



Data-Informed Counseling

Approaching Opportunities and Elevating Outcomes



Thank You

Yes.

It is possible

Lean without losing richness

Targeted without losing flexibility

Evaluative without abandoning acceptance

Support strategic living without losing the spirit of dreaming

Overview of Our Chat

1

Clarify the
paradigm

2

Consider the
prospects for
data-informed
counseling

3

Illustrate some
strategies with
views from the
field

4

Share some
steps to get
started

What is Data-Informed Counseling?

- Broad paradigm
 - Feedback-informed treatment
 - Data-driven therapy
 - Evidence-responsive care
 - Quality assurance
 - Quality improvement
- You are the driver; data is the navigator



As a point of definition...

- Leveraging data tools to interact with clients in ways that supports identifying their status and monitoring their development and well-being
- Intentional
- Consistent
- Prudent within context
- Cost-effective
- Logistically feasible
- Demonstrate fit in form and function



A hand holding a magnifying glass over a landscape, symbolizing focus and attention. The background is a blurred image of a hand holding a magnifying glass over a landscape, with the text 'Our focus' overlaid.

Our focus

- **Monitoring the relationship**
- **Tracking and responding to progress**
- **Evaluating the program**

Monitoring the Relationship

- We view the therapeutic relationship as central to our effectiveness
- MA of 24 studies: 10% increased adherence
- MA of 295 studies: $r = .28$ ($R^2 = .08$) association with outcome



