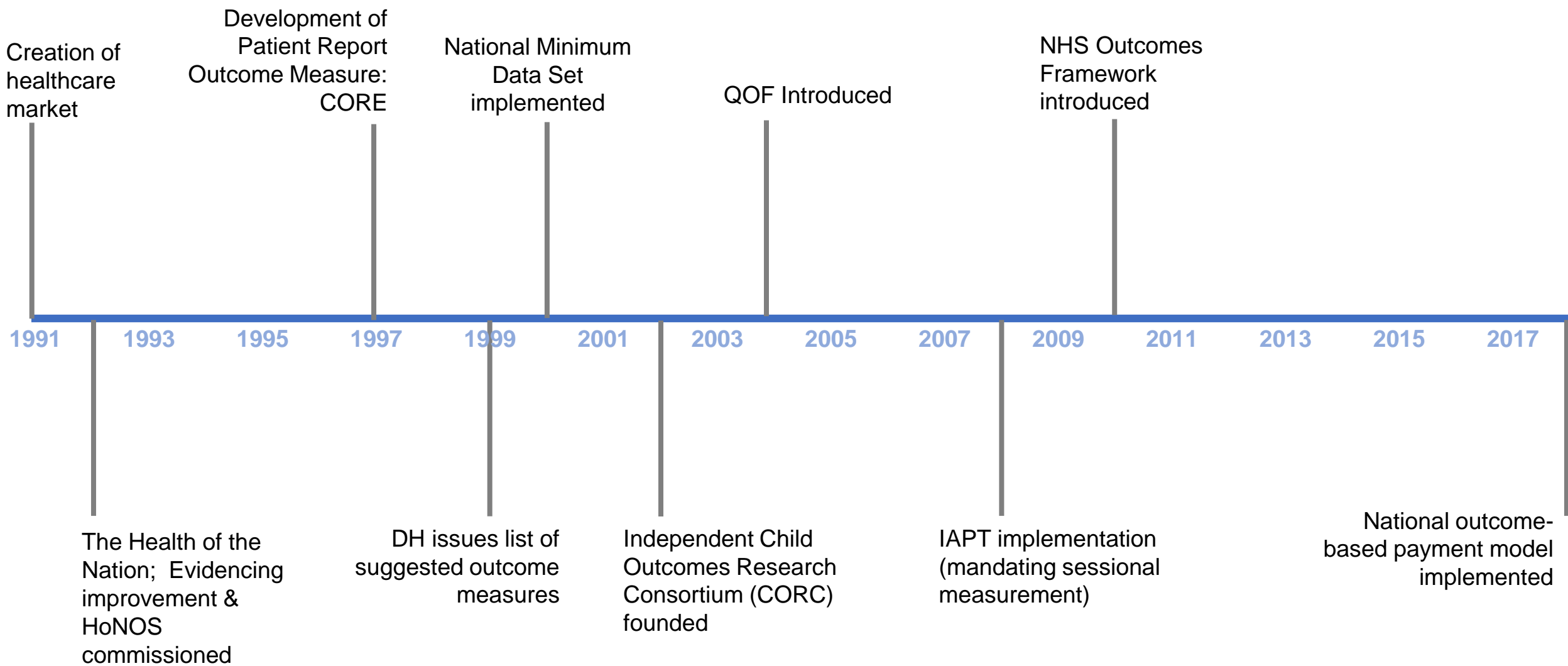
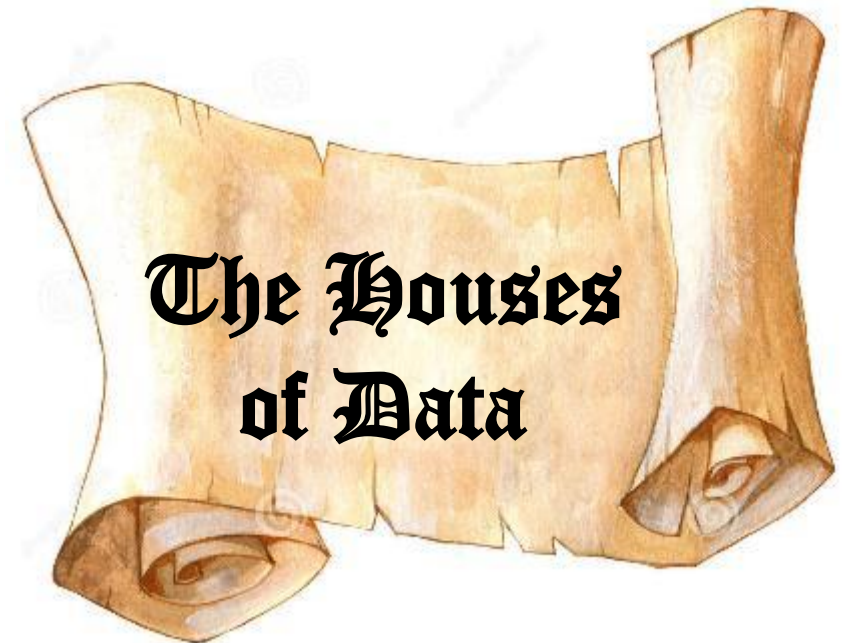
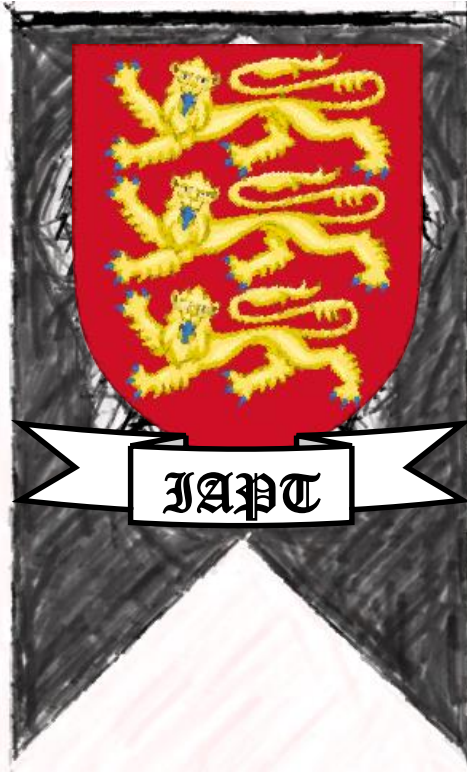
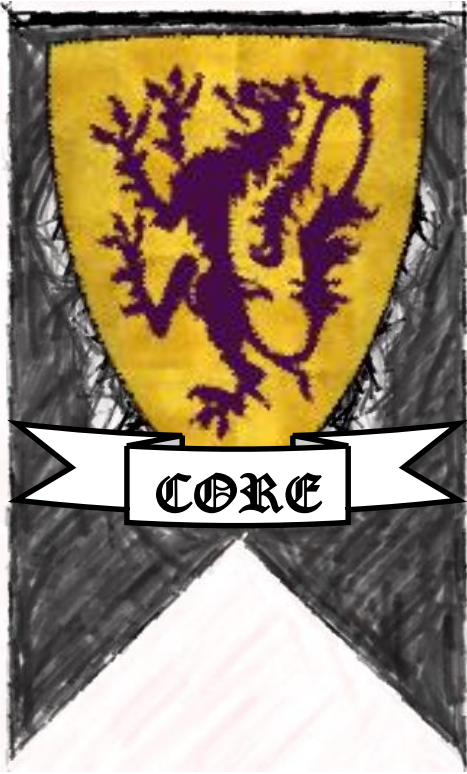
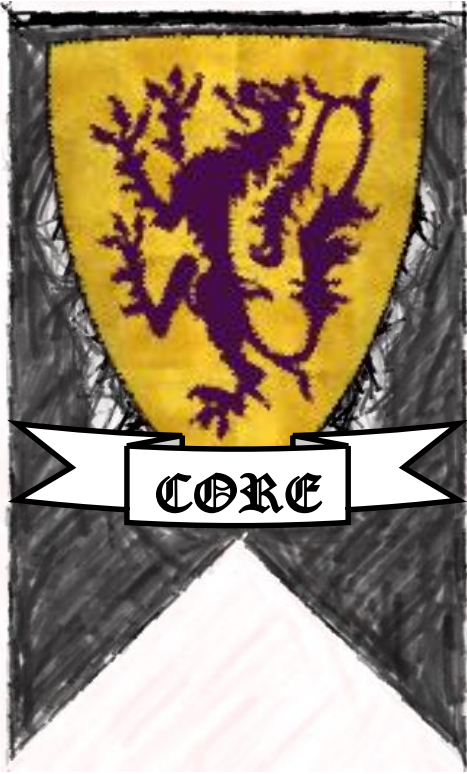


