

Progress Monitoring Measures in Therapy – Are You Being Left Behind?

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All professions advance over time. This means that our practices must be open to change. The use of Progress Monitoring Measures is one of the most significant changes sweeping over our profession. The research is so compelling that accredited internship sites are now required to use and teach the use of these measures with all psychology residents. Are you incorporating these measures into your daily clinical practice?

The idea of monitoring patient progress in treatment is not new. Psychologists have been using research to monitor treatment outcomes for decades. That's how we know that therapy works. It's also how we know that no therapy model is better than any other (that's right – CBT can line up with the rest of them). Of course, this doesn't mean that all therapies are useful with all patients all the time. It just means they have the same potential to benefit a similar percentage of patients.

Pre- and post-treatment testing is not new. One big difference with formal progress monitoring measures is that they are administered at every session. And that's important, because otherwise, we wouldn't know whether a particular patient was actually benefitting from working with us until we reached the end of therapy. Now, many clinicians will argue that they use monitoring and evaluation methods (e.g., *"I check in with my patients every session."*) Unfortunately, despite our best intentions, research has shown that clinicians are not very good at telling whether patients are making progress in treatment vs. stagnating. And clinicians do not readily identify when patients have had setbacks in treatment. Patients will not always communicate when they have taken a turn for the worse. If they like you, they might even feel less inclined to tell the truth that they aren't getting better because they don't want to hurt your feelings.

So how can we overcome these problems and serve our patients better? In recent decades, several research teams have worked to develop simple progress monitoring measures that can be used during each treatment session. These simple-to-use tools include the Outcome Rating Scale (ORS) and the Session Rating Scale (SRS). The ORS scale is used to measure current client functioning by inviting the client to make a mark on a line to indicate how they are doing (better toward the right side and worse toward the left). Responses are collected in three separate domains as well as one overall rating. These simple marks are then translated into numbers. Although deceptively simple, this scale is remarkably robust and can be used with researched algorithms to determine whether patients are making suitable progress in treatment. If patients are not making progress or are stalling out, then the treatment model or focus likely needs to be changed, or the patient needs to switch therapists.

But these tools offer more than just numbers. They are incredibly versatile clinical tools. They can quickly assess individual functioning and problems in relationships. They can also help you detect sudden changes in domains of functioning, which can direct the

therapeutic focus of a session. Simple questions like, “*Why do you think this domain is the lowest of the four?*” Or invitations like “*I noticed that the friendship domain has dropped this week. I’m wondering what might have changed,*” inform patients that you are paying attention and that you care. It then helps you and the patient to hone in on topics and content that need to be addressed. This improves your responsiveness, enhances the therapeutic alliance, and most importantly, increases patient engagement.

The SRS is a session-based report card on your performance. Yes, that’s right, patients are invited to evaluate you. It is used to monitor the therapeutic alliance and client engagement in therapy. It has four scales including client-therapist alignment, goals and topics in treatment, format of treatment, and a summary rating. This measure offers an opportunity for clients to provide you with feedback about how you are doing as a therapist. For the scale to be effective, it needs to be introduced as a form of feedback that you are actively seeking so you can improve your work with the patient. It sends the message that the patient’s satisfaction and participation is important to you. It also provides patients with a means of quickly reflecting on a session while inviting them to identify things that may have been overlooked or that should be addressed in upcoming sessions. It can help to surface points of friction and improve your skills as a therapist.

These tools are versatile and can help make you a better therapist. The most important thing is that both of these measures work. They are simple, rapid, robust, and effective. There are separate versions for children, youth, and adults. Contributors to the development of the scales include Dr. Barry Duncan, Dr. Scott Miller, Dr. Jacqueline Sparks, Dr. Lynn Johnson, Greg Loo, and Andy Huggins.

Just before the Covid pandemic, PAA brought Dr. Scott Miller to Edmonton to provide training for Alberta psychologists. Dr. Miller views these tools as being part of a system he calls *Feedback Informed Treatment (FIT)*. His research has identified the importance of targeted skills practice in response to patient feedback with the ultimate goal of improving clinician effectiveness. On his website, you can find links to several platforms that allow you to score and monitor the ORS and SRS scales. <https://www.scottdmiller.com/T> These include *My Outcomes*, *FIT Outcomes* and *OpenFIT*. If you prefer, Dr. Miller also makes available the self-scoring paper versions of the forms, which you can download and print for free. However, to allow for accurate measurement, you will need to ensure that the forms will print with the monitoring lines exactly 10 cm long. To support this work, Dr. Miller has started an organization called the *International Centre for Clinical Excellence*, which is a nonprofit that helps to promote excellence in mental healthcare through *Feedback Informed Treatment* and *Deliberate Practice*. <https://centerforclinicalexcellence.com/>

Dr. Barry Duncan has created a program and website called *Better Outcomes Now* which oversees the *Partners for Change Outcome Management System (PCOMS)*. His website offers software to help automate your monitoring of client outcomes. He has also developed an e-learning manual to help you get the most out of these measures, and he continues to do research to enhance the algorithms. <https://betteroutcomesnow.com/>

This article provided a brief window into progress monitoring measures in treatment. If you haven’t already done so, the progress monitoring bandwagon is one that you should

consider jumping on. At the very least, make sure that you are not left behind by your profession.