Promoting positive outcomes for people in transport accidents

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Break!

A psychologist’s perspective
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A physiotherapist’s perspective
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Outcome measures and treatment
Responding after a change in treatment intervention

The person was a 32-year-old, employed, married woman presenting with anxiety disorder and problem drinking after a transport accident.

Treatment initially focused on her thoughts and feelings about the accident.

However, this approach proved unsuccessful and after 10 sessions she was responding below her expected trajectory.

A behavioural approach combining alcohol limit setting and exposure sessions was implemented from Session 11, and by Session 20 the person had improved according to expectations.
Early warning systems
Changing practitioners’ behaviour

Figure 3. Expected recovery curve for intake OQ-45 total scores 87–88
White, Green, Red Flags

_White Message, Session 9 or Later_

Please note that the information presented here is based on your responses to the questionnaire that you complete before each therapy session. You should be commended for your hard work in treatment. It appears that your current level of distress is now more similar to that of persons who function well in society and who do not feel overly burdened by their levels of distress. Given the stage of your treatment and significant improvements that you have accomplished, you may want to consider seriously discussing with your therapist a plan to stop treatment in the near future.

Harmon (2005) *Improving outcomes for poorly responding clients: The use of clinical support tools and feedback to clients*. JCLP.
White, Green, Red Flags

Green Messages, Session 2–4
Please note that the information presented here is based on your responses to the questionnaire that you complete before each therapy session. It appears that your level of improvement is similar to that of the majority of patients who are receiving treatment. Although your current level of progress suggests that you are on course for a positive outcome, we encourage you to continue working hard so that you may receive maximum benefit from treatment. You may also want to consider discussing with your therapist the aspects of treatment that have been most and least helpful, in order to experience the greatest benefit from your treatment.
White, Green, Red Flags

*Yellow/Red Messages, Session 2–4*

Please note that the following information is based on your responses to the questionnaire that you have completed before each therapy session. It appears that you have not experienced a reduced level of distress. Because you may not be experiencing the expected rate of progress, it is possible that you have even considered terminating treatment, believing that therapy may not be helpful for you. Although you have yet to experience much relief from therapy, it is still early in treatment and there is the potential for future improvement. However, we urge you to discuss openly any concerns that you may be having about therapy with your therapist because there are strategies that can be used to help you gain the most from your therapy. It may also require your willingness to complete additional questionnaires that may shed light about why you are not experiencing the expected rate of progress.
Early warning systems
Linked to clinical support tools
Clinical support tools

Relationship

• Discuss the here-and-now relationship with your client.
• Give and ask for feedback on the therapeutic relationship.
• Spend more time exploring your client’s experiences.
• Pay careful attention to the agreement between you and your client concerning the overall goals of treatment and the tasks necessary to achieve those goals.
• Accept responsibility for your part in alliance tensions.
• Provide a rationale for your techniques, actions, and or behaviours.
• Pay attention to subtle cues that there may be a problem with the alliance.
• Allow the client to assert his her negative feelings about the relationship.
• Explore with your client his/her fears about asserting negative feelings about the relationship.
• Give more positive feedback.
• Discuss shared experiences.
Clinical support tools
Motivation

• Discuss the positive and negative effects of the behavior. Help the client to identify the costs and benefits of his or her behavior.
• Give straightforward advice and professional information about the negative consequences of their behavior only if the client seems ready to hear it.
• Show strong confidence that the client has the inner strength to overcome the problem.
• Avoid offering solutions for the problems at this stage; rather, focus on giving clients the opportunity to explore and resolve ambivalence for themselves.
• Avoid focusing on the client’s apparent problems before making sure that you and the client are focusing on the same issue. The client may not give the problem the same weight you do. The client may have larger concerns that he or she has not yet revealed to you.
Clinical support tools
Social support

- Encourage client to participate in a self-help group.
- Role-play social situations to facilitate acquisition of social skills.
- Invite client’s significant others to sessions.
- Utilize desensitization to aid client in overcoming social anxieties.
- Encourage pursuit of hobbies, participation in clubs, and service projects.
- Assign paraprofessional helpers.
- Discuss client’s social network.
- Encourage activities that promote contact with people.
- Process concerns related to trusting others.
- Encourage client to befriend others who may need a friend.
Outcome measures and treatment
Person responding below expectations

The person was a 47-year-old, unemployed man presenting with generalized anxiety, depression and poor social support.

He entered treatment with little expectation for improvement.

Unfortunately, even with competently delivered treatment he was unable to achieve even the modest progress and outcome predicted for him.
Clinical support tools
When is enough enough?

Seeing a person regularly, when there is no improvement, may be harmful through demoralisation and dependence

Reconsider diagnosis, reconsider plan, ask a colleague…

Promote a self managed/palliative rather than psychologist managed approach

Consider temporary breaks from treatment to gauge response

Consider referral to another practitioner

Remember there are other forms of support apart from psychologists (opportunity cost)!
Diffusion of innovation

Adoption of a new innovation

Time

Number of people

Early adopters (innovators)

Early majority (‘drivers’) 

Late majority (‘riders’) 

Very late (‘hiders’) 

Take off
Assuring quality in your psychology practice
Outcome measures are just one part

No of services

A  B  C  D

Type A. Deviance  Type B. Minimum requirements  Type C. Good practice  Type D. Best practice

Objectives
Timely identification and remediation of deviant practices
Ensures that services operate above a minimum performance threshold
Ensures that services operate at at least an industry mean performance
Promotes world’s best practice maximizing treatment fidelity and the introduction of new innovations
Questions and discussion
Evaluation forms