District-wide Psychosocial Progress Monitoring: Enhancing Therapeutic Practice and Advancing Data-driven Decision Making

John Crocker
Director of School Mental Health & Behavioral Services
Methuen Public Schools

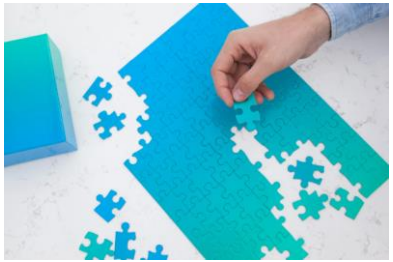
Intended Outcomes

- Improve data collection practices to support quality SMH implementation
- Improve the sustainability of CSMHSs through the adoption of practices that allow for documentation and reporting out on SMH impact
- Enhance SMH staff's use of data-driven student learning goals
- Institute practices that make the evaluation process more relevant to SMH staff
- Improve student outcomes relative to SMH services

Progress Monitoring: One Piece of a Much Larger Puzzle

Methuen has been involved in work to improve the quality and sustainability of school mental health services through a partnership with the University of Maryland's Center for School Mental Health (CSMH).

- CSMH Quality and Sustainability Collaborative for Improvement and Innovation Network (CoIIN)
- Establishing a Comprehensive School Mental Health System (CSMHS)
- National Performance Measures for School Mental Health
- The SHAPE System
- School Mental Health Improvement and Innovation Task Force



National Center for School Mental Health

MISSION

- To strengthen the policies and programs in school mental health
- To improve learning and promote success for America's youth

- Established in 1995. Federal funding from the Health Resources and services Administration.

- Focus on advancing school mental health policy, research, practice, and training.

- Shared family-schools-community agenda.

- Co-Directors:
  Sharon Hoover, Ph.D. & Nancy Lever, Ph.D.
  http://csmh.umaryland.edu, (410) 706-0980

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Comprehensive School Mental Health System (CSMHS)

“Comprehensive School Mental Health System (CSMHS) is defined as school-district-community-family partnerships that provide a continuum of evidence-based mental health services to support students, families and the school community.”

- Provides a full array of tiered mental health services
- Includes a variety of collaborative partnerships
- Uses evidence-based services and supports

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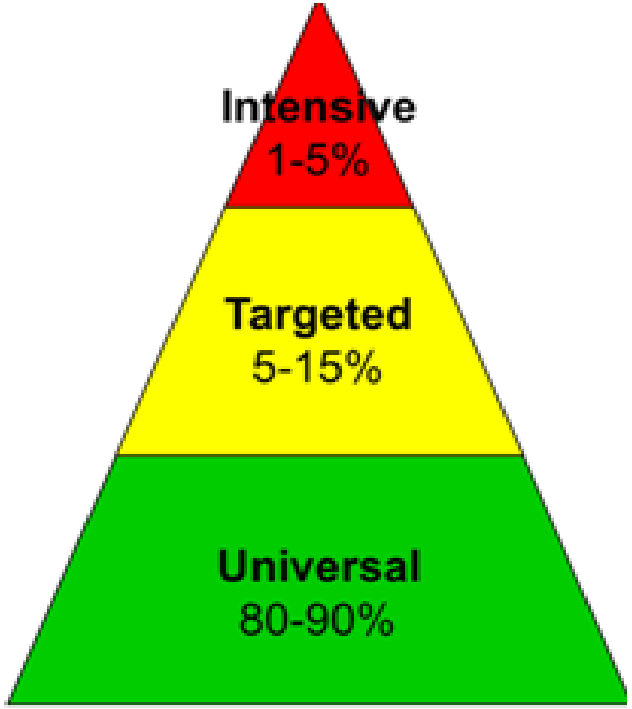
Social Emotional / Mental Health Tiered System of Supports



<u>Multi-tiered System of Services & Supports:</u>

- Tier I - Universal Supports and Interventions; Promotion & Prevention Practices
  - Promoting positive mental health in ALL students (SEL Lessons)
- Tier II - Targeted/Selected/Group Supports and Interventions
  - Focus on students at-risk of developing a mental health challenge
- Tier III - Intensive/Individualized Supports and Interventions
  - Focus on students experiencing a mental health challenge

What is a CoIIN?

Collaborative Improvement and Innovation Network

- **learn from each other** and **experts** to collectively make improvements
- **innovative, multi-faceted learning framework** to rapidly **translate** expert knowledge and best practices to **practical program change**

CSMHS Quality and Sustainability Collaborative Improvement and Innovation Network (CoIIN) and Beyond

- Grant funded partnership with the University of Maryland's Center for School Mental Health (CSMH)
  - Methuen is 1 of 12 districts selected nationally for participation in the first cohort
  - Implementation of National Performance Measures to improve the quality and sustainability of school mental health services
  - Methuen receives ongoing support, resources, training, and assistance with implementation of project initiatives from the CSMH
  - Communication is frequent, ongoing, and involves the reporting out of progress made toward achieving CoIIN goals (PDSA cycles)
- School Mental Health Improvement and Innovation Task Force
- National Coalition for the State Advancement of School Mental Health (NCSA-SMH)

25 CoIIN District-Community School Mental Health Systems

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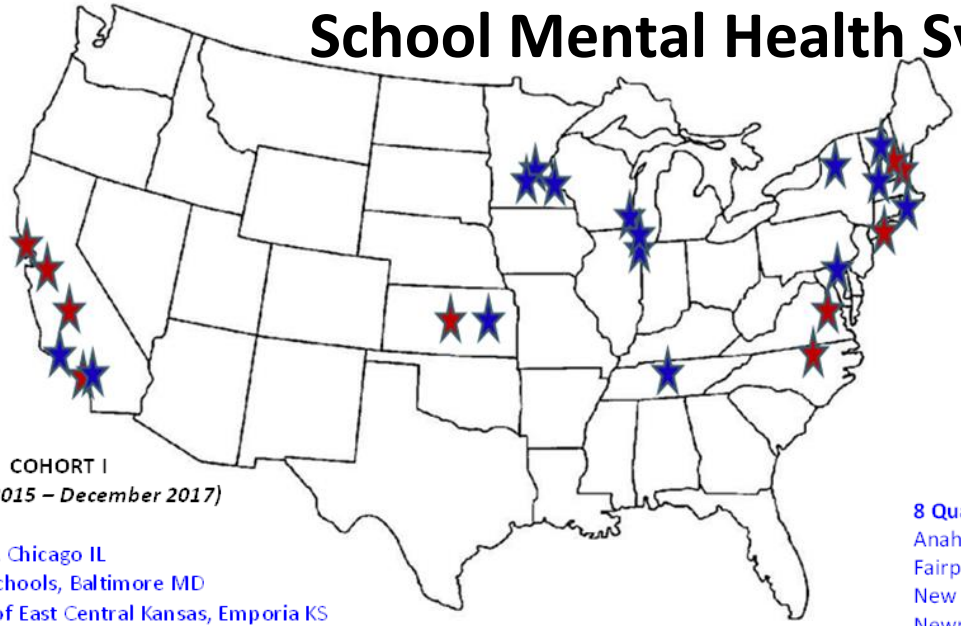


COHORT I

(October 2015 – December 2017)

7 Quality CoIIN Teams:

Chicago Public Schools, Chicago IL
Baltimore City Public Schools, Baltimore MD
Mental Health Center of East Central Kansas, Emporia KS
Minneapolis Public Schools, Minneapolis MN
Metropolitan Nashville Public Schools, Nashville TN
Proviso East High School, Maywood IL
Racine Unified School District, Racine WI

5 Sustainability CoIIN Teams:

Stamford Public Schools, Stamford CT
Methuen Public Schools, Methuen Massachusetts
Newport-Mesa Unified School District, Costa Mesa CA
Lindsay Unified School District, Lindsay CA
Novato Unified School District, Novato CA

COHORT II

(September 2016 – November 2017)

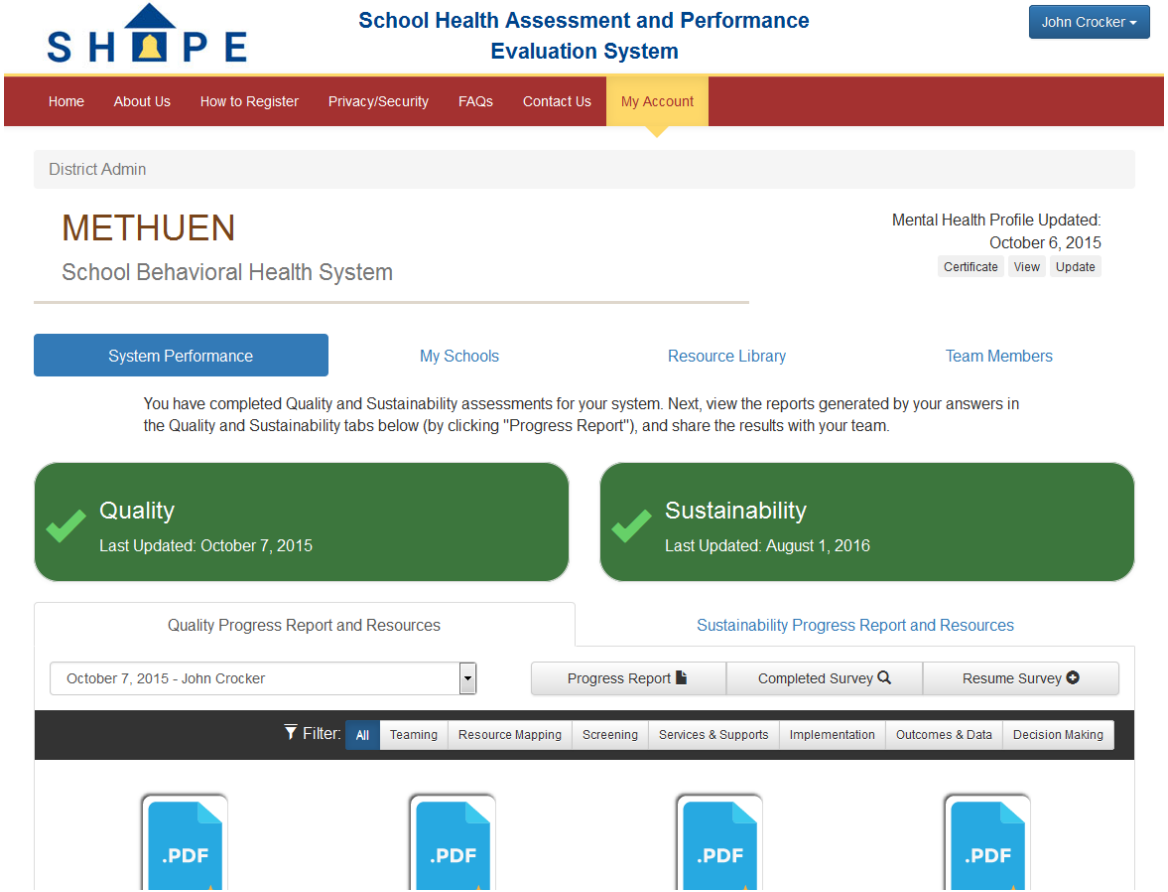
8 Quality CoIIN Teams:

