



The
University
Of
Sheffield.

An Advanced Supervisor Workshop & DClIn Training Event

Knowing me, Knowing you

Using idiographic measures in our work



History and introduction

Gary Latchford

A day on idiographic measures

- What are they?
- Where did they come from?
- What do they look like?
- How might I use them?
 - Across all the areas of our work
- The future?

What are measures?

- The idea of assessments in psychological therapy is very well established
- Why might you measure?
 - Screening
 - Obtaining information about symptoms
 - Assessing outcome
- What might you measure?
 - Current symptoms?
 - Outcome of therapy in terms of symptoms?
- A wider focus?
 - Problems? Beliefs? Cognitions/constructs?
Experiences? Expectations? Goals of therapy? The therapeutic alliance?

What are idiographic measures?

- In general, the assessments we use can be divided into two main forms, idiographic and nomothetic...

Theoretical underpinning

- Idiographic
 - *Of the individual*

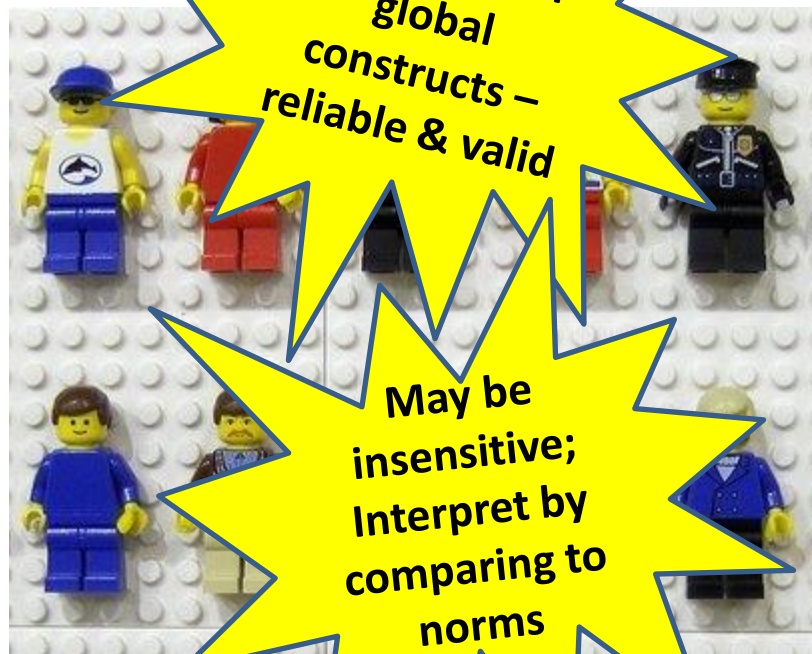
**Personalised:
matches the
clients
needs/goals**

**Interpretation
based on the
individual too –
no norms**

- Nomothetic
 - *of the group*

**Measures of
global
constructs –
reliable & valid**

**May be
insensitive;
Interpret by
comparing to
norms**



Idiographic Measures

- *Idios* (greek) = private or personal
- Relates to the individual
 - *measures derived from individual performance criteria rather than global constructs*
- Many different kinds
 - *(e.g. diaries, activity records etc.)*
 - *Personal questionnaires & Easy-PQ*
- Problems
 - Reliability and validity?
 - Interpretation?

Nomothetic Measures

- *Nomos* (greek) = law
- Derived from global constructs
 - (e.g. *Anxiety, self esteem etc.*)
- Most measures used in therapy are nomothetic
- Many will have underlying theoretical assumptions
 - E.g. anhedonia and the HADS
- Interpretation by comparing to general norms
 - How does this person compare to the population?
- Problems
 - Availability of norms?
 - Insensitive to context?
 - Insensitive to the person!

Reliability & Validity in nomothetic measures

- Reliability: does it perform similarly every time you use it?
- Validity: Is it measuring what we think it's measuring?
- It might be very reliable...but useless
- Or very focused on the topic of interest...but so difficult to fill in you get a different answer every time

Gaz and T.C.s car metaphor

- Is it reliable?
 - Does it start every morning?

- Is it valid?
 - When it starts, does it get me to work on time?

Nomothetic measures

- Dominate mental health in UK and US
- Used to evaluate interventions
- And increasingly to track change in therapy
- Very useful
- But don't tell you the whole story...
- Though idiographic measures don't replace nomothetic ones, they do offer something different to complement them..
- And they can often be much more useful to you as a therapist

CORE-OM

CLINICAL OUTCOMES in ROUTINE EVALUATION

OUTCOME MEASURE

Site ID: [][][][][]

letters only numbers only

Client ID: [][][][][][][][]

Therapist ID: [][][] numbers only numbers only

Sub codes: [][][] [][][] [][][] [][][] [][][] [][][]

Date form given: [][][] [][][] [][][] [][][] [][][] [][][]

Male Female

Age: [][]

Stage Completed

S Screening
R Referral
A Assessment
F First Therapy Session
P Pre-therapy (unspecified)
D During Therapy
L Last therapy session
X Follow up 1
Y Follow up 2

Stage Episode

IMPORTANT - PLEASE READ THIS FIRST

This form has 34 statements about how you have been OVER THE LAST WEEK. Please read each statement and think how often you felt that way last week. Then tick the box which is closest to this. Please use a dark pen (not pencil) and tick clearly within the boxes.

Over the last week

		Not at all	Only occasionally	Sometimes	Often	Most or all the time	DITTE USE ONLY
1 I have felt terribly alone and isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
2 I have felt tense, anxious or nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P
3 I have felt I have someone to turn to for support when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
4 I have felt O.K. about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W
5 I have felt totally lacking in energy and enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P
6 I have been physically violent to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
7 I have felt able to cope when things go wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
8 I have been troubled by aches, pains or other physical problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P
9 I have thought of hurting myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
10 Talking to people has felt too much for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
11 Tension and anxiety have prevented me doing important things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P
12 I have been happy with the things I have done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
13 I have been disturbed by unwanted thoughts and feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P
14 I have felt like crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W

Please turn over



Over the last week

		Not at all	Only occasionally	Sometimes	Often	Most or all the time	DITTE USE ONLY
15 I have felt panic or terror	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P
16 I made plans to end my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
17 I have felt overwhelmed by my problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W
18 I have had difficulty getting to sleep or staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P
19 I have felt warmth or affection for someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
20 My problems have been impossible to put to one side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P
21 I have been able to do most things I needed to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
22 I have threatened or intimidated another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
23 I have felt despairing or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P
24 I have thought it would be better if I were dead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
25 I have felt criticised by other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
26 I have thought I have no friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4
27 I have felt unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P
28 Unwanted images or memories have been distressing me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P
29 I have been irritable when with other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
30 I have thought I am to blame for my problems and difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P
31 I have felt optimistic about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W
32 I have achieved the things I wanted to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
33 I have felt humiliated or shamed by other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
34 I have hurt myself physically or taken dangerous risks with my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE

Total Scores

<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>	→	<input style="width: 40px; height: 30px;" type="text"/>	→	<input style="width: 40px; height: 30px;" type="text"/>
↓	↓	↓	↓		↓		↓
<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>		<input style="width: 40px; height: 30px;" type="text"/>		<input style="width: 40px; height: 30px;" type="text"/>
(W)	(P)	(F)	(R)		All items		All minus R

