Guidelines for Implementing Clinical Outcomes
in Psychology Practicum Training
BAPIC

Bay Area Practicum Information Consortium (BAPIC)*
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NOTE: All underlined items have links that can be accessed in computer version of document

Purpose

To guide practicum agencies, students, professors, and training offices in developing and implementing clinical outcomes in practicum training for doctoral students in psychology.

Outline

- Clinical Outcomes and Practicum Training
    - o Outcomes tailored to each agency setting and population
    - o How are clinical outcomes different than large research studies on therapy?
    - o What are the primary goals and benefits of using clinical outcomes?
    - o Outcomes and Practicum Students
- Partnering: Roles of Agencies, Supervisors, Students, Schools and BAPIC
    - o Supervisory and training Roles
    - o Student role
    - o Academic courses related to practicum and clinical outcomes
- Questions to Consider in Using Clinical Outcome Measures
- Tips on Explaining Outcome Measures to Clients and Enhancing Therapy Benefits
- Common Clinical Outcome Measures Used in Clinical Practice
- References and Resources for Clinical Outcomes

Clinical Outcomes and Practicum Training
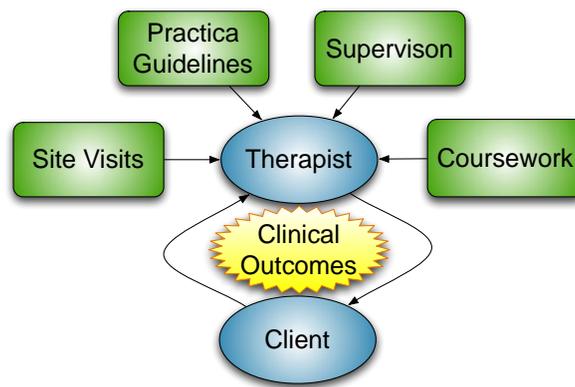
As you are aware, there is an increasing demand in psychology (and all of healthcare and education) to gather data on the outcome of clinical interventions in order to evaluate and

improve the effectiveness of psychotherapy services as well as accessing funding sources and insurance reimbursement. Consistent with this goal, APA recently established a requirement that students in APA accredited programs gain the experience of gathering and using clinical outcome data from clients they are working with in therapy as part of their practicum and intern experiences (as well as receive training in Evidence Based Practices).

APA Implementing Regulations 24 states that practicum students "be provided with supervised experience in collecting quantitative outcome data on the psychological services they provide" (See IR C-24 on Empirically Supported Procedures/Treatments). (IR C-26 provides Practicum Guidelines for APA Accredited Doctoral Programs.)   The chart below shows the increase in BAPIC practicum sites using clinical outcomes in training of students from 11% in 2009 to 58% in 2012 with over 20% of agencies planning to implement training in outcomes in the next year. In 2010, 72% of agencies have indicated that they are training students in Evidence Based Practices. This document provides an overview, ideas and suggestions for implementing clinical outcomes with students in psychology practicum training. Examples and links to clinical outcome measures and references are listed below. APA has recently (July, 2011) developed the APA PracticeOUTCOMES: Measures for Psychologists (for APA members).