Anaheim Union High School District, Orange County, CA
Fairport Central School District, Rochester, NY
New Richland Hartland Ellendale Geneva, Southern, MN
Newport School District, Newport, NH
Pelham School District, Manchester, NH
Providence Public School District, Providence, RI
Santa Monica/Malibu Unified School District, SM/M, CA
Winona Area Public Schools, Winona, MN

5 Quality Plus Sustainability CoIIN Teams:

Chapel Hill Carrboro City Schools, Chapel Hill, NC
District of Columbia Public Schools, Washington, DC
Mental Health Center of East Central Kansas, Emporia, KS
Oakland Unified/Seneca Family of Agencies, Oakland, CA
School Administrative Unit # 7, Colebrook, Pittsburg, & Stewartstown NH

The SHAPE System



SHAPE is used to:

- Monitor a school's or district's progress toward achieving the National Performance Measures
- Provide resources and action planning guides for each domain
- Gather data to inform the national census to understand school mental health nationally

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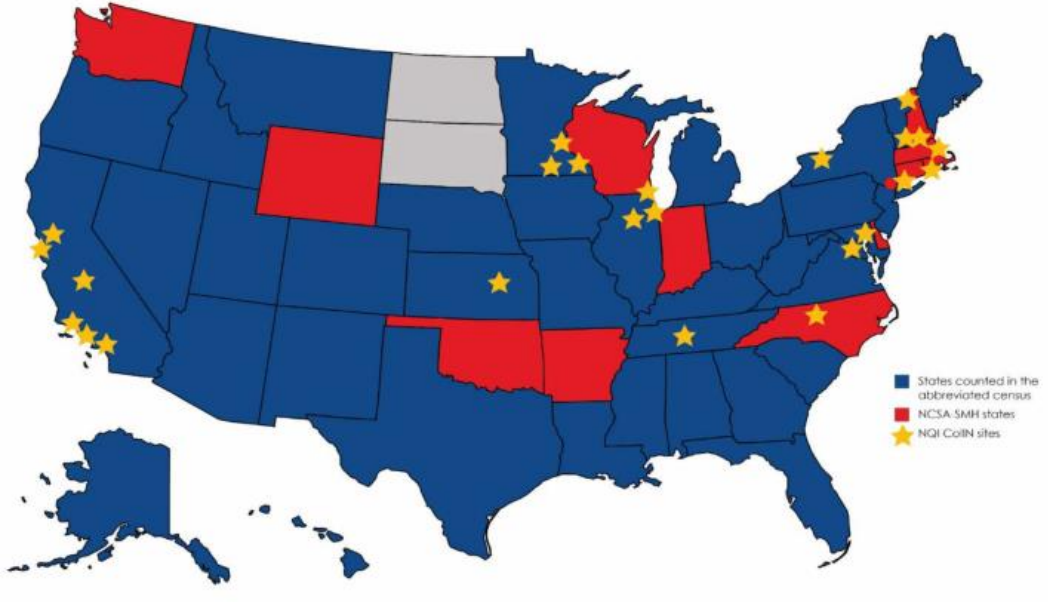
Expanding Partnerships to Sustain Growth

- School Mental Health Improvement and Innovation Task Force - *CSMH*
- Expert Panel on School Mental Health - *SAMHSA*
- National Coalition for the State Advancement of School Mental Health (NCSA-SMH) - *CSMH*

National Coalition for the State Advancement of School Mental Health (NCSA-SMH)

Securing the NCSA-SMH technical assistance opportunity enhanced MASMHC's ability to:

- Provide technical assistance
- Distribute resources
- Engage in advocacy efforts



Schools and districts in **49 states + Washington DC** have started using SHAPE and completed the School Mental Health Census

NCSA-SMH Teams:

Arkansas
Connecticut
Delaware
Indiana
Massachusetts
New Hampshire
New York City
North Carolina
Oklahoma
Rhode Island
Washington
Wisconsin
Wyoming

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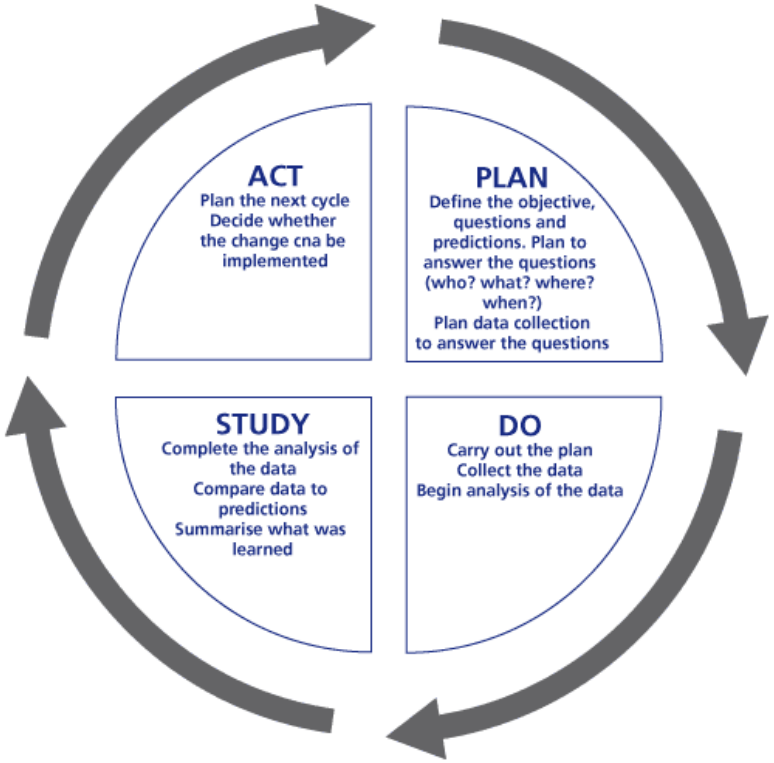
The Mental Health Initiative in Methuen, MA

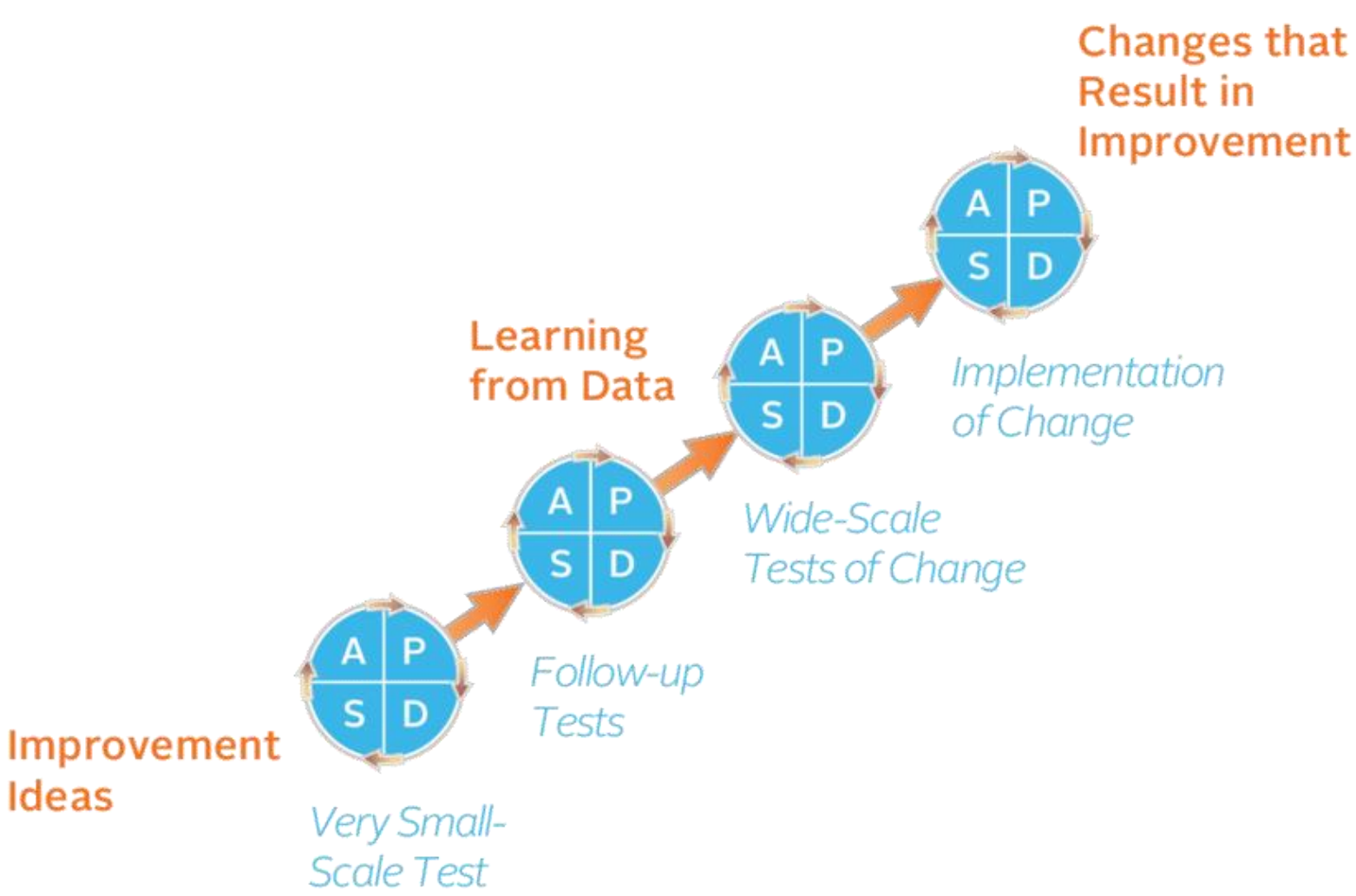
Highlights of Implementation:

