



*A Better Way to a Better Life*



# Using Measurement-Based Care to Enhance Substance Abuse & Mental Health Treatment

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# ADDICTION IN AMERICA: THE SURGEON GENERAL'S REPORT ON ALCOHOL, DRUGS, AND HEALTH (2016)

More than 20 million people have substance use disorders, and 12.5 million Americans reported misusing prescription pain relievers in the past year. Every day, 78 people die in the United States from an opioid overdose, and those numbers have nearly quadrupled since 1999.

- U.S. Department of Health and Human Services, Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*  
Washington, DC; November 2016

*“How we respond to this crisis is a moral test for America. Are we a nation willing to take on an epidemic that is causing great human suffering and economic loss? Are we able to live up to that most fundamental obligation we have as human beings: to care for one another?”*

**- Vivek H. Murthy, MD, MBA  
Vice Admiral, US Public Health Service  
US Surgeon General**

# WHAT IS MEASUREMENT-BASED CARE?

Measurement-based care (MBC) is the philosophy & method of providing treatment & care that is informed by outcomes reported by patients

MBC can also be defined as the practice of basing clinical care on client data collected throughout treatment

# MBC IN A NUTSHELL

## How?

Administer symptom rating scales & use the results to:

- Establish, monitor & improve treatment plans\*
- Drive clinical decision-making for individual patients

**\*Remember, MBC is supplemented with monitoring from the entire healthcare team!**

## Why?

MBC allows us to:

- Treat substance use disorders & mental health issues as we would a chronic condition such as hypertension
- Instead of using a blood pressure cuff for feedback, administer clinically sound assessment tools & monitor symptoms to formulate individualized treatment plans



# THE CASE FOR MEASUREMENT-BASED CARE *REGARDLESS OF THERAPEUTIC APPROACH*

## **BENEFITS:**

- **MBC provides insight into treatment progress**
- **MBC highlights ongoing treatment targets, reduces symptom deterioration & improves client outcomes**
- **As a framework to guide treatment, MBC has trans-theoretical & trans-diagnostic relevance with a broad reach across clinical settings**

# BENEFITS OF MBC IN THE THERAPEUTIC INTERVENTION

Specifically, MBC works over the entire course of treatment because it provides a perpetual system for checking and individualizing treatment by:

- Highlighting & identifying ongoing treatment targets
- Gathering vital information about:
  - ❑ Symptoms
  - ❑ Ability to function & satisfaction with life
  - ❑ Readiness to change
- Furnishing feedback about clients' therapy sessions & their relationships with their therapists

# Is MBC Really That Good?

**As a matter of fact, *Yes!***

- **Allows the healthcare team to be alerted to a lack of progress**
- **Via patient feedback, provides important information about previously unidentified targets so that adjustments to the intervention can be made**
- **Streamlines the assessment process, & alerts clinicians to differential diagnoses**
- **As driven by data from patient feedback, provides an objective assessment of progress**



# MBC Works in Any Treatment Setting

- **Effective across theoretical orientations: Eclectic, psychodynamic, cognitive-behavioral therapy, experiential**
- **User-friendly for a wide range of professionals, from graduate students to seasoned psychotherapists**
- **Clients report a stronger sense of involvement in treatment decisions**
- **By rating their symptoms, patients gain a better understanding of their disorder & treatment goals**

# HOW TO SUCCEED IN MBC: THE PATIENT

**Patients should be asked at frequent & regular intervals to provide feedback\* on the following:**

- **Symptoms**
- **Functioning & satisfaction with life**
- **Readiness to change**
- **Session feedback & working alliance**

**\*When patients are asked for feedback, it can empower them to understand their disease & help them to beat it.**

# HOW TO SUCCEED IN MBC: THE HEALTHCARE TEAM

**MBC works across a variety of treatment approaches, but there are prerequisites for the healthcare team:**

- **A demonstrable excellence in the individual techniques used**
- **The therapist & client must have faith in the efficacy of the techniques used**
- **The therapeutic relationship depends on a well-conceived mode of therapeutic practice**

## MBC: Healthcare Team Benefits

- It allows the healthcare team to be alerted to a lack of progress
- Client feedback provides important information about previously unidentified targets so that adjustments to the intervention can be made
- MBC can streamline the assessment process and alert clinicians to differential diagnoses
- Since MBC is driven by data from patient feedback, it provides an objective assessment of the client's progress