Percentage of BAPIC Practica Using Clinical Outcomes

60%	
	58%
40%	43%
20%	
11%	
0%	
2009	2010	2011
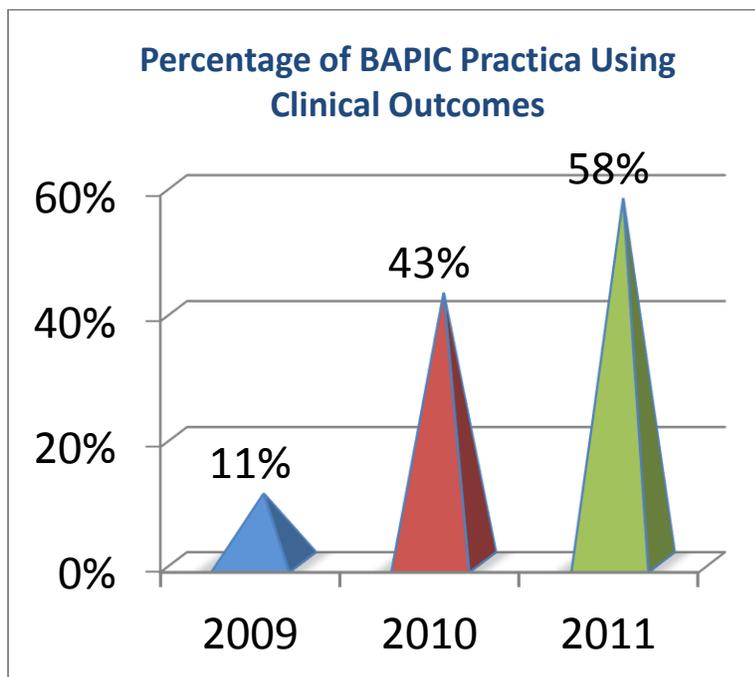
Outcomes Tailored to Each Agency Setting and Population
Implementation of clinical outcomes at practicum agencies must be done with sensitivity to particular clinical populations and settings; what is appropriate in one setting may not be in another. Some agencies use simple pen and paper measures and place these in client charts, using them for charting client progress. Others use computerized measures and aggregate the data over time for agency projects. At this point, there are no set protocols as agencies find ways that fit their work best. Use of clinical outcomes in therapy must always include continual monitoring of common factors, the clinical relationship and multicultural awareness. While not all clients are available or willing to complete quantitative outcome measures, students need to be exposed to a systematic approach to gathering outcome data, whether or not the client responds or participates.

How are clinical outcomes different than large scale research studies on therapy?
Clinical outcomes differ from experimental and meta-analytic studies that are carried out to determine what works in therapy and gives valuable data on theoretical models, common factors, techniques, and client variables. This traditional research gives rise to the increasing development of Empirically Supported Treatments (ESTs), Empirically Supported Relationships (ESRs—Common Factors) and Evidence Based Practices (EBPs). Clinical outcomes has been referred to as Practice Based Evidence (PBE) since the <u>evidence about therapy is collected from the client in therapy and that evidence can benefit the therapeutic relationship and clinical outcomes in real time by allowing the therapist to more effectively tailor therapy to the client</u>. Clinical outcome measures are generally brief, must be able to be used repeatedly with clients, be practical and cost-effective.
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What are the primary goals and benefits of using clinical outcomes?
The primary goal of clinical outcomes measures is for the therapists to be able to chart progress and make changes in treatment plans, interventions and approaches for the benefit of the client since research shows that therapists who tailor therapy to client feedback have better outcomes (Campbell, A & Hemsley, S., 2009 and Miller, S., Hubble, M. & Duncan, B., *2007)* . Many of these measures are designed to track change during client treatment and provide algorithms for detecting negative outcomes prior to treatment failure so that changes can be made, thus providing better outcomes (Lambert, M 2005). **While many therapists already track progress and monitor the alliance in an informal way, these outcome measures seek to systematize the client-therapist feedback loop, thus increasing what already naturally occurs in effective therapeutic work**. Agencies that collect and analyze outcome data can also demonstrate to referral sources, payers and others, the effectiveness of their services. To go beyond these basics, [Barry Duncan (2011)](#) states that:

> Being outcome informed allows one to be more culturally sensitive. Privileging the client via practice based evidence levels the counseling process by inviting collaborative decision making, honoring client diversity with multiple language availability, valuing local cultural and contextual knowledge, and amplifying the voice of the disenfranchised.

Outcomes and Practicum Students
Note that the outcome tools can be used to facilitate practicum student training and clinical work, however, it must be emphasized that the results of client outcome measures should not be used to rate student performance based on the outcome results alone since many factors affect client improvement and progress. An atmosphere of support and engagement and a focus on building new therapeutic skills leads to optimal use of outcome measures.