- Universal mental health screening in grades 3-12
- Group therapy program established in all schools
- Professional development to improve staff readiness
  - Cognitive Behavioral Therapy (CBT)
  - Treatment planning
  - Suicide risk assessment
  - Use of psychosocial and behavioral data
  - PBIS
- Teaming
- CSMHS accountability report
- Mental Health Parent and Student Advisory Council
- MOUs established with local CBH providers
- Established the Massachusetts School Mental Health Consortium (MASMHC)
- Resource mapping and needs assessment
- Bridge program

Action Planning and PDSA Cycles

- **Plan**
  - Define the objective, questions, and predictions
  - Plan for data collection
- **Do**
  - Carry out the plan
  - Collect and analyze data
- **Study**
  - Complete the analysis of the data and compare the results to the predictions
  - Summarize what was learned
- **Act**
  - Determine whether the change will be abandoned, adapted, or adopted




Changes that Result in Improvement
A P S D
Learning from Data
A P S D
Implementation of Change
A P S D
Wide-Scale Tests of Change
A P S D
Follow-up Tests
Improvement Ideas
Very Small-Scale Test

Implementation Timeline 16-17 to Present

16-17 - Small pilots with individual students to analyze the utility of psychosocial progress monitoring

- How does this inform my practice?
- If this practice was scaled up, what would have to change?
- Is this sustainable?
- What do we gain by instituting this practice?

17-18 - Scaling up this practice across schools and staff members

- What is our target population for this practice as we scale up?
- How can the data gained inform systems planning?
- Provision of PD to support implementation

18-19 - Large scale adoption and design of systems to support this practice

- Vetted and easily accessible tools
- Automated run-charts
- Professional practice goals to support implementation
- Common expectations across the district

Activity

In small groups, discuss the following questions:

- How do we know when our therapeutic interventions are working? Not working?
- What data do we typically use to assess the efficacy of our interventions?
- How often are qualitative data or secondary / tertiary outcomes used to evaluate the impact of SMH staff?

What is Progress Monitoring?

"Progress monitoring is used to assess students' academic [,behavioral, or psychosocial] performance, to quantify a student rate of improvement or responsiveness to instruction [or intervention], and to evaluate the effectiveness of instruction [or intervention]. Progress monitoring can be implemented with individual students or an entire class.

In progress monitoring, attention should focus on fidelity of implementation and selection of evidence-based tools, with consideration for cultural and linguistic responsiveness and recognition of student strengths."

-Center on Response to Intervention (RtI)

Measurement-based Care (MBC)

“Measurement-based care (MBC) is an evidence-based practice that consists of the routine administration of client-reported outcome measures and the clinicians’ review of resulting data to inform ongoing treatment.”

-Scott, K., & Lewis, C. C. (2015)

Progress Monitoring: A Research-driven Approach

"Although monitoring of treatment response is standard practice for many medical conditions, practitioners in mental health treatments, and substance abuse treatment in particular, have been slow to adopt these practices. Progress monitoring (PM), consisting of measurement and feedback, has the potential to significantly improve treatment outcomes."

-Goodman, McKay, & DePhilippis (2013)

"Research shows that when both therapists and clients receive feedback on progress, clients tend to have better outcomes."

-Lambert, et al. (2002)

Barriers to Implementation

- Connors, et al. note important factors to account for when attempting to implement progress monitoring practices
- We will discuss navigating some of these barriers throughout the presentation:
  - Choosing and accessing assessments
  - Scoring and interpretation
  - Making progress monitoring a part of your routine practice

Barriers to Administering Assessment Scales

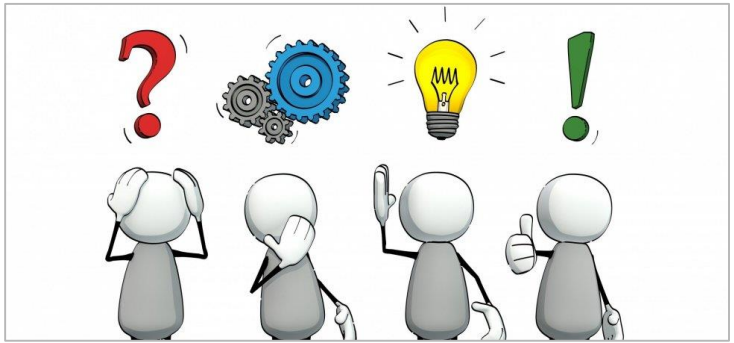
Barrier	Clinicians Who Endorsed	
	N	%
Difficulty reaching Parents	94	65
Parents do not understand assessment questions	53	37
Students do not understand assessment questions	48	33
I don't have access to the assessments I Like	42	29
Not enough time in my day	41	29
I don't have access to the assessments I Need	41	29
Difficulty reaching Teachers	32	22
There are too many assessments to choose from	15	10
Teachers do not understand assessment questions	13	9
Delay in getting scores back (if someone else scores for you)	13	9
Too difficult to Score	9	6
Too difficult to Interpret	9	6
I do not use the assessment data to inform my treatment/care	7	5
Other [a]	19	13

[a] "Other" barriers to assessment include elaborations about limitations to access and/or training (9 clinicians), billing constraints (1 clinician), challenges obtaining parent/teacher report (3 clinicians), sentiment that assessments are too general for use in treatment planning (1 clinician), scoring challenges (1 clinician), fear of documenting ineffective treatment and fear that measures are not sensitive to change (1 clinician) and 3 clinicians who indicated 'not applicable' due to not having administered measures at all, etc.

-Connors, et al., 2015

What is the purpose of therapeutic services?

???



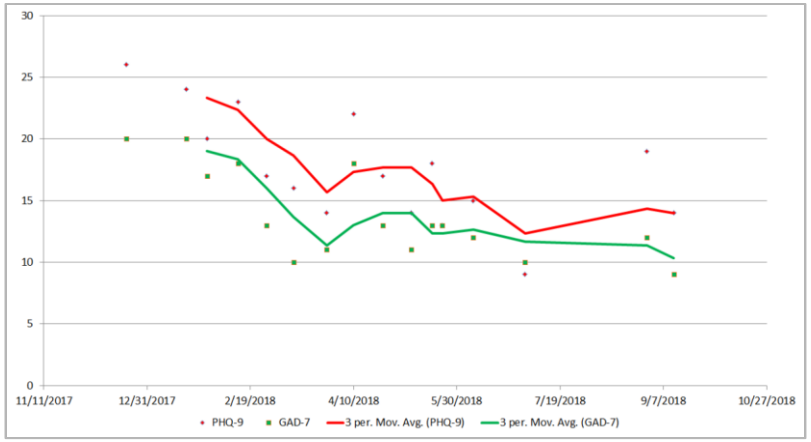
What Are We Measuring?

- Symptom presentation
- Emotional regulation
- Specific behaviors
- Engagement
- Self-concept
- Overall functioning

Consider multiple measures of progress to gain a more complete picture of the impact of the intervention.

Emotional Regulation

Decrease in symptom presentation



Over time

As we fade services

SHAPE

School Health Assessment and Performance Evaluation System

John Crocker

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View Selection / District Admin

METHUEN

School Mental Health System

Mental Health Profile Updated:
October 6, 2015

Certificate | Report | Update

System Performance | My Schools | Trauma Responsiveness | Screening and Assessment | Team Members

Welcome to the School Mental Health Screening and Assessment Library. Use the filters below to locate a measure that is appropriate for your needs. Each measure includes a one page information sheet, scoring details, and access to the measure.

Clear All 0 filters selected

Search:

Focus Area

Assessment Purpose

- Screening/ Initial Evaluation
- Diagnostic
- Progress Monitoring

Instrument Name	Purpose	Focus Area	Reporter for (Student Age)
Autism Treatment Evaluation Checklist (ATEC)	Screening/Initial Evaluation Progress Monitoring	Autism	Caregiver (2+) Educator (2+)
Brief Problem Checklist (BPC)	Screening/Initial Evaluation Progress Monitoring	Anxiety Depression Disruptive Behavior	Student (7-18) Caregiver (7-18)
CAGE	Screening/Initial Evaluation	Substance Use	Student (16+)

Measure Twice, Cut Once...

What specific problem am I hoping to help the student with?

Does my therapeutic approach / intervention match the needs of the student?

If the student is making progress, what will change?

What tools exist to measure this change?

How often should I measure this change?

Are there multiple changes that I can measure?

How will this data inform my practice?

