



FOCUS ON RESEARCH

Monitoring and Measuring Patient Informed Clinical Outcomes in Psychological Therapy Supervision (MeMOS)

Researchers

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Aim

Providing feedback on patient progress has been shown to improve clinical outcomes for mildly distressed young people who are failing to improve in therapy. We aimed to examine if continuous monitoring of patient progress through the supervision process was more effective in improving patient outcomes, particularly for those who fail to improve in therapy, compared to giving feedback to therapists alone in routine NHS psychological therapy. We also aimed to estimate the potential cost of implementing this in routine clinical practice.

Project Outline/Methodology

The study took place in routine NHS psychological therapy services. Patients with a wide variety and severity of psychological problems were recruited. Continuous feedback on their progress during therapy was either given to the therapist and supervisor to be discussed in clinical supervision (MeMOS condition) or only given to the therapist (S-Sup condition). If a patient failed to progress in the MeMOS condition, an alert was triggered and sent to both the therapist and supervisor to be discussed during clinical supervision. Clinical and health economic outcome measures were completed at beginning of therapy, end of therapy and at 6-month follow-up. Session-by-session progress was also measured and therapists rated progress throughout therapy.

Key Results

Patients in MeMOS and S-Sup improved at the same rate in therapy and did not differ in terms of the amount of clinical change. This finding was similar for those patients who were failing to improve at some point in therapy. In MeMOS, therapists rated their patients as improving less during therapy even though there was no difference in baseline scores between patients in the two conditions. Patients in the MeMOS condition had fewer therapy sessions compared with those in S-Sup (6 vs. 9). The small

sample did not allow differences in cost effectiveness between the conditions to be assessed.

Conclusions

Patients improved at the same rate in both conditions suggesting that providing feedback on clinical outcomes does not necessarily improve the rate of progress during therapy. Therapists may rate patients as making less improvement when given alerts about progress in a timely manner and through supervision. The number of therapy sessions was significantly less when both therapists and supervisors were given more immediate feedback about patient progress when patients failed to improve, as opposed to feedback being given to therapists on a monthly basis. There is some indication that systematically monitoring patient progress through the supervision system may make services more efficient.

What does this study add to the field?

This is the first study to be conducted in routine psychological services within the NHS and across a broad range of patients. It is also the first study that investigated the effect of supervision on monitoring patient clinical outcomes, included a follow-up and estimated cost effectiveness.

Implications for Practice or Policy

This study points to the importance of feeding back clinical outcomes in supervision. Although it does not affect patient clinical outcomes, it may increase the efficiency of services by reducing the number of sessions required for the same clinical outcome.

Where to next?

Future studies might wish to investigate what might be the optimal alert systems of clinical deterioration for therapists and supervisors, with a view to increasing therapeutic impact and efficiency of services.

Further details from:

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