

Measurement Based Care In Behavioral Health

Annie Barreiro, RN, MS, MAT, CTRS

Recreation Therapist for the Veterans Administration

Why am I here today?

- ▶ To provide a very brief introduction to useful measurement/screening tools used in the VA
- ▶ To share how these tools can enhance treatment planning and your connections with your clients
- ▶ To provide resources to help you complete your role as a Recreation Therapist - Especially when asking, "How can I help my client with lifestyle changes?"

Learning Objectives

- ▶ Identify at least 2 measurement/screening tools.
- ▶ Recall at least 2 measurement outcomes.
- ▶ Name at least 2 measurement/screening tools that can be useful at your facility.

Let's do some screenings

- ▶ Let's take a minute and please complete the three handouts.

Measurement Based Care - (MBC)

- ▶ Follow the collect, share, and act model.
- ▶ Collect:
 - ▶ Veteran completes the measurement/screening tool
- ▶ Share:
 - ▶ Therapist scores the measure and shares/discusses with the Veteran
- ▶ Act:
 - ▶ Veteran sees changes and adapts his/her goals as needed to be more engaged

Why use MBC?

- ▶ Shown to be effective and a best practice
- ▶ Identifies whether the person is back sliding, stagnating, or if programming is not helpful
- ▶ Empowers the Veterans to change
 - ▶ Veteran can show progress to family members
 - ▶ Veteran can see patterns
 - ▶ Veteran can realize that they are not “crazy” and reduce self-stigma
- ▶ Individualizes the therapy
- ▶ Guides treatment decisions - you can talk together about when to make changes

- ▶ Orientates Veteran toward treatment outcomes
- ▶ Facilitates shared decision making - Collaborative and empowering increasing “buy-in” by your clients
- ▶ Identifies missed symptoms
- ▶ Monitors whether the therapy is working
- ▶ Helps to identify when to terminate or refer a Veteran to other therapy
- ▶ Improves the treatment outcomes
 - ▶ Provides an anchor for treatment
 - ▶ Veteran can see improvement and when it is time to leave
 - ▶ Increases connections between Veteran and Recovery Coach

Articulate the Value of MBC

- ▶ Promotes a way to measure the progress of the Veteran/Client
- ▶ Provides a baseline for moving forward
- ▶ Helps identify clinical versus meaningful activities to the Veteran/Client
- ▶ Helps identify a time for discharge or starts a conversation about d/c
- ▶ Promotes our professionalism
 - ▶ TJC may ask for you to explain how you made the decision to adopt the measures and how they are consistent with the behavioral health standards of TJC
 - ▶ By explaining the measures, you are articulating the value of Recreation Therapy to organizations like TJC and/or CARF

MBC versus Annual Assessments

- ▶ MBC measures are brief, repeated measurements - a screening or a snapshot of how the person is feeling
- ▶ Consider the cost/benefit ratio for you and for the Veterans in terms of burden vs. helpful information
- ▶ A brief assessment completed every three months provides opportunity for timely treatment adjustments to help the Veteran achieve his/her goals
- ▶ Many of these measures take only 5 minutes to administer and can be hand-tallied

Outcome Focused

- ▶ A measure may capture important information for a Veteran, but if your program does not focus on the outcome, or if providers cannot act on the information from the measure, it will not be a useful MBC measure.
- ▶ You will have to decide what measures will work for your program.

For these measures to really work

- ▶ Explore with the Veteran/Client where they are with the stages of change

Stages of Change

- ▶ Precontemplation
- ▶ Contemplation
- ▶ Preparation
- ▶ Action
- ▶ Maintenance

“Quitting smoking is easy.”
-Mark Twain

- ▶ We usually change when there is an incentive!

Precontemplation

- ▶ A person doesn't realize they need to change and they have no plans to change
- ▶ Has anyone ever told you that you need to change something?
- ▶ How did you respond to that?

