An Exploration of Routine Outcome Measures in Counselling and Psychotherapy

Within the field of counselling and psychotherapy, the use of Routine Outcome Monitoring/Measures (ROM/ROMs) and Clinical Feedback Systems (CFS) has become more prevalent in recent years. A substantial amount of quantitative and in a considerable less proportion of qualitative, and mixed methods research has been conducted into processes and outcomes associated with ROM/CFS, and the lived experience of both therapists and clients around the implementation of this intervention. However, these studies have yielded ambiguous findings, with the consequence that it has been hard to establish a professional consensus or practical guidelines around the conditions under which ROM/CFS systems might be most effectively applied.

Author: David Sanmartino

Collaborators: Professor Lynne Gabriel (YSJU), Charlie Duncan (BACP), Ellen Dunn (UCKP), Dr Trish Hobman (YSJU) & Professor Divine Charura (YSJU)

INTRODUCTION

Routine Outcome Monitoring (ROM) is the practice of collecting process or outcome Clinical Feedback (CF) using Routine Outcome Measures/Clinical Feedback Systems (ROMs/CFS) to systematically and regularly collect data from clients about their mental or physical health using psychometrically sounded measures that can be nomothetic, idiographic or a combination of both (Gold et al., 2021).

Howard et al. (1996) advocated for the necessity of monitoring responses to treatment as a means of enhancing the efficacy of mental health therapies. Use of feedback information was regarded as allowing clinicians to adjust treatment based on this information, thus increasing the chances for a successful intervention, especially for those clients who deteriorate or not progressing as expected; focusing on the progress of the clients during the course of treatment rather than the final outcome after the termination of therapy (Howard et al., 1996).

Despite the substantial research attention and implementation projects devoted to ROM/CFS, there remain important questions regarding the efficacy of this strategy for enhancing therapy effectiveness and the acceptability of providers and users to make a meaningful use of these tools in everyday practice settings (Mills, 2021).

METHODS

This poster is part of a PhD research in partnership with York St John University (YSJU), The British Association for Counselling and Psychotherapy (BACP) and the United Kingdom Council for Psychotherapy (UKCP).

This collaborative project aims to explore through a mixed-methods study the lived experience of counsellors, psychotherapists and clients using ROMs/CFS in clinical practice. The study comprises three phases, (1) conducting a comprehensive scoping review of the literature and a (2) quantitative and (3) qualitative exploration of practitioners' and clients' attitudes towards ROMs/CFS through surveys, interviews and focused groups. A secondary aim is to identify mechanisms, barriers and facilitators impacting the effectiveness and usability of these tools in counselling and psychotherapy.

The scoping review is being conducted, and multilevel barriers, facilitators and mechanisms have already been identified to implement ROMs as routinary practice in counselling and psychotherapy (Moltu & McAleavey, 2021; Solstad et al., 2019).

Acknowledgements: The author would like to thank the Pluralistic network and all the professionals that generously gave their time and exchanged knowledge/information: Mark Ashworth, Mick Cooper, John McLeod, Julia McLeod, John Mellor-Clark, Christian Moltu, Sandra Resnick, Kate Smith, Christine Kupfer and Rolf Sundet

Funding: This research is funded by York St John University (YSJU), the British Association for Counselling and Psychotherapy (BACP) and the United Kingdom Council for Psychotherapy (UKCP)

Conflict of interest: The author declares to have no conflicts of interest

INITIAL FINDINGS

Several studies and some guidelines emphasise the importance of a collaborative and client-centered approach to treatment rather than a top-down and, including the use of ROMs/CFS to tailor treatments to the individual's needs, goals and preferences (BPS, 2018; Lambert & Shimokawa, 2011).

What are some of the barriers impacting the implementation of ROMs/CFS in counselling and psychotherapy?

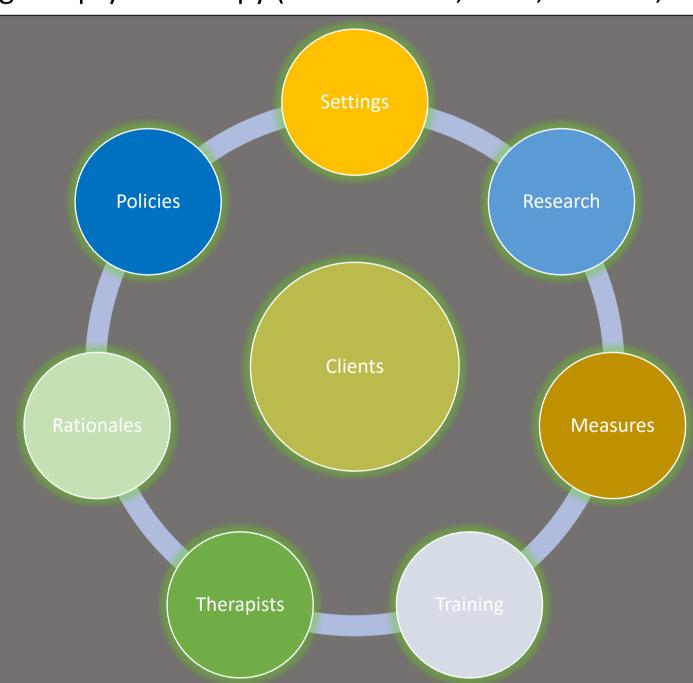
- Policymakers
- Policies, guidelines and recommendations are mostly based on Randomised Control Trials using CBT approaches
- Organizatio
- There is a lack of infrastructure and support to implement these tools: commissioners, managers, IT, supervisors...
- Rationale
- Rationales for using these tools are not always clearly communicated to clients and therapists
- Research
- There is a gap between research and practice that has to be bridge
- Measure
- There is a lack of integration between nomothetic and ideographic measures
- Training
- Without adequate training and support, mental health professionals may feel ill-equipped to use ROMs
- Therapist
- Therapists' attitude towards ROMs affects the effectiveness, usability and implementation of these tools
- Clients
- All the levels above have a substantial impact on those accessing therapy







Despite the barriers and limitations that ROMs/CFS face to be widely accepted and effective in clinical settings, research shows that these tools have the potential for clinicians to identify clients at risk of deterioration and those not improving as expected (Østergård et al., 2018). Also, feedback enhances communication and provides clients with a vehicle to voice their needs and preferences, increasing awareness and potentially identifying therapeutic goals (De Jong et al., 2021). The research suggests that a more pluralistic, collaborative and flexible approach to research and practice is needed to enhance the implementation of these tools in counselling and psychotherapy (Boswell et al., 2015; McLeod, 2019)



CONCLUSIONS AND NEXT STEPS

Based on the latest findings and research literature, facilitators and mechanisms have been proposed to be integrated into a bottom-up process to enhance the usability, acceptability and implementation of ROMs/CFS in counselling and psychotherapy. More qualitative and mixed-methods studies are needed to explore processes and the lived experience of those using ROMs/CFS in counselling and psychotherapy.

