

Integrating Core Skills from Evidence-Based Practices into Your Work

A Learning Collaborative

Today with: Sandy Resnick and Michelle Salyers

Hosted by

The Southeast Mental Health Technology Transfer Center

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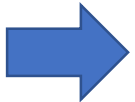
Today's Roadmap

- Check in: how did things go?
- Common barriers & facilitators to meeting our goals
- Introducing measurement-based care and how it looks in clinical practice
- Reviewing a few resources

The Series: Topics

1. Introductory session on doing more with less -- Core skills from Evidence-based practices in under-resourced communities (Michelle and Sandy)
2. Client-directed goal setting and collaborative decision-making (Emily)
3. Using measurement-based care principles to guide your practice (Sandy)
4. Coaching clients to work with providers/advocating for themselves (Emily)
5. Working with community members (Marina)
6. Recovery in challenging situations and wrapping it up (Michelle and Emily)

We are here



Checking in

Some reflections (pen & paper/open word document)

1. Last week you set a SMART goal for something to try. How did it go?
 - SMART goals are: specific, measurable, attainable, realistic, timely
2. If you met your goal, what helped you reach it?
3. If you had trouble with your goal, what got in the way?
4. How tall are you?



Short people rule!

You will be invited to join a break-out room. In those rooms, the shortest person is the “leader” and note taker for today

- 1) Introduce yourselves, including how tall you are, and something fun you did outside of work this past week.
- 2) Discuss your goals from the past week and how they went
- 3) Write down 3-4 common things that tended to help you reach your goal and 3-4 things that tended to get in the way
- 4) Troubleshoot- what might help you overcome those barriers?

Measurement-Based Care



MBC is collect, share, act



Collect: Clients complete patient-reported outcome measures (PROM) routinely and repeatedly throughout care to track progress over time.