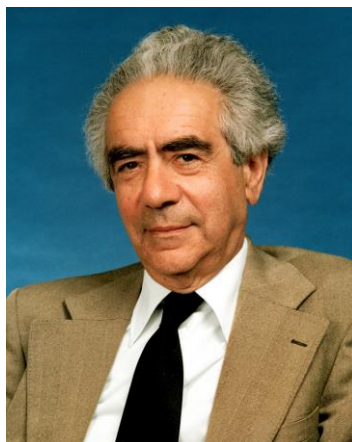
(Total score for each dimension divided by number of items completed in that dimension)



Idiographic Measures

The history of idiographic measures

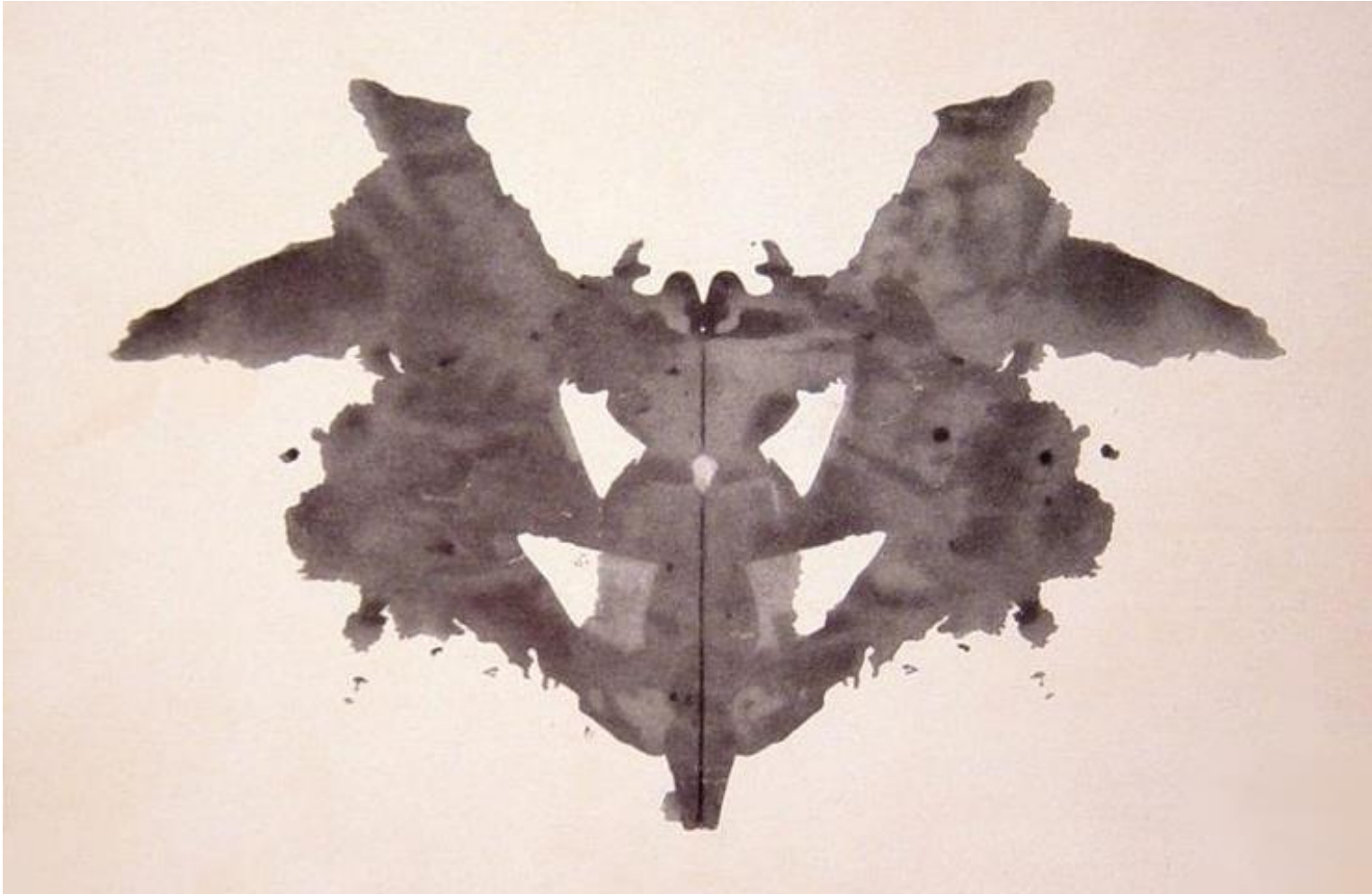
- Goes back to the origin of clinical psychology in the UK and the first course established in 1947
- ...and the first course director, Monte Shapiro



Assessment in the 1950s

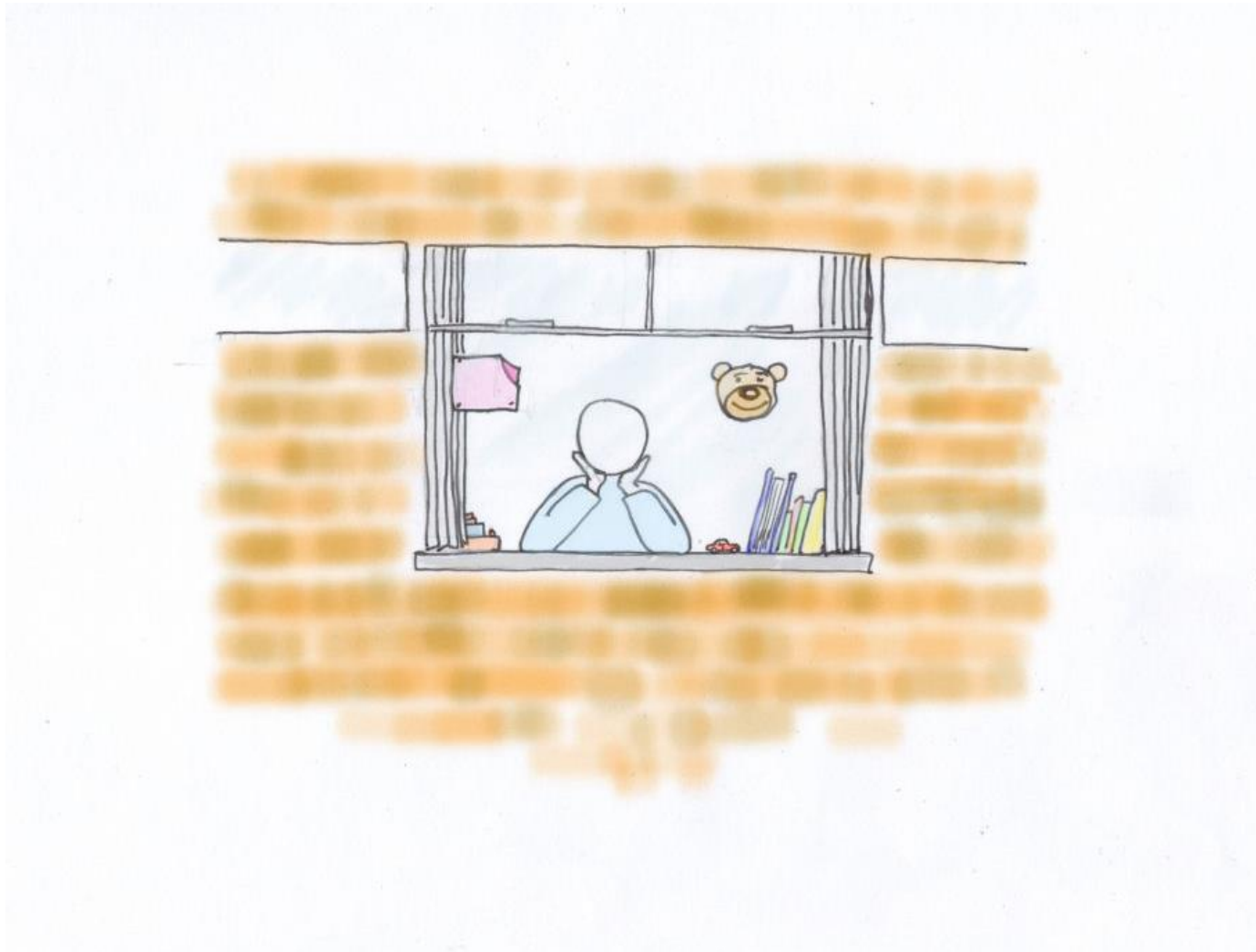
- Shapiro was dissatisfied with the two main approaches to assessment in mental health in the 1950s:
 - 1. Projective tests such as the Rorschach ink block test and thematic apperception test

