We Trained Psychotherapists to Adopt the Evidence-based Practice of Progress Monitoring

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Abstract

Psychotherapists who received an online tool (OPT) and training in the evidence-based practice of progress monitoring (PM) increased their use of OPT and all types of PM. The increase, especially the increase in all types of PM, persisted 12 months after training.

Background

Progress monitoring (PM) improves psychotherapy outcome (Carlier et al., 2012). Yet, like other evidence-based practices, PM is not consistently implemented by therapists, who often have not been trained to use it and, when they receive later training, often fail to adopt and continue to use it.

We report here on results of an NIMH-funded project in which we:

- Built Online Progress Tracking (OPT), an online tool that therapists can use to measure their clients' progress using the Depression Anxiety Stress Scales (Lovibond & Lovibond, 1995), and
- Trained therapists to use OPT at every session.

Method

1. We built OPT, developed training to use OPT and do all types of PM, and trained 26 therapists.
2. Then we gave therapists an early prototype version of OPT and 4 weeks of online training.
3. Therapists provided self-report data on their use of OPT and all types of PM during training, immediately after training, and 3, 6, and 12 months later.

The online tool: OPT

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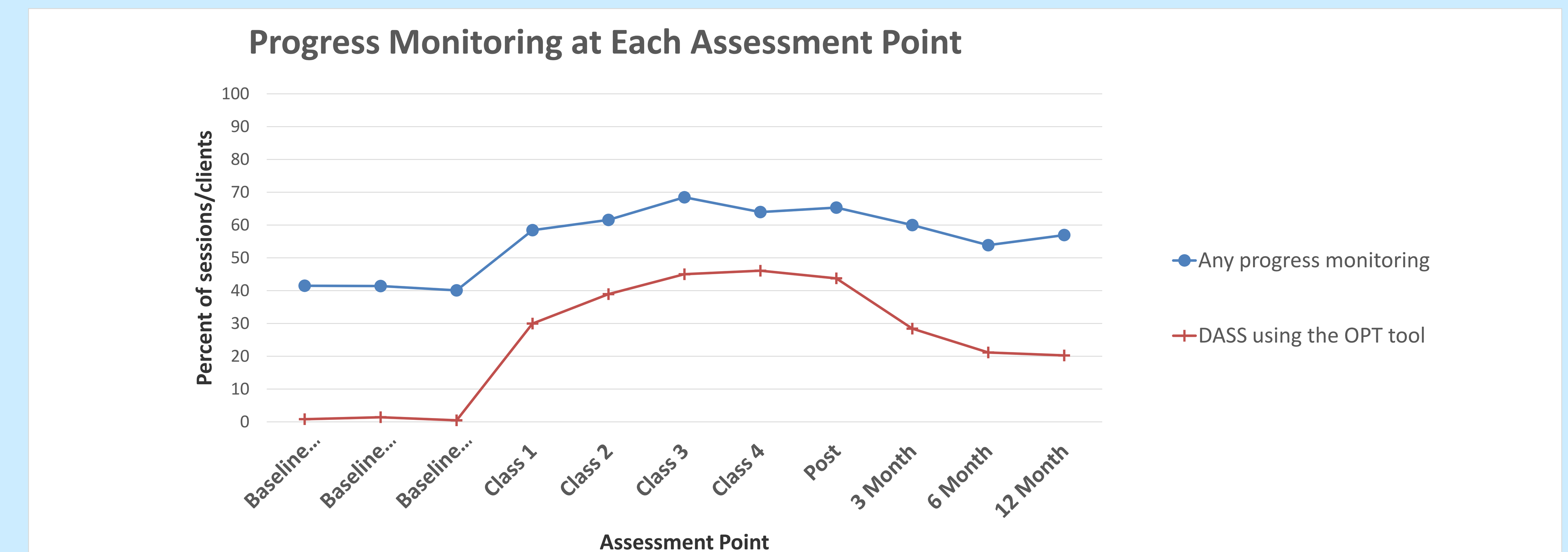
Results

Therapists' Use of OPT and All Types of PM



- After training, therapists showed statistically significant increases in their use of OPT ($t = 6.4$, $p = .001$) and all types of PM ($t = 3.91$, $p = .001$).
- Twelve months after training, therapists still used OPT and any type of PM more than at pre-training ($t = 2.78$, $p = .013$, $t = 5.28$, $p = .0001$, respectively). Therapists' use of OPT decreased after training ended (t = -3.54, p = .003), but use of any type of PM did not (t = -1.78, p = .09).

Discussion

We are proud of our trainees' sustained use of OPT and especially of any type of PM 12 months after their training ended, as sustained use of new EBPs is difficult to achieve (Stirman et al., 2012).

Limitations

- Use of a baseline monitoring period rather than a control group .
- Therapists were a rarified group; on average, they did some type of PM in about 42% of their sessions before our training.
- Data are self-report data provided by the therapist.
- OPT provided only one outcome measure, the DASS, that is not suitable for all patients. The next version of OPT will include a library of measures (go to https://www.devpracticeground.com).

Selected References

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