



DATA TRENDS: May 2004, #99

Summaries of research on mental health services for children and adolescents and their families



Clinicians and How They Use and View Outcome Measurement

Garland, A. F., Kruse, M., Aarons, G. A (2003) Clinicians and outcome measurement: What's the use? *Journal of Behavioral Health Services & Research*, 30(4), 393-405

Many mental health service agencies and accreditation bodies, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), now require the collection of standardized outcome data. Even when such assessment is mandated, clinicians may not view it as being useful to their clinical practice. On the other hand, if clinicians are required to use standardized outcome measures, this experience may influence their views of this approach to evaluating treatment. This article reports the results of a qualitative study designed to "learn more about clinicians' experiences and perceptions of the utility, validity, and feasibility of outcome measures, and their suggestions for improved methods" (p. 394).

Participants

Fifty clinicians (counselors, social workers, psychologists), who provided psychotherapeutic services to youth and families in San Diego County, participated in the research. This sample was drawn from a group of 358 clinicians, identified as eligible for inclusion in the study because they worked in a publicly funded mental health agency, and had completed a county-mandated training on the required measurement protocol. The designated measures were the Child Behavior Checklist (CBCL), Youth Self-Report (YSR), Child and Adolescent Functional Assessment Scale (CAFAS), and Client Satisfaction Questionnaire (CSQ). Potential participants were randomly selected and invited to participate. This process was continued until the researchers had obtained complete data for 50 participants. At this point, 117 clinicians had been invited to participate. Of the 67 who did not participate, the most frequent reasons were not responding to repeated phone calls and time constraints. The majority of the respondents were female (80%) and Caucasian (76%). The study was conducted approximately two years following implementation of mandatory outcome measurement.

Data Collection

Data were collected either by individual interview or in one of three focus groups. The same questions were used for the interview and the focus groups. Participants were asked about their perceptions of utility, validity, and feasibility of standardized outcome measures, the impact of mandatory measurement, and suggestions for improvements. They also completed a brief questionnaire measuring demographic information, and a self-report scale measuring the methods used by clinicians to evaluate treatment.

Results

The qualitative data indicated that clinicians were most likely to use subjective reports from clients, reports by parents and teachers, and clinician observation and intuition as a means of evaluating treatment effectiveness. A rating scale to measure the frequency with which they used different ways of evaluating their clinical work (1=not at all; 4=very often) produced similar findings. Standardized measures were the used least often (mean=2.12), while the most

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frequently used indicators were “real world functional indicators” such as school grades (mean=3.54), and clinician intuition (mean=3.46).

Overall, clinicians had mixed views on the use of quantitative methods to measure psychotherapy outcomes. Approximately 25% reported that they ‘felt that the measurement of psychotherapy outcome is virtually impossible’ (p. 398), while 25% were ‘ideologically strongly opposed to quantifying the complexity and nuance of human change in psychotherapy’ (p. 398). Approximately half of the sample expressed general support for the use of quantitative measures of treatment effectiveness, but had concerns about the limitations of available methods of measurement. However, almost all of the respondents (92%) reported that they ‘never used the scores from the mandated standardized measures in their clinical practice’ (p. 400). Reasons for not using these data included the time burden, the limited scope of the measures, questions about the validity of the measures, interpretation difficulties, and the stress on clients and their families arising from the demands of measurement. A significant proportion (60%) of the sample reported that they had received negative feedback from parents and youth about the form completion requirements. Clinicians were also concerned about validity, due to, for example, the limited literacy of the client population, and the lack of cultural sensitivity of the measures.

Conclusions & Implications for Practice

Outcome measures can be used for a variety of administrative and clinical purposes. These findings raise important questions about the implementation of standardized measurement of outcomes and the development of evidence-based practice. Different approaches may be required for different purposes.

Although based on a small study, these results indicate that, even when trained, clinicians are unlikely to use data from standardized outcome measures to evaluate their practice unless some of the barriers identified in this research are addressed. Even when clinicians agree that there is a need for ‘empirically based effectiveness evaluation’ (p. 402), they experience frustrations due to the low validity of measures and the excessive demands incurred. The authors of this paper express concerns ‘that some mandated efforts [to implement outcome assessment protocols] could further widen the gap between the science and practice of children’s mental health services if clinicians’ frustrations are not addressed and clinicians are not included in the development and implementation of outcome monitoring protocols’ (p. 404). They also note the need to consider how mandatory outcome measures affect the children and families receiving services. If services are to develop in a way that benefits families, it is essential that families’ views and experiences are represented in the evaluation of outcomes.

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