Rorschach ink blot test



By the way...

- The idea of using visual stimuli to prompt conversation in therapy still has value
- Something DG and I did a few years ago...







Sentence-Completion Test

- “I wish _____”
- “My father _____”
- Later work (e.g. Stephen Barton) developed coding frame for analyzing responses and establishing reliability and validity e.g. Sentence completion test for depression
- The future....
- I did not....

Assessment in the 1950s

- Shapiro was dissatisfied with the two main approaches to assessment in mental health in the 1950s:
 - 1. Projective tests such as the Rorschach ink blot test and thematic apperception test
 - 2. And “multi-item questionnaires which he believed were psychometrically unsound and did not tap the criterion complaints of patients”
 - E.g. Minnesota Multiphasic Personality Inventory (MMPI)

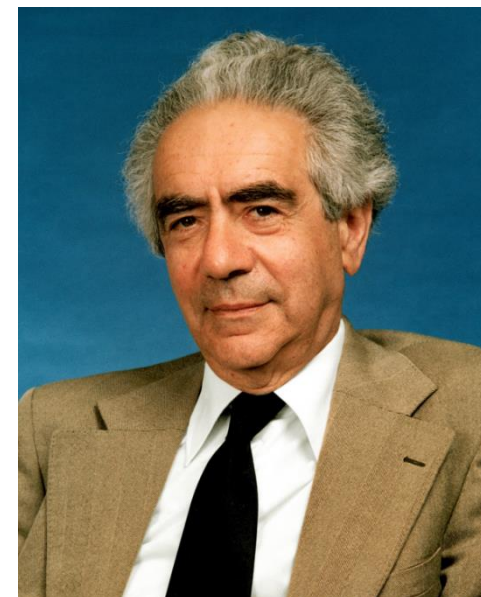
MMPI

Example MMPI Questions

- I like mechanics magazines.
 - I have a good appetite.
 - I wake up fresh & rested most mornings.
 - I think I would like the work of a librarian.
 - I am easily awakened by noise.
 - I like to read newspaper articles on crime.
 - My hands & feet are usually warm enough.
 - My daily life is full of things that keep me interested.
 - I am about as able to work as I ever was.
 - There seems to be a lump in my throat most of the time.
-
- Consists of more than 500 self-statements that can be answered “true,” “false,” or “cannot say”
 - Statements describe physical concerns, mood, sexual behaviors, and social activities

Shapiro and the personal questionnaire

- “Monte Shapiro developed the Personal Questionnaire (PQ) to measure psychological symptoms that were relevant to individuals (Shapiro, 1961)”
- Doesn't use pre-selected items
- Instead clinician and client talk, and items are based on clients own description of problems and goals
- The PQ then allows scoring in a systematic and statistically robust way
- Initial quite complex to administer and score, easier versions available!



Idiographic measures

- Or ‘patient centred’
- David Shapiro and Michael Barkham included them in Sheffield Psychotherapy projects in 1980s and 1990s
- “Different but complementary approaches to accumulating a broader base of evidence” (Barkham, 2016)

A taxonomy of idiographic approaches to measurement

1. Patient generated questionnaires
2. Patient generated narratives
3. Scales
4. Counts
5. Grids
6. Visual tools

Patient generated questionnaires

- Patient generated questionnaires: developed in an idiographic style (e.g. PQ, PSYCHLOPS)

Patient generated outcome questionnaires

- Personal Questionnaire
- PSYCHLOPS
- (Goal Attainment Scaling)

Patient generated process questionnaires

- Questionnaires
 - Important events questionnaire
 - Post-session questionnaire
 - Helpful Aspects of Therapy form (HAT)
 - Client Post-Therapy Questionnaire (CPTQ)
 - Corrective experiences questionnaire (CEQ)
 - Evaluation of Therapy Form (ETF)
 - Client Assessment of Change (CAC)
 - Client Evaluation of treatment Questionnaire (CETQ)

Personal questionnaire

- Easy personal questionnaire:
- The original quite complex; simpler forms available and easy to use

PSYCHLOPS (Psychological Outcome Profiles)

- Primary care MH outcome measure (Ashworth, Robinson et al, 2004)
- ‘Hybrid measure’: idiographic/nomothetic: patient defines main Problem
- PSYCHLOPS found to be ‘a more sensitive measure of change after therapy than the comparator measure, HADS’.(Ashworth et al, 2009)
 - “measuring outcomes based on self-reported changes in problems chosen by patients may be a valuable complement to nomothetic outcome measures and be achieved using PSYCHLOPS.
- Form versions: pre, during, post...

Ashworth M, Shepherd M, Christey J, Matthews V, Wright K, Parmentier H, Robinson S, Godfrey E. A client-centred psychometric instrument: the development of ‘PSYCHLOPS’ (‘Psychological Outcome Profiles’). *Counselling and Psychotherapy Res* 2004;4:27-33.

Ashworth, Evans, et al. (2009) Measuring psychological outcomes after cognitive behaviour therapy in primary care: a comparison between a new patient-generated measure ‘PSYCHLOPS’ (Psychological Outcome Profiles) and ‘HADS’ (Hospital Anxiety and Depression Scale) Journal of Mental Health **18**(2): 169-177.