IT'S BETTER TO KEEP  
YOUR OPTIONS OPEN  
THAN YOUR EYES  
CLOSED: THE ROAD  
TO BLENDED  
MEASUREMENT





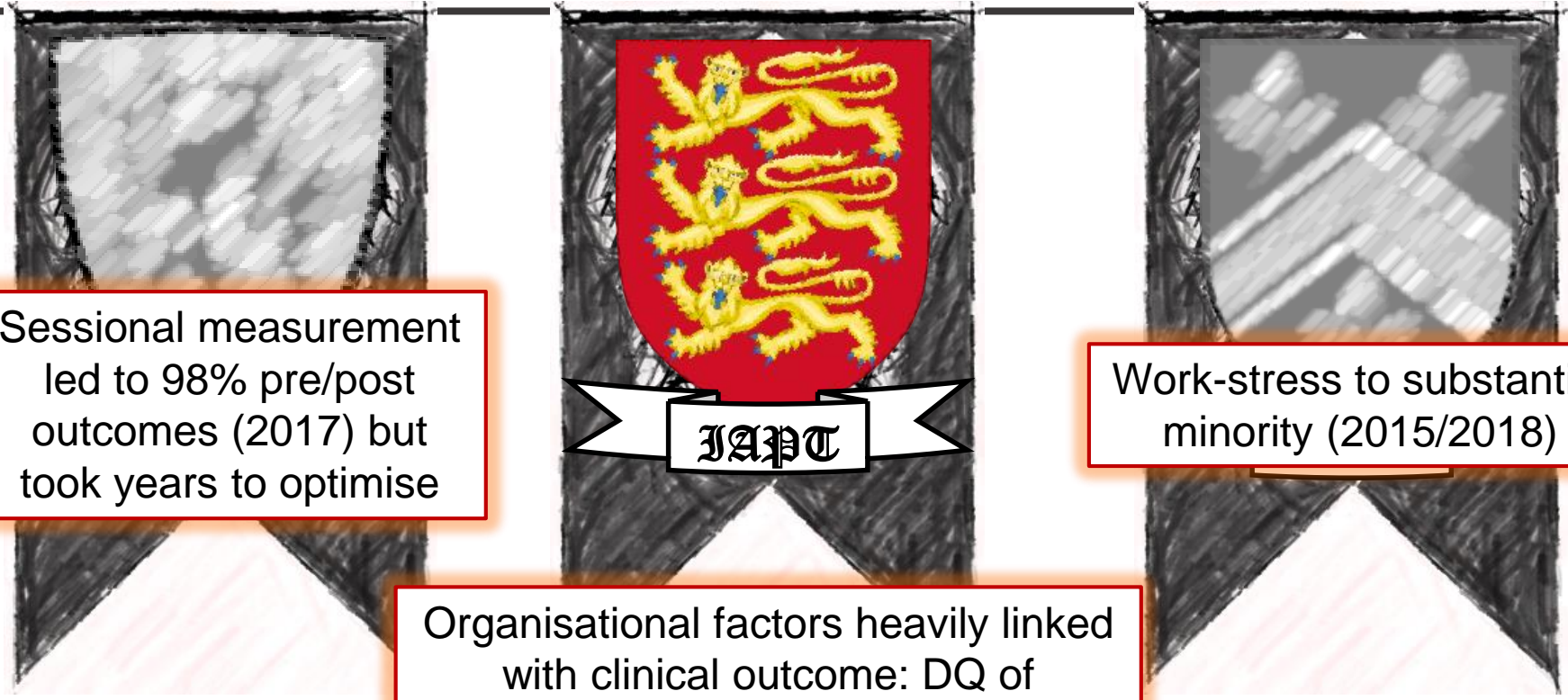




Resistance, creative, helpful  
communicatively, informative,  
need ongoing training and support

Construction of large, anonymous  
data sets (2001; 2005; 2008; 2011)  
(though only 1/3 had completed  
pre/post data)

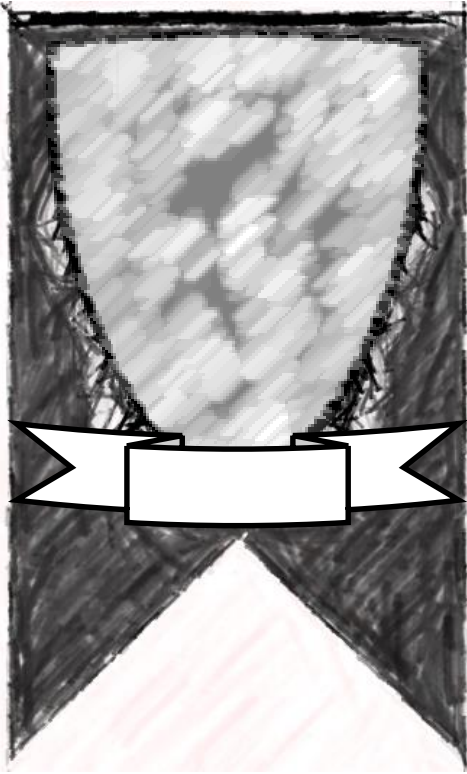
Sudden gains phenomenon (2003)  
Nearest Neighbour procedures (2005)  
Shape of early change (2007)  
Therapist variation (2012)  
Tracking Responses to Items in  
Measures (TRIM) (2014)



Sessional measurement led to 98% pre/post outcomes (2017) but took years to optimise

Organisational factors heavily linked with clinical outcome: DQ of problems, No sessions, % of referrals entering treatment, waiting times, % missed sessions (2017)

Work-stress to substantial minority (2015/2018)



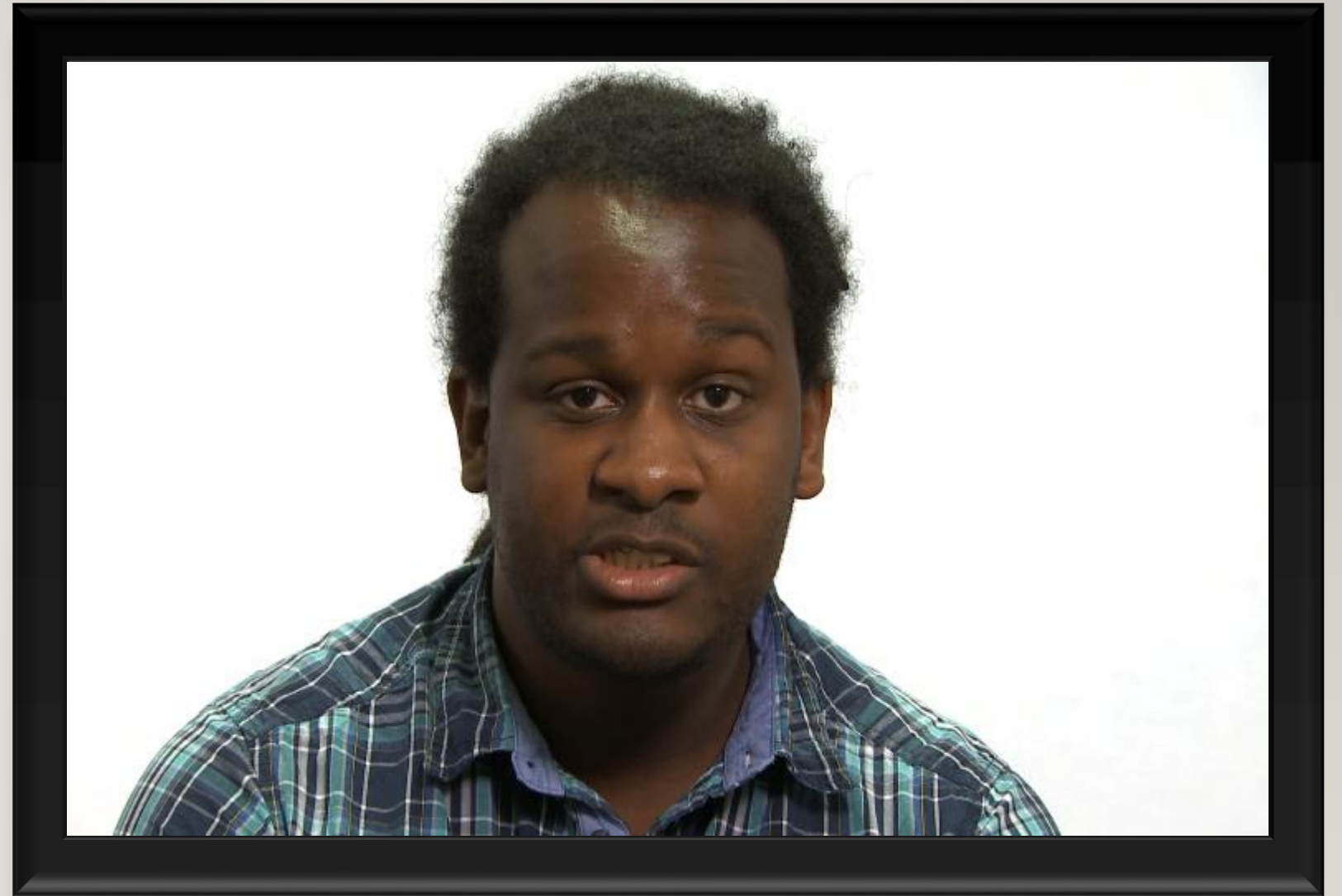
Data feedback crucial to success of ROM and became influential in policy development  
Measures only as good as the way they are used (2017)



Burden, interference, unconfident, lacking support & systems

Flawed, uncertain, proximate and sparse (FUPS) data (2016)

“In the past I handed in a questionnaire and that’s the last I heard about it. You need space to talk your answers through with a therapist”



# How can we get practitioners to engage with measurement?

Nomothetic outcome monitoring in the UK has come a long way but there are still challenges.