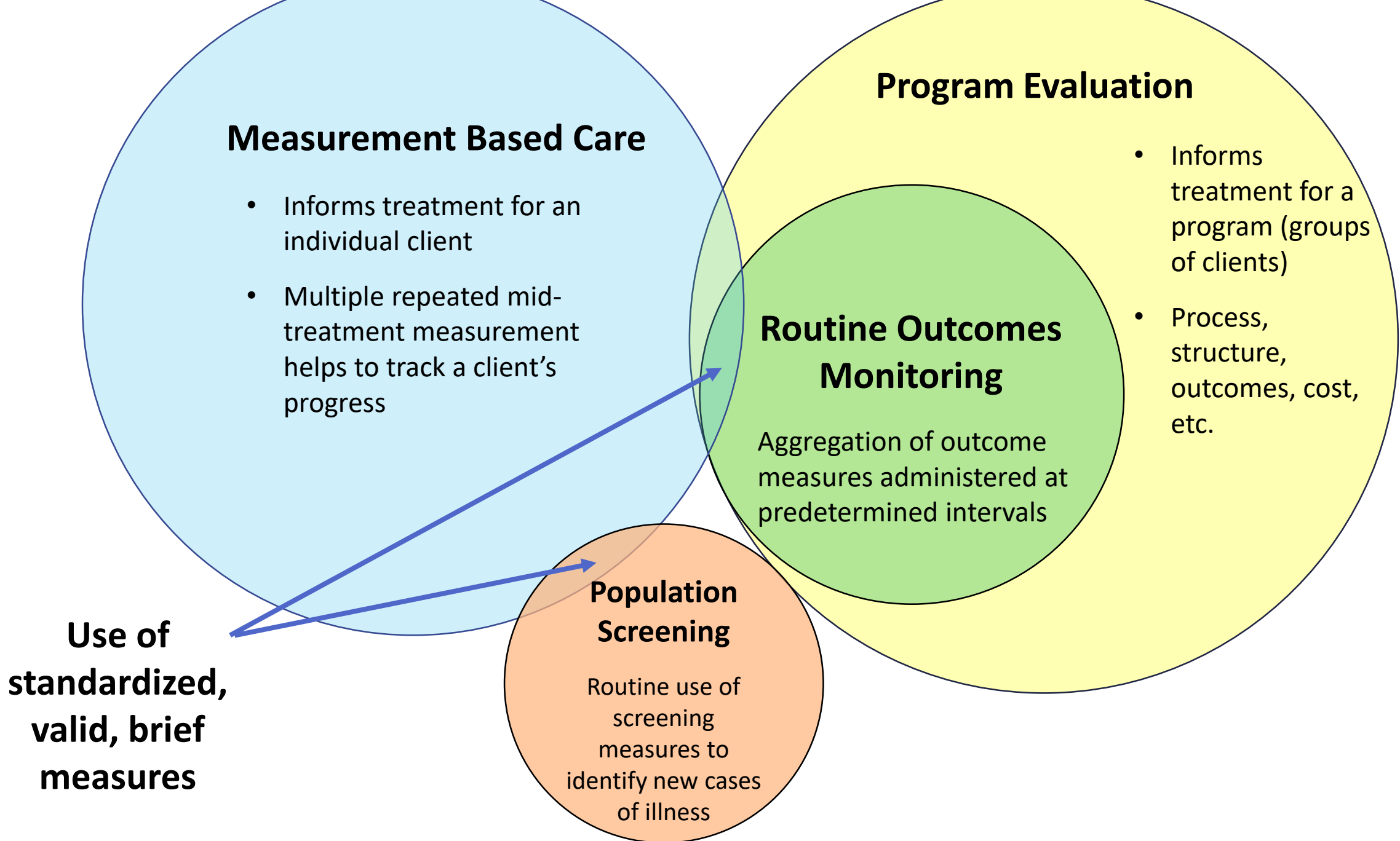


Share: Measure results are shared and discussed with the client in a timely manner to ensure a shared understanding.



Act: Together, providers and clients use outcome measures to

- have meaningful conversations about individualized goals
- collaboratively develop treatment plans
- assess progress over time
- inform joint decisions about changes to the treatment plan.