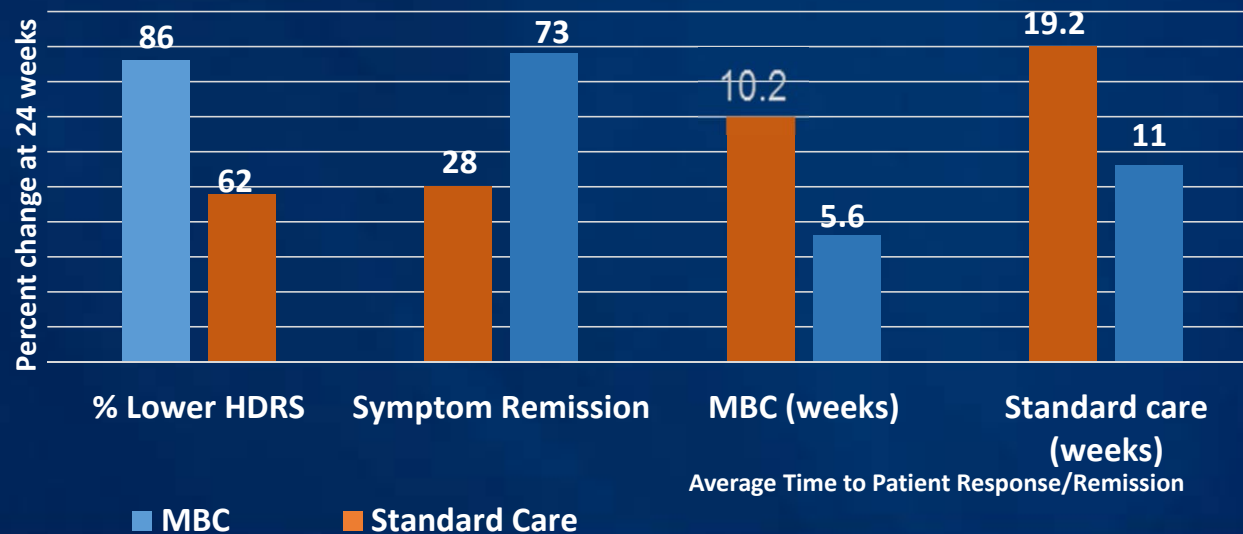
## ★ BONUS! ★

- Research shows that adding MBC to routine care produces **notable** improvement in psychological disturbance, interpersonal problems, social role functioning & quality of life
- In youth clients, MBC produces improvement **at a faster pace** than treatment methods with no feedback system
- In both adult & youth clients, MBC is **particularly effective** in patients who are identified as most likely to fail treatment



# STUDY FROM GUO ET AL (2016)

Figure. Patient Symptoms after 24 Weeks of Treatment: Measurement-based Care vs Standard Care



# MBC FOR MINING DATA: MEDICAL PRACTICES

**By analyzing MBC data, practices can improve protocols, and make adjustments that improve outcomes.**

- **Allows the practice to be alerted to ineffectual treatments**
- **Highlights gaps in current treatments so that interventions can be modified**
- **As data emanates from patient feedback, allows for an objective analysis of the practice overall**
- **Maximizes time investment for both practitioner and patient**

# MBC FOR MINING DATA: HEALTHCARE INSTITUTIONS

## *Pass the Data, Please!*

- Studies show that sharing patients' assessment of care with the entire healthcare network improves outcomes
- Data can be used to take a network's "temperature," valuable for internal assessment & identifying strengths & weakness
- Analyzing data can guide decisions about adding new programs & modifying extant ones
- Financial implications: MBC data can be submitted for funding streams or accreditation
- Data-based decisions can be made about standardizing treatment protocols across facilities



# How Do We Implement MBC?

**In effective MBC patients assess their:**

- **Symptoms**
- **Functioning & satisfaction with life**
- **Readiness to change**
- **Session feedback & working alliance**

# I. SYMPTOMS

Collecting data on patients' symptoms allows characterization of symptom severity over the course of treatment in order to alleviate, or at least mitigate, those symptoms. Tools include:\*

- **Patient Health Questionnaire-9 (PHQ-9):** Establishes depressive disorder diagnoses & grades depressive symptom severity
- **Generalized Anxiety Disorder-7 (GAD-7):** Screens for anxiety & can be used to establish diagnosis & severity of generalized anxiety disorder
- **Brief Social Phobia Scale (BSPS):** Uses 3 subscales – fear, avoidance & physiological arousal – to assess common presenting problems such as depression, anxiety disorders, & phobias

\*The above are just a few of the cost-free tools for assessing patient symptoms; there are many more