Data is more effective when it is owned, used and valued by the practitioners collecting it.

Can measurement ever be blended?

**What does the data really tell us?**

## Measurement of Variables: Levels of Measurement

Nominal Scale: 1=Single 2=Married

Ordinal Scale

1	2	3
-----		
Not Satisfied	Satisfied	Very Satisfied

Interval Scale

65	66	67	68	69	70	71	72	73	74	75	76	77	78	79
-----														
Degrees Fahrenheit														

Ratio Scale

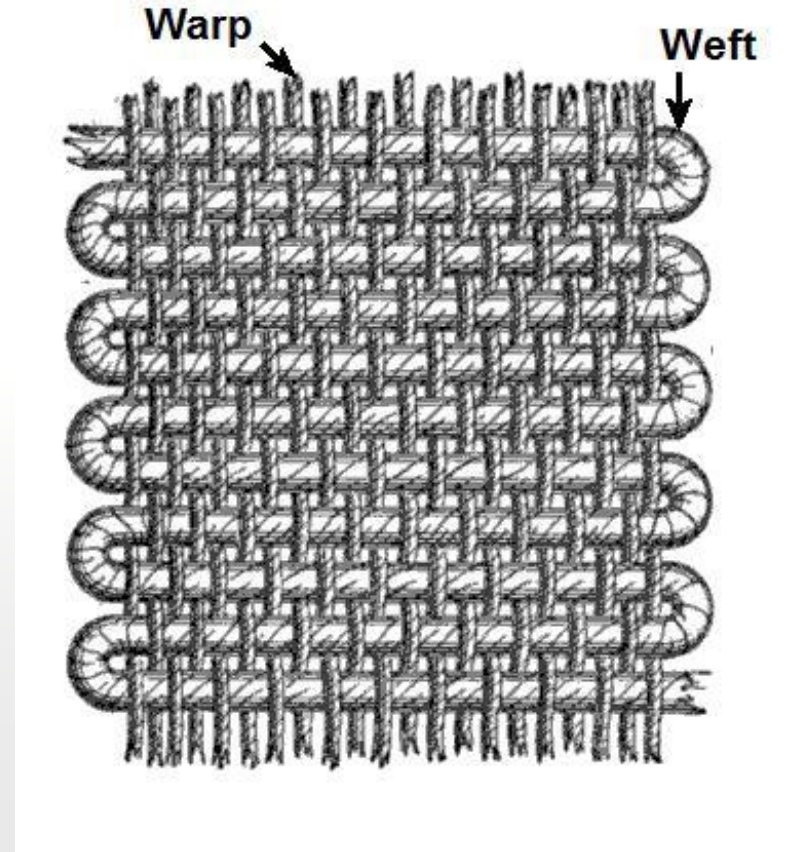
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
-----														
Weight in pounds														

Open

\_\_\_\_\_



# Using the Thread of 'Warp & Weft' to Conceptualise Blended Measurement



***STAR TREK***

# Warp Factor 9!

**PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)**

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use  to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For each score: 0 + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_  
\*Total Score: \_\_\_\_\_

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## What do IAPT outcomes tell us?

In 2015 – 16 nearly 1.3 million referrals were made to IAPT services. Less than half of those finished a course of treatment, and, of those, less than half achieved recovery.

## So what does this really tell us?

<http://therapymeetsnumbers.com/how-iapt-lost-three-quarters-of-a-million-clients-in-one-year/>

## IAPT BY NUMBERS 2015 - 16

1,299,525



*Referrals that ended in the period*

858,896



*Referrals that had one or more treatment appointments*

537,131



*Referrals that finished course of treatment*

490,395



*Referrals that finished at caseness*

226,850



*Achieved recovery*

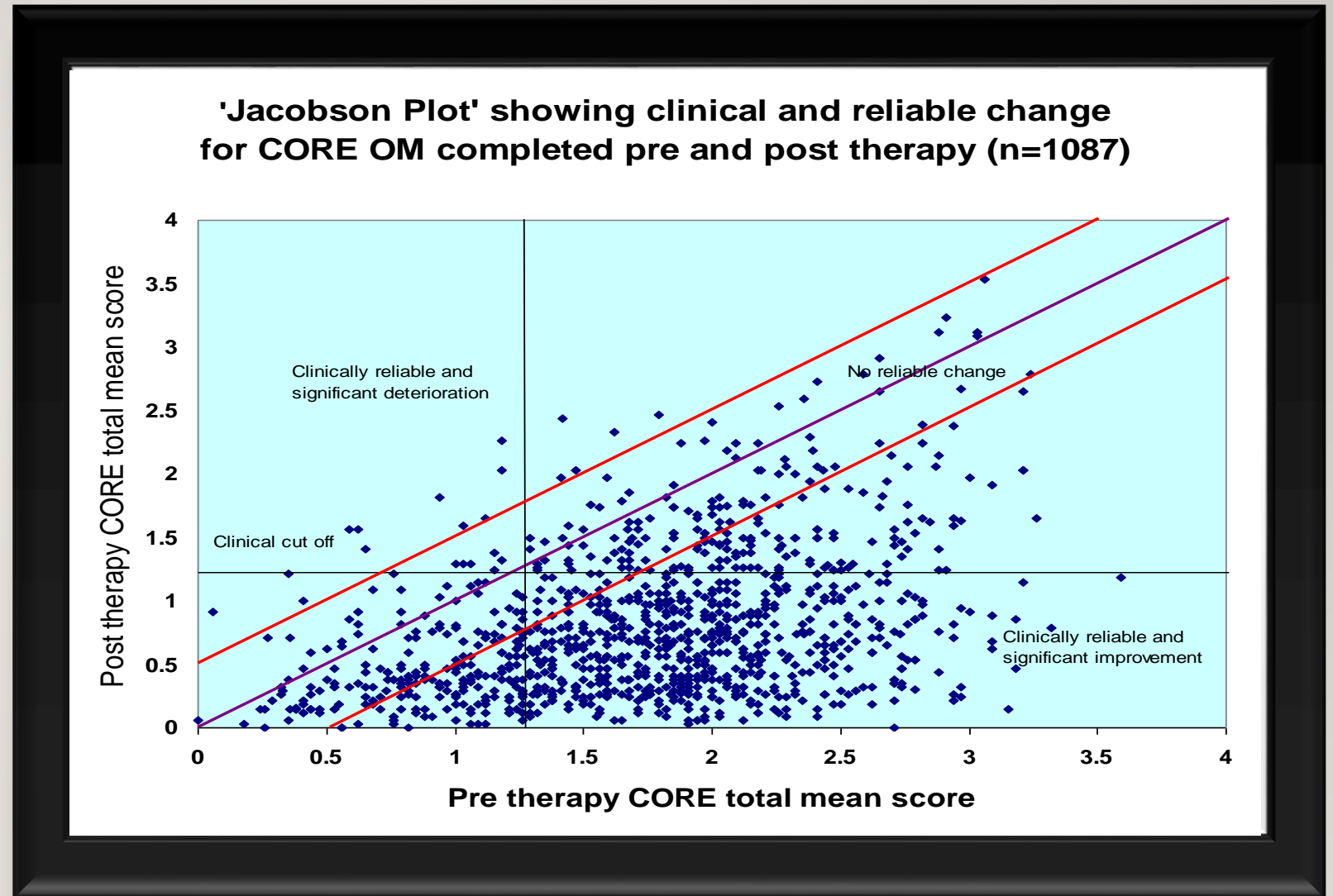
## What do CORE outcomes tell us?

