A Collaborative Outcomes Resource Network (ACORN)

What it is, how it works, and how it can significantly benefit you and your clients

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What it is

A little research

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ACORN is a tool to implement "Outcomes Informed Care"

- Outcomes Informed Care is the…
  - … routine use of patient self report outcome and therapeutic alliance questionnaires to inform the treatment process,
  - combined with feedback to clinicians,
  - to achieve improved outcomes and greater value for treatment $$

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Outcomes Informed Care Works

"The combination of measuring progress (i.e. *monitoring*) and providing feedback consistently yields clinically significant change…. Rates of deterioration are cut in half, as is drop out. Include feedback about the client's formal assessment of the relationship, and the client is less likely to deteriorate, more likely to stay longer, and twice as likely to achieve a clinically significant change."

- Duncan, Miller, Wampold & Hubble (2009); From Introduction in *Heart & Soul of Change*; page 39

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Outcomes Informed Care Works

"This review underscores the value of monitoring treatment response, applying statistical algorithms for identifying problematic cases, providing timely feedback to therapists (and clients), and providing therapists with problem-solving strategies. It is becoming clear that such procedures are well substantiated, not just matters for debate or equivocation. When implemented, these procedures enhance client outcome and improve quality of care."

- Michael Lambert (2009); From Yes It Is Time for Clinicians to Routinely Monitor Treatment Outcomes; in *Heart & Soul of Change*; Duncan, Miller, Wampold & Hubble (Eds); page 259

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The Therapist Matters

"The variance of outcomes due to the therapists (8%-9%) is larger than the variability due to treatments (0%-1%), the alliance (5%) and the superiority of empirically supported treatment to placebo (0%-4%)."

- Wampold (2005); From The psychotherapist in *Evidence-Based Practices in Mental Health*, Norcross, Beutler & Levant (Eds), p. 204

"… when effects to treatments are noted, who provides the treatment, the quality of the alliance, and the clinician and recipients expectations for success provide a far better explanation of the results than any presumed specific effects due to the medications."

- Sparks et al. (2009) Psychiatric drugs and common factors: An evaluation of risks and benefits for clinical practice in *Heart & Soul of Change*; Duncan, Miller, Wampold & Hubble (Eds); page 221

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The Questionnaires

- Items written to 4th grade reading level
- Simple to understand frequency anchors
  - Never, Hardly Ever, Sometimes, Often, Very Often
- Common sentence structure aids rapid completion
  - How often in the past two weeks did you
    - …feel unhappy or sad?
    - …have little or no energy?
- Item domains include :
  - Symptoms, relationships, functioning & productivity, substance abuse, self harm, therapeutic alliance

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The Questionnaires

- Review your agency's chosen questionnaire(s) now
  - https://www.cci-acorn.org/login.asp

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Therapeutic Alliance

- Three Components:
  - Goals: Objectives of therapy that both client and therapist endorse
  - Tasks: Behaviors and processes within the therapy session that constitute the actual work of therapy
  - Bonds: The positive interpersonal attachment between therapist and client of mutual trust, confidence, and acceptance

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Why Monitor Therapeutic Alliance?

"Practitioners are encouraged to routinely monitor patients' responses to the therapy relationship and ongoing treatment. Such monitoring leads to increased opportunities to repair alliance ruptures, improve the relationship, modify technical strategies, and avoid premature termination."

- Norcross & Lambert (2006) in *Evidence-Based Practices* in *Mental Health*, Norcross, Beutler & Levant (Eds), p. 218

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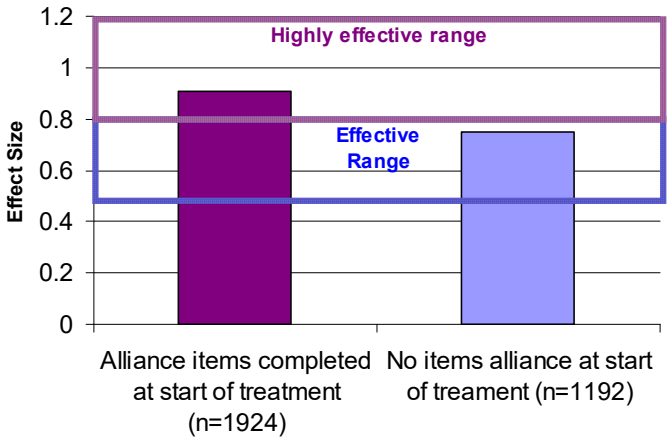
Why Monitor Therapeutic Alliance?



