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# Outcome measures for psychodynamic psychotherapy services

Faculty of Medical Psychotherapy

FACULTY REPORT

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# Introduction

The white paper *Equity and Excellence: Liberating the NHS* set out the government's strategy for the National Health Service (NHS) in England, designed to create an NHS that is more responsive to patients and achieves better outcomes, with increased autonomy and clear accountability at every level (Department of Health, 2010a). The importance of measuring the quality of healthcare was reinforced by the Department of Health (2010b) document *The NHS Outcomes Framework 2011/12* and by the more recent NHS England (2014) paper *Five Year Forward View* in promoting the active collection and use of health outcomes data to transform services and improve outcomes.

The Royal College of Psychiatrists recommends the use of outcome measures in adult psychiatry in three key areas: clinical effectiveness, patient safety, and patient and carer experience.

# Principles of the use of outcome measures

The Royal College of Psychiatrists outlines the following principles underpinning the use of outcome measures.

- The focus should be on what is important to patients and carers.
- Measures should be relevant to patients and clinicians.
- Measures should be simple and easy to use.
- Measures should allow comparisons between teams and services.
- Measures should be validated for the purpose for which they are used.
- IT support should simplify the data collection and analysis, and ensure maximum use of data already collected.
- Data should be checked for reliability.
- Data should be used at the clinical, team and organisational level.
- Ideally, there should be immediate feedback of the data to patients, carers and clinicians so it can influence the treatment process.

# Outcome monitoring in psychological therapies

Commissioners of mental health services increasingly request outcome measures as a way of monitoring value. There have also been significant cuts and closures in secondary care psychological therapies services in recent years and in particular of the psychodynamic psychotherapies, while Improving Access to Psychological Therapies (IAPT) services, predominantly based on cognitive-behavioural therapy, have expanded. From the start, IAPT was set up around the regular completion and review of outcome measures, from which lessons may be learned.

It is increasingly necessary to engage in meaningful outcome monitoring not only to survive in current market conditions, but for the real benefit of our patients, and it is therefore no longer an option to decline to participate in such an exercise on the basis that such measures are not congruent with a particular therapeutic model. However, it is also important to address psychotherapists' anxieties and concerns about the routine use of outcome measures: for example, that their administration may interfere with the therapeutic process, or that the results may not meaningfully reflect overall therapeutic progress, such as a patient becoming more anxious towards the end of therapy and corresponding worsening Clinical Outcomes in Routine Evaluation (CORE) score.

# Recommended outcome measures

The Faculty of Medical Psychotherapy supports the development of a recommended, cohesive, minimal set of outcome measures for each modality and adopted this as one of its strategic aims for 2014.

The following recommendations are informed by the results of a recent national survey sent to all members of the Medical Psychotherapy Faculty to determine what measures are currently being used in psychotherapy services across the country and what the therapists' experience was of using them. In choosing these measures we were mindful of practicalities and ease of administration. We are also aware that psychotherapy services span a range of settings and patient groups, and that more specialised services, for example for personality disorder, may wish to add more specific measures appropriate to their patient population.

With these considerations in mind, we would recommend, as a minimum, the following four measures for psychodynamic psychotherapy services, which collectively cover the three key domains of clinical effectiveness, patient safety and patient experience.

- Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM) – a patient-rated measure of well-being, functioning, symptoms and risk (Evans *et al*, 2000).
- Inventory of Interpersonal Problems (IIP) – a clinician-rated measure of interpersonal functioning that should be congruent with a psychodynamic approach (Horowitz *et al*, 2000).
- Work and Social Adjustment Scale (WSAS) – a short, patient-rated measure of social and work adjustment (Marks, 1986).
- Patient-experience questionnaire – a direct communication from the patient, which often includes positive comments about the experience that somewhat belie the more symptom-focused scores that one might expect to dip around an ending.

We recommend that these measures should be administered at the following timepoints.

- Pre-treatment – CORE-OM, IIP and WSAS.
- Post-treatment – CORE-OM, IIP, WSAS and a patient-experience questionnaire.

## CORE-OM

The CORE-OM is a 34-item, generic measure of psychological distress that is pan-theoretical (i.e. not associated with a school of therapy), is pan-diagnostic (i.e. not focused on a single presenting problem), and draws upon what practitioners consider the most important generic aspects of psychological well-being to measure. The CORE-OM comprises four domains:

- well-being (4 items)
- symptoms (12 items)
- functioning (12 items)
- risk (6 items).

It takes 5–10min to complete and is free to use. There are briefer versions that can be used for repeated monitoring or quick initial assessment. It was initially developed within university populations, but has since been validated in wider mental health and other settings. CORE measures may need to be complemented by other, domain-specific, measures to do justice to complex clinical situations.

Further information about the CORE-OM, as well as support in its use, is available online ([www.coreims.co.uk](http://www.coreims.co.uk)).

## IIP

The IIP is a self-report instrument that identifies distress arising from interpersonal difficulties. It has been validated for use in psychotherapy populations and can track the level of interpersonal distress before, during and after therapy. There are short (32-item) and long (64-item) versions, and it comes in different languages.

It includes the following eight scales.

- Domineering/controlling – a high score indicates that the person finds it difficult to relax control over other people; people with high scores have described themselves as too controlling or manipulative.
- Vindictive/self-centred – a high score indicates problems of hostile dominance; the person readily experiences and expresses anger and irritability, is preoccupied with getting revenge and fights too much with other people.
- Cold/distant – a high score indicates minimal feelings of affection for and little connection with other people.
- Socially inhibited – a high score indicates feelings of anxiety, timidity or embarrassment in the presence of other people.

- Nonassertive – a high score indicates a severe lack of self-confidence, low self-esteem and severe reluctance to assert oneself over other people.
- Overly accommodating – a high score indicates excessive readiness to yield in a friendly way to the influence of others.
- Self-sacrificing – a high score indicates a strong tendency to empathise with others in need and nurture them, even when doing so requires the person to sacrifice their own needs.
- Intrusive/needy – a high score indicates a need to be both friendly and controlling; people with high scores describe themselves as excessively friendly, outgoing and sociable to an extreme degree that others experience as excessively intrusive into their affairs.

## WSAS

The WSAS is a simple, 5-item, self-report scale. It is a reliable and valid measure of functional impairment attributable by the person to an identified problem, and offers the potential for readily interpretable comparisons across studies and disorders, as well as before and after therapy.

The WSAS assesses five areas:

- ability to work
- home management
- social leisure activities
- private leisure activities
- close relationships.

## Patient-experience questionnaire

The measure of patient satisfaction used in the London trust of one of the authors is a 6-item questionnaire, followed by space for open comment. A standard equality and diversity questionnaire is appended to the questionnaire.

Questions are asked about:

- whether the person would recommend the service to friends or family
- the reason for that response
- whether they feel involved in their care
- whether the staff are kind and caring
- whether they know what to do in a mental health crisis
- whether they are treated as an individual taking culture, spirituality, disability, gender, age and ethnicity into account.

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