Partnering: Roles of Agencies, Supervisors, Students, Schools and BAPIC

Training sites, practicum students, school training directors and BAPIC can partner to find ways to implement clinical outcomes that serve agency clients and the training of competent

practitioners. BAPIC can serve as a collaborative forum where agencies and schools can share best practices for using clinical outcomes in practicum training (in the BAPIC resource area).

Supervisory and Training Roles

Supervisors provide students with ongoing instruction on the selection and use of quantitative measures of psychotherapy outcome and process. Supervision and training seminars assist students in interpreting the measures and using the results to inform treatment decisions. Note that items have been added to the BAPIC online Practicum Information on clinical outcomes including: "Students are provided with supervised experience in collecting quantitative clinical outcomes data on the psychological services they provide in practicum: ____ Yes ____ No".   Agencies that have not yet implemented training students in clinical outcomes are asked to describe their plans to do so.

Student Role

Students in practicum should work with their practicum supervisors and training directors regarding appropriate clinical outcomes that are appropriate for use with their clients. Each student will be expected to become knowledgeable and competent in using clinical outcomes. Students will also receive didactic training in relevant courses and note use of clinical outcomes in their case presentations.

Academic Courses Related to Practicum and Clinical Outcomes

Classes that are offered concurrently to practicum training can provide readings and resources in clinical outcomes and make these topics part of case presentations and discussions. Technique and theory courses can also make use of resources related to these classes.

Questions to Consider in Using Clinical Outcome Measures

1. **Selection of Outcomes**: What clinical outcome measures are appropriate for this client, population and setting?   How and when will measures be completed?   What are the costs involved?

2. **Training and Supervision**: How will staff and clinicians be trained to use the selected outcome measures? How can use of clinical outcomes be discussed in supervision and training? How can the measures be implemented in a way that benefits clients, staff, students, and the agency?

3. **Outcome Measure Norms and Properties**: What are the psychometric properties of the measures and the norms for the patient's characteristics (e.g., age, minority status, disability) and treatment variables (e.g., treatment setting, diagnosis, goals, etc.)? Has this measure been validated in studies?

4. **Client Completion of Outcome Measures**: How will outcome forms be presented to clients? When will outcome measures be given and completed by clients (before each session, intermittent planned sessions, etc.)? How will data be collected and stored (i.e., chart, database)?

5. **Outcome Results**: What do the results of the outcome measures suggest? Do the results indicate change over time and how? What do the results tell you regarding therapy outcome, the therapeutic relationship or process, or client satisfaction?

6. **Use of Outcomes in Therapy**: How can clinical outcomes be presented to clients? How can you effectively discuss results with clients? How to handle different client reactions? When should the therapist privately review outcome information and refrain from discussing or giving outcome feedback to the client?

7. **Impact on Therapy and Therapist**: How do the results of outcome measures impact or change what you are doing in therapy?

Tips on Explaining Outcome Measures to Clients and Enhancing Therapy Benefits

Each outcome measure provides tips on how to explain the use of clinical outcomes and how to use these tools to enhance therapy outcomes. The following suggestions reflect common tips from various outcome measures:

Introducing Outcome Measures to Clients

- Inform clients that completing the outcome form is encouraged, but voluntary
- Completing the form is a routine part of treatment for all clients
- Reviewing the scores together can be both interesting and helpful
- Remember that the therapists' positive approach is highly related to client willingness to use the measure

Enhancing the Benefits of Therapy through use of Outcomes

- The outcomes measure can enhance the clients treatment by tracking client progress allowing for desired changes in direction or focus of treatment
- Therapists can provide encouragement for clients who are doing well
- Therapists can have a focused discussion about what is working and what is not working if clients are not improving as expected to
- Therapists can attend to client responses to particular items that may need attention during the session
- The therapy relationship and session based outcomes measure can enhance treatment by providing feedback on the therapist-client alliance and session ratings
- The therapist and client can jointly monitor the client's progress from a common reference point, allowing the client to participate more fully in assuring treatment is efficient and effective