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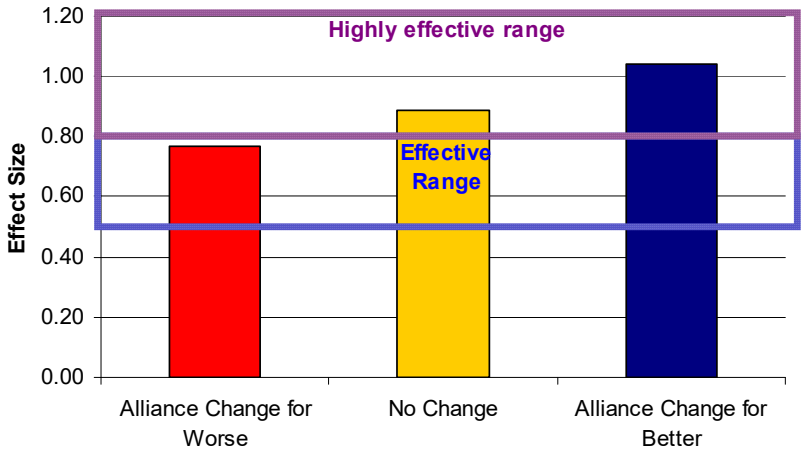
Why Monitor Therapeutic Alliance?



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What do clients think about ACORN?

- A consumer volunteer asked other consumers what they thought about completing the ACORN in a meta analysis
- Feedback was overwhelmingly positive
  - Clients liked that the form helped them focus their thoughts
  - Clients liked the increased focus of therapy
  - Success felt more tangible
  - Forms were short, easy to read, and quick to complete

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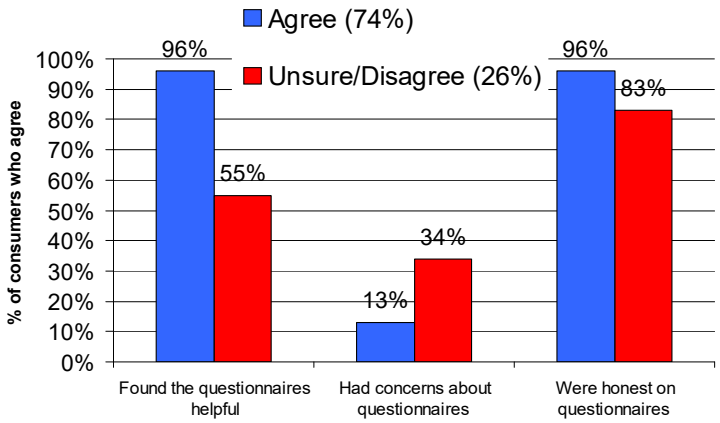
Clinician's Attitude is Important

I believe the clinician was interested in how I answered the questions…



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What do therapists think?

- Saves time at the beginning of session because ACORN allows me to see how things are going at a glance
- Some clients are more honest on ACORN than with verbal responses. Alerts me to things I didn't know where going on (thoughts of self-harm in particular)
- Monitoring client outcomes helps me keep things on track, improves working relationship
- ACORN helps my client set concrete treatment goals to work toward
- Showing a client their graph can be a powerful reflection of progress, and can help identify times when things were going well and when things were not going as well.
- ACORN can be helpful in having the discharge planning / step down conversation

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How it works

Day to day practicalities

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Getting set up to use ACORN

- Your agency has a 'gatekeeper' – often a supervisor or other administrator – who will need to register you in the system.
- The gatekeeper will create a username and password for you. You can change your password later.
- Once you are registered, you will receive an email with the link to log-in to the web-based system and your username and password.