In published studies of primary care therapy outcomes (*Stiles et al., 2010*)  
~ 74% of clients show improvement  
~ 20% show no change  
~ 5% of clients deteriorate

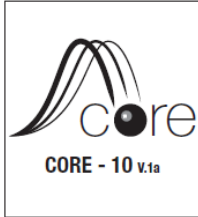
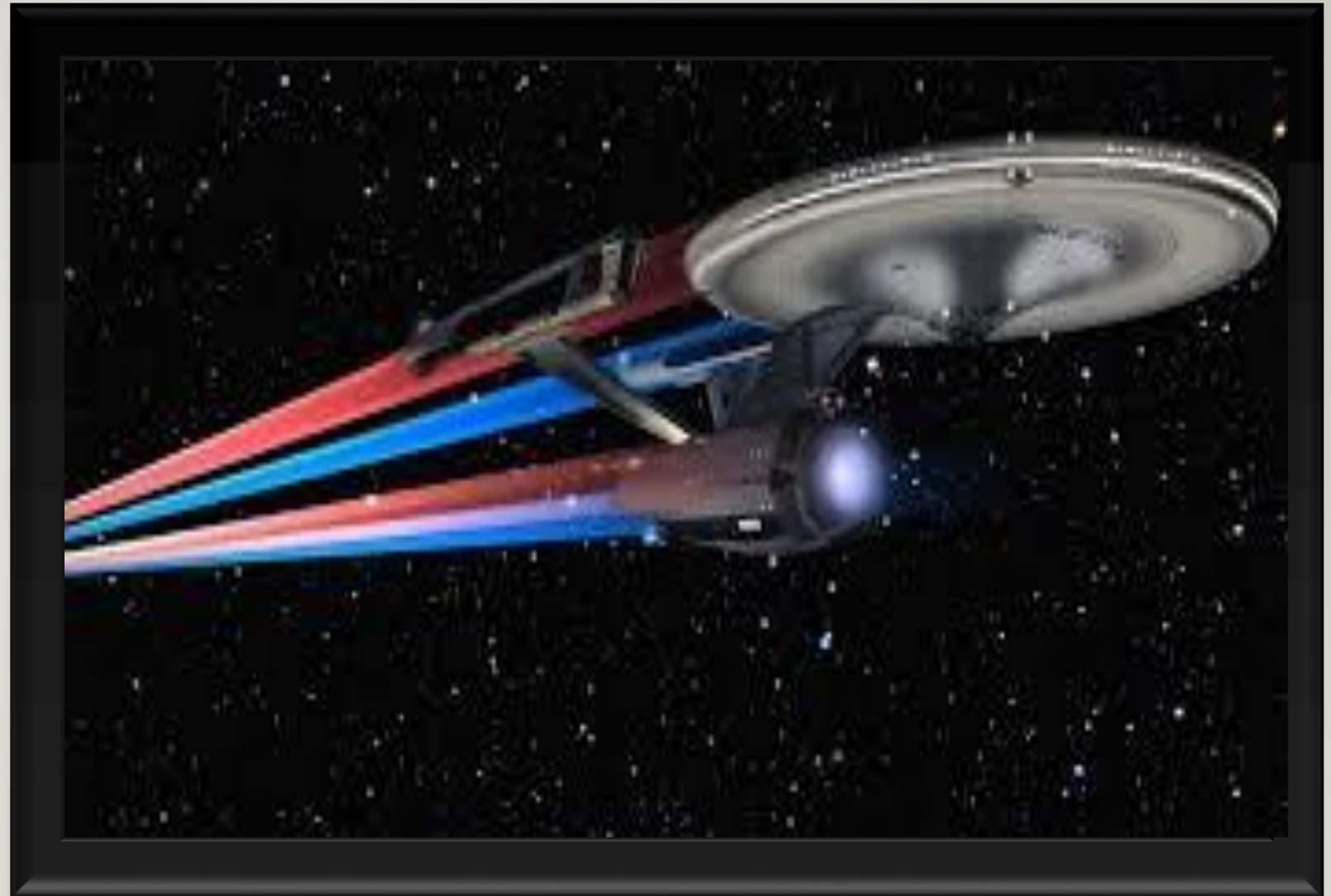
But ...

These outcomes are for approximately  $\frac{1}{3}$  of clients referred and  $\frac{1}{2}$  of clients starting therapy

So what does this really tell us?



# Warp Factor 10!



Site ID

Client ID

Sub codes  /  /

Date form given  /  /

Gender  Male  Female

Age

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

Episode  Stage

**IMPORTANT – PLEASE READ THIS FIRST**  
 This form has 10 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
1 I have felt tense, anxious or nervous	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2 I have felt I have someone to turn to for support when needed	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3 I have felt able to cope when things go wrong	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4 Talking to people has felt too much for me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5 I have felt panic or terror	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6 I made plans to end my life	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7 I have had difficulty getting to sleep or staying asleep	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8 I have felt despairing or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9 I have felt unhappy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10 Unwanted images or memories have been distressing me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Total (Clinical Score\*)

\* Procedure: Add together the item scores, then divide by the number of questions completed to get the mean score, then multiply by 10 to get the Clinical Score. If fewer than nine items completed, score should only be used very cautiously.  
 Quick method for the CORE-10 (if all items completed): Add together the item scores to get the Clinical Score.

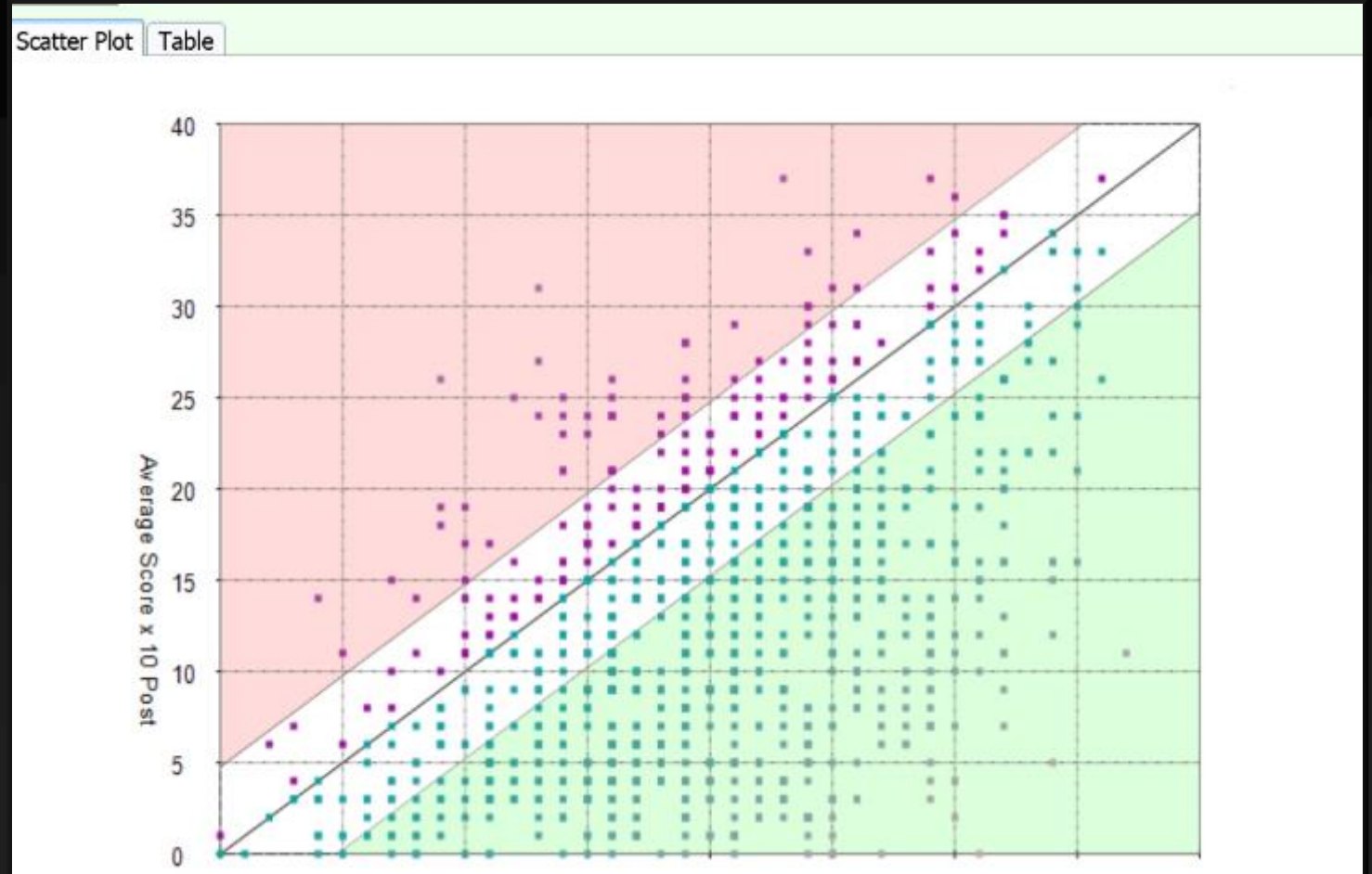
Thank you for your time in completing this questionnaire

## Using CORE 10 for sessional measurement to match IAPT

Still .....

- ~ 57% of clients show improvement
- ~ 37% show no change
- ~ 6% of clients deteriorate

So, again what does this really tell us?



