Measuring Treatment Outcome and Client Satisfaction Among Children and Families

Thomas G. Plante, Ph.D., A.B.P.P.
Charles E. Couchman, B.S.
Anna R. Diaz, B.A.

Abstract

As the delivery and reimbursement methods for mental health services change rapidly, measuring treatment outcome and client satisfaction has become critical. This article describes a case example of a treatment outcome and client satisfaction assessment program at the Children's Health Council, a private nonprofit agency affiliated with Stanford University that provides comprehensive mental health services to children and families in Palo Alto, California. Approximately 300 families receive mental health treatment per year at the agency. The simple and inexpensive program presented herein can be used and modified by other mental health professionals and agencies struggling to develop satisfactory treatment outcome and client satisfaction evaluation programs.

During rapidly changing times in the mental health care industry and professions, the need to assess treatment outcome and client satisfaction has become critical. Historically, mental health professionals were able to treat patients as they wished, maintaining legal and professional standards of care as dictated by state laws and discipline-specific ethical principles. Fee-for-service policies and generous insurance reimbursements were assumed and rarely did insurance carriers question the activities of the treating professionals.

The industry has changed dramatically over the past several years. The demand for mental health services has grown, but professional and financial resources have diminished steadily. Intense competition for funds and support has developed among mental health service agencies, which have been required to prove their effectiveness and their ability to use these limited resources efficiently. To maintain preferred provider status and to establish mental health contracts with private insurance carriers as well as federal, state, and local government agencies, measuring outcome and satisfaction has become mandatory in many areas. Legislative bodies continue to set more demanding standards of accountability for agencies that receive government funds. For example, Santa Clara County, California, recently mandated providers of county Medi-Cal services to measure treatment outcome for all patients to maintain contracts for service.

With the escalating costs of mental health services, the primary focus of recent policy has been on cost containment. This has created an environment in which outcome and satisfaction information is necessary to ensure that the quality of mental health care is not compromised in the name of cost containment.
effectiveness. Standards must be set as to what constitutes quality care, and policymakers, payers, patients, and providers must be informed as to what treatments or aspects of treatment allow the most efficient use of funds according to these standards.2,6

Despite the need to measure treatment outcome and client satisfaction, there is enormous resistance among mental health professionals to begin their own assessment programs. Objective assessment of outcome and satisfaction results in a perceived lack of control among professionals, confidentiality is potentially compromised, and the notion of being more accountable to insurance carriers and others is often very unappealing. However, if the mental health industry does not take responsibility for regulating itself in this area, then it can be assumed that others in the executive and legislative branches of government, as well as in the private sector, will do so with little input from the mental health community.2

Even clinicians who are interested in and enthusiastic about measuring treatment outcome and satisfaction are often unsure of exactly how to incorporate evaluation programs into their agencies or practices. The purpose of this article is to describe a case example of a comprehensive program of measuring treatment outcome and client satisfaction at a private nonprofit agency that specializes in the treatment of children and families. The Children’s Health Council is a Stanford University-affiliated diagnostic and treatment facility serving more than 300 families in psychotherapy each year. Other mental health clinicians and agencies who specialize in the treatment of children and families may benefit from a review of this evaluation program, which has been designed to be both inexpensive and simple to implement.

Program Development Procedures

Designing an Assessment Package

Volunteer undergraduate research assistants completed a comprehensive review of the professional literature, using Medline, PsycINFO, and Psychological Abstracts to survey the treatment outcome and client satisfaction measures available. This search resulted in 98 different measures obtained.

Using telephone directories and mental health agency referral lists, the research team then identified 57 agencies in the San Francisco Bay area that provide mental health treatment to children and families. All of these agencies were contacted by telephone with requests for information on the methods they used to measure treatment outcome and client satisfaction. Whereas the majority of these agencies reported not having formal or comprehensive programs for such an assessment, those that did were requested to supply our research team with copies of their measures. All agencies with outcome and satisfaction programs agreed to mail the researchers a copy of their materials.

A research team consisting of three undergraduate research assistants, three psychology interns/postdoctoral fellows, two staff psychologists, and one staff marriage and family counselor met weekly to review all available treatment outcome and client satisfaction measures. For the assessment measures to be considered for inclusion in the program, they needed to meet the following three criteria:

1. Have adequately documented reliability and validity information published in refereed professional journals;
2. Be suitable for parents (and/or clinicians) to complete; and
3. Be brief, simple, and inexpensive to use.

Once all of the measures were screened using these criteria, the team reviewed and discussed the resulting items in detail, arriving at a consensus on which materials to use. This screening process was conducted to examine all of the possible treatment outcome and client satisfaction questionnaires available and choose the package that would meet the listed criteria and best meet the needs of the Children’s Health Council. For example, questionnaires suitable for a wide range of ages,