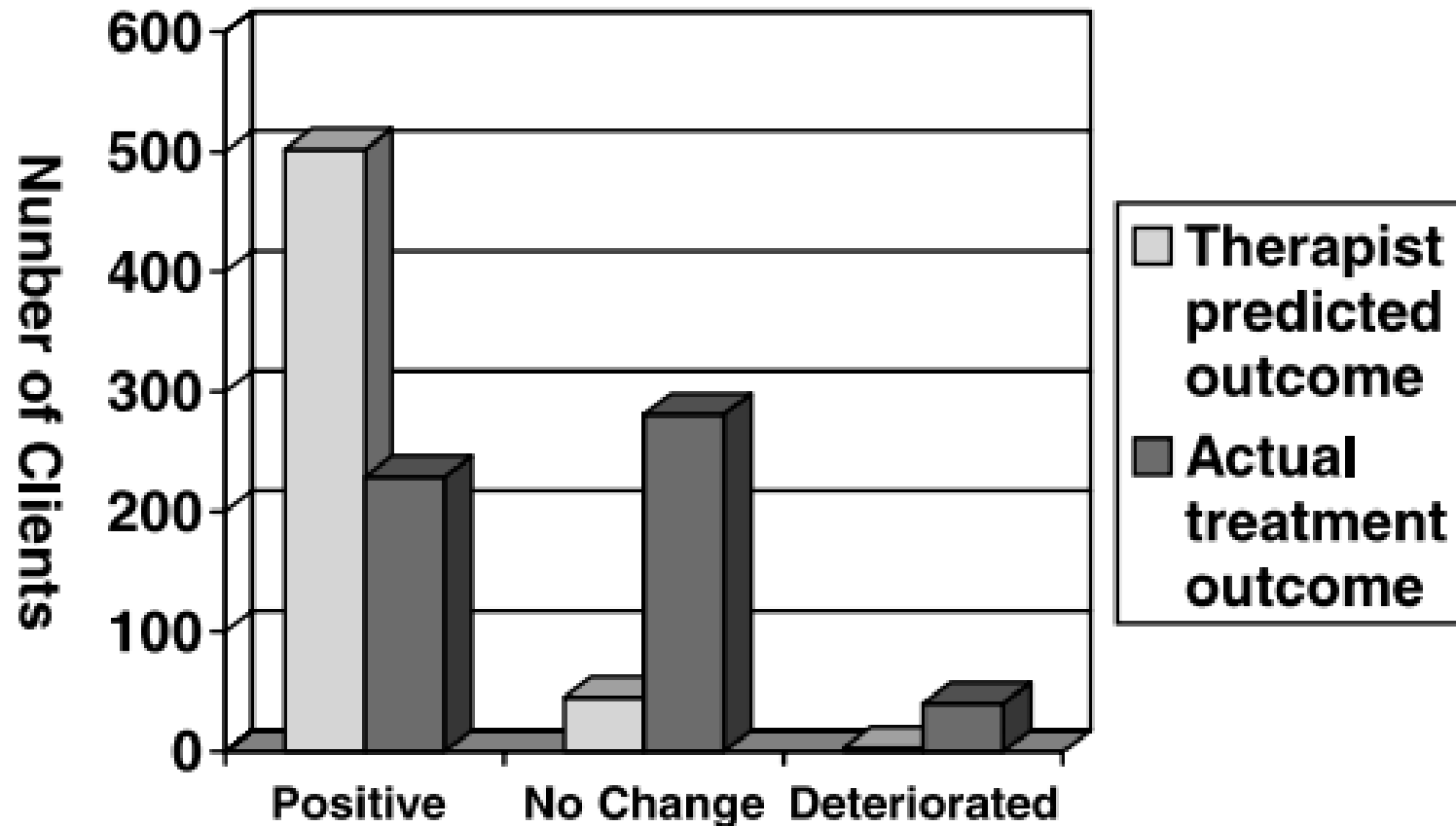


Why do MBC?

- Better outcomes
- Clients like seeing and tracking their scores
- Clients feel empowered
- Providers like using the data to ensure effective services
 - EBPs to fidelity have the best outcomes
 - Especially when we can't provide an EBP to fidelity, this is a good way to track progress

We are biased:

We want to see the best in our clients (Hannan et al., 2005)



Why does this work? Some possibilities:

- Signal to change treatment
 - Not on track (OQ-45; Shimokawa et al. 2015)
 - Treatment inertia (Fortney et al., 2016; Henke et al. 2009)
 - More rapid medication changes (Guo et al. 2015)
- Increased engagement
 - Client (Lewis et al., 2018, de Jong, 2021)
 - Provider
- Treatment individualization

Key requirements of a good MBC measure

- **Collect**

- Brief
- Self-reported
- Measures something your services target
- Sensitive to change over time
- Good psychometric properties



- **Share**

- You are able to explain/interpret results
- Can be recorded in the medical record



- **Act:**

- Actionable by provider
- “Act” may also mean referral



Standardized

- Standard rules for administration and scoring
- Usually Likert-style items are administered and scored into scales
- Norms and clinical cutoffs to interpret patient progress
- Global or problem specific

Examples: PHQ-9, GAD-7, Pediatric Symptom Checklist, Beck Depression Inventory, Vanderbilt

Individualized

- Track change within individuals on specific, individualized targets.
- Usually identify a specific treatment target, establishing a metric for monitoring it, and then gathering data from the client to monitor changes
- Problem specific

Examples: top problem ratings, mood ratings, behavior logs, skills logs, days absent

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered
by any of the following problems?
(Use "✓" to indicate your answer)

Not at all Several
days More
than half
the days Nearly
every
day

1. Little interest or pleasure in doing things

0

1

2

3

2. Feeling down, depressed, or hopeless

0

1

2

3

3. Trouble falling or staying asleep, or sleeping too much

0

1

2

3

4. Feeling tired or having little energy

0

1

2

3

Session 1:

Tell me about the things that you are most concerned about:

Problems	Rating (1 – 10)
1.	
2.	
3.	
4.	
5.	