# Developing measurement as a clinical skill



<https://vimeo.com/134249945>





Practitioner Report

# Tracking Responses to Items in Measures as a Means of Increasing Therapeutic Engagement in Clients: A Complementary Clinical Approach to Tracking Outcomes

Simone Cross,\* John Mellor-Clark and James Macdonald  
 CORE Information Management Systems, Rugby, UK

This article presents a novel clinical application of questionnaire feedback, which focuses on change at the individual question level rather than the total mean or clinical score level. We term the approach 'Tracking Responses to Items in Measures' (TRIM) and promote the key aims to be (1) providing both client and practitioner with feedback on areas of positive change that may be masked by numerical feedback, (2) reinforcing client strengths and self-efficacy, (3) exploring potential extra-therapeutic factors that may contribute to the lack of change or deterioration on individual questions and (4) establishing a collaborative dialogue relating clients' problems to their goals and the consequent aims of treatment. This paper profiles the clinical origins and technical development of TRIM as a clear, user-friendly display of item change across sessions using colour codes and illustrates the clinical utility through two clinical vignettes. Although the profile of the TRIM method herein uses the Clinical Outcomes in Routine Evaluation Outcome Measure, we believe the method could easily be used with other measures. These could include Generalized Anxiety Disorder 7 and Patient Health Questionnaire 9 used in English National Health Service primary care Improving Access to Psychological Therapies services, or disorder specific measures for particular problems commonly used in National Health Service specialists services. We suggest TRIM is a practical complement to existing feedback systems, especially in work with clients who may be less likely to show empirically meaningful change on mean item or clinical score levels. Copyright © 2014 John Wiley & Sons, Ltd.

**Key Practitioner Message:**

- Using outcome questionnaires as conversational tools helps practitioners focus on change at the individual item level rather than the numeric level.
- Tracking Responses to Items in Measures helps provide clients and practitioners with feedback on areas of positive change that may be masked by summary score analysis.
- Exploring the lack of change or deterioration on particular questions helps practitioners to assess extra-therapeutic factors that may be compromising change.
- Using individual item change profiles as feedback for clients helps validate their progress and reinforce their strengths and self-efficacy.

**Keywords:** Feedback Systems, Measures, Outcomes, Questionnaires, Therapy, Tracking

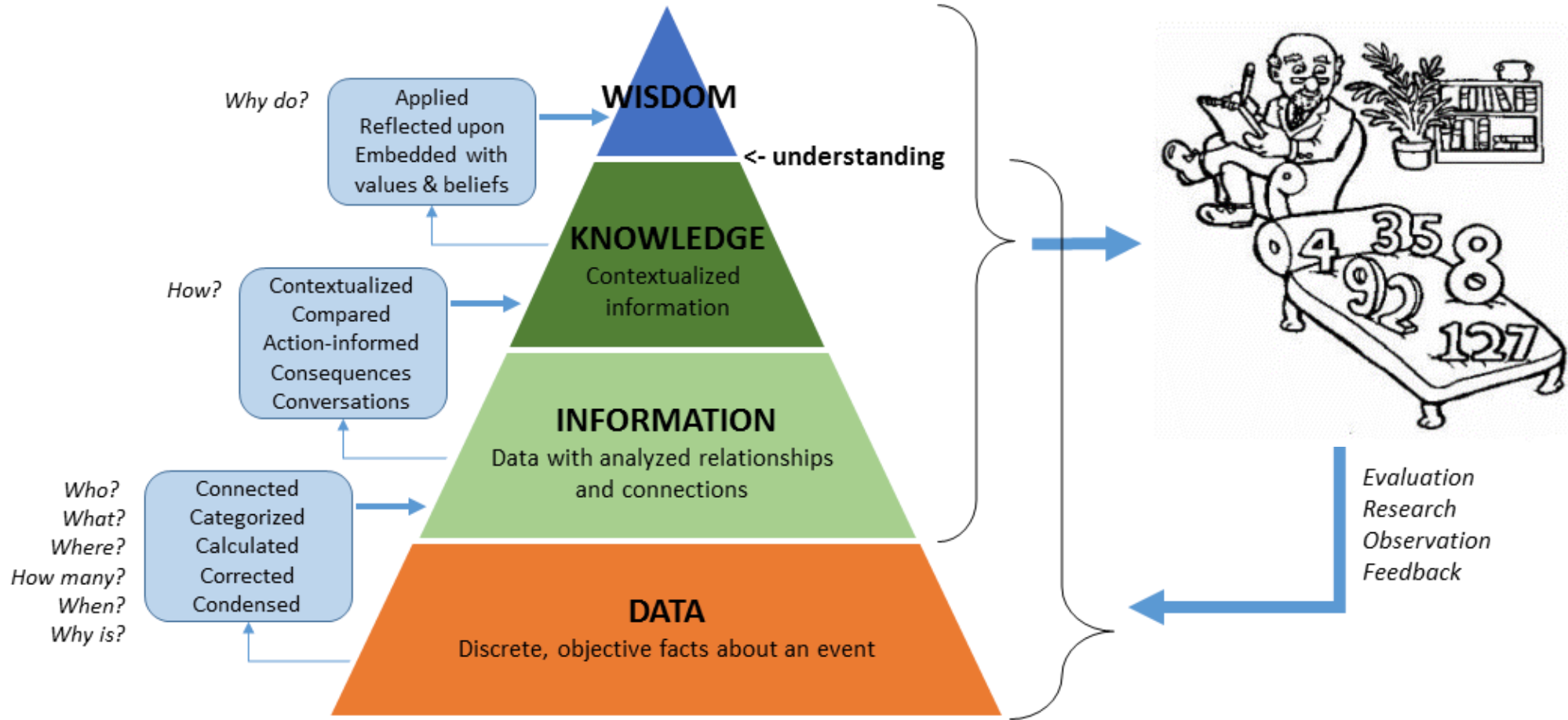
\*Correspondence to: Simone Cross, CORE Information Management Systems, Rugby, UK.  
 E-mail: simone.cross@costims.co.uk

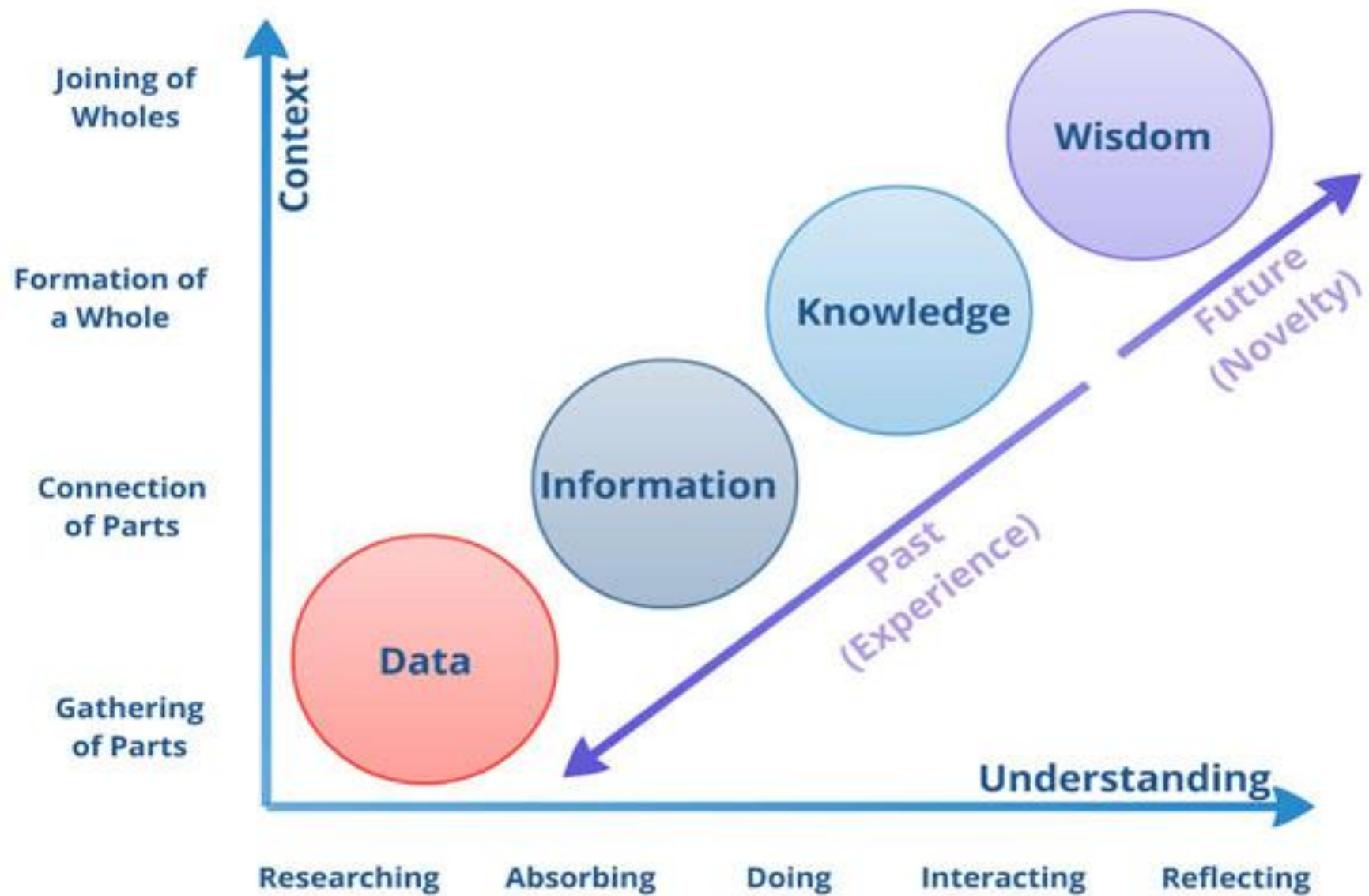
Permission has always been given to reproduce the CORE instruments on paper without charge provided that they are not changed in any way. From the 1st of January 2015 they have been released under the Creative Commons Attribution-Non-Commercial 4.0 International license, see <http://creativecommons.org/licenses/by-nc/4.0/>, meaning that the full text of the measures can be presented in software, again without payment of a licence fee, and again provided that they are not changed in any way. Although the items can be presented in rearranged order when the score changes are reviewed within the TRIM process, the completion of the measures by the client should always present the items in the order in the original form as rearranging the order of items changes the psychometrics of measures and how the client sees the items. Using TRIM with other measures should always be done having checked that it does not violate copyright.