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Who gets the ACORN, and how often?

- Every Verity client needs to complete an ACORN form at least once per month (at least twice per month is best)
- Actual frequency is dependent on how often you see the client. The general recommendation is:
  - At every visit, but
  - No more than once per week

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Why so often?

- Each ACORN is a check on how things are going. The more time that passes between ACORNs, the more opportunities are missed to monitor progress and address any ruptures in alliance.
  - Example:

    I have high blood pressure. My doctor tells me I can either change my diet and start exercising, or take a medicine. I choose the first option.

    The next time I come in for an appointment, my doctor takes my blood pressure to see if I've made any progress. If so, my doctor will probably keep things the same. If not, my doctor may change the intervention.

    But the doctor needs to take my blood pressure to know if we're on the right track. The same is true of the ACORN.

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Where do the forms come from?

- All users have access to a web-based ACORN Toolkit
  - Forms can be downloaded and printed from the website
  - Electronic and fax submission formats available
  - You have the option to pre-fill your Clinician ID and Site ID numbers

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Client Registration

- Every client needs to be registered in ACORN.
- One page form, completed the first time the client completes an ACORN
  - Basic demographic information
  - Check with your agency for their exact client registration procedure
- Registration is important
  - Clients are matched with a national sample. The more demographic information available, the more accurate the match.
  - Payer must be identified to bill correctly (Verity vs. Non-Verity)

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Client Registration

- Review client registration form now
  - https://www.cci-acorn.org/login.asp

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When is the ACORN completed?

- The client should complete the ACORN before the appointment
  - In the waiting room if services are clinic based
  - At the start of session if services are community based
- When ACORN is completed before the appointment, the clinician can tailor the session to what's important to the client that day
- Symptom items are a snapshot of the last 1-2 weeks
- Alliance items are looking back at the last session
- If a client cannot read or has cognitive difficulties, it is okay to read and/or explain the questions to them.

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Set this Expectation at the First Session

- The therapist should always be the first person to introduce the ACORN
- Explain that the ACORN is an integral part of therapy. It will help them get the most out of your time together.
- Completing the ACORN is an expectation of therapy, not an option.
- Be clear about why you're asking them to complete it, and address any concerns.
  - **A little investment in this education up front will save a lot of time down the road!**

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Adult Video Vignette

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Adolescent Video Vignette

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What happens next?

- The client hands their completed ACORN to the clinician at the start of the session.
- Clinician reviews the client's responses with the client, and uses this information as needed in session.

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Treatment Plans and Progress Notes

- Responses can inform treatment plan
  - See Attachment #1 for sample treatment plan
- Responses can inform progress note
  - See Attachment #2 for sample progress note

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Submitting Data

- Your agency will instruct you to submit data in one of two ways
  - Fax: All forms are faxed to 1-800-961-1224. Faxed forms are 'read' like a voting ballot or standardized test, where bubbled items are recorded as data.
  - Electronic: Client either completes ACORN on a computer, or client completes paper form and agency has a designated staff person do data entry, or clinicians enter data.

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ACORN in subsequent sessions

- At all future appointments, front desk staff will ask clients to complete the ACORN in the waiting room (in clinic-based settings).
- Front desk staff need to be well-versed in the ACORN so they can explain it to clients if needed.
- Emphasize how the form helps the clinician provide better service, and helps the client get more out of therapy.

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Front desk explanation of ACORN

- Video Vignette: front desk

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Reviewing Data

- Many clients appreciate seeing their progress in a graph (especially true of visual learners and youth)
- Graph can act as an objective mirror on the client (reflection of client-reported distress)
- Identify highs and lows, use to discuss what was working/not working for client at that time.