Some Common Tools

Working Alliance Inventory

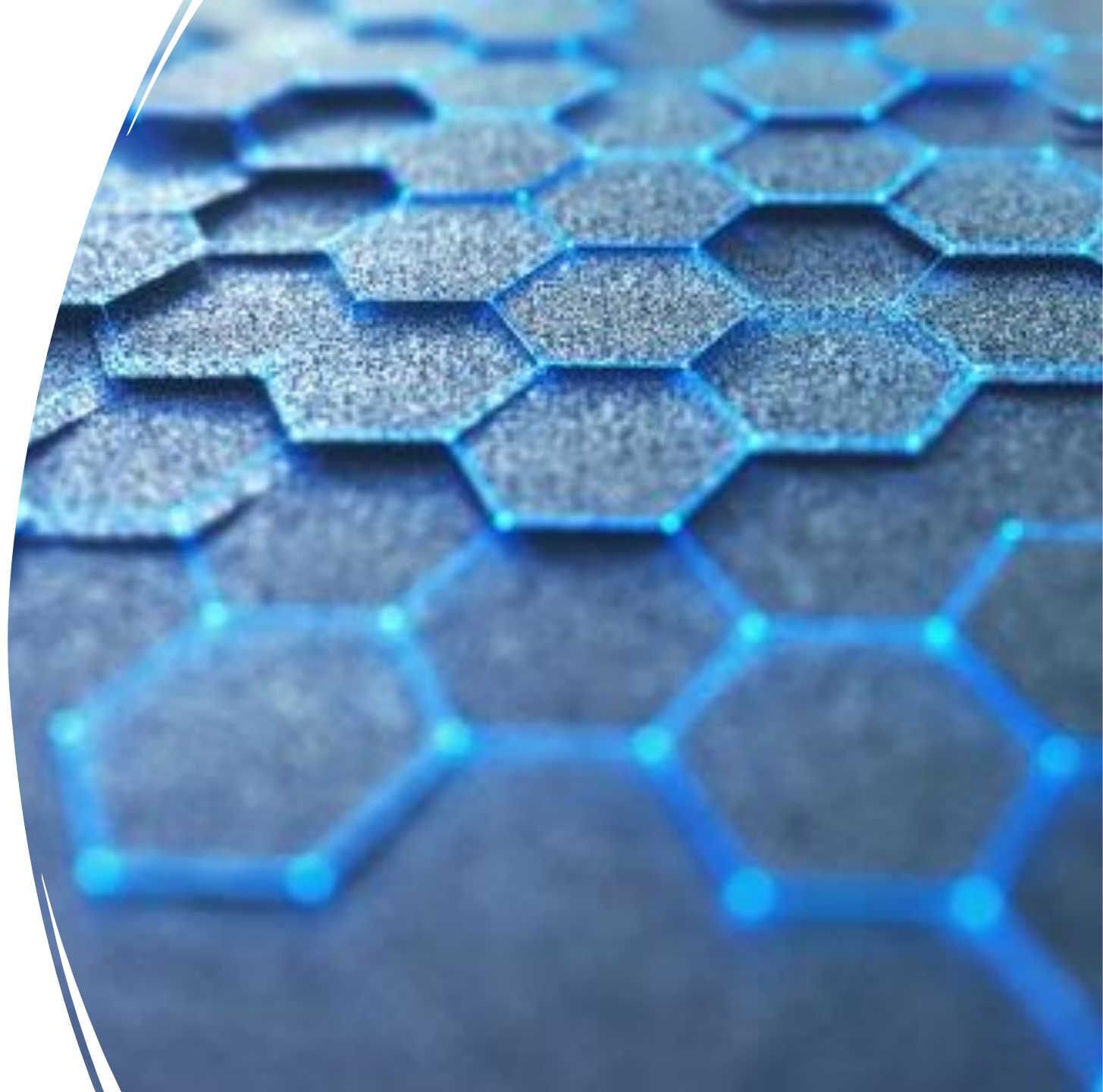
- 12 items
- Goal, Task, Bond

Helping Alliance Questionnaire

- 11 items
- Perceived Helpfulness, Collaboration

Session Rating Scale

- 4 items
- Relationship, Goals, Approach, Overall



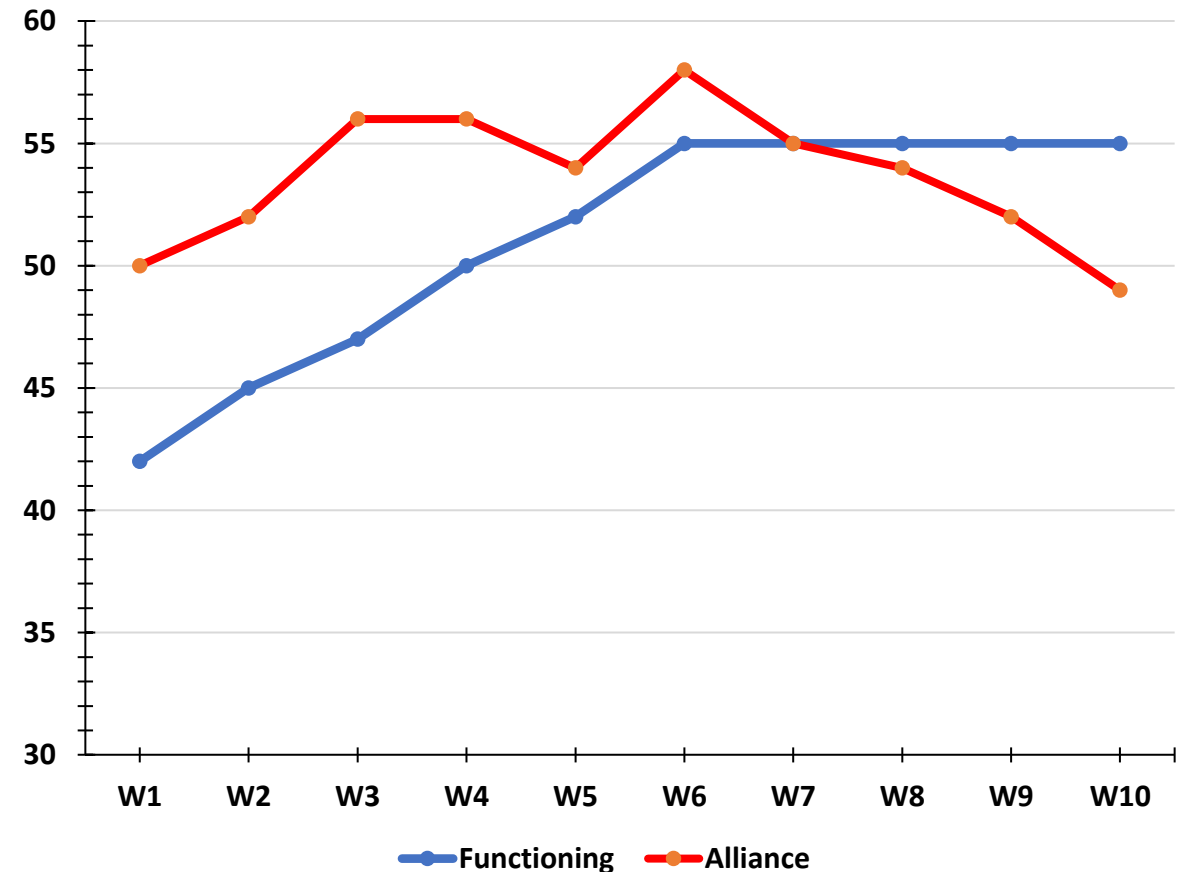
View from the Field

Residential SUD treatment facility for adolescents

10 weekly ratings of alliance and outcomes

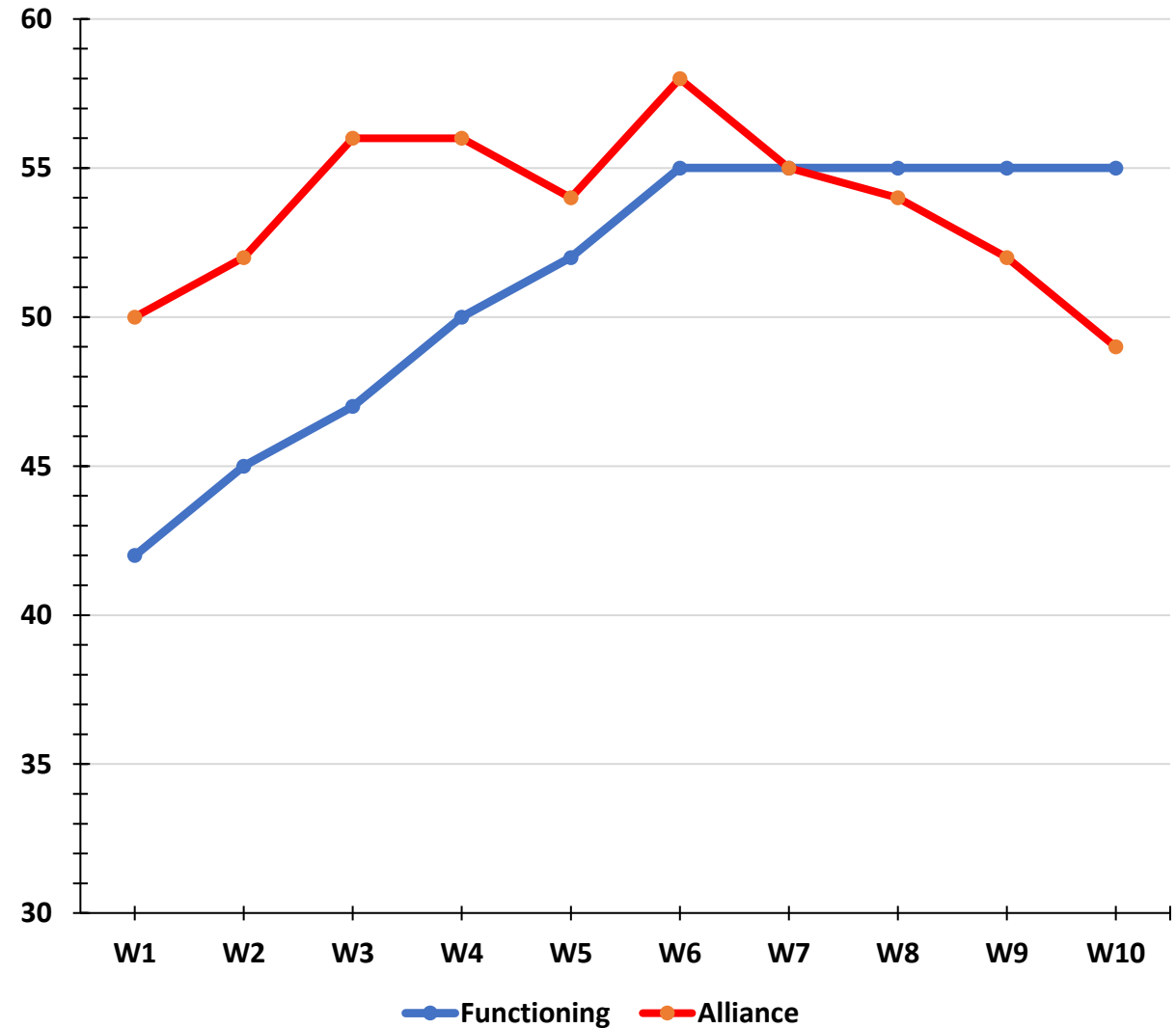
Positive associations in alliance tracking with improvements

Corresponding decreases as therapy continues beyond peak



Implications

- Management of alliance
- Time in treatment
- Capacity/need meeting for 8 versus 10 weeks of treatment
- Social consequences for clients
- Cost of care



Tracking and Responding to Progress

- Estimate mental health and well-being
- Determine whether to continue current approach or try something different
- Approximate value of intervention, time, cost, and hope
- MA of 24 studies: $d = .40$ outcome difference btx Feedback and No Feedback
- MA of 8 studies: OR = 2.10 cases improved