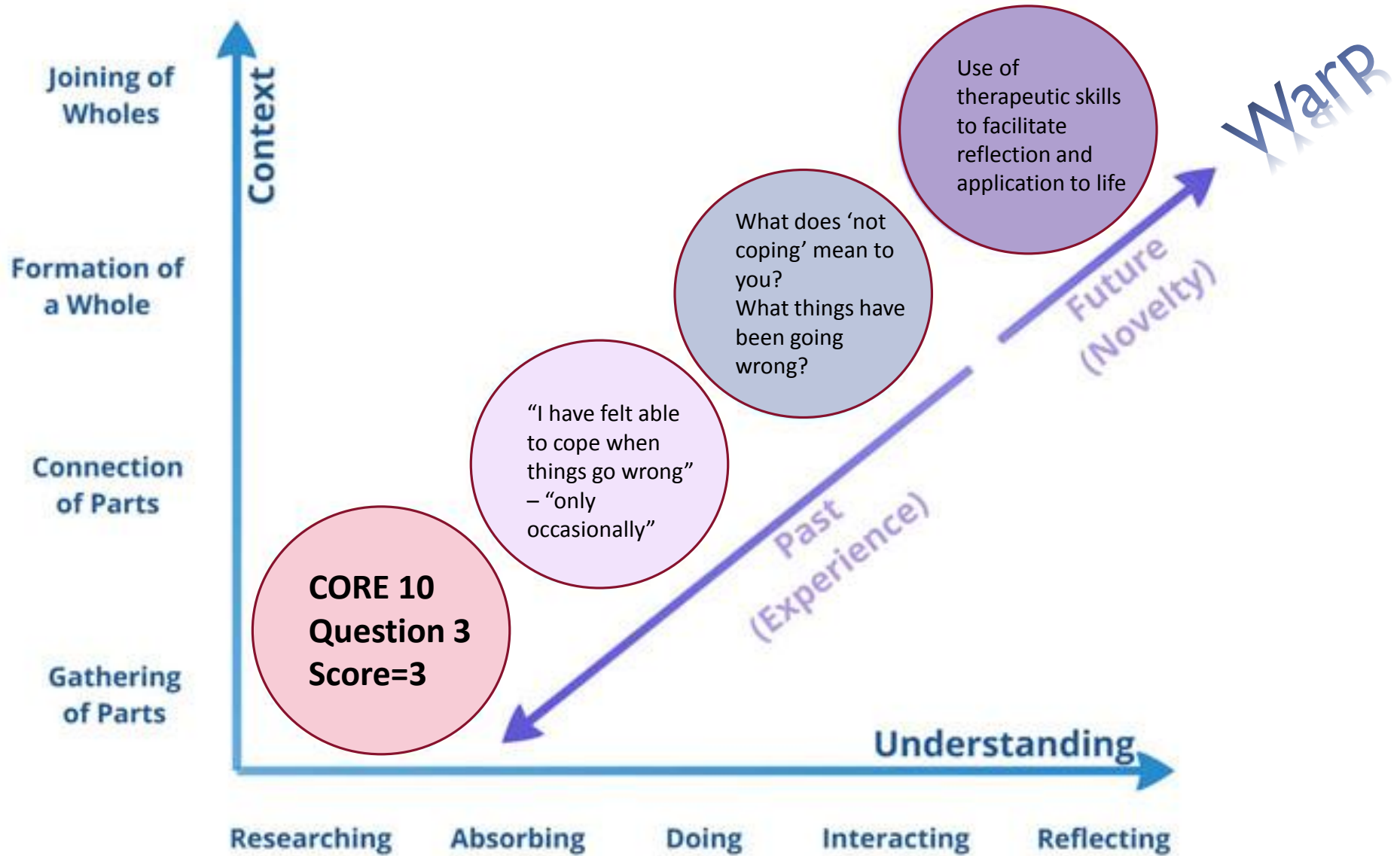
**INTRODUCTION**

There has been considerable recent interest in the value of questionnaire feedback as a means of providing feedback on client progress to practitioners (Anker, Duncan, & Sparks, 2009; Duncan, 2010; Lambert, 2010; Shimokawa, Lambert, & Smart, 2010). The greatest body of this research has focused on raising practitioners' awareness of clients' risk of treatment failure, and studies in this tradition have demonstrated a 50% increase in positive outcomes and a 50% decrease in those who deteriorate for cases at greater risk of treatment failure (Lambert & Shimokawa, 2011). Many of these studies use a 'signal-alert' system for highlighting significant departures from 'expected' scores at any point in therapy using a

T.R.I.M (Tracking Responses to Items in Measures)						
Choose Measure:		CORE		Select:		
<input type="checkbox"/>	#	Change	History	Item	27/02/2014	03/03/2014
Life/Social Functioning (12 items)						
Close relationships (4 items)						
<input type="checkbox"/>	1			I have felt terribly alone and isolated	Occasionally	Not at all
<input type="checkbox"/>	3			I have felt I have someone to turn to for support when needed	Sometimes	Occasionally
<input type="checkbox"/>	19			I have felt warmth or affection for someone	Sometimes	Not at all
<input type="checkbox"/>	26			I have thought I have no friends	Sometimes	Sometimes
General (4 items)						
<input checked="" type="checkbox"/>	7			I have felt able to cope when things go wrong	Not at all	Not at all
<input type="checkbox"/>	12			I have been happy with the things I have done	Often	All the time
<input checked="" type="checkbox"/>	21			I have been able to do most things I needed to	Sometimes	Sometimes
<input type="checkbox"/>	32			I have achieved the things I wanted to	Sometimes	Often
Social relationships (4 items)						
<input type="checkbox"/>	10			Talking to people has felt too much for me	Occasionally	Sometimes
<input type="checkbox"/>	25			I have felt criticised by other people	Sometimes	Sometimes
<input type="checkbox"/>	29			I have been irritable when with other people	Sometimes	Occasionally
<input type="checkbox"/>	33			I have felt humiliated or shamed by other people	Occasionally	All the time
Commonly Experienced Problems or Symptoms (12 items)						
Anxiety (4 items)						
<input checked="" type="checkbox"/>	2			I have felt tense, anxious or nervous	Often	Occasionally
<input type="checkbox"/>	11			Tension and anxiety have prevented me from doing important things	Sometimes	Often
<input type="checkbox"/>	15			I have felt panic or terror	Often	Sometimes
<input type="checkbox"/>	20			My problems have been impossible to put to one side	Sometimes	Occasionally