A questionnaire about you and how you are feeling – now that you are starting therapy



Question 1

- a Choose the problem that troubles you most. (Please write it in the box below.)
-
- b How much has it affected you over the last week? (Please tick one box below.)
- Not at all affected 0 1 2 3 4 5 Severely affected
- c How long ago were you first concerned about this problem? (Please tick one box below.)
- Under one month Between one and three months Over three months but under one year One to five years Over five years

Question 2

- a Choose another problem that troubles you. (Please write it in the box below.)
-
- b How much has it affected you over the last week? (Please tick one box below.)
- Not at all affected 0 1 2 3 4 5 Severely affected
- c How long ago were you first concerned about this problem? (Please tick one box below.)
- Under one month Between one and three months Over three months but under one year One to five years Over five years

Question 3

- a Choose one thing that is hard to do because of your problem (or problems). (Please write it in the box below.)
-
- b How hard has it been to do this thing over the last week? (Please tick one box below.)
- Not at all hard 0 1 2 3 4 5 Very hard

Question 4

- How have you felt in yourself this last week? (Please tick one box below.)
- Very good 0 1 2 3 4 5 Very bad



This questionnaire is called the Psychological Outcome Profiles questionnaire (PSYCHLOPS), Pre-Therapy, Version 5. See www.psychlops.org. All rights reserved © 2008, Department of General Practice and Primary Care, King's College London.

A questionnaire about you and how you are feeling – now that you are having therapy



Question 1

- a This is the problem you said troubled you the most when we first asked. (Therapist - please write it in the box below.)
-
- b How much has it affected you over the last week? (Please tick one box below.)
- Not at all affected 0 1 2 3 4 5 Severely affected

Question 2

- a This is the other problem you said troubled you when we first asked. (Therapist - please write it in the box below.)
-
- b How much has it affected you over the last week? (Please tick one box below.)
- Not at all affected 0 1 2 3 4 5 Severely affected

Question 3

- a This is the thing you said was hard to do when we first asked. (Therapist - please write it in the box below.)
-
- b How hard has it been to do this thing over the last week? (Please tick one box below.)
- Not at all hard 0 1 2 3 4 5 Very hard

Question 4

- How have you felt in yourself this last week? (Please tick one box below.)
- Very good 0 1 2 3 4 5 Very bad

Question 5

- a Now that you are having therapy, you may have found that other problems have become important. If so, please write the one that troubles you most in the box below, or leave blank if no other problems have become important.
-
- b How much have these other problems affected you over the last week? (Please tick one box below, or leave blank if no other problems have become important.)
- Not at all affected 0 1 2 3 4 5 Severely affected



This questionnaire is called the Psychological Outcome Profiles questionnaire (PSYCHLOPS), During-Therapy, Version 5. See www.psychlops.org. All rights reserved © 2008, Department of General Practice and Primary Care, King's College London.

A questionnaire about you and how you are feeling – now that you are finishing therapy



Question 1

- a This is the problem you said troubled you the most when we first asked. (Therapist - please write it in the box below.)
-
- b How much has it affected you over the last week? (Please tick one box below.)
- Not at all affected 0 1 2 3 4 5 Severely affected

Question 2

- a This is the other problem you said troubled you when we first asked. (Therapist - please write it in the box below.)
-
- b How much has it affected you over the last week? (Please tick one box below.)
- Not at all affected 0 1 2 3 4 5 Severely affected

Question 3

- a This is the thing you said was hard to do when we first asked. (Therapist - please write it in the box below.)
-
- b How hard has it been to do this thing over the last week? (Please tick one box below.)
- Not at all hard 0 1 2 3 4 5 Very hard

Question 4

- How have you felt in yourself this last week? (Please tick one box below.)
- Very good 0 1 2 3 4 5 Very bad

Question 5

- During therapy, you may have found that other problems have become important. If so, how much have these problems affected you over the last week? (Please tick one box below, or leave blank if no other problems have become important.)
- Not at all affected 0 1 2 3 4 5 Severely affected

Question 6

- Compared to when you started therapy, how do you feel now? (Please tick one box below.)
- 0 Much better 1 Quite a lot better 2 A little better 3 About the same 4 A little worse 5 Much worse



This questionnaire is called the Psychological Outcome Profiles questionnaire (PSYCHLOPS), Post-Therapy, Version 5. See www.psychlops.org. All rights reserved © 2008, Department of General Practice and Primary Care, King's College London.

Sentence completion test for depression (Barton)

- Coding (e.g valency; negative, positive, neutral) applied to completed sentences
 - 1. My friends
 - 2. I did not
 - 3. Other people enjoy
 - 4. Our society
 - 5. Some people regret
 - 6. I have

Patient generated narratives

- In your own words...

Patient generated narrative methods

- Written accounts
 - Cross-contextual Qualitative Diaries
 - Feedback Letter
- Interviews
 - Interpersonal Process Recall
 - Brief Structured Recall
 - Client Change Interview
 - Critical Incidents structured interview
 - Narrative interviews

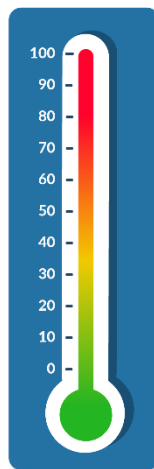
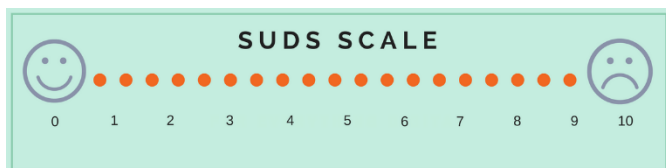
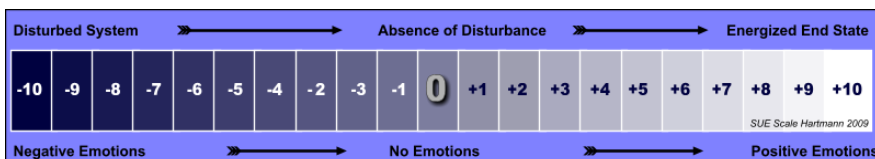
Scales

- Easy to use scales (e.g. GAS, VAS, SUDS etc)

Scales

- Variety of elicitation methods: lines, questions, pictures and response formats
- 2 main forms:
 - Goals of an intervention (problem and/or goal rating)
 - Subjective states
- Subjective state ranges from judgements of severity/intensity (e.g. pain) to more complex judgements (e.g. appraisals of responsibility)

SUDS



- 100** Highest anxiety/distress that you have ever felt.
- 90** Extremely anxious/distressed.
- 80** Very anxious/distressed; can't concentrate. Physiological signs present.
- 70** Quite anxious/distressed; interfering with functioning. Physiological signs may be present.
- 60** Moderate-to-strong anxiety or distress.
- 50** Moderate anxiety/distress; uncomfortable, but can continue to function.
- 40** Mild-to-moderate anxiety or distress.
- 30** Mild anxiety/distress; no interference with functioning.
- 20** Minimal anxiety/distress.
- 10** Alert and awake; concentrating well.
- 0** No distress; totally relaxed.

Item	SUDS score
Going to a concert	95
Taking public transportation	95
Giving presentation or speech to a small group	90
Going to a house party with some unknown people	80
Sitting in a classroom (being called on and not having homework)	80
Returning an item to a store	70
Going to a theater for a movie or play	65
Conversation with a person in line at convenience store	65
Conversation with small group of new people	60
Extended conversation with stranger	55
Sitting alone in a restaurant or cafeteria	55
Going to a restaurant with family	45
Job interview	45
Introducing self to women	40

SUDS = Subjective Units of Distress Scale (0-100).