Common Clinical Outcome Measures Used in Clinical Practice

Psychotherapy outcome measures range from brief to more extensive scales that can be given before and after sessions, at each session, intermittently and for children and adults. Some sites may stick with symptom or life change measures while others might add a therapy relationship

based feedback measure. Many outcome measures are symptom specific. Computerized online versions can collect and analyze data and generally have licensing fees, paper versions usually cost less, while certain measures are in the public domain and require no fees. Satisfaction surveys may also include data that can be used as part of clinical outcomes although clinical outcomes are generally described as collecting data from clients during the course of therapy that is fed back to the clinician and client for improving outcomes. See the newly created (July, 2011) APA PracticeOUTCOMES: Measures for Psychologists for excellent reviews of measures and resources (requires APA member login to access). Below is a more detailed description of three commonly used comprehensive outcome and process measures followed by links to other commonly used outcome measures.

- **Outcomes Rating Scale (ORS) and Session Rating Scales (SRS)**

  Description: The Outcomes Rating Scale (ORS) is a 4-item scale where the client rates themselves on individual, interpersonal, social and overall well-being before the session. The accompanying Session Rating Scale (SRS) is also a 4-item scale where the client rates the therapy relationship, goals and topics, approach and methods, and overall after the session. Versions: Adult and Child, Outcomes, Functioning, and Relationship
  Licensing: download scales (free for individuals and students, agencies pay licensing fee)
  Formats: Paper and online forms, data management system available for additional fee

- **Outcome Questionnaires**: Adult OQ-45.2, OQ-30, OQ-ASC, OQ-10.2 and Youth YOQ series

  Description: The Outcome Questionnaires (OQ-30.2 and OQ-45.2) measure client rated functioning in 3 domains: symptom distress (heavily loaded for depression and anxiety), interpersonal functioning, and social role enabling the therapist to assess functional level and changes over time. The Adult Clinical Support Tool (OQ-ASC) measures therapeutic alliance, social support, motivation for therapy and life events. (See Sample OQ-45.)
  Versions: Adult and Child, Outcomes, Functioning, Relationship, Medical Screening
  Licensing: licensing rights can be purchased to use questionnaires, $50 license for students
  Formats: Paper form and online form, data management system available for additional fee

- **The Counseling Center Assessment of Psychological Symptoms**

  Description: This measure for college students has an initial screening (CCAPS-62) with 8 subscales and a shorter version (CCAPS-34) with subscales for follow up visits; includes a nationwide college sample database.
  Versions: College population, Initial and follow up measures
  Licensing: Free for college counseling centers
  Formats: Paper and online form with data management system

Other Commonly Used Brief Outcome Measures

Schwartz Outcome Scale *(SOS-10) (free)*
The Strengths and Difficulties Questionnaire *(SDQ) (free)*

Depression and Anxiety

Beck Depression Inventory – 2nd Ed. (BDI-II)
Beck Anxiety Inventory (BAI)
Center for Epidemiologic Studies Depression Scale (CES-D), NIMH (public domain)

Children and Adolescents
Behavior Assessment System for Children- Progress Monitor (BASC-II)
Child and Adolescent Functional Assessment Scale (CAFAS)
Children's Depression Inventory (CDI)
Connors Rating Scales – Revised
Revised Children's Manifest Anxiety Scale

Client Satisfaction
Client Satisfaction Questionnaires (CSQ-8) (developed at UCSF)

- **Outcome Resources with Multiple Measures**
APA PracticeOUTCOMES: Measures for Psychologists (requires APA member login to access)
Achenbach System of Empirically Based Assessment
Addiction & Research Institute: Alcohol & Substance Abuse Measurement Instrument Collection
Massachusetts General Hospital School of Psychiatry Screening Tools & Rating Scales
Mytherapysession.com (public domain measures)
Ohio Dep of Mental Health Outcomes & Satisfaction (Youth, Adults, Parents, & Providers)
Positive Psychology Scales (public domain)
SF Health Outcome and Well Being Scales (SF-8, SF-12 and SF-36) and SF-36.org

| References on Clinical Outcomes— links to articles and resources |

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