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Video Vignettes

- Video Vignette #1: Adult
- Video Vignette #2: Child and Parent

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Reviewing Data (live demonstration)

- After 3+ ACORN forms (not including the registration form) have been submitted, it is helpful to review progress to date.
  - Log in to the web-based Toolkit (https://www.cci-acorn.org/login.asp)
  - Review summary statistics, sort fields
  - Review caseload summary table
  - Review specific client graph with domains
- Watch this 8-minute tutorial of how to use the Toolkit
  - https://psychoutcomes.org/bin/view/DecisionSupportToolkit/ToolkitHelp

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Using ACORN: Web-Based Panel Trainings

January 12th, 2012
Panelists (youth providers): Suzanne McCann, Nathalie Matson, and Anne Coussens

March 8th, 2012
Panelists (adult providers): Gabriel Shannon, Lisa Stewart, Natalie Seibel

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Using the ACORN form

- The ACORN is a helpful way to get clients to talk about things in a more concrete way.
- Refusals are rare because of the approach when ACORN is first explained.
  - Explain what it is, what it's for, thank client for completing the form every time, and look at their answers. Gives it value/worth.
  - If a client still refuses, don't press them.
- If a client is too distracted, don't push them to complete ACORN. Do it next time.
- Look at client responses at the start of each session. If a client is obviously in distress but reports everything is going well, will discuss.

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Using the ACORN form

- Acknowledge the form (alliance questions specifically) may be uncomfortable, but encourage clients to complete it each time.
  - The forms provide an avenue for honesty.
  - The alliance questions are very helpful in talking about the relationship.
- Clients will talk about things in the ACORN even if they can't complete the form on their own.
- Some more concrete clients like to assign percentages to the answer options ("Sometimes" = 50%, etc.)
- ACORN is incorporated into the treatment plan by asking the client where they want to be. It provides a nice objective measure of mental health stability.
- ACORN is incorporated into the progress note too, when commenting on the client's progress to date.

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Using the ACORN form

- If you suspect or know that clients not telling the truth either on the ACORN or verbally in session, it's easier to bring this discrepancy into session without direct confrontation by using the ACORN as a conduit.
- Pay attention to blank items (e.g. suicidal ideation).
  - The ACORN provides relevant clinical information, and it's important to look at
- Keep the questionnaires meaningful for long term clients, especially those with chronic high levels of distress.
  - Information from questions and a check on therapeutic alliance are always important to monitor.
- Modify the way the questions are presented and used in session with intensive case management and refugee populations.
- Advice to other clinicians: explore the toolkit. The more you use it the easier it gets.

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Using the ACORN form

- With a client who is too distracted to complete the form all at once, clinician asked client to complete 2-3 questions at a time throughout the session. Physically moving to complete each set can be helpful.
- With a client who felt rushed but liked homework, clinician sent ACORN home after session with instructions to bring it completed to the next appointment.

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Using the results

- Looking at the current and last form is helpful. What's better? What's worse?
- Wait until the 3rd ACORN before bringing up the client's graph to show them.
  - Ask the client "Does this graph represent what you think is going on?"
  - This "outside observer" can help client recognize their own success.
- ACORN is a self-awareness tool. Because it's a self-report, looking at answers and improvement over time is a reflection of self.
- Use clinical messages to address specific areas of concern.
- With SMI clients with drug issues seen in community, therapists don't have a computer, so can't pull up graph to show client.
- ACORN results provide objective measure of improvement – incremental improvement is very good and sometimes surprising.

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Using the results

- Seeing good client results helps clinician morale – it feels good to see clients improving.
- Sometimes clients will go off their meds without permission. The results are reflected in their ACORN scores.
- Unintended benefit: discovered a client needed glasses because they had trouble reading and completing the ACORN form.
- One panelist was alerted by the client's parole officer that they had had a positive urine analysis, but the client reported no drug or alcohol use on the ACORN. Clinician discussed this discrepancy with the client, built trust over time, and the client's answers got more honest and accurate.
- As a clinician, unhook yourself from the severity adjusted effect size in the toolkit, and recognize that clients have bad runs sometimes. Look at your caseload outcomes, but don't hang your self-worth on the results.