Sessions 2+

Below are the things you told me you are most concerned about when we first met. For each I want you to rate how much of a problem it still is, from 0 “not a problem” to 10 “a huge problem.”

	<i>Not a problem at all</i>			<i>Somewhat of a problem</i>				<i>A huge problem</i>			
	0	1	2	3	4	5	6	7	8	9	10
1.	0	1	2	3	4	5	6	7	8	9	10
2.	0	1	2	3	4	5	6	7	8	9	10
3.	0	1	2	3	4	5	6	7	8	9	10
4.	0	1	2	3	4	5	6	7	8	9	10
5.	0	1	2	3	4	5	6	7	8	9	10

10-point adapted “Youth Top Problems” Adapted from: Weisz JR, Chorpita BF, Frye A, Ng MY, Lau N, Bearman SK, Ugueto AM, Langer DA, Hoagwood KE; Research Network on Youth Mental Health. Youth Top Problems: using idiographic, consumer-guided assessment to identify treatment needs and to track change during psychotherapy. *J Consult Clin Psychol*. 2011 Jun;79(3):369-80. doi: 10.1037/a0023307. PMID: 21500888.

Strengths vs. Challenges?



Who should do MBC?

- Licensed Independent Practitioners
 - All measures
 - Full model
- Non-LIPs in clinical settings
 - Within scope of practice
 - Standardized measures (e.g., PHQ9): need SOPs for concerning responses
- Peer specialists
 - May not be consistent with peer practices
 - Individualized measures focusing on non-clinical issues may be appropriate
 - Teach clients to track their own progress

COLLECT



The Rationale:

Explaining MBC to clients



Why is the Rationale So Important?

- Important part of treatment engagement
- How you explain MBC can make a difference in
 - how invested clients are in the process
 - the validity of the scores
 - the effectiveness of the process

What to Include

- Some important elements to include:
 - Explain “collect, share, act”
 - Who will have access to the scores
 - Why **these** measures?
 - How often will they be repeated
 - Answer questions
- Take your time
- You will likely have to repeat the process several times

How frequently?

- Psychotherapy and/or medication sessions: often every session
- Beyond that? Not sure. Consider:
 - How often do you meet?
 - What is the timeframe for the measure you're using?
 - How long does treatment usually last?
 - Is change rapid, or slow?
 - How often does treatment planning happen?
 - Is it important to assess for risk?

Collect: The Logistics

- Some EHRs have integrated PROMs
- Other options:
 - Pen and paper
 - Laminated cards + white board markers
- All PROMs must be recorded in the medical record
- Conversations (share, act) should also be well documented
- Follow local policy for storage of PROM data

Type in the chat:

What kind of measures do you think would work best in your setting?



Standardized?

Individualized?

Both?

None?

SHARE





Report



Discuss



Educate



Capture





What does it mean to “share”?



Sharing is a process of using the PROMs completed for the session as the foundation for a conversation about how the client is doing right now: strengths and challenges.



Why do we “share”?

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- Clients own their data.

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- Sharing increases engagement.

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- Clients own their data.
- Sharing increases engagement.
- We develop a shared language.
- It may uncover new information.
- Sharing helps to set priorities.



Report



Report

Explain and review

- Total score
- Subscale scores
- Item scores

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

TOTAL: 10, "moderate anxiety"



Report

Today, your score is a 10 which indicates "moderate" anxiety.