CORC (Child outcomes research consortium) approach: goals as outcome measures

- Edbrooke-Childs & Jacob:
- CORC approach considers both standardised or normed measures (e.g., SDQ) and idiographic or personal measures (e.g., Goal Based Outcomes).
- Collaboratively agreed goals as a key outcome metric
- Found children and families report higher levels of change in Goal Based Outcomes than in standardised measures
- Change in Goals more consistently associated with change in clinician-reported measures and with satisfaction with care at case closure than standardised measures.
- Produced a taxonomy of the different types of goals:

Jacob, J., Edbrooke-Childs, J., Law, D., & Wolpert, M. (2015). [Measuring what matters to patients: using goal content to inform measure choice and development](#). *Clinical Child Psychology and Psychiatry*, 22(2), 170–186.

Edbrooke-Childs, J., Jacob, J., Law, D., Deighton, J., & Wolpert, M. (2015). Interpreting standardized and idiographic outcome measures in CAMHS: what does change mean and how does it relate to functioning and experience? *Child and Adolescent Mental Health*, 20(3), 142–148.

Bradley, J., Murphy, S., Fugard, A. J. B., Nolas, S-M. & Law, D. (2013). What kind of goals do children and young people set for themselves in therapy? Developing a goals framework using CORC data. *Child and Family Clinical Psychology Review*, 1, 8–18.

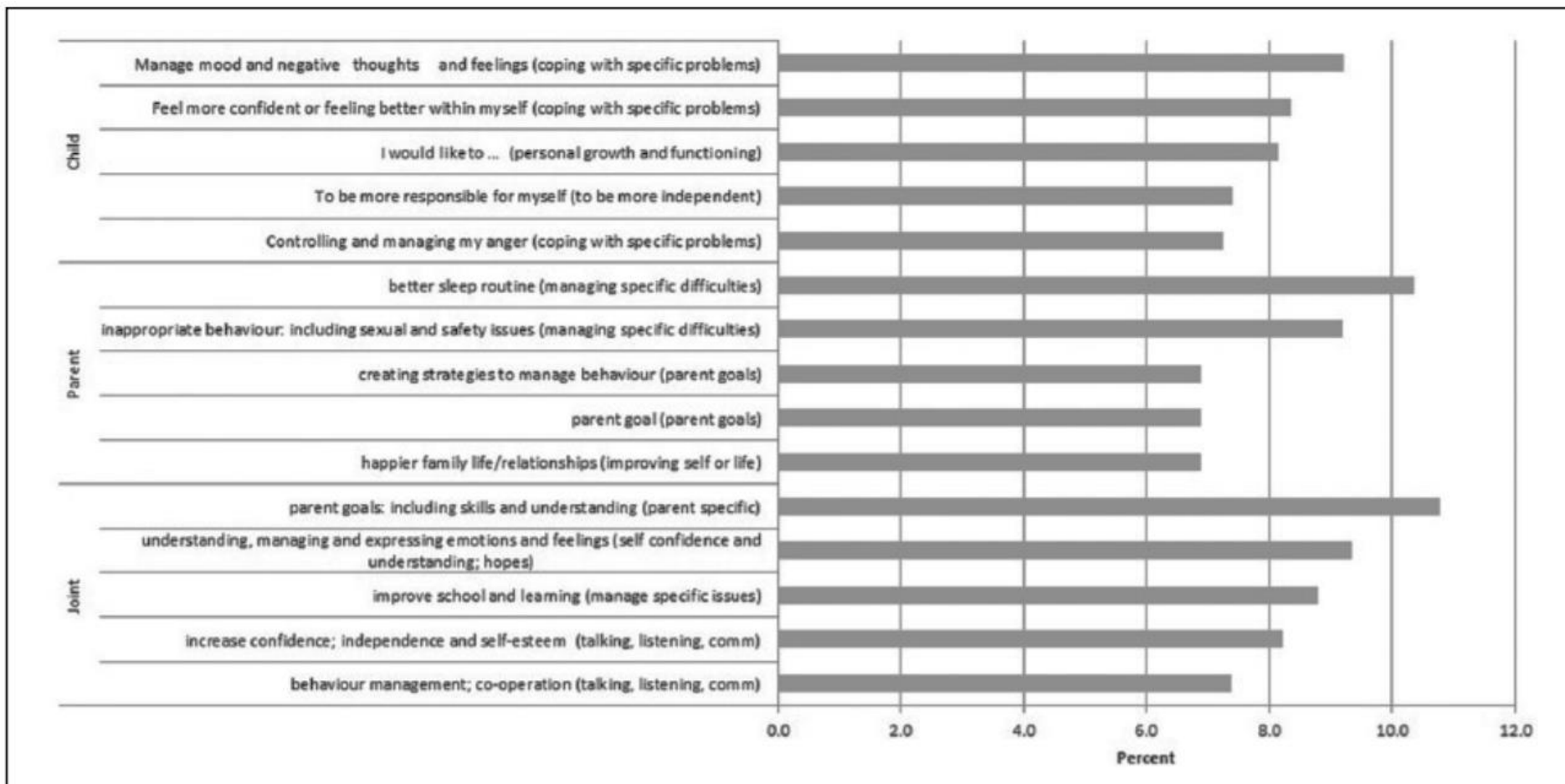


Figure 1. Top five goal themes from each perspective $N=342$ (overarching goals are in parenthesis).

Jacob, J., Edbrooke-Childs, J., Holley, S., Law, D., & Wolpert, M. (2015). Horses for courses? A qualitative exploration of goals formulated in mental health settings by young people, parents and clinicians. *Clinical Child Psychology and Psychiatry*. 21(2), 208–223. Comparing goals set by children, parents and clinicians

The Outcome Rating Scale (ORS)

- Given at beginning of every session
- Assesses individual, relational, & social functioning.

Outcome Rating Scale (ORS)

Name _____	Age (Yrs): _____	Sex: M / F
Session # _____	Date: _____	
Who is filling out this form? Please check one: Self _____ Other _____		
If other, what is your relationship to this person? _____		

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

Individually

(Personal well-being)

I-----I

Interpersonally

(Family, close relationships)

I-----I

Socially

(Work, school, friendships)

I-----I

Overall

(General sense of well-being)

I-----I

Institute for the Study of Therapeutic Change

www.talkingcure.com

© 2000, Scott D. Miller and Barry L. Duncan

The Session Rating Scale (SRS)

- Given at end of every session
- Assesses perceived relationship with therapist, extent worked on shared goals, whether approach/method was a good fit and overall assessment.