Contemplation

- ▶ A person is beginning to recognize that they need to change
 - ▶ A smoker is coughing more
 - ▶ A drinker has been arrested for several DUIs

Preparation

- ▶ Person makes a decision that they want to change a behavior
 - ▶ Begin to gather information
 - ▶ Look up hotlines or apps
 - ▶ Find out about classes
 - ▶ Explore resources

Action

- ▶ Person is taking action to change
 - ▶ Putting on patches or attending a smoking cessation class
 - ▶ Attending AA meetings

Maintenance

- ▶ Person continues with this behavior
 - ▶ It takes 2 years to fully change a habit

Here's an activity

What if a person moves backward

- ▶ This can be evidence of a relapse
- ▶ When people return to the same environments,
it is easy to revert to old habits
- ▶ The person is not ready yet, especially if forced to change
 - ▶ Mandated smoking areas
 - ▶ Mandated AA meetings

The measures can show back-sliding

- ▶ You notice the same scores on the PHQ-9 and GAD-7 for 6 months
- ▶ Point this out and discuss with the Veteran (are they aware?)
- ▶ Discuss the stage of change with them and explore where they are and is this a barrier to their recovery?
- ▶ Find out if they are willing to make changes in their lives
- ▶ Incorporate this into their treatment plans

What makes a good measure?

- ▶ Choose a measure that will show opportunities for growth
- ▶ Choose a measure that will articulate the value of Recreation activities
- ▶ Choose a measure that you will have time to administer
- ▶ Choose a measure that is sensitive to change over time
- ▶ Choose a measure that is consistent with the TJC behavioral standards

How can you apply these measures/screenings?

- ▶ You meet the Veteran/Client where they are
- ▶ You open up discussions to find where they are in the stages of change
- ▶ This snapshot can help the Veteran identify triggers or barriers
- ▶ You can start a conversation discovering leisure interests for pursuing change towards their goals -
 - ▶ Ask, "What is missing in your life?"

Several measures that I use at the PRRC

- ▶ MHRM
- ▶ PHQ-7
- ▶ GAD-9

How to administer

- ▶ Give forms to the Veteran ahead of time or sit and administer
- ▶ Once the forms are completed, score them, look for patterns, then discuss
- ▶ Document the discussion with the Veteran/Client
- ▶ Chart the results of the measure (individually and on a chart to see patterns)
- ▶ Be aware that moods can affect the measures (this can be a discussion)

Empower the Veteran/Client

- ▶ Measures can show a return on the Veteran's investment in care
- ▶ When the Recreation Therapist scores the measure and shares/discusses the results with the Veteran,
- ▶ This opens opportunities for a connection with the Veteran/Client

Patient-centered approach

- ▶ Veteran may not be aware that they are having a “bad” day
 - ▶ Measures can help identify triggers
 - ▶ Ask how are you doing today
 - ▶ some measures specifically ask about stressors that have occurred in the past 2 weeks

“May your choices
reflect your hopes, not
your fears.”

-Nelson Mandela

Mental Health Recovery Measure (MHRM)

- ▶ Developed by Young and Bullock
- ▶ This is a self-report instrument designed to assess the recovery process for individuals with serious mental illness
- ▶ This instrument has 30 items, which explore these six domains:
 - ▶ Overcoming Stuckness
 - ▶ Self-empowerment
 - ▶ Learning and Self-redefinition
 - ▶ Basic Functioning
 - ▶ Overall Well-being
 - ▶ New Potentials/Advocacy

MHRM Sample Item

- ▶ I still grow and change in positive ways despite my mental health problems
- ▶ Response options:
 - ▶ Strongly disagree
 - ▶ Disagree
 - ▶ Not sure
 - ▶ Agree
 - ▶ Strongly agree

MHRM - Measurement Outcomes

- ▶ 80 is the median - higher scores mean more recovery
- ▶ 60 and below indicates low recovery

PHQ-9: measures depression

- ▶ Stands for Patient Health Questionnaire (PHQ)
- ▶ This is a Patient-reported assessment of depression and general distress
- ▶ Note - question 9 screens for the presence and duration of suicide ideation
- ▶ Best to review the scores soon after Veteran completes, in case he/she is having suicidal ideation and has plan
- ▶ This is not a diagnostic tool, only a screening tool to measure depression

PHQ-9 scoring - Measurement Outcomes

- ▶ 0- 4: May not need depression treatment
- ▶ 5-14: Clinical judgement is needed about treatment based on duration of symptoms and functional impairment (send to a mental health provider)
- ▶ > 15: Warrants treatment for depression, using antidepressant, psychotherapy and/or a combination of treatments.