Intervention / Treatment Planning

ID PRESENTING PROBLEM

BASELINE DATA COLLECTION

IMPLEMENTATION OF EBP

PROGRESS MONITORING

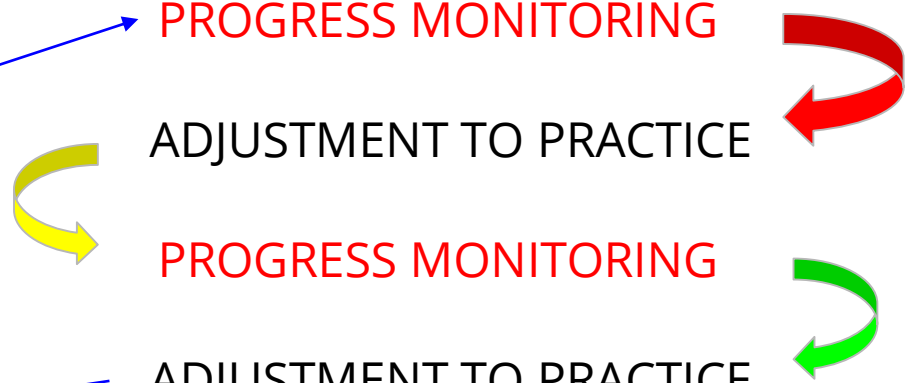
ADJUSTMENT TO PRACTICE

PROGRESS MONITORING

ADJUSTMENT TO PRACTICE

TERMINATION OF EBP

OUTCOME DATA COLLECTION



Intervention/Treatment Planning - Tier III

Intervention plans have been implemented for approximately 5% of the student population since the 16-17 school year. Intervention plans consist of:

- Documentation of the presenting problem
- An articulated treatment plan using evidence-based services and supports to directly address the presenting problem
- A data collection plan that outline the frequency of data collection and the type of data to be collected related to the presenting problem

Use of intervention plans has supported:

- Measurement of individual student growth after the start of services
- Assessment of the efficacy of implemented services and supports
- Self-reflection and adjustment to practice
- Accountability for individual staff members and the larger CSMHS

Intervention Plan / Treatment Planning Tool

Brief Description of Presenting Problem (e.g. behavior, anxiety, depresion, attendance, academic engagement, etc)	**Specific Intervention(s)** What intervention was delivered by the staff member to help the student make progress related to their presenting problem? (e.g. individual/group therapy using CBT, social skills group, classroom co-teaching, behavior plan, etc.)	**Baseline Data Related to the Presenting Problem** (Tracking more than one point of data related to the presenting problem is encouraged but not required) (e.g. PHQ-9, GAD-7, SDQ, RCADS, Attendance, Non-ODRs, ODRs, Grades, Credit Attainment. etc.)	**Outcome Data Related to the Presenting Problem** (The same type of data used as baseline data should be used throughout the intervention to monitor progress and for the outcome data.) (e.g. PHQ-9, GAD-7, SDQ, RCADS, Attendance, Non-ODRs, ODRs, Grades, Credit Attainment. etc.)	**Academic Outcome** (Improved, Declined, or No Change)	**Psychosocial Outcome** (Improved, Declined, or No Change)	**Behavioral Outcome** (Improved, Declined, or No Change)

Methods for Conducting Progress Monitoring

- Embedding progress monitoring into individual and group therapy sessions
- Leveraging observations from parents and staff
- Collecting wide-scale baseline data using universal mental health screening

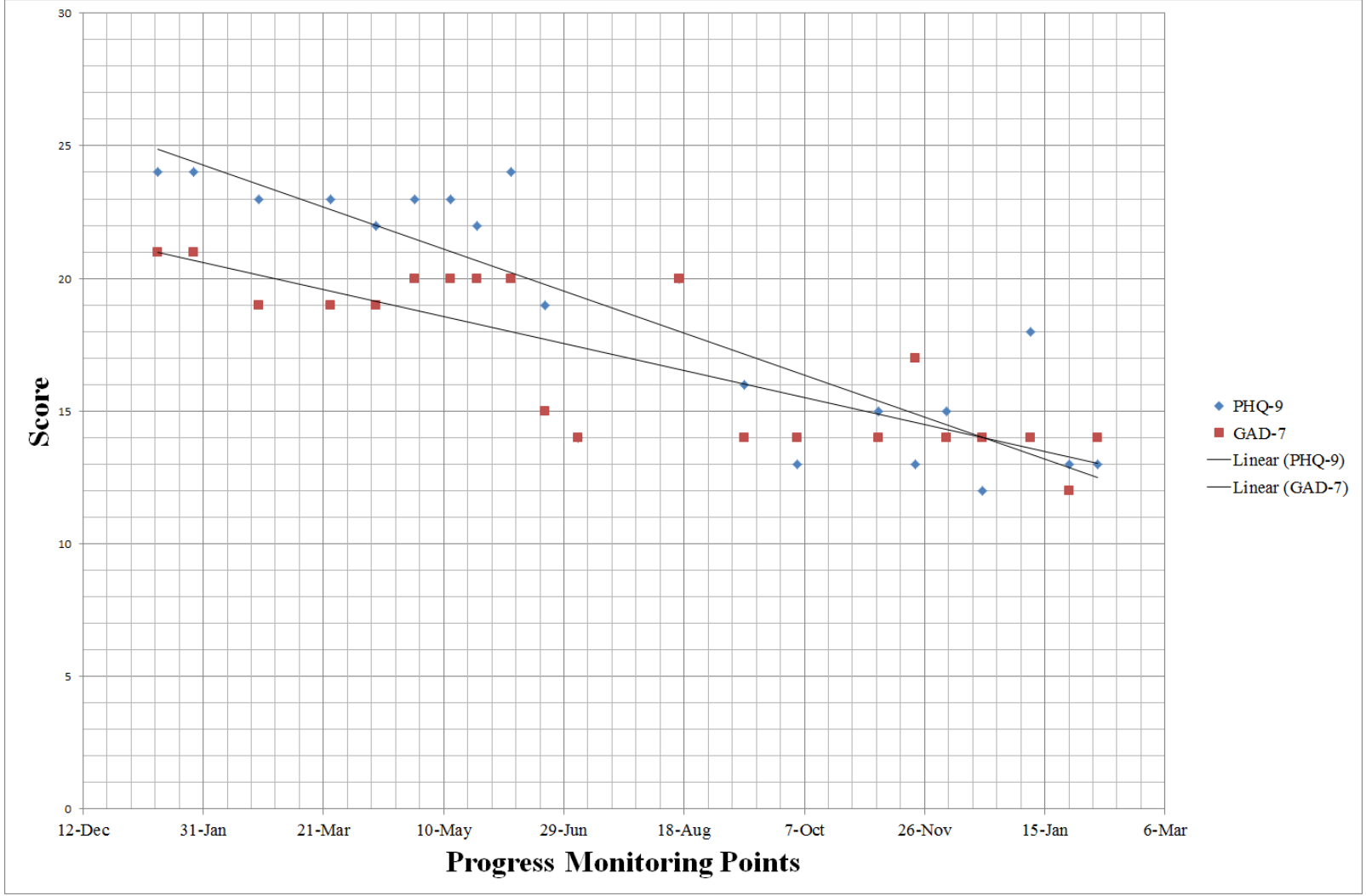
Progress Monitoring and CBT Session Structure

- Administer at outset of session in order to avoid skewed data
- The administration of the progress monitoring tool serves as the **mood check** for the session
- A review of the responses serves to drive the **session agenda** efficiently and effectively
- Improves **student engagement** through:
    - Addressing prioritized concerns consistently
    - A review of self-reported progress can serve as a motivating factor for continued engagement

Advancing Therapeutic Practice

- **Gauge the efficacy of treatment** - Determine what is working and what is not
- **Adjustment to practice** - Change the treatment / intervention plan if the student is not responding to the therapeutic approach
  - Increase/decrease services
  - Change therapeutic approach
  - Shift focus of session content
  - Informs termination planning
- **Improves practice and outcomes**
  - Student engagement in services
  - Psychosocial outcomes
  - Quality of services
  - Consistency of therapy sessions
  - SMH staff self-assessment

