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COMMENTARY

Measurement-Based Care Professional Practice Guideline: Fine, but Guidelines Do Not Make Good Therapy

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Boswell et al. (2022) persuasively make the case for and propose professional practice guidelines (PPG) for measurement-based care (MBC). Although the evidence for MBC is robust, implementing MBC effectively in practice requires skills and processes not discussed in the PPG. We discuss five problems with the PPG for MBC: The "what's in a name?" problem, lack of actionable actions problem, the stopwatch problem, the stock market problem, and looking for the keys under the light problem.

Clinical Impact Statement
Question: This article examines the usefulness of professional practice guidelines for measurement-based care. ***Findings:*** Clinicians need to use measurement-based care in an effective way, considering aspects not covered in guidelines. ***Meaning:*** Emphasis on how measurement-based care is used is needed. ***Next Steps:*** Further research is needed to specify the optimal use of measurement-based care.

Keywords: measurement-based care, professional practice guidelines, psychotherapy effectiveness, routine outcome monitoring

Measurement-based care (MBC), regardless of the name it takes (e.g., routine outcome monitoring, practice-based evidence, feedback-informed therapy), has been around for a very long time—at least from the time Ken Howard and colleagues introduced it to the psychotherapy community in 1996 (Howard et al., 1996), making it over a quarter century old. Michael Lambert, Wolfgang Lutz, George (Jeb) Brown, Scott Miller, among many others, have further developed the idea of using data on progress and the quality of the relationship to improve the outcome of mental health services. In their article, Boswell et al. (2022) make the case for a professional practice guideline (PPG) for MBC.

On the one hand, a good case can be made for a PPG for MBC, and Boswell et al. (2022) have done so quite persuasively. To us, the most compelling rationale for a PPG for MBC is that MBC works! As they have summarized, scores of studies and several meta-analyses have confirmed MBC increases the benefits of psychotherapy, particularly for cases at risk of failing. But there is always a "on the other hand." The challenges of using MBC have already been summarized elsewhere (e.g., Boswell et al., 2015; Miller et al., 2015; Wampold, 2015). We will direct attention to PPG for MBC.

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The Problems

The "What's in a Name?" Problem

A key principle of a name is that it should describe the concept it represents. That means, taken at face value, the point of *measurement*-based care—a term borrowed from medicine and managed care—is measurement. From the use of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) to the creation of diagnostic-specific treatments, professional psychology has a tendency to import and copy the language and trends of American medicine (Hubble & Miller, 2001). Why not a name emphasizing the clinical- and client-centered nature of the process? Many have been in wide use for decades by leading research psychologists and developers of measurement systems, including patient-focused research, practice-based evidence, routine outcome and alliance monitoring, and feedback-informed treatment.

Lack of Actionable Actions Problem

PPGs typically provide guidance about what actions should be initiated in a given situation to attain optimal outcomes. In medicine, a guideline might indicate a procedure that should be used for a particular diagnosis—surgery for an abdominal blockage or a particular antibiotic for a bacterial infection. In psychotherapy, how one administers a treatment is absolutely crucial. It is well established that a given treatment is not administered uniformly by therapists, so that therapists giving the same treatment achieve different outcomes—that is, some therapists consistently achieve better outcomes than others (Wampold & Owen, 2021). Moreover,

what makes a more effective therapist is not related to the treatment-specific competence of the therapist or adherence to an established protocol, but rather their interpersonal skills while providing said treatment (Anderson et al., 2009; Norcross & Lambert, 2018; Wampold & Owen, 2021).

PPG for MBC does not address the importance of how a therapist's actions are performed. Indeed, the PPG guidelines for posttraumatic stress disorder (PTSD) were criticized on this very basis (Norcross & Wampold, 2019). This is particularly important for MBC because it is clear that who engages in MBC and how MBC is used are absolutely critical to its success (Amble et al., 2015; Brattland et al., 2018; de Jong & de Goede, 2015; Lutz et al., 2015). "Without attending to the individual therapist's crucial contribution," Miller et al. (2015) warned years ago, "measurement systems will inevitably fall short" (p. 449). Said succinctly, the suggested MBC guidelines are prescriptive but not descriptive. Clearly, details and clarity are needed regarding the best practices and the training needed to use MBC effectively.

The Stopwatch Problem

Providing a runner with their time in a race provides important information, for example, determining that a runner is world class or a record breaker, another is not qualified to participate because their time is below benchmarks. That said, the stopwatch provides no information about understanding what the runner is doing well and what needs improvement. The same is true about MBC data. Identifying cases as "off track" or a therapist as below established norms (e.g., slow runner!) says nothing what the therapist can or needs to do. Several studies show that attitudes toward feedback have an impact on use and outcome; however, little is known about what therapists actually do clinically with measurement-based data (Lutz, 2014; Lutz et al., 2015). What is clear is that MBC alone does not result in therapist improvement over the course of their careers (Goldberg, Rousmaniere, et al., 2016; Miller et al., 2015). The MBC systems (e.g., OQ Systems, the Outcome Rating Scale [ORS] and Session Rating Scale [SRS]) in the widest use not only identify clients "at risk" but also provide ongoing data on the quality of the alliance and a host of other performance-related metrics (e.g., session numbers, individual and aggregated effect sizes, session by session success probability index, all of which might be useful to practitioners that can be useful for client care as well as therapist professional development (Miller et al., 2020).

The Stock Market Problem

All investors have a wealth of data available to them, including minute by minute information on the price of stocks. About half of investors make the right decision about whether to buy or sell (i.e., their decisions are no better than chance). Interpreting the data from MBC is difficult, as to large degree the data emanate from a stochastic process. MBC graphs of patient progress are subject to random shocks and are not determined directly by what happens in therapy. Therapist who effectively use MBC understand this and integrate measurement into therapeutic process so that the resulting data become a way to enhance engagement and outcome.

Looking for the Keys Under the Light Problem

PPGs are intended for individual clinicians, frequently ignoring the context in which service delivery takes place. As such, guidelines focused on how individual therapists should work are tantamount to "looking for lost keys where the light is the brightest"—convenience is emphasized over effectiveness. Research on MBC clearly shows context matters, with several documenting that successful implementation is far more than learning to administer and interpret standardized measures (Goldberg, Rousmaniere, et al., 2016; Brattland et al., 2018). Time, financial investment, strong leadership, and a climate of openness to feedback and continuous professional development are essential (Goldberg, Babins-Wagner, et al., 2016). Guidelines that do not recognize these factors not only risk failure but place unrealistic expectations and burdens on practitioners.

Conclusion

With empirical support dating back more than 2 decades, seeking feedback from clients regarding the process and outcome of psychological care via standardized measures is an approach whose "time has come." Concerns about the proposed guidelines have been identified which, if not addressed, threaten to undermine the potential impact of this important practice innovation. Such concerns notwithstanding, the popularity and proliferation of approaches makes the development and refinement of PPG's necessary and welcome.

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