ABSTRACT TRAINEES' EXPERIENCE USING ROUTINE OUTCOME MONITORING (ROM) IN CLINICAL PRACTICE AND SUPERVISION

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Routine outcome monitoring (ROM) is the frequent and systematic collection of client outcome data to inform treatment. A great deal of research supports the use of ROM as part of routine care to enhance clinical outcomes, especially for clients at risk of deterioration. Yet, while ROM is increasingly being incorporated into professional psychology training settings (e.g., VAs, academic training clinics), little research has examined training and supervision in ROM. This qualitative study therefore examines professional psychology trainees' experiences using ROM during their clinical training. For the present study, qualitative interviews were conducted with 13 doctoral-level psychology graduate students (11 female, two male; age range = 23 - 34, M = 27.8, SD = 3.24) enrolled in an APA-accredited clinical or counseling psychology program. In-depth interviews were completed using a semi-structured interview protocol, and data were analyzed using consensual qualitative research (CQR).

Participants largely experienced a positive climate and culture toward ROM in their academic programs and clinical training sites, though they also noted a lack of consistent training. While participants found ROM helpful in informing their conceptualization of both improving and non-improving clients, they had a much clearer sense of how to use ROM to inform treatment with clients who were improving; participants were less certain how to do so when the data showed that clients were deteriorating or not improving. Participants also discussed the benefits and challenges of using ROM with clients. In their use of ROM in supervision, although participants did not discuss specific ROM data frequently or from every client, they did so more consistently when they encountered a client who was deteriorating or not improving, or when a client's data were difficult to interpret, and supervisors were perceived as important to participants' use of ROM. Limitations, implications for research, and implications for practice are discussed.