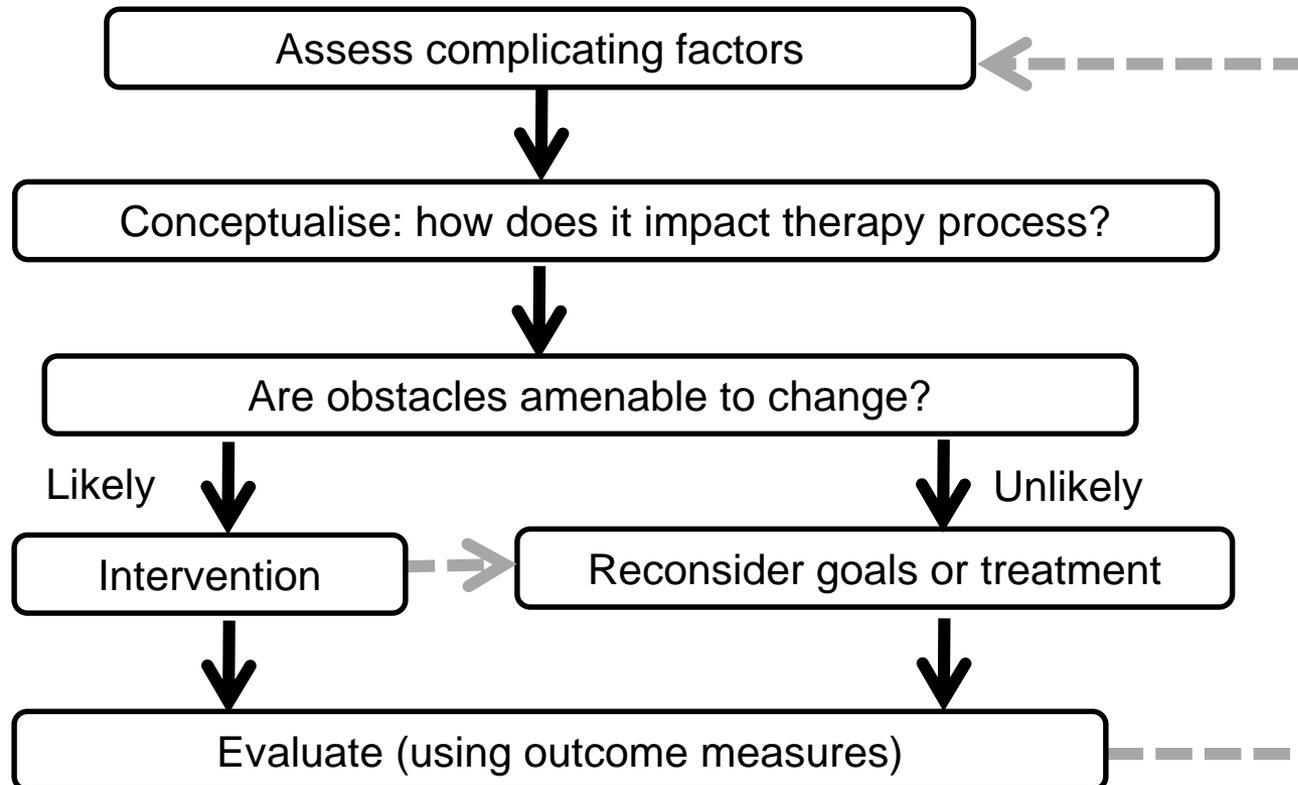




Assessment

- Consider possible obstacles: patient, therapist, process, context factors
- Explore possible obstacles with your patient
- Discuss the information with your clinical supervisor or a peer

Formulation





Conceptualising obstacles or factors that complicate treatment

- How might these factors make it difficult to cope with daily stressors?
- How might each factor interfere with the patient's goals?
- How might each factor interfere with change mechanisms?
- How might these factors interact with each other?

Intervention planning

- Which of these factors could be amenable to therapeutic change? How?
- Which of these factors are less amenable to therapeutic change?
- Which supportive factors might mitigate the influence of complicating factors?
- Who else could help to increase support or resources?



Tips to support the consistent and effective use of feedback

If you find yourself avoiding or forgetting to discuss OF with your patients or supervisor

Then:

- Remind yourself that OF has improved patients' well-being across several studies in several countries. Read references in pg. 4.
- Ask yourself: does your intuition turn out to be correct all of the time? What's the evidence?
- Take some time to review the OF graphs of a handful of completed cases, you'll be surprised how much you can learn from this!
- Practice or role-play what to say in preparation for OF discussions. Consider how to use metaphors and terminology that will make NOT feedback less daunting.
- Seek advice from colleagues who use OF.
- Bring time or organisational obstacles to the attention of managers. The service has a duty to make changes that may improve patient outcomes (IAPT key performance indicator).
- Consider printing or e-mailing anonymised screen shots of feedback graphs to share them easily with patients and supervisors.



<http://www.tandfonline.com/doi/full/10.1080/10503307.2015.1051163>

<http://www.tandfonline.com/doi/full/10.1080/10503307.2012.673023>

<http://link.springer.com/article/10.1007/s10488-014-0589-6#/page-1>

<http://www.tandfonline.com/doi/full/10.1080/10503307.2013.817696>