-Fortney, et al. (2017)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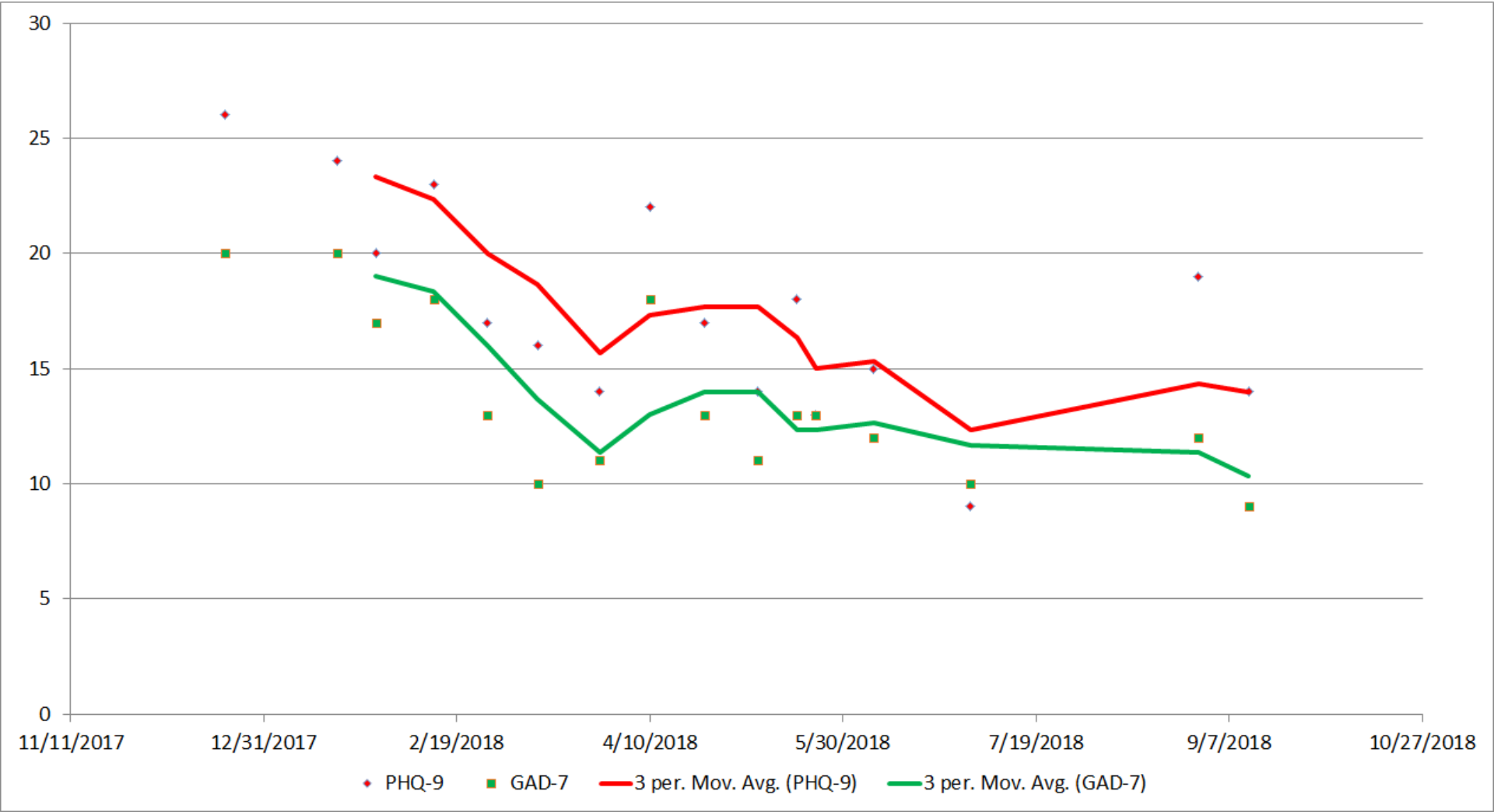
Score
12-Dec
31-Jan
21-Mar
10-May
29-Jun
18-Aug
7-Oct
26-Nov
15-Jan
6-Mar
Progress Monitoring Points
PHQ-9
GAD-7
Linear (PHQ-9)
Linear (GAD-7)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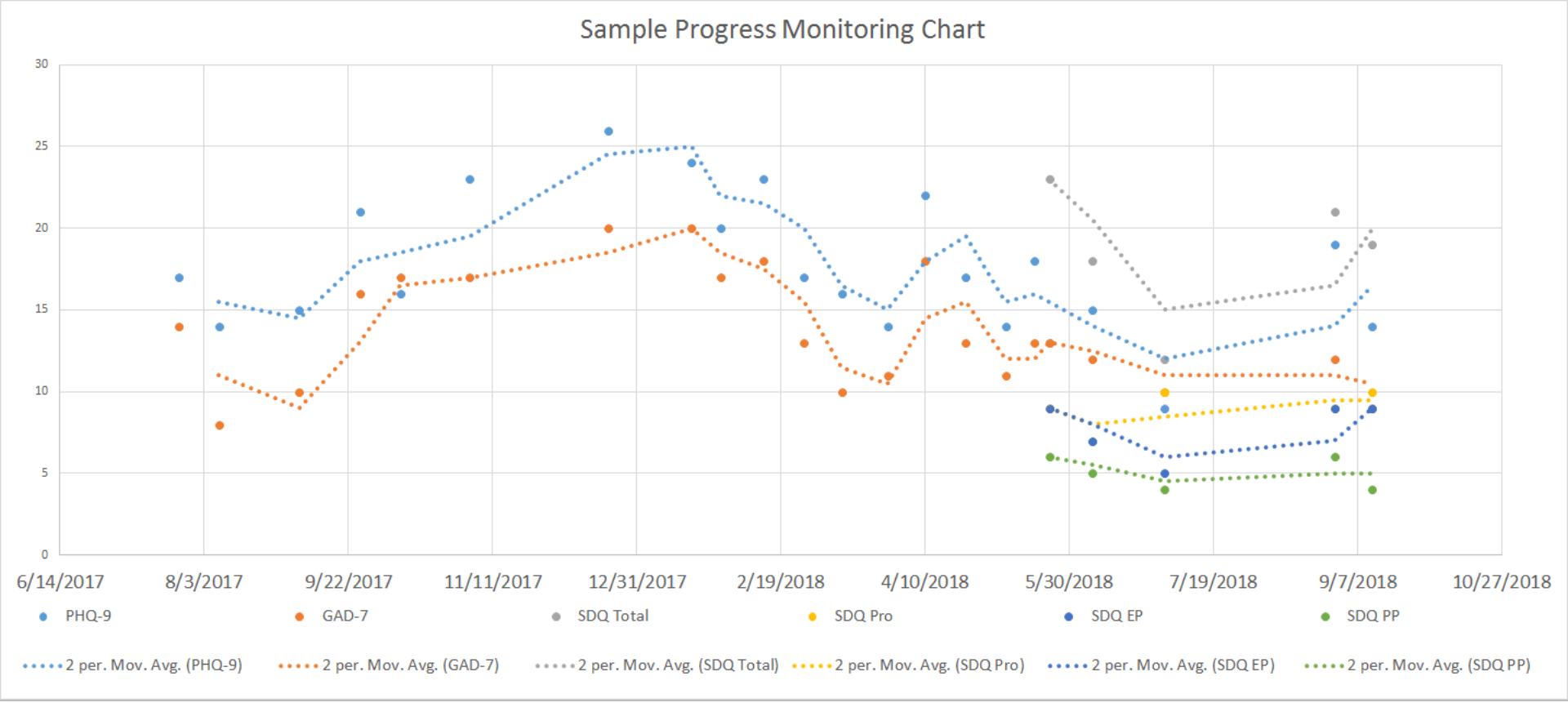
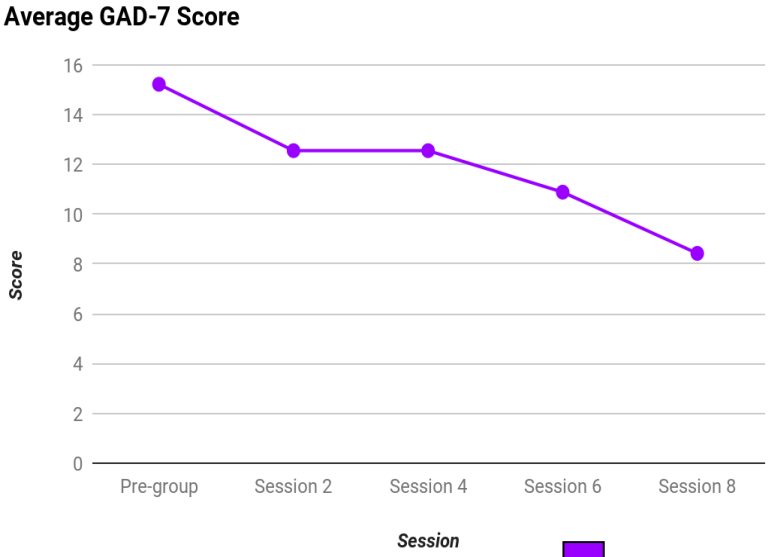
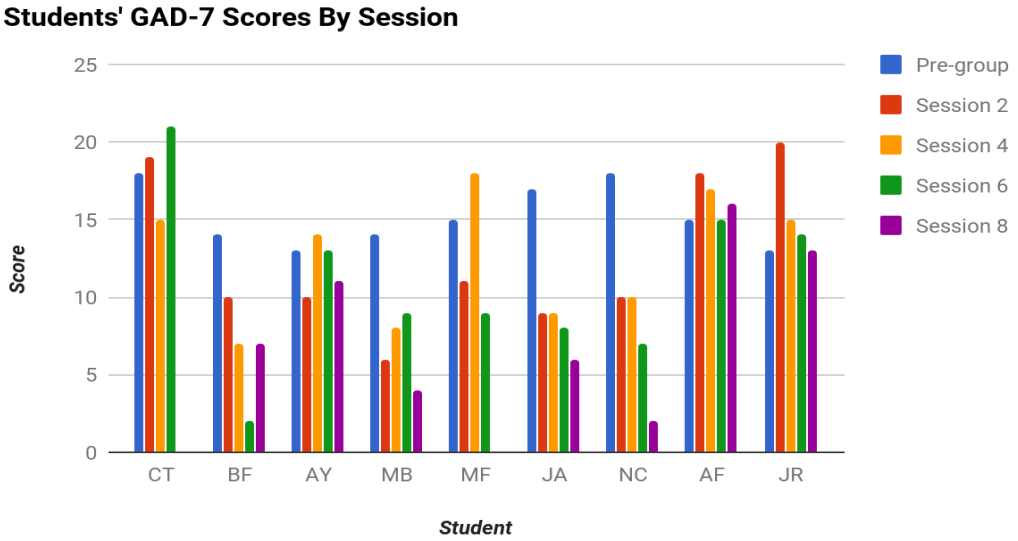
PHQ-9
GAD-7
3 per. Mov. Avg. (PHQ-9)
3 per. Mov. Avg. (GAD-7)



- Progress monitoring intervals of two weeks (GAD-7, PHQ-9, and SDQ subscales)
- Graphical history of the student's response to treatment

Post-Group Data/Group Evaluation

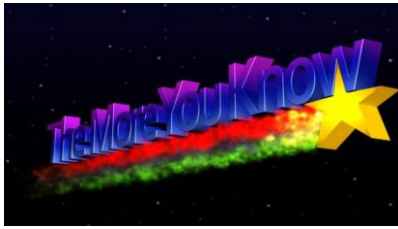




Average GAD-7 score pre-group: 15.22
Average GAD-7 score post-group: 8.42

Indicates -7 point average decrease on the GAD-7 (mild anxiety)