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Using ACORN data to inform service conclusion

T. Bialozor, LCSW

ACORN User Group Meeting

4/23/2012

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General Introduction

- Termination / Service Conclusion is commonly a difficult process for clients, therapists, and agencies.
- ACORN data has the potential to be used, in part, to identify:
  - Clients' readiness to conclude treatment
  - Timelines related to service conclusion
  - Relevant information for client / therapist discussions related to closure

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What informs O/P service conclusion?

- Therapist observation / clinical judgment related to client progress in treatment.
- Patient self-report → improvement in symptoms.
- Clients feel like they are "done" with therapy → call to cancel sessions or "no-show".

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What informs O/P service conclusion?

- Evidence-based on length of treatment (i.e individual CBT has greatest benefit for client at 10-12 sessions).
- Other clinical measures such as PHQ-9, Beck Depression Inventory, Compulsiveness Inventory, etc.

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Benefits of Planned Termination

- For clients → planned termination results in more positive associations with therapy (making them more likely to return for new episode of care, if needed).
- For therapists → planned termination results in a greater perception of success in work with clients.
- For agencies → planned termination results in greater predictability for staffing levels and case assignments.

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Potential benefits to using ACORN in service conclusion discussions w/ clients

- ACORN provides clinicians with objective data which helps open the door to discussions on termination.
- ACORN is a self-report for clients to have a "mirror on themselves" related to their progress in treatment.
- Research shows that both children and visual learners benefit from seeing trends represented in ACORN data.

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Potential benefits to using ACORN in service conclusion discussions w/ clients

- Data on spikes related to client levels of distress can inform wellness/resiliency planning that is part of service conclusion required by the ISSR.
- Clinicians can pull out specific successes from individual ACORN items to discuss in termination, even if global distress remains high.

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Tips for using ACORN relative to service conclusion processes

- Early in treatment, clinicians ask clients "what does it look like to have completed treatment"?
  - This information also informs 'criteria for service conclusion' section in ISSP.
- Early in treatment, clinicians provide clients with a preview that ACORN is one resource that can help inform when clients are ready to end treatment.

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Tips for using ACORN relative to service conclusion processes

- Early in treatment, clinicians provide client with a brief explanation of the "clinical threshold" and how this represented in ACORN.
- Encourage clinicians to look at the "clinical message" which gives therapist general ideas about what to expect for recovery trends based on all ACORN data.

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Group Questions & Discussion

- How could you see your agency using ACORN to facilitate effective service conclusion?
- Are there other benefits that you can see related to using ACORN to inform treatment planning and discharge planning?
- Are there circumstances where you *would not* want clinicians using ACORN in processes related to treatment planning and/or termination with clients?

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Using ACORN in Supervision

Web-Based Panel Training

April 12, 2012

Panelists: Jessie Eagan, Christine Lau, and Pierre Morin

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Rolling Out ACORN

- Internal staff experts hosted trainings with each program, used Sara Hallvik (Multnomah County) or Jeb Brown (Center for Clinical Informatics) for consultation or training when needed.
- Agency developed internal policy directing staff use of ACORN.
  - Used Multnomah County ACORN policy as a template.
    - SEE ATTACHMENT #3
  - Having a policy has been helpful because it is based on the OARs, and puts the use of ACORN in context while making a clear agency expectation.
  - Supervisors can use policies as a guideline when talking with staff, and maintain a consistent message across the entire agency.

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Training

- New staff orientation includes ACORN.
  - New staff are also linked with a mentor who has been using ACORN effectively.
- Ongoing training is necessary, as memory fades and new staff are hired
- Identified "super users" within each program or site
  - Use these internal champions to leverage the importance of ACORN.