Session Rating Scale (SRS V.3.0)

Name _____	Age (Yrs): _____
ID# _____	Sex: M/F _____
Session# _____	Date: _____

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

Relationship

I did not feel heard, understood, and respected.	I ----- I	I felt heard, understood, and respected.
--	-----------	--

Goals and Topics

We did <i>not</i> work on or talk about what I wanted to work on and talk about.	I ----- I	We worked on and talked about what I wanted to work on and talk about.
--	-----------	--

Approach or Method

The therapist's approach is not a good fit for me.	I ----- I	The therapist's approach is a good fit for me.
--	-----------	--

Overall

There was something missing in the session today.	I ----- I	Overall, today's session was right for me.
---	-----------	--

Institute for the Study of Therapeutic Change
www.talkingcure.com

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Counts

- Count data (e.g. frequency a behaviour occurred)

examples

- vomiting episodes
- worry episodes
- wet/dry nights
- Binges
- laxatives used
- Arguments
- counts of prescribed activities (rehabilitation)

examples

- Usually recorded as frequency i.e. episodes/unit of time, often events/day or events/week
- Sometimes recordings sampled as part of an intervention: e.g. behavioural counts per session or minute
- Sometimes duration e.g. hours of sleep.

Grids

- Maps (e.g. repertory grids) charting change

Repertory grids

- Derived from George Kelly's Personal Construct Theory, a precursor of cognitive therapies
- Kelly's concerns about measurement:
 - Interviews: not great ways to find out what people think: too much bias from the interviewer
 - Population studies: limited in helpfulness at describing individual differences
- He developed Repertory grids as an alternative
 - Though he got rather upset because people used grids without understanding the theory
 - Like me

How do repertory grids work?

A simple guide!

- They have elements and constructs
- Start with elements: aspects of a person or someone in relation to them
- You'll use this to tease out how they see themselves, in relation to different aspects of themselves and other people
- So, for example
 - Me now
 - Me before my illness
 - My ideal self
 - Someone I admire
 - My partner

How do repertory grids work?

A simple guide!

- What you are really interested in is eliciting the client's construct system – their belief system
- So to get the constructs, traditionally you would present the elements to the participant:
- Usually done in groups of three, asking client: “in which way are two similar and therefore different from a third”

Me before
the illness











Me now

My ideal
self

- They come up with something, and you then generate the opposite end of the pole
 - Confident.....Fearful
- You then turn this into a scale

1	me now	me before my illness	My ideal self	Someone I admire	My partner	5
Confident						Fearful

Rep Grid Example: FRUIT

RATINGS GRID											
1											5
	apple	banana	orange	grape	strawberry	lime	plum	lemon	watermelon	peach	
juicy	3	5	1	4	5	1	4	1	3	4	fleshy

How do repertory grids work?

A simple guide!

- Interviewee then rates every element on every construct
- This gives you a matrix which can be analysed statistically
- The statistical analysis answers Kelly's need to measure people individually
 - Could compare before-and-after perceptions.
 - Could group data?
 - Use same grid or individual ones?

An example from research (Latchford and Madill)

- Experience in the dissection lab for first year medical undergraduates is often described as a 'rite of passage'
- How does it change their sense of self?
- Our elements:
 - Me before medical school
 - Me in the lab
 - My ideal self in the lab
 - The lab group member doing best
 - The lab group member doing worst
- Medical students interviewed at start and end of year 1
- Loads of free and paid software available; we used multidimensional scaling on SPSS (ALSCAL) to analyse

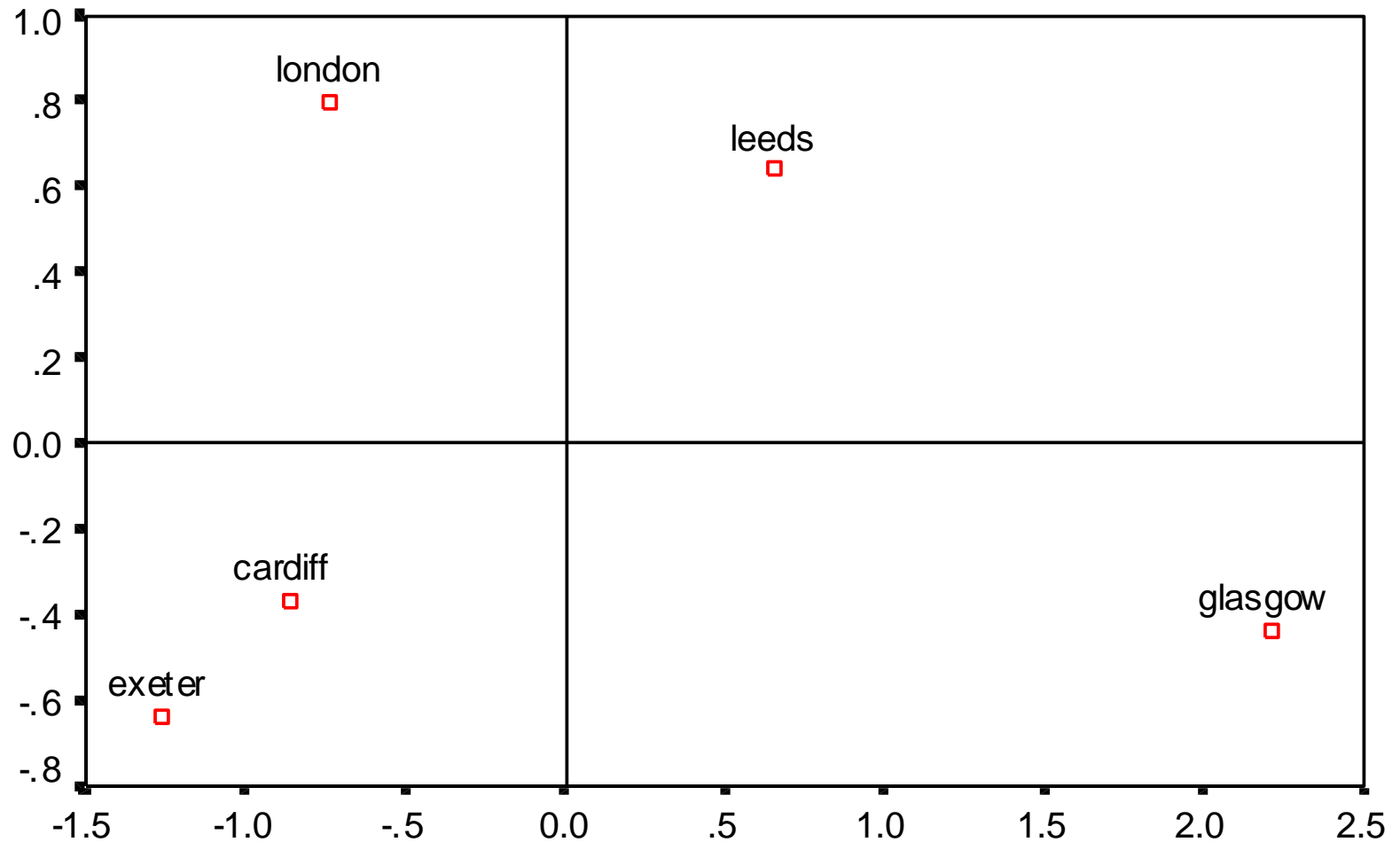
1	me before I was a medical student	me in the dissection lab	My ideal self in the lab	The lab group member doing best	The lab group member doing worst	5
Confident						Fearful

Multidimensional scaling example

	Glasgow	Leeds	London	Cardiff	Exeter
Glasgow	.00				
Leeds	247.00	.00			
London	402.00	197.00	.00		
Cardiff	391.00	236.00	153.00	.00	
Exeter	443.00	288.00	198.00	120.00	.00