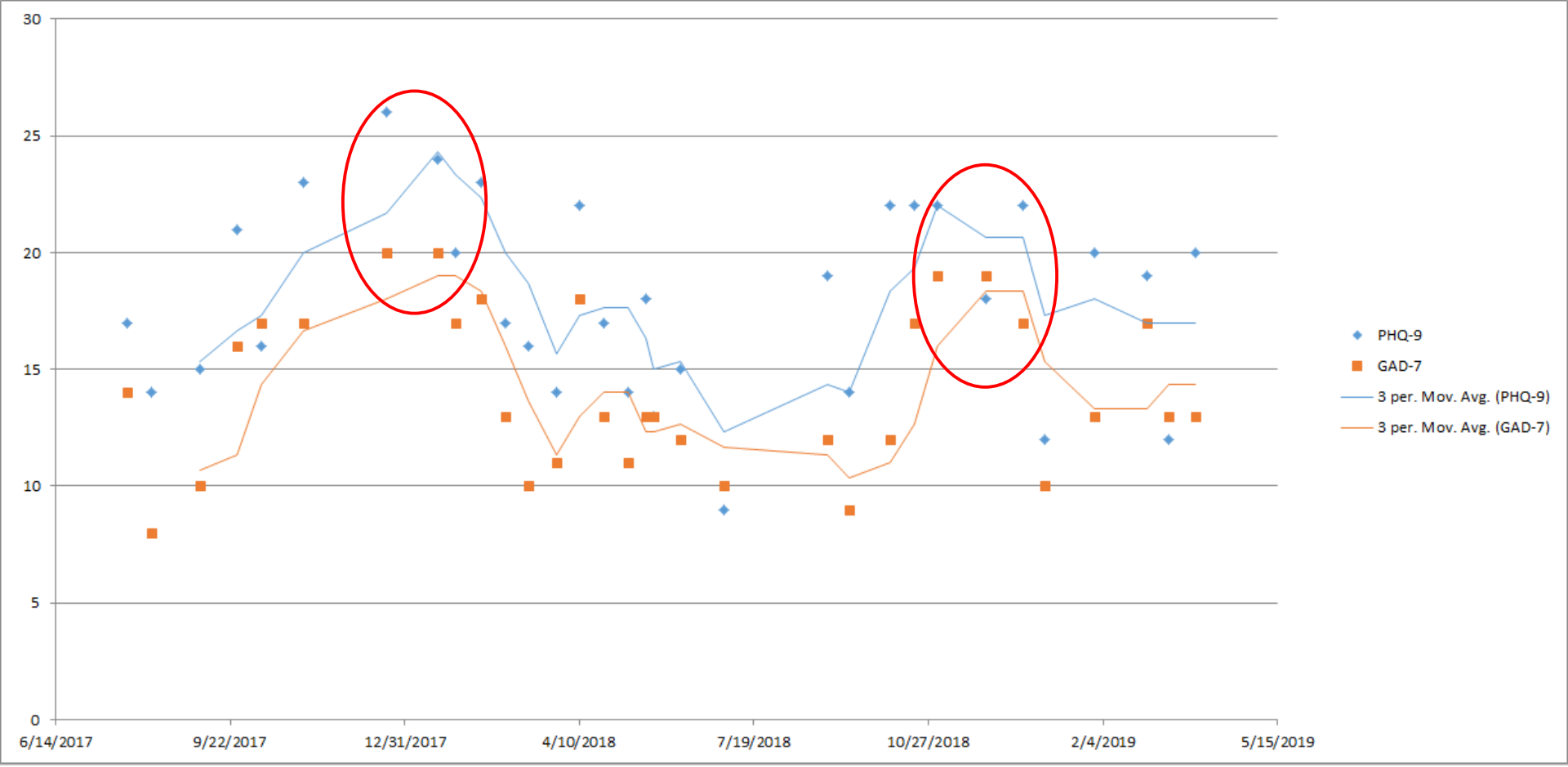
Progress Monitoring: Addtl. Considerations



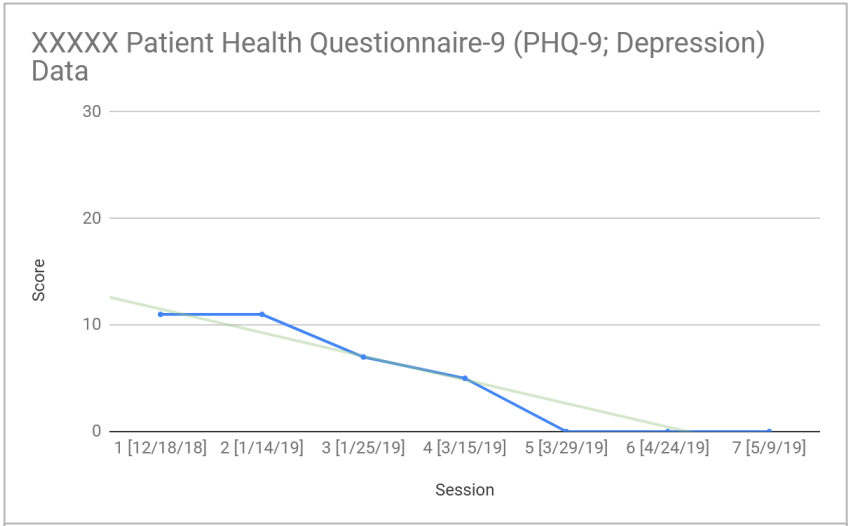
- **Consent** - Securing consent prior to engaging in progress monitoring is essential.
- **Frequency** - The more data you have, the better able you will be to identify trends and guide decision-making. Check each tool for how they are normed and administer with fidelity at least every two weeks.
- **Staff readiness** - PD will be important to ensure staff understand how to use progress monitoring tools, how to interpret the data, and when and how to use the data to inform adjustments to practice.
- **Developmental level** - Young children may not be able to access progress monitoring tools readily. Teach- and parent-reported measures may serve as an alternative to direct ratings.
- **Reliability** - Use your clinical judgment. A student"s responses may only be as reliable as their desire to be honest and open. Vet the data through clinical observation to gain a comprehensive picture of the student.

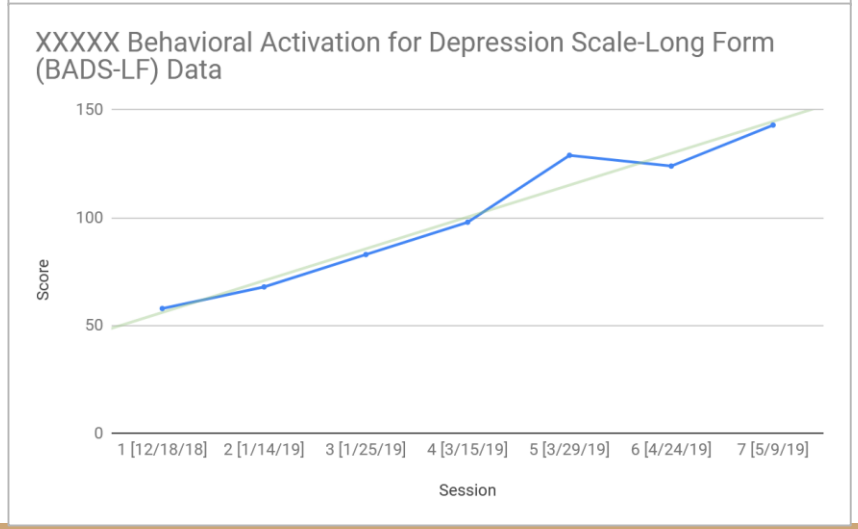
Case Study 1 - Identifying Trends

- Longstanding history of outpatient therapy and several hospitalizations for SI
- Diagnosed with ASD, GAD, and MDD
- Treatment included weekly CBT sessions, daily CBT thought record review and cognitive restructuring activities, and wraparound care coordination
- Events associated with previous hospitalization and trauma consistently emerged as themes that drove session content



Single data points may drive session content, but multiple data points are critical to understanding trends.

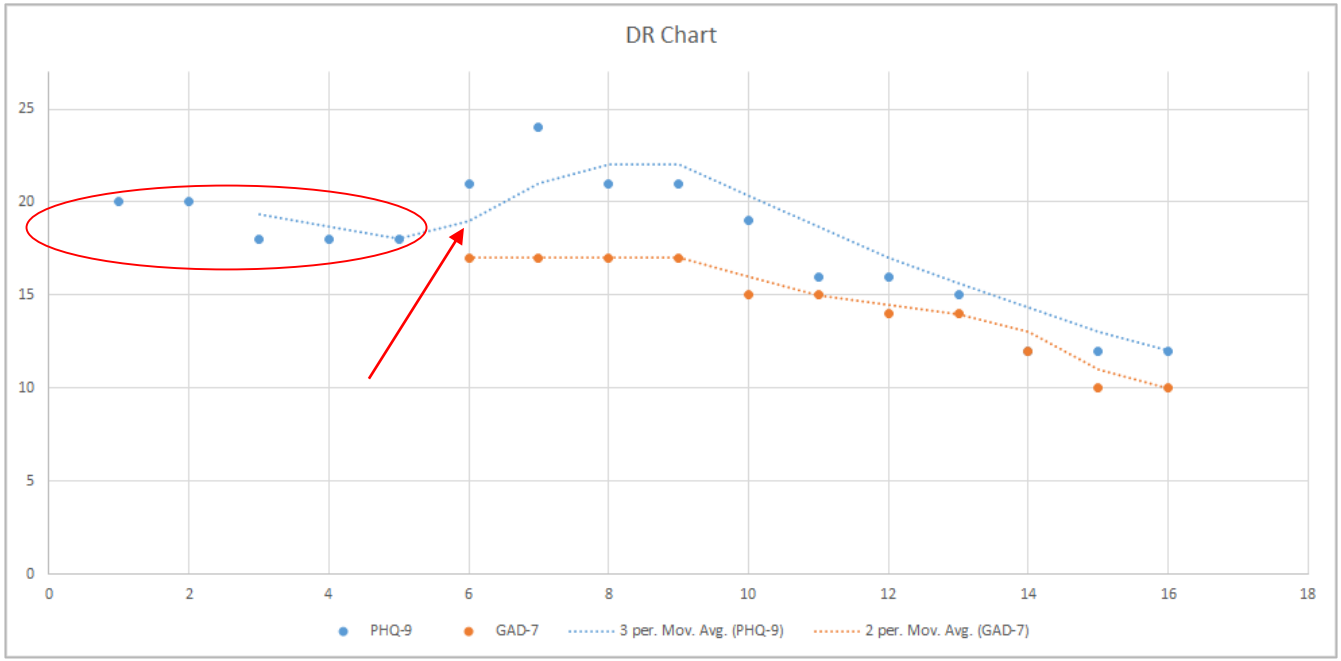




Case Study 2 - Using Multiple Measures

- Student referred to Bridge Program following psychiatric hospitalization
- Presented with depression, low self-esteem, and low motivation
- Treatment included weekly CBT sessions, daily DBT skill building exercises, and wraparound care coordination
- Student successfully transitioned back to full day schedule following 15 weeks of treatment

Case Study 3 - Informing Adjustments to Practice



- Monitoring adjustments to practice
- Understanding the relationship between presenting concerns
- Supporting self-reflective practice

IEP Service Delivery

How evidence-based are the therapeutic services offered through the IEPs in your district?