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Review the Toolkit

- Helps supervisors communicate in a concrete way about client outcomes.
  - It introduces an objective element into supervision, especially when clients are doing better.
- Supervisors regularly review data in the Toolkit
  - Overall data (effect size, distribution of patient change) is helpful, but better with filters (diagnosis, age, etc.)
  - Supervisor chooses some of the clients to review in supervision. Talk about what's going well or what's not working based on client's current status.
  - Pull individual client graph, look for trends over time.
  - Talk about discharge planning based on the client's graph
  - Therapists are not objective in evaluating their clients, so it's important to look at the client's graph to monitor progress

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Talk about data

- Supervisors monitor how often clinicians log into the Toolkit, bring this up in team meetings and supervision
- Talk about barriers to using data, like technical problems, in supervision
- Time requirement of using ACORN in supervision
  - Mention ACORN every time, and spend as much time as feasible with outcomes depending how many other issues need to be covered that day.
  - Once a month, go to Toolkit with clinician and look at the caseload together. Pick "off track" clients to discuss.
  - Discuss usage in quarterly quality meetings. Build in a little to every session.

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Video Vignette

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Never use ACORN in discipline

- Supervisors encourage clinicians to use ACORN with success stories.
- Poor ACORN scores should never be used as punishment.
  - Never use ACORN scores in evaluations or as discipline.
  - Don't use as element of performance evaluations. It can be a great discussion opener if a clinician has low scores, but should never be used as punishment.
  - Use positive reinforcement – clinicians got into this career because they wanted to help clients, and the ACORN is a good way to show them evidence that they're doing a good job.
  - Don't rank clinicians, as this will just create fear and apprehension (instead, use ACE recognition).
- Consider caseload size when looking at clinician results, because small caseload size can cause highly variable results.

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Keeping it fresh

- Over time, ACORN becomes routine and can lose meaning if you don't remind clinicians in supervision to monitor their clients.
  - Remind clinicians to look at the form in front of the client every time the client completes it.
  - Clients put information on the form that may not otherwise be addressed in session.
- Educate clinicians about the variability in outcomes scores with a small caseload.
  - It's normal to see large variations with a small number of clients.

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ACORN Certificate of Effectiveness

- Similar to concept of "Certified Organic"
- Process
  - Data analyzed by independent party (Center for Clinical Informatics)
  - Applies agreed upon criteria, including minimum effect size
- Purpose
  - Increase customer confidence of "value"
  - Enable clinicians to demonstrate effectiveness to referral sources such as employers, health plans and managed care companies
  - Empower clinicians to compete for business and negotiate contract based on demonstrated "value"
- Great way to recognize clinicians, boost morale

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ACE Certificate

Certificate of Effectiveness

Presented to: Your Name

This clinician has met or exceeded all of the ACORN Criteria for Effectiveness (ACE) as established by the ACORN work group for effectiveness. The ACORN Organization is a non-profit organization devoted to the improvement of treatment outcomes through the routine use of consumer self-report outcome questionnaires.

Performance criteria are based on treatment outcomes for cases with intake scores that are indicative of clinically significant levels of symptom severity and emotional distress. Performance indicators include consistency of data collection, adequate sample size, and an effect size in a range characteristic of effective treatments.

Attestation: I am a qualified statistician with expertise in evaluating outcomes in behavioral healthcare. I have performed an independent analysis of the outcome data using the methodology specified in the ACORN Criteria for Effectiveness (www.psychoutcomes.org/ACE). I personally certify that these results are an accurate reflection of the data made available for analysis, and that this clinician meets or exceeds the ACORN Criteria for Effectiveness.

ACORN
A Collaborative Outcomes Resource Network

Signed:
Name: Jeb Brown, PhD
Contact information: jebbrown@clinical-informatics.com; (801) 541-9720
Date Issued: 12/12/2009

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Using ACORN Data in Program Evaluation

Technical assistance, grant writing, program evaluation, and other reports

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Data accuracy (faxed forms)

- If faxing, ensure the following steps always occur:
  - ACORN forms are printed, not photocopied
  - Bubbles are completely filled in
  - Date, client ID, and clinician ID are written clearly with pen inside the boxes
- Confirm that faxed batches are received by checking the "fax report" under "HOME" in your toolkit.

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Correcting submitted data

- Email datacenter@clinical-informatics.com
  - Include in your email the date the data was sent, the client ID, the clinician ID, and your organization ID, and what needs to be changed.
  - If you can include the record number (found in the "fax report" under "HOME" in your toolkit) that helps too.
  - The data center will reply to your email confirming the change.
  - You can also email your account representative directly. For most agencies, Jonny Maloney is the account representative (jonny@clinical-informatics.com).