Multidimensional scaling

Mileage Chart



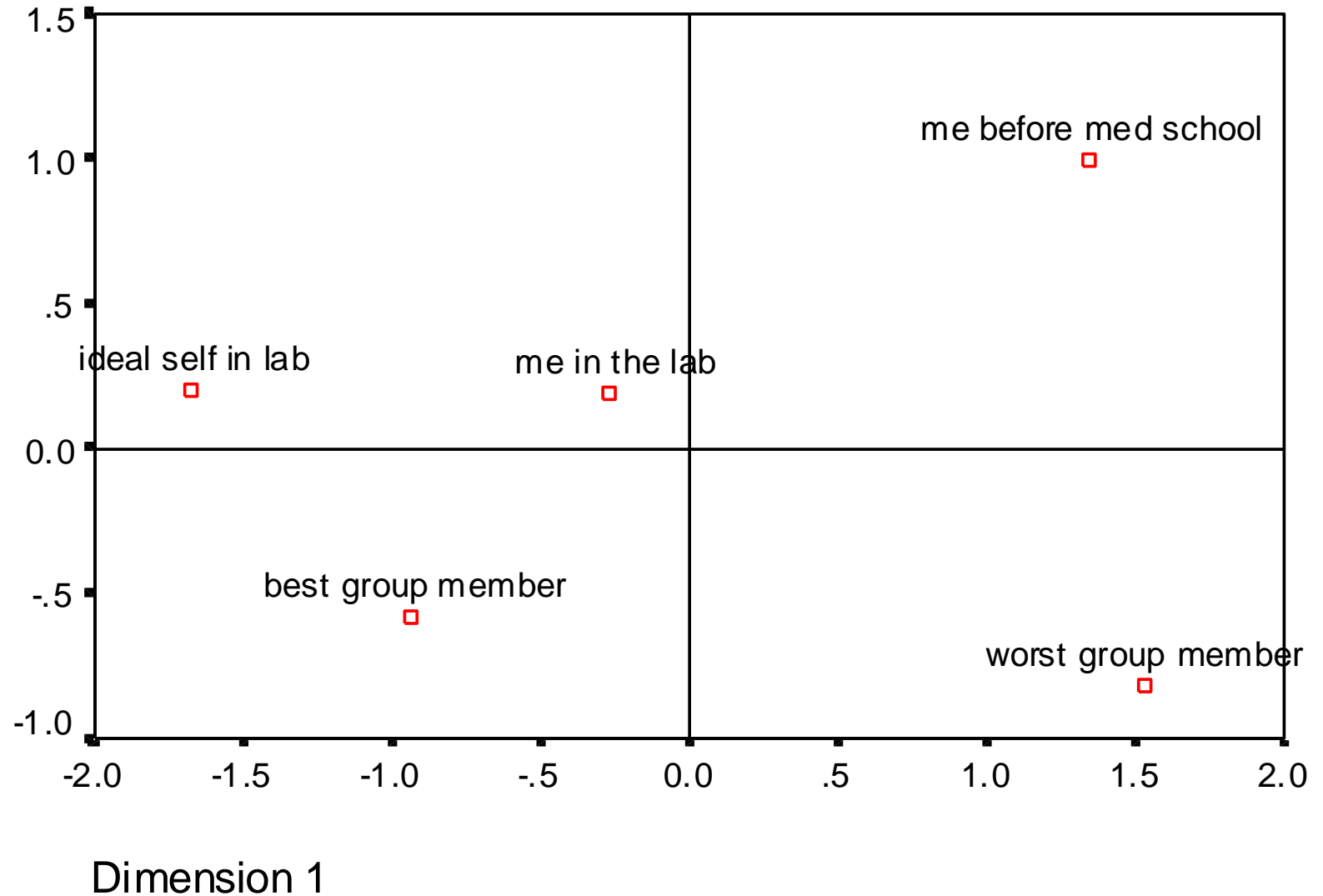
Dimension 1

Multidimensional scaling results

- Observations at time 1 and 2:

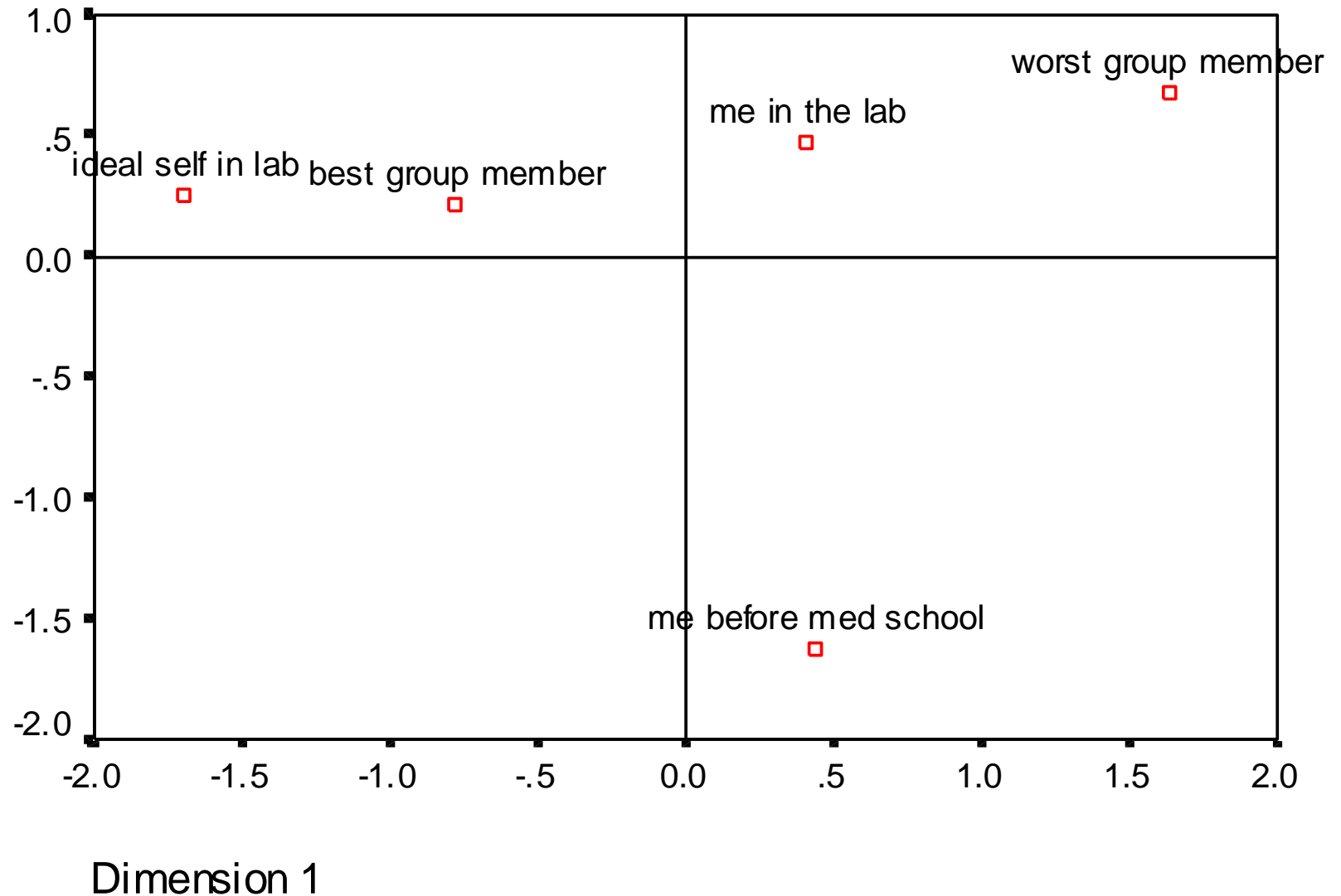
Multidimensional Scaling

Time 1



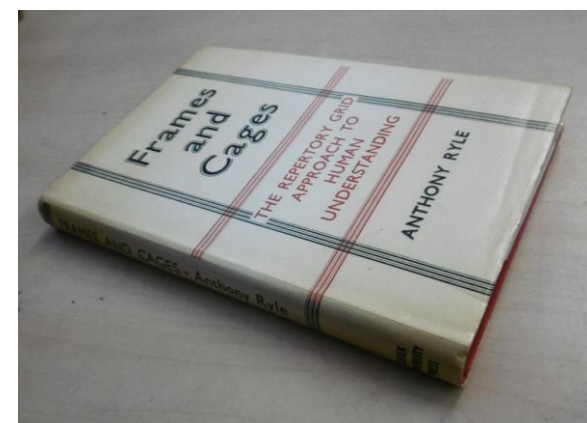
Multidimensional Scaling

Time2



Grids and psychotherapy

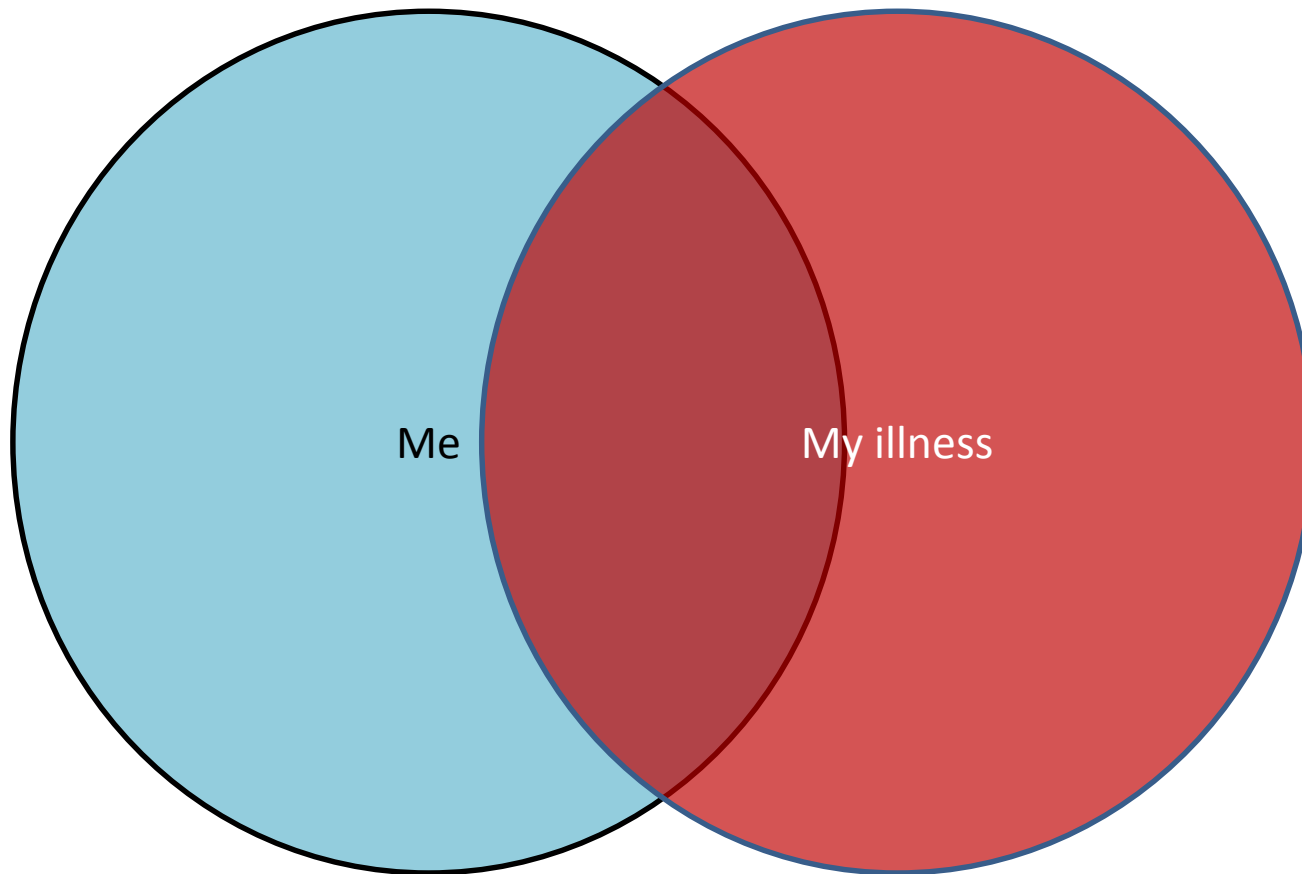
- Grids have been applied to therapy for many years
- Early leading advocate: Anthony Ryle
- He write a book about it: 'Frames and Cages' in 1975
- Idiographic measurement and visualisation tools an important feature of CAT



Visual tools

- Visual methods (e.g. figures and graph paper)
- Be creative!

Me and my illness



Me and my illness



Why might you use idiographic measures?

- They mean more to the client
- They are more sensitive to change than nomothetic measures
- They can be used as a part of psychological intervention
- They can help the client think about and engage with a problem
- You can be creative!
- Michael Barkham: we need
 - *“a broader definition of the relevant evidence base - a greater bandwidth - of evidence to underpin the science of the psychological therapies and the experiences and outcomes of patients seeking a responsive therapist and effective treatment”*

Using idiographic measures alongside nomothetic (outcome)

- Chris Evans: *Quantitative warp and qualitative weft*
- Argues that idiographic approaches such as PSYCHLOPS, personal questionnaires, grids and case transcripts, complement to CORE-OM & nomothetic measures
- Opens up the prospect of mapping how different measures reflect change: “how do the measures and process twist around each other?”
- Also argues for *rigorous idiography*, “to put qualitative in higher status with quantitative sceptics”
- More on this from John!

Do we use idiographic measures?

- Stephen Morley carried out a survey of Leeds trainees in 2014
- Idiographic measures were used in 23/39 cases
- He thought that we needed a taxonomy of different idiographic tools
- And let people the benefits of using them
- Hence today!

The future?

- Michael Barkham (2016):
 - *“The future of process and outcome measurement probably lies in item banks drawing on the 100s or 1000s of well used items with the aid of computer assisted technology for maximizing individually tailored items for each individual patient. Such an approach will, in some way, bring nomothetic items more closely aligned with idiographic one”*
- E.g. the NORSE system which we’ll hear about later...

Questions?

Over to Dave..

- For more on idiographic approaches...