Scoring Interpretation

- ▶ For some measures, a single score can be interpreted by established norms

PHQ-9

- ▶ 1 - 4 Minimal Depression
 - ▶ 5 - 9 Mild Depression
 - ▶ 10-14 Moderate depression
 - ▶ 15-19 Moderately severe depression
 - ▶ 20-27 Severe depression
-
- ▶ Track total scores over time

GAD-7 - Measurement Outcomes

- ▶ This is the Generalized Anxiety Disorder (GAD) measurement and reflects anxiety levels. This is not a diagnostic tool.
- ▶ Scoring the measure:
- ▶ Range: 0 - 21
- ▶ 10 - 14, the condition should be carefully evaluated, sent to a provider
- ▶ Above 15, clinically merits treatment for anxiety

Alcohol use measures

- ▶ The World Health Organization Disability Assessment Schedule or WHODAS 2.0
 - ▶ Need to get permission to use this measure
 - ▶ WHODAS 2 Measures disability due to health conditions including:
 - ▶ Diseases
 - ▶ Illnesses
 - ▶ Injuries
 - ▶ Mental or emotional problems
 - ▶ Problems with alcohol or drugs

WHODAS 2.0 Scoring

- ▶ Simple Scoring:
- ▶ The scores assigned to each of the items are added/summed
- ▶ None (0)
- ▶ Mild (1)
- ▶ Moderate(2)
- ▶ Severe (3)
- ▶ And extreme (4)

Brief Addiction Monitor (BAM)

- ▶ This measurement has a set of questions concerning health, alcohol and drug use. Please answer related to the past 30 days.
- ▶ Sample question:
- ▶ In the past 30 days, would you say your physical health has been?
 - ▶ Excellent
 - ▶ Very Good
 - ▶ Good
 - ▶ Fair
 - ▶ Poor

BAM Scoring - much more complicated

- ▶ Specific items to attend to, and suggested referrals, include:
 - ▶ • #1 (health), if scored 3 or 4, refer to primary care
 - ▶ • #3 (mood), if scored 2, 3, or 4, proceed to further assessment and address within SUD specialty care or refer to mental health clinic if indicated
 - ▶ • #5,6,7 (heavy alcohol use, any drug use, specific drug use), if any scored 1 or higher, discuss with patient and consider adjusting treatment (e.g., higher level of care or changing modality)
 - ▶ • #8 (craving), if scored 3 or 4, consider medication such as Naltrexone
 - ▶ • #14 (adequate income), if scored 0, refer to case management
 - ▶ • #16 (social support), if scored 0, 1, or 2 consider adding network support
 - ▶ • #17 (satisfaction with progress), if scored 3 or 4, discuss modifying or supplementing treatment

The Map is Not the Territory

- ▶ Veteran's therapy is "A journey and not a destination"
- ▶ Ask: "Where do you want to go from here?"

Case Study

Veteran has attended the PRRC for almost 2 years.

He has completed the MHRM with scores of 90, 107, and 111.

This is a great time to talk about graduation.

Case Study

Veteran's scores on the GAD have consistently decreased.

Veteran is doing more in the community.

He/She may be getting ready to graduate.

This is the time to show him/her the scores and talk about his/her progress in decreasing the anxiety symptoms.

Discharge Planning Discussions

- ▶ Two consecutive scores above 80 on the MHRM
- ▶ A decrease in the GAD or PHQ scores

List of mobile apps

- ▶ Refer to handout of apps. Here are two useful apps:

BREATHE2RELAX

Manage stress by learning
and practicing
deep-breathing exercises



MINDFULNESS COACH

Learn to practice
mindfulness meditation to
live in the present



How can I use these measures?

- ▶ Find out the protocols at your facility
- ▶ Find out what tests/measures are being used
- ▶ Check with your supervisor for permission to start using the measures
- ▶ Use on a regular basis - every 3 months is useful

How to make this easier

- ▶ Have copies of measures on hand
- ▶ Make a folder for each client
- ▶ Make a chart to track the measures

Review of Learning Objectives

- ▶ Identify at least 2 measurement tools.
- ▶ Recall at least 2 measurement outcomes.
- ▶ Name at least 2 measurement tools that can be useful at your facility.

References

- ▶ Burlingame, J., & Blaschko, T. M. (1997). *Assessment tools for recreational therapy*. Ravensdale, WA: Idyll Arbor.
- ▶ *Measuring the Promise of Recovery: A compendium of Recovery Measures. Volume II*. By Bullock, W.A. (2005)
- ▶ *Northeast Passage PATH Program - A Strengths-Based and Recovery-Oriented Approach for Veterans Who Experience Mental Health Disorders*. By Thompson, Bennett, Sable, and Gravink.
<http://dx.doi.org/10.18666/TRJ-2016-V50-I2-6788>
- ▶ WHODAS website:
http://www.who.int/classifications/icf/more_whodas/en
- ▶ Witt, P. A., & Ellis, G. D. (1987). *The leisure diagnostic battery*. State College, PA: Venture Pub., distributor.