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What is a severity adjusted effect size?

- Effect Size is a standardized method for reporting the magnitude of pre-post change.
- The Severity Adjusted Effect Size provides an estimate of effect size after adjusting for differences in case mix and severity of symptoms.
- An effect size of 1 means the patient improved one standard deviation on the outcome questionnaire.
- Simple comparisons of effect sizes may be misleading due to differences in case mix.
  - Use of the general linear model to calculate residualized gain scores permits comparisons of outcomes after adjusting for differences in case mix.
  - However, while residual gain scores convey information about the difference between actual change compared to predicted change, they convey no information about the total magnitude of change.
  - The severity adjusted effect size conveys information about the magnitude of change while adjusting for differences in case mix.

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Severity Adjusted Effect Size (cont'd)

- The severity adjusted effect size is calculated only for patients with intake scores in the clinical range.
  - The method involves calculating the average change score for all cases in the clinical range from the entire population of patients as a reference sample, adding the residualized gain score for each patient to this constant, and then dividing this sum by the standard deviation of the reference sample.
- Limiting the calculation of effect size to cases with intake scores in the clinical range has the effect of measuring pre-post change for only those patients with symptoms of sufficient severity that improvement with treatment is expected.
  - This also has the benefit of enabling benchmarking against published research studies, which likewise are conducted using patients with clinical levels of distress.
- Effect sizes of 0.8 or larger are considered large, while effect sizes of 0.5 to 0.8 can be considered moderately large. Effect sizes of less than 0.3 are small and might well have occurred without any treatment at all. The ACORN Criteria for Effectiveness (ACE) uses 0.5 effect size as the threshold for "effective".

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A couple toolkit features

- By clicking the radio button titled "View ALL Data (Summary and Episode Records)" you will see a row for every client.
  - Hovering over the "Clinical Message" will give you more detailed information on the client's progress to date and a prediction of how they'll do in the future.
  - These messages are based on a study of actual recovery trends on a national sample matched by specific client demographics.
- Hovering over the "Admin" tab and clicking on "Compare Results" will allow agency administrators to compare their clients' outcomes to the outcomes of a comparison group.
  - Adjust any of the drop-down options to specify the populations you want to compare.
- **Log in to your toolkit and play around. It's the best way to learn.** https://www.cci-acorn.org/login.asp

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Use your data

- Clinicians and agencies that consistently collect ACORN data and who look at their data tend to have better client outcomes than those who collect data inconsistently and do not look at their data.
  - This can be seen in the "ACE Statistics" under the "ACE" tab.
  - If you change the minimum number of times a clinician has logged in, you'll see the SAES of individual clinicians grow.
- Clinical supervisors are important in ensuring clinicians collect data regularly and look at their results.
  - If the supervisor uses ACORN and talks about it frequently, clinicians will use it and talk about it, improving client outcomes.
  - Regular feedback from customers has a strong positive effect on individual performance.
- Raw data can be downloaded and analyzed by hovering over "Admin" and clicking on "View/Download Files"

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Additional resources

- Watch a 10 minute video about data in the Toolkit here
  - https://psychoutcomes.org/pub/OutcomesMeasurement/WebHome/OutcomesMeasurementWeb.swf
- Take a minute to review the information about outcomes measurement included here
  - https://psychoutcomes.org/bin/view/OutcomesMeasurement/WebHome

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Need help? Have questions?

- Jonny Maloney (Center for Clinical Informatics)
  - jonny@clinical-informatics.com
  - Questions about data, log-in or access trouble, or other website/technical questions
- Sara Hallvik (Multnomah County MHASD)
  - sara.hallvik@multco.us, 503-988-5464 x26575
  - Clinic process questions, Verity requirements, all other general questions
- Jeb Brown (Center for Clinical Informatics)
  - jebbrown@clinical-informatics.com, 801-541-9720
  - Special data analysis requests, assistance interpreting/using data

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