## II. FUNCTIONING & SATISFACTION WITH LIFE

**Functioning:** A patient's ability to function in various environments (work, social activities & familial settings); tools include:

- **Social Adaptation Self-evaluation Scale (SASS):** Assesses social interactions (family, workplace, etc.), global social attitude & self-perception
- **Addiction Severity Index (ASI):** Screens for problems in interpersonal relationships, medical conditions and legal issues

\*The above are just a few of the cost-free tools for assessing patient symptoms; there are many more

## II. FUNCTIONING & SATISFACTION WITH LIFE (CONT.)

**Satisfaction with Life (Quality of Life):** Patients' perception of QOL is indicative of improvement, or lack thereof, over the course of therapy; scores often fluctuate. Tools include:

- **Quality of Life Inventory (QOLI):** 5-minute test that assesses well-being & satisfaction with life
- **The Satisfaction With Life Scale (SWLS):** Widely used as a measure of the life satisfaction component of subjective well-being. Scores on the SWLS have been shown to correlate with measures of mental health, and predictive of future behaviors, such as suicide attempts

\*The above are just a few of the cost-free tools for assessing patient symptoms; there are many more

### III. READINESS TO CHANGE

A 4-stage process clients move through over the course of treatment – Pre-Contemplation, Contemplation, Action & Maintenance; assessment helps to identify/discuss barriers to both change, & reach the next level of change. Measures can be applied to more than drug and alcohol use (e.g.; readiness to take medications, and broader-based behavior such as following a proscribed treatment plan).

## III. READINESS TO CHANGE (CONT.)

### Assessment Tools:

- **Readiness-to-Change-Questionnaire (RCQ):** 12-item instrument for measuring the 4 stages of change; patients pass from one stage to the next, (relapsers re-enter the cycle at Precontemplation or Contemplation stage); interventions are tailored to patient's current stage
- **Readiness to Change Ruler:** Less than 1 minute to administer, patients define place on the change spectrum ruler ("not prepared to change" to "already changing"); clinical interventions are tailored to patient location on the ruler

\*The above are just a few of the cost-free tools for assessing patient symptoms; there are many more

## IV. SESSION FEEDBACK & WORKING ALLIANCE

The most important variable for assessment as it is the most predictive of patient outcome. There is a positive correlation between the patient-provider alliance & symptom change across a broad range of psychotherapeutic interventions, regardless of the client's presenting issue.

## IV. SESSION FEEDBACK & WORKING ALLIANCE (CONT.)

### Measurement tools:

- **Outcome Rating Scale (ORS):** Measures 3 dimensions – personal or symptomatic distress, interpersonal well-being, social role
- **Session Rating Scale (SRS):** Encourages routine conversations on the patient/therapist alliance; rates each therapeutic session to identify barriers & provide guidance for treatment adjustments
- **Working Alliance Inventory (WAI):** Assesses 3 key aspects of the therapeutic alliance – agreement on the tasks of therapy, agreement on the goals of therapy, & development of an affective bond

\*The above are just a few of the cost-free tools for assessing patient symptoms; there are many more



## **DON'T FORGET: HELP THE PROCESS ALONG!**

- **Listen to your client**
- **Privilege the client's experience**
- **Request feedback on the therapeutic relationship**
- **Avoid critical or pejorative comments**
- **Ask what has been most helpful in the therapeutic encounter**

## What Does Not Work in MBC...

...Is a persistent lack of use, despite the numerous studies and meta-analyses in the literature proving MBC's efficacy. Consider:

- Only 18% of psychiatrists & 11% of psychologists routinely administer symptom rating scales & therapist assessments to their patients to monitor the efficacy of specific approaches
- Patients are unaware of the benefits of MBC – there is an average 17-year lag time for 14% of research to reach consumers
- Barriers to implementing MBC:
  - ❑ Resistance to the burden of training
  - ❑ Difficulty of changing negative attitudes about new protocols
  - ❑ Beliefs that MBC will not work in a specific practice setting

\*See the Kennedy Forum's Brief [\*Fixing Behavioral Health Care in America: A National Call for Measurement-Based Care in the Delivery of Behavioral Health Services\*](#)

*“In the end, without doubt, it is not a matter of what therapies have in common. Instead, it is all about the factors that make therapy work, regardless of theory or orientation. The profession is and will be better served by attending to what are termed therapeutic factors.”*

*The Heart & Soul of Change*  
Publisher, the American Psychological  
(Duncan, Miller, Wampold & Hubble)

**THANK YOU!**

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