GAD-7				
Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
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3. Worrying too much about different things	0	1	2	3
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5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

TOTAL: 10, "moderate anxiety"



Report

Looking at some of the items, there are two things that you report not experiencing at all.

GAD-7				
Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
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7. Feeling afraid as if something awful might happen	0	1	2	3

TOTAL: 10, "moderate anxiety"



Report

And there are two items that you report you are experiencing nearly every day.

GAD-7				
Over the last 2 weeks, how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
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7. Feeling afraid as if something awful might happen	0	1	2	3

TOTAL: 10, "moderate anxiety"



Discuss



Discuss

- Ask.
- Get curious.
- Does the data match the client's experience?
- Explore discrepancies.



Discuss

- Open ended questions
- Affirming
- Reflecting
- Summarizing



Discuss



- Open ended Qs
- Affirming
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GAD-7

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6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

TOTAL: 10, "moderate anxiety"



Discuss

How does this
feel to you?

GAD-7

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7. Feeling afraid as if something awful might happen	0	1	2	3

TOTAL: 10, "moderate anxiety"



Discuss

As we review the scores, what jumps out at you as important to discuss today?

GAD-7

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7. Feeling afraid as if something awful might happen	0	1	2	3

TOTAL: 10, "moderate anxiety"



Discuss

As you were completing it, was there anything that you had to really think about before responding?

GAD-7

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6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

TOTAL: 10, "moderate anxiety"



Discuss

Is anything
confusing to
you?

GAD-7

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
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TOTAL: 10, "moderate anxiety"



The measures really capture how you feel.





Client-identified
discrepancy:

The measures don't
match your perception
of how you are feeling
right now.



Provider-identified
discrepancy:

I have information that
is inconsistent.

Two examples of provider-identified discrepancy:

- Item scores are not internally consistent
- Client presentation or self-report differs from data





Discuss

Some common causes for discrepancy:

- Misunderstandings of terms
- Misunderstandings of instructions
- Specific events/situations are skewing scores
- There was a mistake



Educate



Educate

Clarify misunderstandings

- Measure instructions
- Item wording
- Time frames
- Definitions of key terms



Educate

When filling this out, you were thinking about the last few years, not the last 2 weeks. Would it be ok if we went through this and see how your answers might change thinking about a 2-week timeframe?



Capture



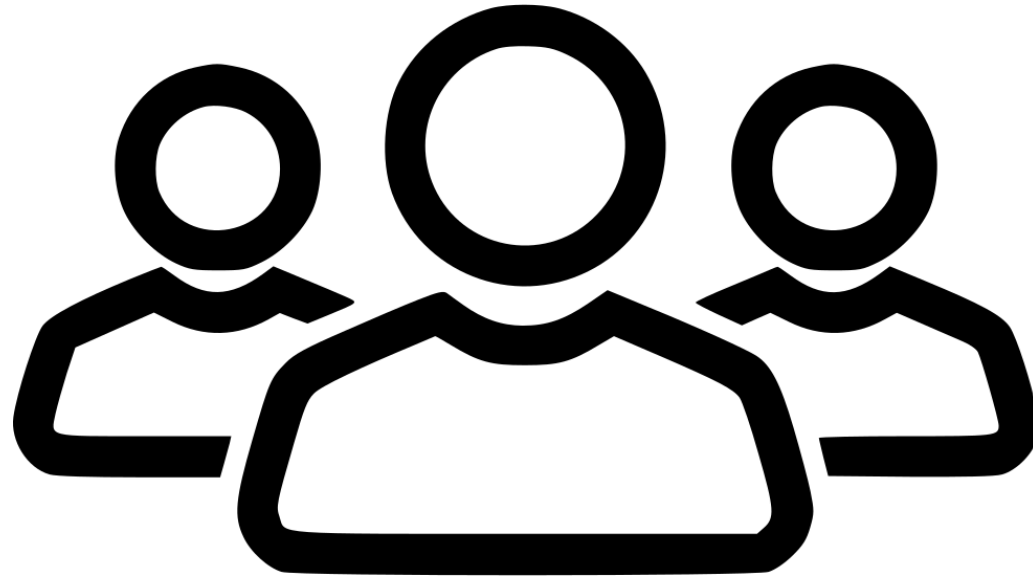
Capture

Document in the record!