Let's Be Honest...how often do you see this?

- 1x30 counseling, weekly...FOREVER.
- Measurable annual goals that are...immeasurable.
- Benchmarks that do not relate to the measurable annual goal and that really just unpack milestones in the therapeutic process.
    - While identifying and practicing coping skills is an important part of therapy, checking off the box that we did this does not indicate that the student made any psychosocial gains.
    - How often are our benchmarks simply process outcomes unrelated to student growth and change?
- Service delivery that is drafted that does not allow for adjustments to practice or termination when students meet their goals.

Progress Monitoring and IEPs

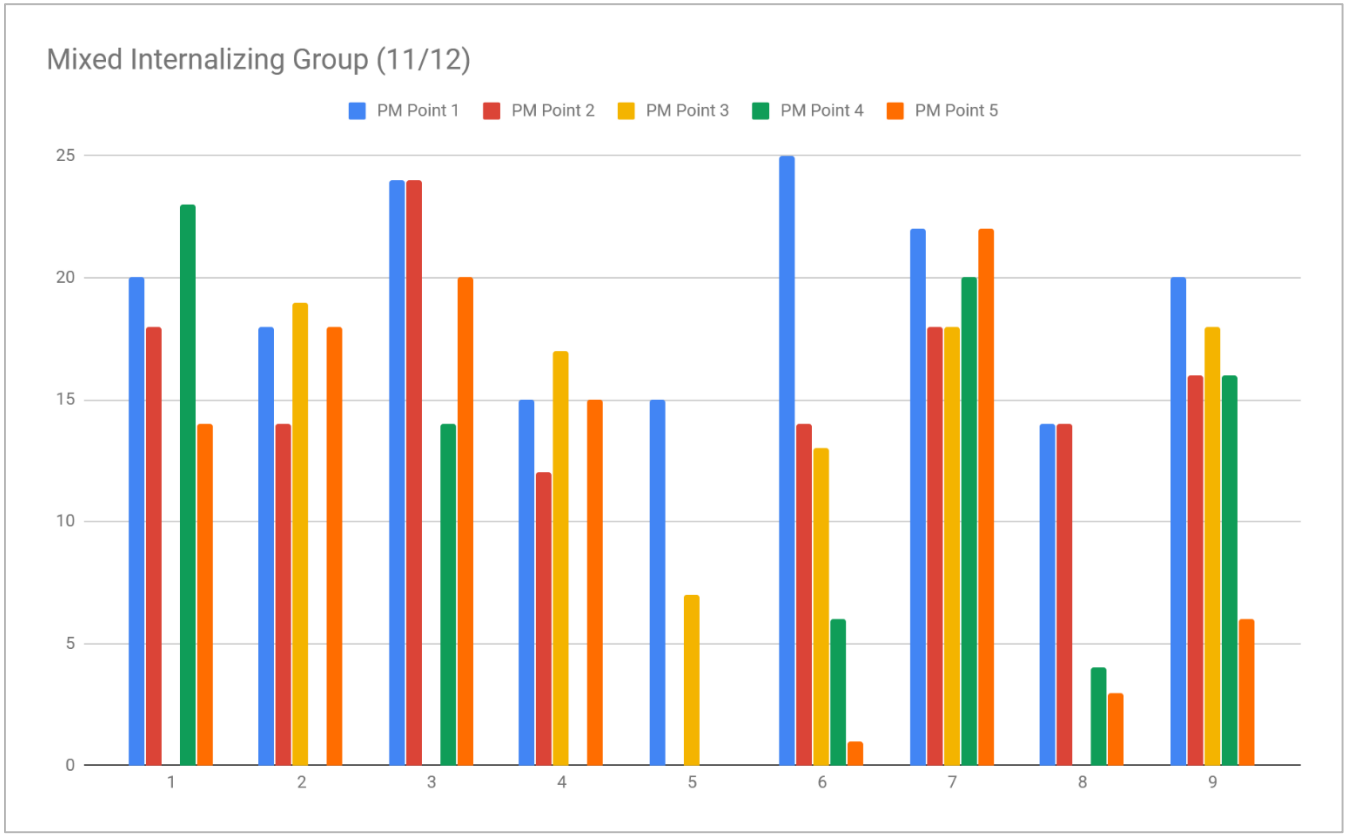
- **Current Performance Level** - Baseline psychosocial data to drive the design of the measurable annual goal
- **Measurable Annual Goal** - Based on a reduction of symptom presentation over time (emotional regulation)
- **Benchmarks** - Percent changes in symptom presentation as opposed to milestones in the therapeutic process
- **Service Delivery Grid** - Services drafted that are sensitive to changes in the student's presentation
- **Adjustments to practice and termination** - Planned for at the outset of treatment

Progress Monitoring and System Evaluation

In addition to being used to identify students who may require services, psychosocial data is also used to:

- Gauge the efficacy of mental health services and supports
- Monitor the progress and outcomes of individual students receiving services
- Accountability measure for service providers

Selected Data - 18-19 Mixed Internalizing Group



- 67% of participants showed improved scores on the PHQ-9 when group terminated
- On average, participants reported a 38% reduction in symptom presentation at termination
- Show-rate for group was approximately 84%

Documenting and Reporting Impact

Academic, behavioral, and social emotional data were collected throughout the year to monitor students' progress relevant to the intervention plans created.

Of the students tracked:

- **Academic Outcomes:**
  - 91.1% of students improved or maintained their level of academic performance
  - 51.3% of students improved their level of academic performance
- **Social Emotional Outcomes:**
  - 94.2% of students improved or maintained from a social emotional standpoint
  - 73.0% of students improved from a social emotional standpoint
- **Behavioral Outcomes:**
  - 88.0% of students improved or maintained behaviorally
  - 68.7% of students improved behaviorally

Data-driven Decision Making (DDDM)

Data-Driven Decision Making (DDDM) is the process of using observations and other relevant data/information to make decisions that are fair and objective. DDDM can help inform decisions related to appropriate student supports and be used to monitor progress and outcomes across multiple tiers (mental health promotion to selective and indicated intervention).

Indicators

1. Use data to determine interventions
2. Monitor individual student progress
3. Monitor fidelity of intervention implementation across tiers
4. Aggregate student mental health data
5. Disaggregate student mental health data

Documentation and Reporting on Impact

It is critical to document and report on the impact of your system to a wide range of stakeholders who play a role in your system's sustainability. These activities can also support your advocacy for the system's maintenance, growth and change in many ways over time.

Indicators

1. Document academic impact of CSMHS
2. Document emotional / behavioral impact of CSMHS
3. Document impact CSMHS sustainability factors
4. Report overall impact of CSMHS

What data do we typically use to evaluate the effectiveness of SMH staff?

Improving Consultation, Supervision, and PD

- Progress monitoring data provides an opportunity for self-reflection relative to one's therapeutic practice
- Adjustments to practice are informed by data and the efficacy of those adjustments can be continually monitored
- Supervision can incorporate a review of relevant data to enhance consultation
- Underlying professional development needs relative to specific presenting concerns can be identified more readily

Suggested Student Learning Goal

A total of 5% of each SMH staff member's caseload will be tracked using intervention plans.

By December 15, 80% of the students who will be tracked with intervention plans will be identified using psychosocial data from the district-level screening program, behavioral and academic data, referrals from staff and parents, and direct observation of and contact with students from each caseload. The remaining 20% of students will be identified no later than February 1.

Intervention plans will include a description of the presenting issue that will be the focus of the intervention plan, an evidence-based intervention that directly addresses the identified presenting problem, baseline and progress data that directly correlate to the presenting problem, and a timeline for delivery of the intervention and the progress monitoring.

SMH staff will report out on progress regarding these students by March 15 and May 30. Interventions will be adjusted throughout the year based on progress monitoring data to ensure students are receiving the most appropriate and effective services.

Psychosocial Progress Monitoring and Evaluation

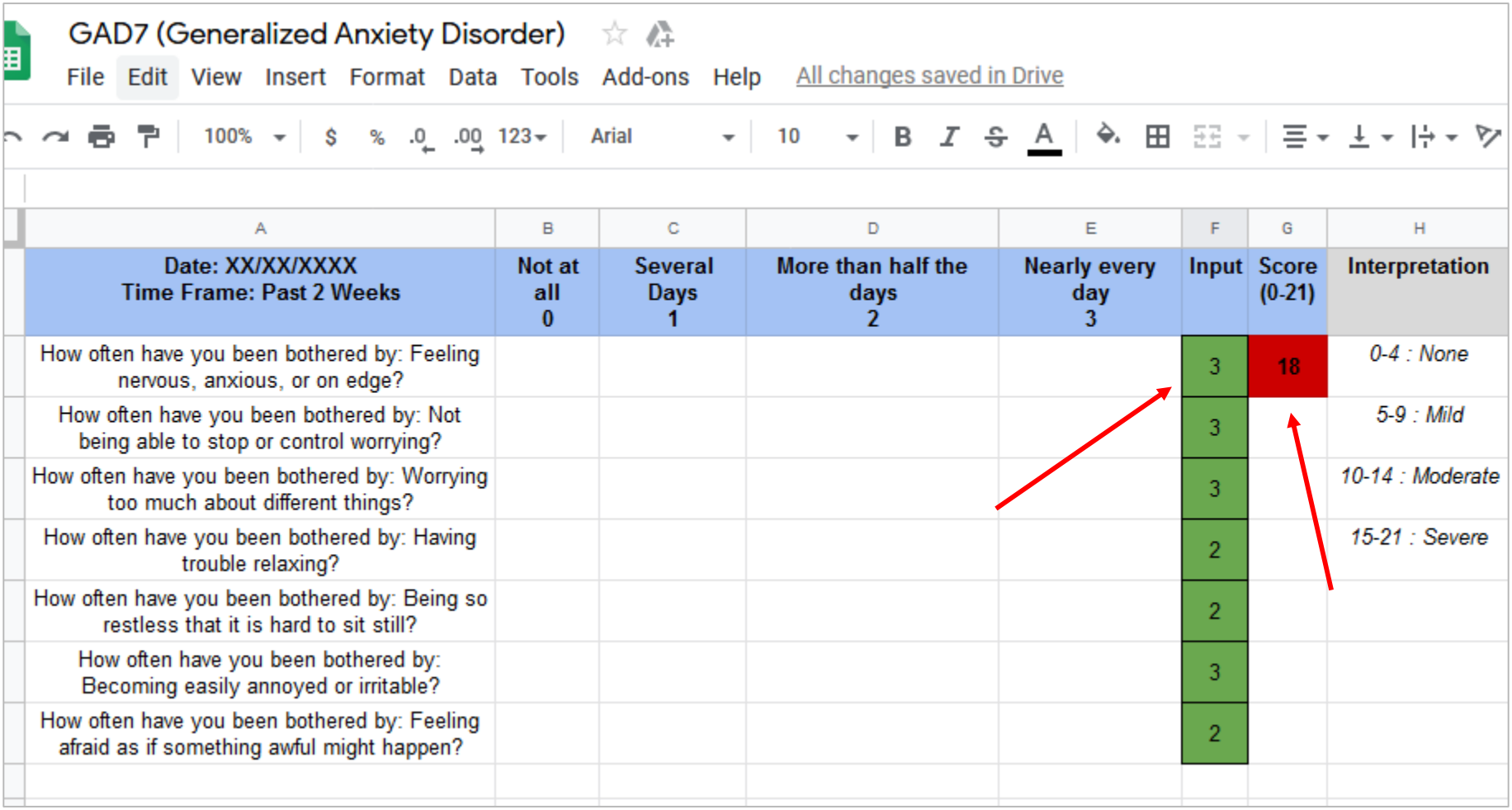
I-B-1 - Variety of Assessment Methods - Uses a variety of informal and formal assessments methods, including common interim assessments, to measure students' learning, growth, and progress toward achieving state/local standards.

