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Outcome Evaluation in Psychotherapy

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Outcome evaluation in psychotherapy (e.g., routine outcomes monitoring, outcome measurement, measurement-based care) may be defined as the measurement, and systematic tracking, of target symptoms (e.g., behaviors, functioning, skills) throughout therapy for the purposes of evaluating treatment effectiveness and patient progress, as well as informing treatment decisions. For example, in prolonged exposure therapy, the posttraumatic stress disorder checklist (PCL) could be administered during the assessment phase (to provide a baseline measure of posttraumatic stress symptoms), at regular session intervals (to track the changes in posttraumatic stress symptoms), and at posttreatment (to evaluate the overall improvement in posttraumatic stress symptoms since baseline).

Outcome evaluation is important for several reasons. First, strong evidence suggests that regular use of outcome measures during therapy improves the overall effectiveness of treatment. That is, the same treatment intervention, for the same disorder, with the same provider, will be more effective if a component of outcome monitoring is added. Second, use of outcome evaluations allows providers to closely monitor and evaluate progress in treatment (or lack thereof). This carries particular importance as providers often fail to detect when their patients are deteriorating (which increases risk for discouragement and premature termination). On the one hand, regular use of measures can alert providers to symptom worsening and prompt corrective actions when appropriate. On the other hand, regular use of measures can help providers better determine which interventions are associated with symptom improvement and how much improvement in symptoms has occurred (both across individual sessions and throughout treatment). Third, use of measures captures large amounts of data in a time-efficient manner. It may take 5 minutes to complete the PCL, but verbally asking a patient about every symptom of PTSD would take significantly longer. Finally, use of measures allows providers to track critical items such as suicidal ideation and hopelessness, which are important predictors of adverse outcomes.

When implementing outcome evaluation, the first step is to select the appropriate measure. This occurs during the assessment phase of treatment and is guided by a case conceptualization and patient's specific goals for treatment. Whenever possible, it is preferable to use psychometrically validated measures. Validated measures have demonstrated reliability and validity and thereby increase confidence in the accuracy of the measurement. Validated measures also have established norms and cutoff values, providing meaningful information and allowing for comparisons with clinical and nonclinical populations. Use of nonvalidated measures most often occurs within the context of symptom monitoring and often takes the form of tracking the frequency of specific symptoms such as nightmares, anger outburst, social activities, drinks, and anxiety during exposure.

Another important consideration in selecting the outcome measure is determining what type of symptoms will be targeted by the outcome evaluation. That is, will the focus of outcome evaluations be the primary symptoms being addressed in treatment (e.g., administering the PCL throughout the course of prolonged exposure therapy), factors that are believed to maintain the primary symptoms being addressed in treatment (e.g., administering the Anxiety Sensitivity Index throughout a course of cognitive behavioral therapy for panic disorder), or consequences of the primary symptoms being addressed in treatment (e.g., administering a quality-of-life scale at periodic intervals during a course of cognitive behavioral therapy for depression)? Outcome evaluations can also focus on factors necessary for successful treatment such as the therapeutic alliance, agreement with treatment rationale, or motivation for treatment.

Once the outcome measure has been selected, several procedural issues are worth consideration. For instance, how often will the selected measure be administered (e.g., every session, every other session, every third session)? Although not definitive, it is usually preferable for measurement to occur at every session as it allows for close monitoring of progress. Another consideration is the length of the outcome measure selected. Shorter measures are less burdensome to fill out, but they may not fully capture the symptoms being treated. Also, when and where will measures be filled out by patients? Will they be filled out before the session in the waiting room? During the first 5 minutes of the session? At the end of the session? At home to be completed between sessions? This last option is the least preferable. Another important consideration is how the outcome evaluations will be used. Preferably, results of outcome evaluations are provided in graphical form and discussed with patients. These discussions typically include progress in treatment (or lack thereof), perceived value of interventions, and directions the treatment should take. Collecting outcome measures and not discussing the results with patients greatly limits the value of outcome evaluation.

See alsoAssessment; Evidence-Based Treatment; Mental Health Screening; Outcome Questionnaire System; Reliability; Validity

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Further Readings

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