- Scores
- Conversation
- New information



Capture



ACT



APPRAISE



BRAINSTORM



CHOOSE





**WHAT DO THESE
RESULTS MEAN FOR
THIS CLIENT,
SPECIFICALLY?**



**THE CONVERSATION
IS KEY.**



**WHAT OPTION BEST
MEETS YOUR SHARED
GOALS OF
TREATMENT?**

APPRAISE



“Should we do something based
on this information?”

APPRAISE



Ensure the client understands
what the data over time mean.



GAD-7: Anxiety Symptoms

14

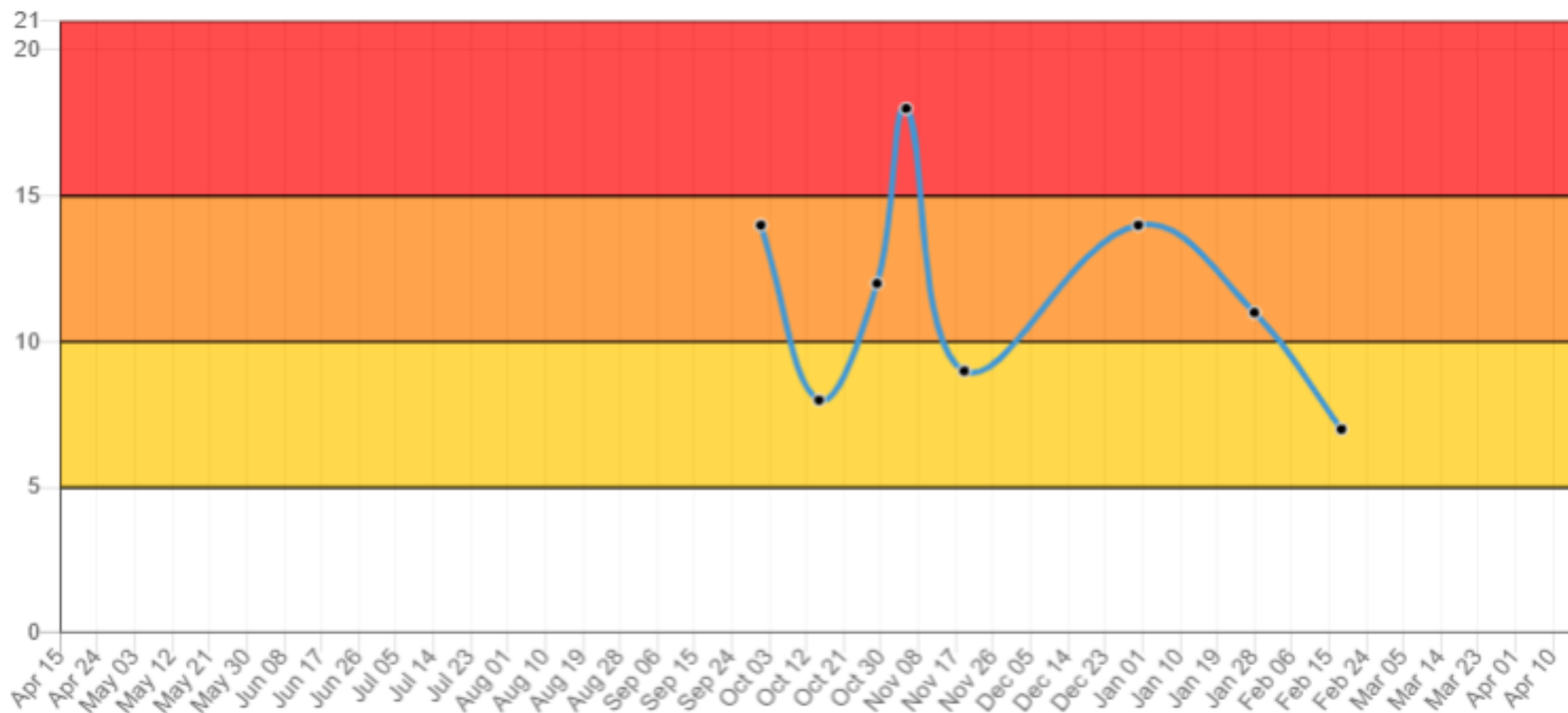
196 days ago

7

56 days ago

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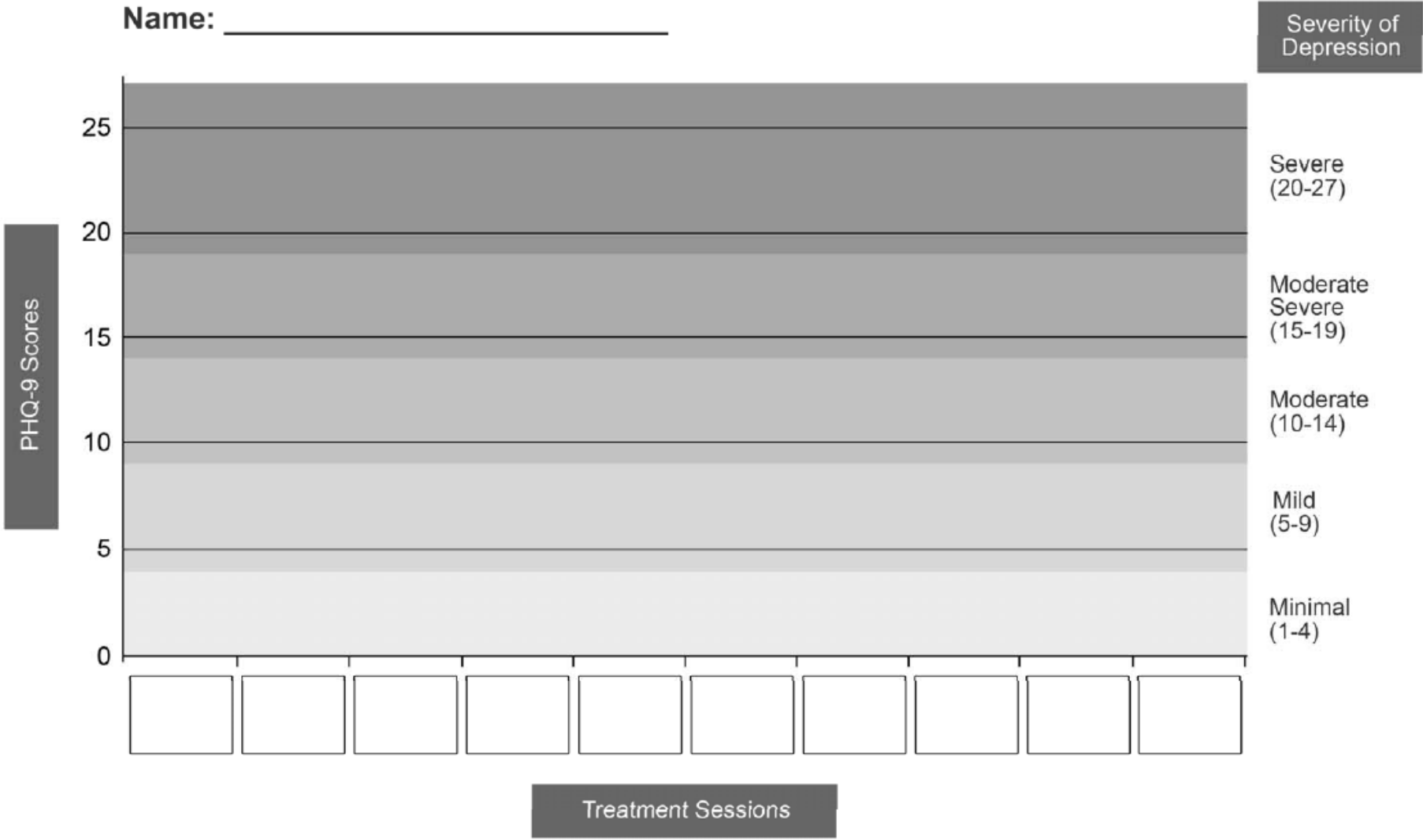
spans 140 days