Common Tools



OQ-45

- 45 items
- Symptom Distress
- Interpersonal Relations
- Social Role

YOQ

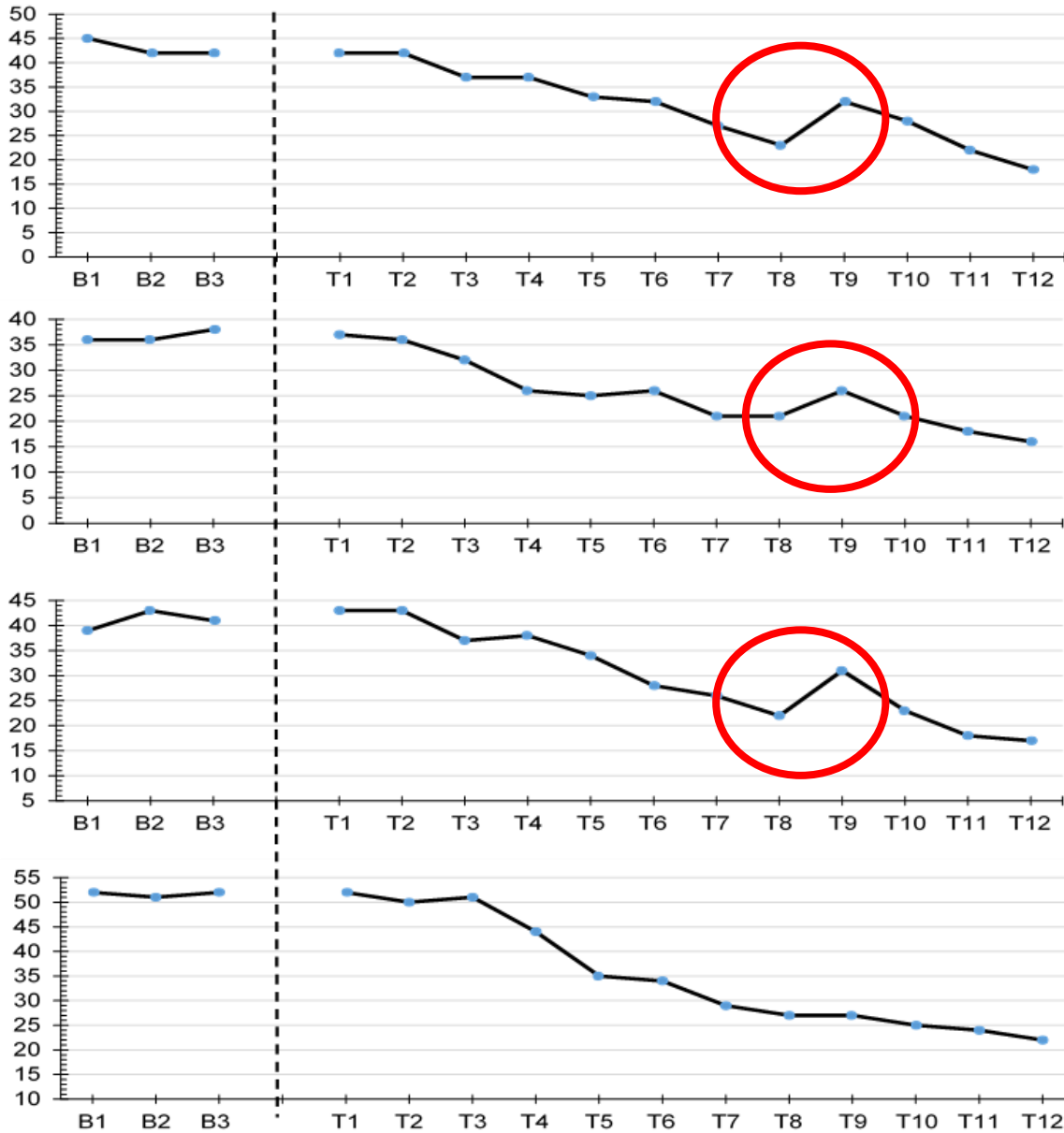
- 30 items
- Intrapersonal Distress
- Somatic Distress
- Interpersonal Relations
- Social Problems
- Behavioral Dysfunction
- Critical Items

Symptom or Diagnosis-Specific Measures

- Varied length
- Varied scales

View from the Field

- Trauma clinic providing TF-CBT to youth in conservatorship
- Issue with symptom rebound during second phase treatment
- Standard 12-week protocol
- Child PTSD Symptom Scale
- 20 items completed in waiting room prior to appointment



View from the Field

- Distinct patterning emerged about session 9
- Implications emerge about
 - Course of treatment
 - Value of psychoeducation
 - Training and supervision