I-B-2 - Adjustments to Practice - Analyzes results from a variety of assessments to determine progress toward intended outcomes and uses these findings to adjust practice and identify and/or implement differentiated interventions and enhancements for students.

I-C-1 - Analysis and Conclusions - Draws appropriate conclusions from a thorough analysis of a wide range of assessment data to inform instructional decisions and improve student learning.

I-C-3. - Sharing Conclusions With Students - Based on assessment data, provides descriptive feedback to students, engages them in constructive conversation, and seeks feedback that focuses on how students can improve their performance.

IV-A-1 - Reflective Practice - Regularly reflects on the effectiveness of lessons, units, and interactions with students, both individually and with colleagues, and uses insights gained to improve practice and student learning.



GAD7 (Generalized Anxiety Disorder)

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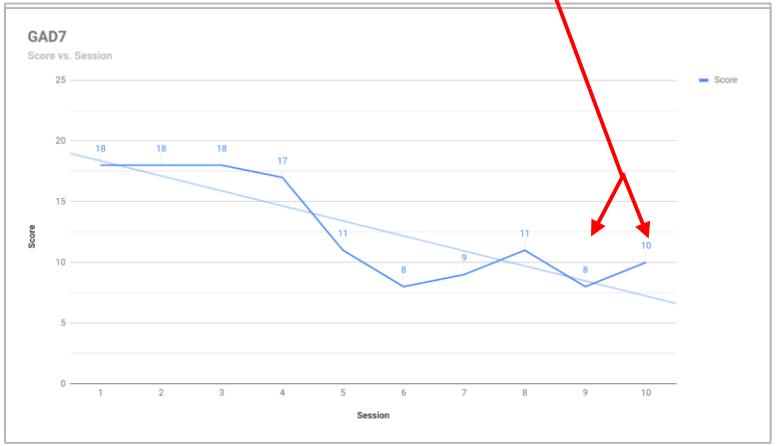
	A	B	C	D	E	F	G	H
	Date: XX/XX/XXXX Time Frame: Past 2 Weeks	**Not at all 0**	**Several Days 1**	**More than half the days 2**	**Nearly every day 3**	**Input**	**Score (0-21)**	**Interpretation**
	How often have you been bothered by: Feeling nervous, anxious, or on edge?					3	18	*0-4 : None*
	How often have you been bothered by: Not being able to stop or control worrying?					3		*5-9 : Mild*
	How often have you been bothered by: Worrying too much about different things?					3		*10-14 : Moderate*
	How often have you been bothered by: Having trouble relaxing?					2		*15-21 : Severe*
	How often have you been bothered by: Being so restless that it is hard to sit still?					2		
	How often have you been bothered by: Becoming easily annoyed or irritable?					3		
	How often have you been bothered by: Feeling afraid as if something awful might happen?					2		

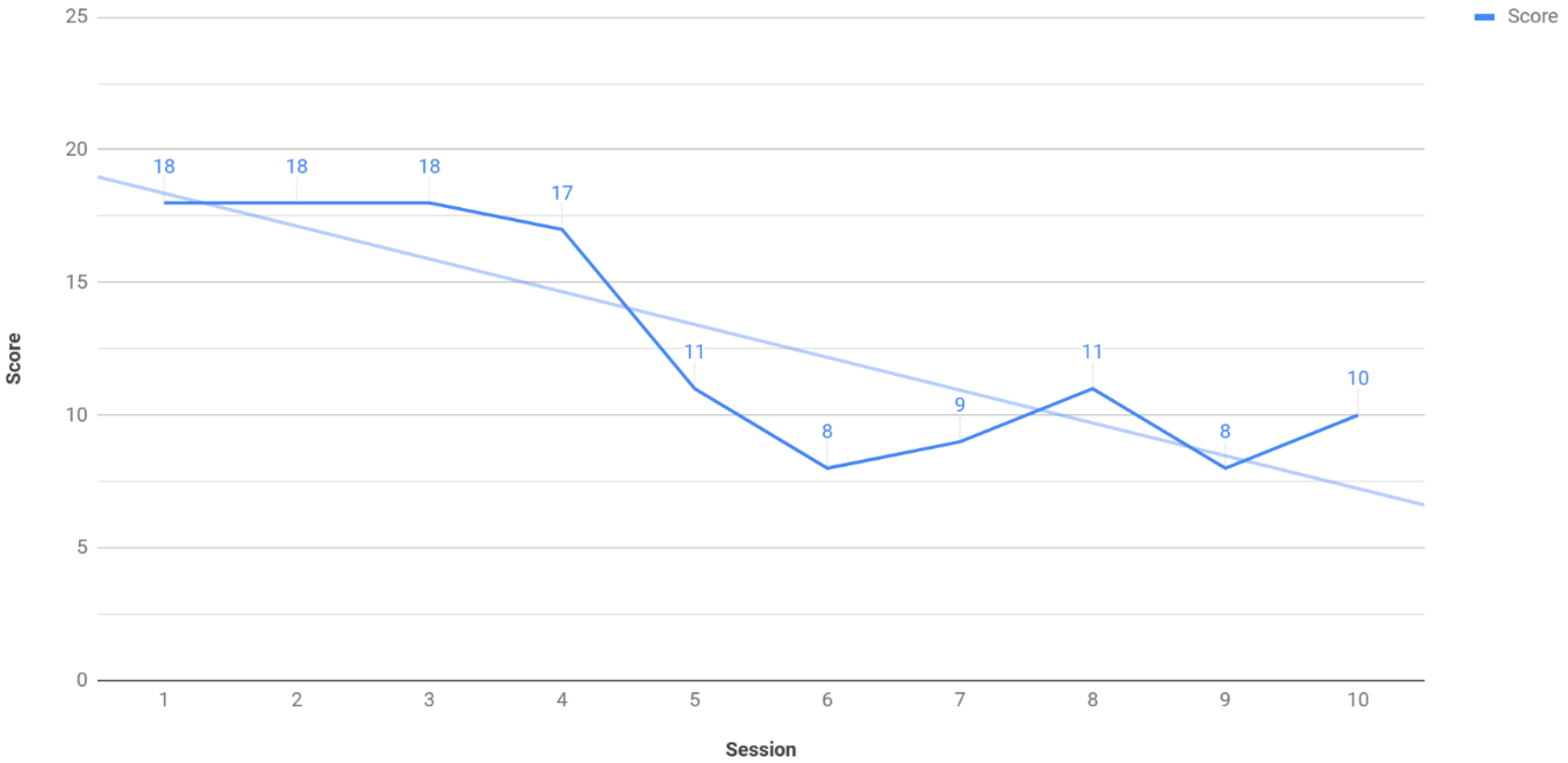
A	B	C	D	E	F	G	H	I	J
Date: XX/XX/XXXX Time Frame: Past 2 Weeks	**Not at all 0**	**Several Days 1**	**More than half the days 2**	**Nearly every day 3**	**Input**	**Score (0-21)**	**Interpretation**	**% Change**	**Total % Change**
How often have you been bothered by: Feeling nervous, anxious, or on edge?					1	10	*0-4 : None*	25% ▲	-44% ▼
How often have you been bothered by: Not being able to stop or control worrying?					2		*5-9 : Mild*		
How often have you been bothered by: Worrying too much about different things?					2		*10-14 : Moderate*		
How often have you been bothered by: Having trouble relaxing?					2		*15-21 : Severe*		
How often have you been bothered by: Being so restless that it is hard to sit still?					1				
How often have you been bothered by: Becoming easily annoyed or irritable?					1				
How often have you been bothered by: Feeling afraid as if something awful might happen?					1				

- The percent change in score is noted between sessions
- The total percent change from baseline is indicated after the final session in the sheet
- A run-chart is auto-populated with the scores; trend lines can be added as well



GAD7

Score vs. Session



Final Thoughts

- Despite the myriad benefits of progress monitoring, or measurement-based care, this practice is used less than 20% of the time.

  -Jensen-Doss, et al. (2018)

- On over-reliance on judgment and observation can lead to missed opportunities for improved treatment outcomes and potentially misguided approaches to the provision of care.
- When we cannot report data-driven treatment outcomes, we miss an opportunity to understand the impact of our work comprehensively and undercut our ability to showcase our positive impact on students.

Questions?

John Crocker
Director of School Mental Health & Behavioral Services
Methuen Public Schools
jncrocker@methuen.k12.ma.us
978-722-6000 ext: 1154

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