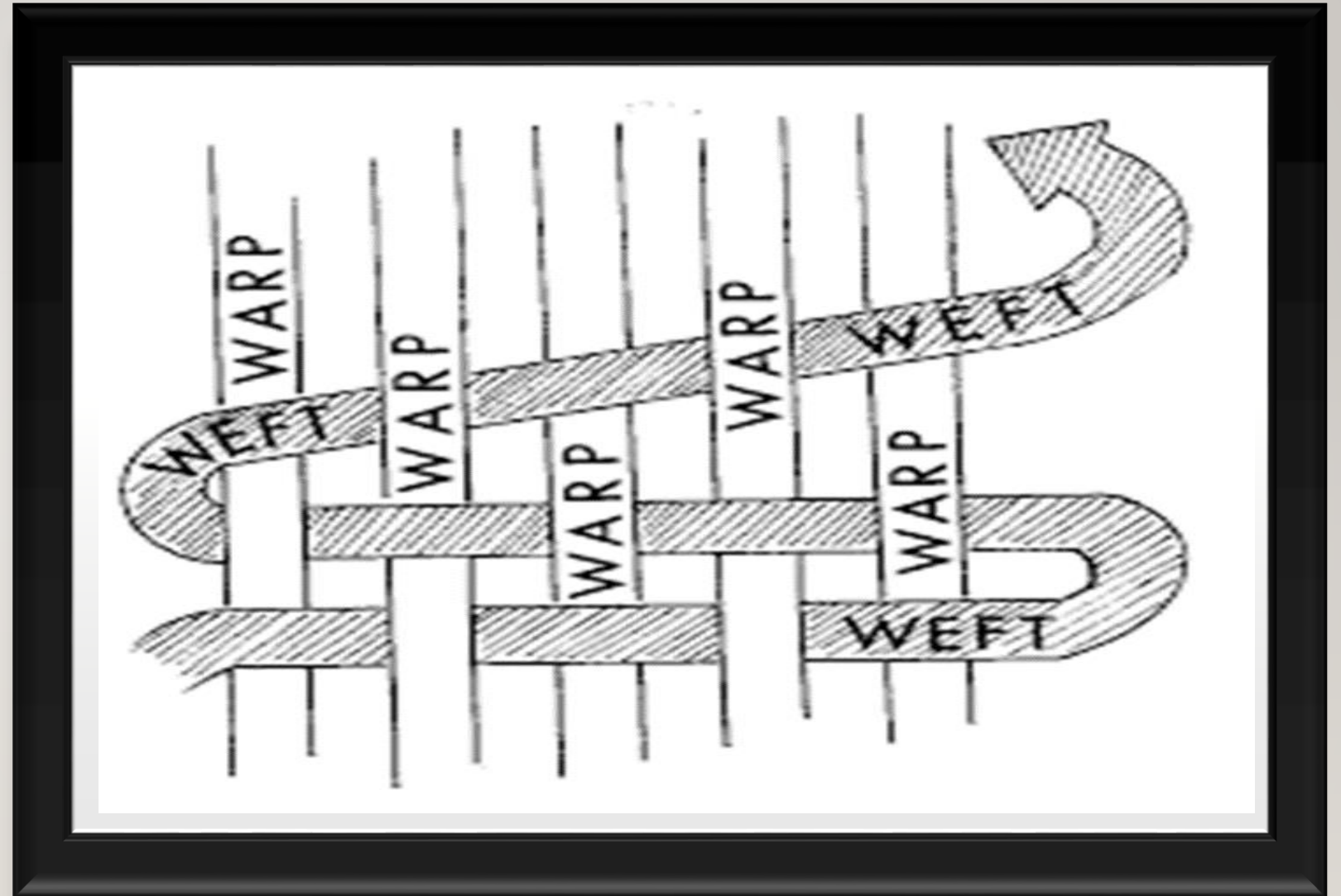


## Identifying a suitable weft measure for blended measurement

Some argue that nomothetic approaches loses sight of the 'whole person' providing only superficial and group understandings.

Evidence that clinicians prefer individualised measures (Jensen-Doss et al. 2017) and seem to be more sensitive to detecting change (Edbrooke-Childs et al., 2015)

**But how does this really work in practice?**



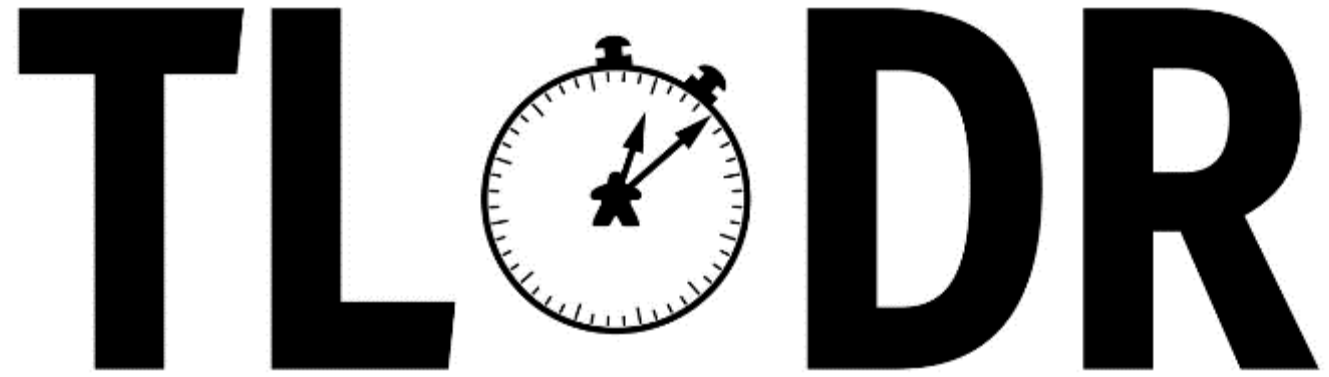
# Identifying a suitable weft measure for blended measurement

## Past Projects

- PQ (Arts Therapies & OTs)
- GAF (SILC)
- Psychlops (NHS Humber)

## Current Project

- NORSE



**TLDR**

The logo consists of the letters 'T', 'L', 'D', and 'R' in a bold, black, sans-serif font. The letter 'O' is replaced by a black silhouette of a stopwatch. The stopwatch has a circular face with tick marks around the perimeter and two hands: a shorter hour hand and a longer minute hand. The entire logo is centered within a white rectangular area that is framed by a thick black border. Below the logo, a horizontal black line spans the width of the white area.



Norse Feedback

an MHI technology

# SYNTHESIZING PATIENT EXPERIENCES

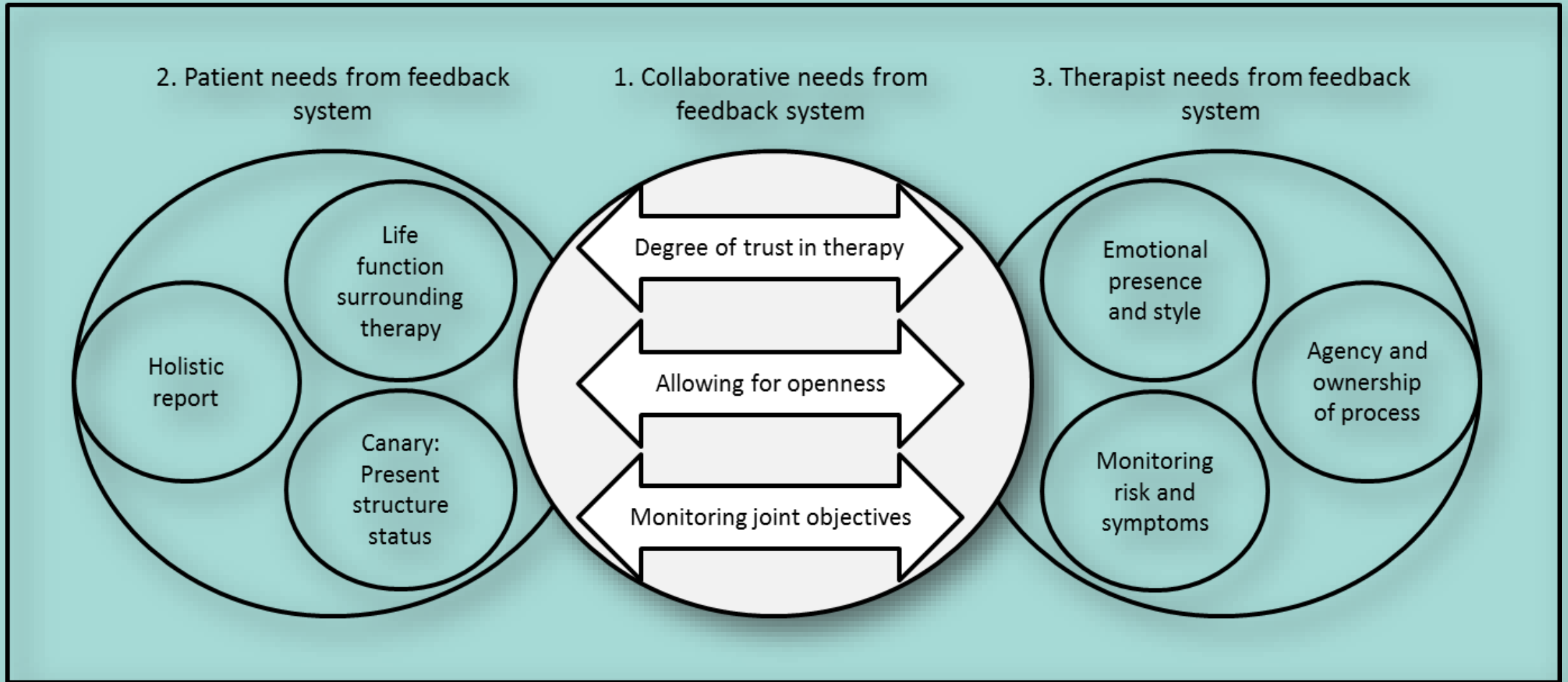


Systematic review and qualitative meta-analysis of all (16) published paper on patient experiences with ROM/CFS

- (1) Suspicion towards the treatment and measurement system
- (2) Demand for flexibility and complexity support
- (3) Empowerment
- (4) Good experiences when use in collaborative practice

Solstad, S.M., Castonguay, L.G., & Moltu, C. (2017). Patients' experiences with routine outcome monitoring (ROM) and clinical feedback systems (CFS): A systematic review and synthesis of qualitative empirical literature. *Psychotherapy Research, Online First*. DOI: 10.1080/10503307.2017.1326645