0.00%
statistical
expertise so
far

Quick Note

Evaluating the Program

Identify association of theory-based elements with outcomes

Admission-Discharge format

Target primary outcomes

Affiliate theory base elements

Integrated into standard processes

- Intake and discharge paperwork
- Electronic health records
- Accreditation and stakeholder reporting
- Externally facing representations

A priori needs

Agreed upon
purpose(s) for
data

Theory of
change

*Matched
measures*

Process
fidelity

Schedule of
data draws

Plan for
analysis

View from the Field

Partial Hospital Program for Adolescents in West Tennessee

Purpose: Identify treatment impact; Identify contributors of treatment effects

Theory of change: Standard DBT

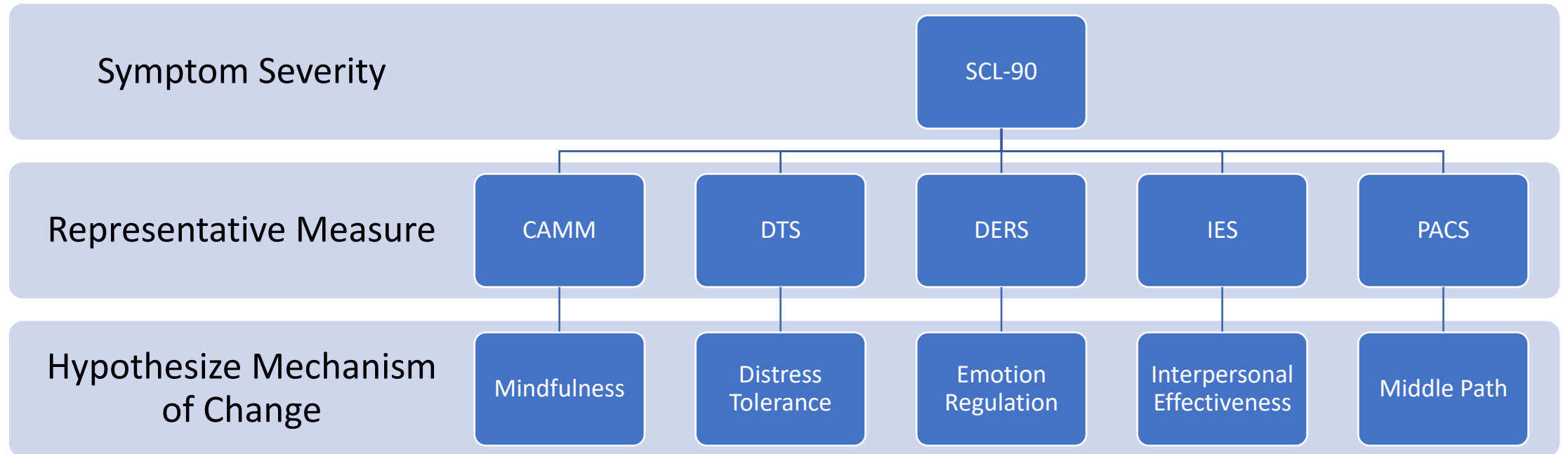
Matched measures: Mindfulness; Distress Tolerance; Emotion Regulation; Interpersonal Effectiveness; Middle Path

Fidelity: Intervention; measurement; data entry

Schedule: Academic years

Plan: pre-post changes; DBT model predictors; clinical significance

Evaluative Model



Impact of Program

- Defining clinical significance
- Percent improvement
- $PI = 100 * \left(\frac{Pre - Post}{Pre} \right)$
- Individual or group level

Let's Re-Focus

What are the implications here?

Maintaining Working Alliance

- The counselor as the instrument of change
- Increased self-awareness
- Leveling the power dynamic within the relationship
- Increased adherence to treatment
- Affiliations with treatment outcomes
- Representation and referral

Improving Client Outcomes

- Increased magnitudes of individual client outcomes
- Greater proportions of caseload improvement
- Objective identification of the progress plateau
- Psychoeducation with clients and families
- Responsive consideration of cost to client
- Advocacy for additional sessions to third party payers or other stakeholders

Building Your Practice

- Approximating a lean, but flexible version of your practice's best self
- Representing trends in data in outreach materials
- Representation within your web footprint
- Right-sizing and forecasting caring capacity
- Maintaining accreditation and stakeholder reporting
- Staffing and programming discussions
- Strategic investments in professional development activities
- Local level data for advocacy and/or funding partnerships

Your moment is here

- Making a commitment
- Partnering to fill in the gaps
- Staying open to the prospects
- Viewing change as growth potential for personal impact and collective community well-being

Thank you.