

# Feedback Informed Treatment (FIT)

## WHAT IS IT?

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FIT is an empirically supported, pantheoretical approach for evaluating and improving the quality and effectiveness of behavioral health services. It involves routinely and formally soliciting feedback from clients regarding the therapeutic alliance and outcome of care and using the resulting information to inform and tailor service delivery<sup>1</sup>

## HOW DOES IT WORK?

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FIT utilizes empirically validated, client rated outcome measures at each session. Although any validated measures could be used, due to their brevity, the **Outcome Rating Scale (ORS)** and **Session Rating Scale (SRS)** are commonly employed by FIT Practitioners. The ORS measures the client's therapeutic progress while asking about their level of distress and functioning. The SRS measures the therapeutic alliance.

## WHY IS FIT AN EVIDENCED BASED PRACTICE?

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FIT operationalizes the American Psychological Association's (APA) definition of evidence-based practice. Routine use of the ORS and SRS involves "the integration of the best available research... and monitoring of patient progress...that may suggest the need to adjust the treatment... (e.g., problems in the therapeutic relationship or in the implementation of the goals of the treatment)"<sup>2</sup>



- The ORS and SRS were vetted by the Substance Abuse and Mental Health Services Administration's National Registry in 2013 and granted evidence-based status.

## WHAT IS THE EVIDENCE FOR FIT?

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A number of studies and meta-analyses have demonstrated the benefit of routinely monitoring and using client outcome data and feedback to inform care<sup>3</sup>.

- Improves client outcomes by 27%<sup>4</sup>
- Increases client retention
- Reduces deterioration rates by 50%<sup>4</sup>
- Shortens lengths of stay

Positive impacts of FIT have been shown in a number of treatment settings including "outpatient and inpatient settings, counseling and university training centers, individual and group therapies, and specialized treatment programs."

## HOW TO IMPLEMENT

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Level of implementation has been shown to impact the effectiveness of FIT.<sup>5</sup> Despite the simplicity of the ORS and SRS, but consistent with other evidenced based methods, implementation takes time (between 2 and 4 years)<sup>6</sup>. The ICCE has developed several resources to assist with FIT implementation, including:



- **6 manuals** which cover the most important information for practitioners and agencies implementing FIT.
- **Core Competences:** these provide a thorough grounding in the knowledge and skills associated with FIT.
- **The Feedback Readiness Index and Fidelity Measure (FRIFM)** is available to guide the implementation process.
- **A free web forum** dedicated to excellence in clinical practice, providing the opportunity for practitioners and administrators to access others in the field from around the world for resources and support.
- Several **computer-based programs** exist that allow easy administration of the ORS and SRS as well as generate aggregate stats to inform both the client and clinician.

For more information, email: [info@centerforclinicalexcellence.com](mailto:info@centerforclinicalexcellence.com)

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<sup>1</sup> Bertolino, Bargmann & Miller. Manual1: What works in Therapy: A Primer on Feedback-Informed Treatment, ICCE Manuals on Feedback-Informed Treatment (FIT), (2011). Manuals can be purchased at: <https://store.scottdmiller.com/collections/fit-manuals>

<sup>2</sup> APA Task Force on Evidence-Based Practice, 2006, pp. 273, 276-277.

<sup>3</sup> Gondeck, Edbrooke-Child, Fink, Deighton & Wolpert, 2016; Miller & Schuckard, 2013; Lambert & Shimokawa, 2011; Knaup, Koesters, Schoefer, et al., 2009; Miller et. al, 2006; Lambert, Whipple, Hawkins et al, 2003 as cited in Shuckard, E., Miller S., & Hubble, M. A. (2017). Feedback Informed Treatment: Historical and empirical foundations. In D Prescott, C. Maeschalck, & S. Miller (Eds.), *Feedback Informed Treatment in Clinical Practice* pp. 13-35). American Psychological Association

<sup>4</sup> Miller et al., 2006; Lambert & Shimokawa, 2011.

<sup>5</sup> Dulark & Dupre as cited in the Brattland, H., Koksvik, J.M., Burkeland, O., Gråwe, R. W., Klöckner, C., Linaker, O. M., Ryum, T., Wampold, B., Lara-Cabrera, M. L., & Iverson, V. C. (2018). The effects of Routine Outcome Monitoring (ROM) on therapy outcomes in the course of an implementation process: A randomized clinical trial. *Journal of Counseling Psychology* (65)5, 641-652

<sup>6</sup> Brattland et al., 2018.