PHQ-9 Graph

Group: _____

Name: _____



BRAINSTORM



Collaboration
&
Curiosity

BRAINSTORM



- Do you agree with the changes we're seeing on the measure?
- What helped?
- What got in the way?
- What changed for you?
- What do you think contributed to the changes we're seeing?
- How did you know there was a change?
- How do you think you're doing? What progress are you noticing?

BRAINSTORM



“Should we do something based
on this information?”

BRAINSTORM



Utilize all the
data –
the scores,
the client's
input, and
your own
clinical
impressions –
to generate
ideas.

BRAINSTORM



- Change in treatment
- Goal-setting
- Shift treatment focus
- Agenda-setting
- Referral to new service
- Increase or decrease intensity
- Add or drop a component
- Discharge
- Reach out to member of team

CHOOSE



C o l l a b o r a t i v e
d e c i s i o n - m a k i n g

Resources



The Yale MBC Collaborative is dedicated to MBC implementation for systems, clinicians and clients and MBC advancement as an evidence-based practice via continued research.

YMBCC Faculty:

Jessica Barber, PhD | Amber Childs, PhD | Elizabeth Connors, PhD | Sandy Resnick, PhD



Follow Us [@YaleMBCC](https://twitter.com/YaleMBCC)

https://medicine.yale.edu/psychiatry/research/programs/clinical_people/mbccollab/

Self-Care Mobile Apps



www.ptsd.va.gov/appvid/mobile

MobileMentalHealth@va.gov



National Center for

PTSD

POSTTRAUMATIC STRESS DISORDER



Couples Coach was created for partners who want to improve their relationship and explore new ways to connect.



COVID Coach was created for everyone, to support self-care and overall mental health during the coronavirus (COVID-19) pandemic. Check out "30 days of self-care with COVID Coach," a guide to help make self-care a part of your daily life: <https://tinyurl.com/30daysofCOVIDCoach>



Insomnia Coach supports the self-management of insomnia. It can be used alone or in combination with the website Path to Better Sleep (www.veterantraining.va.gov/insomnia).



Mindfulness Coach is designed to support independent mindfulness practice. The app also contains information about mindfulness and PTSD symptoms, increasing resilience and self-awareness, improving emotional balance, and building positive skills.

Resources

- Word document with Top Problems format
- Measure lists (adult & youth)
- Excel sheet with graph
- PHQ9 worksheet
- Mental Health Recovery Measure 10-item

Small Group Activity

- Is measurement-based care new to you? If not, how have you seen it used?
- How could measurement-based care work in your setting?
- What kinds of measures might be useful to your clients?
- Same leader/note taker jot down a few ideas for successful strategies and possible new pathways

Big Group Sharing

- What were a few highlights?
- Group leader can you email me notes? mpsalyer@iu.edu

Reflection

- What is one thing you plan to try differently this week?
- Write it down for yourself

Remember SMART goals are: specific, measurable, attainable, realistic, timely

- Then write it in chat

Next Week

- Check in with how it is going
- Talk more deeply about coaching clients to work with providers and advocating for themselves
- More small-group sharing