Moltu, C., Veseth, M., Stefansen, J., Nøtnes, J.C., Binder, P.E., Castonguay, L.G., & Nordberg, S.S. (2018). This is what I need a clinical feedback system to do for me: A qualitative inquiry into therapists' and patients' perspectives. *Psychotherapy research*. 28 (2), 250-263, DOI: 10.1080/10503307.2016.1189619,

EMPIRICAL PAPER

This is what I need a clinical feedback system to do for me: A qualitative inquiry into therapists' and patients' perspectives

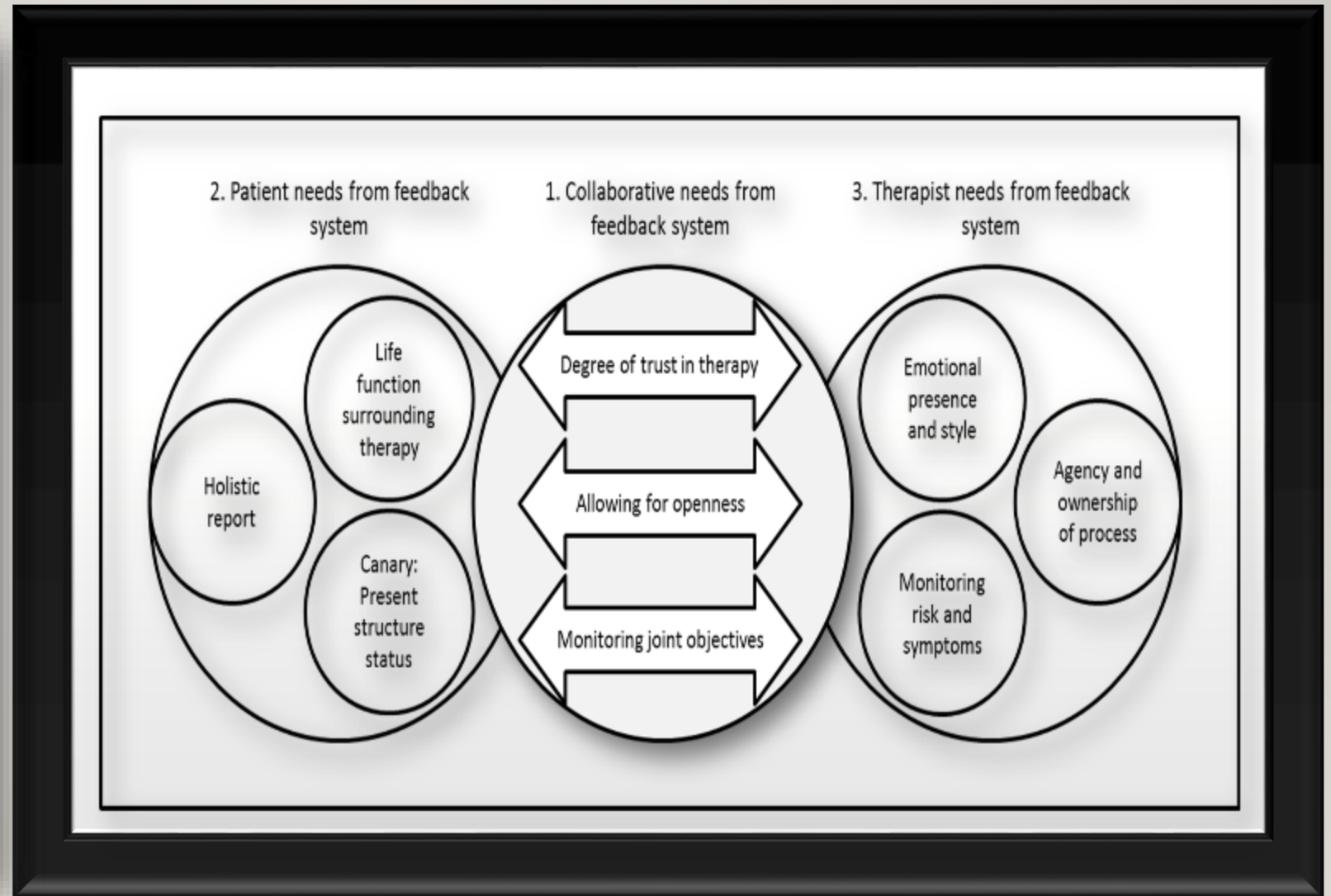
CHRISTIAN MOLTU<sup>1</sup>, MARIUS VESETH<sup>2</sup>, JON STEFANSEN<sup>1</sup>,  
JAN CHRISTIAN NØTNES<sup>3</sup>, ÅSE SKJØLBERG<sup>1</sup>, PER-EINAR BINDER<sup>4</sup>,  
LOUIS GEORGES CASTONGUAY<sup>2</sup>, & SAMUEL S. NORDBERG<sup>1</sup>

<sup>1</sup>Department of Psychiatry, District General Hospital of Førde, Førde, Norway; <sup>2</sup>Faculty of Health and Social Sciences, Bergen University College, Bergen, Norway; <sup>3</sup>Division of Mental Health Services, Akershus University Hospital, Lørenskog, Norway; <sup>4</sup>Department of Clinical Psychology, University of Bergen, Bergen, Norway & <sup>5</sup>Department of Psychology, The Pennsylvania State University, University Park, PA, USA

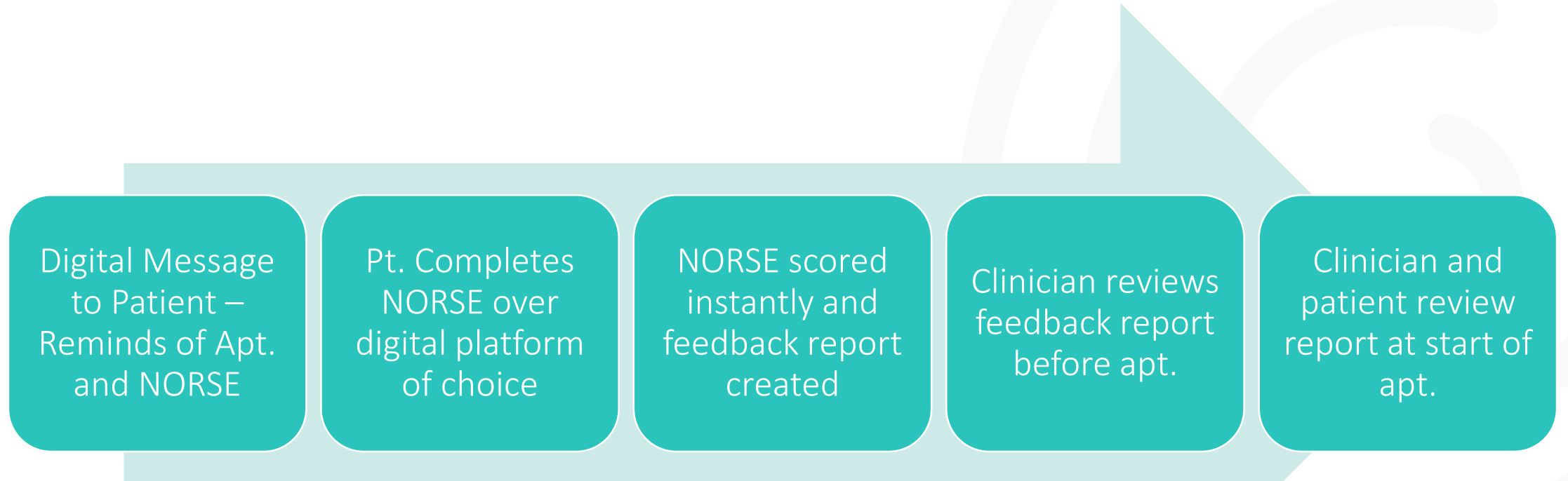
(Received 29 February 2016; revised 26 April 2016; accepted 27 April 2016)

Abstract

Routine outcome monitoring and clinical feedback systems (ROM/CFSs) are promising methods of providing naturalistic research data and enhancing mental health care. However, implementation in routine care is challenging, and we need more knowledge about clinicians' and patients' needs from such systems. **Objective:** We aimed to study perspectives of clinicians and patients to explore how ROM/CFS can be helpful and acceptable to them. **Method:** We interviewed 55 participants in focus groups and individual interviews and analyzed the data through rigorous team-based qualitative analyses. **Results:** We report 3 overarching domains: (a) Shared needs, (b) Specific patient needs, and (c) Specific therapist needs. Shared needs, in which perspectives of different stakeholders converge, was the dominant domain in the



# NORSE Recommended Process





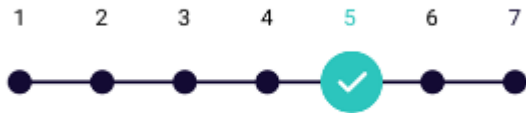
Norse Feedback

an MHI technology

During last week:

I experience shortness of breath, racing heart, or numbness and tingling in my hands and face.

This describes me **some of the time**



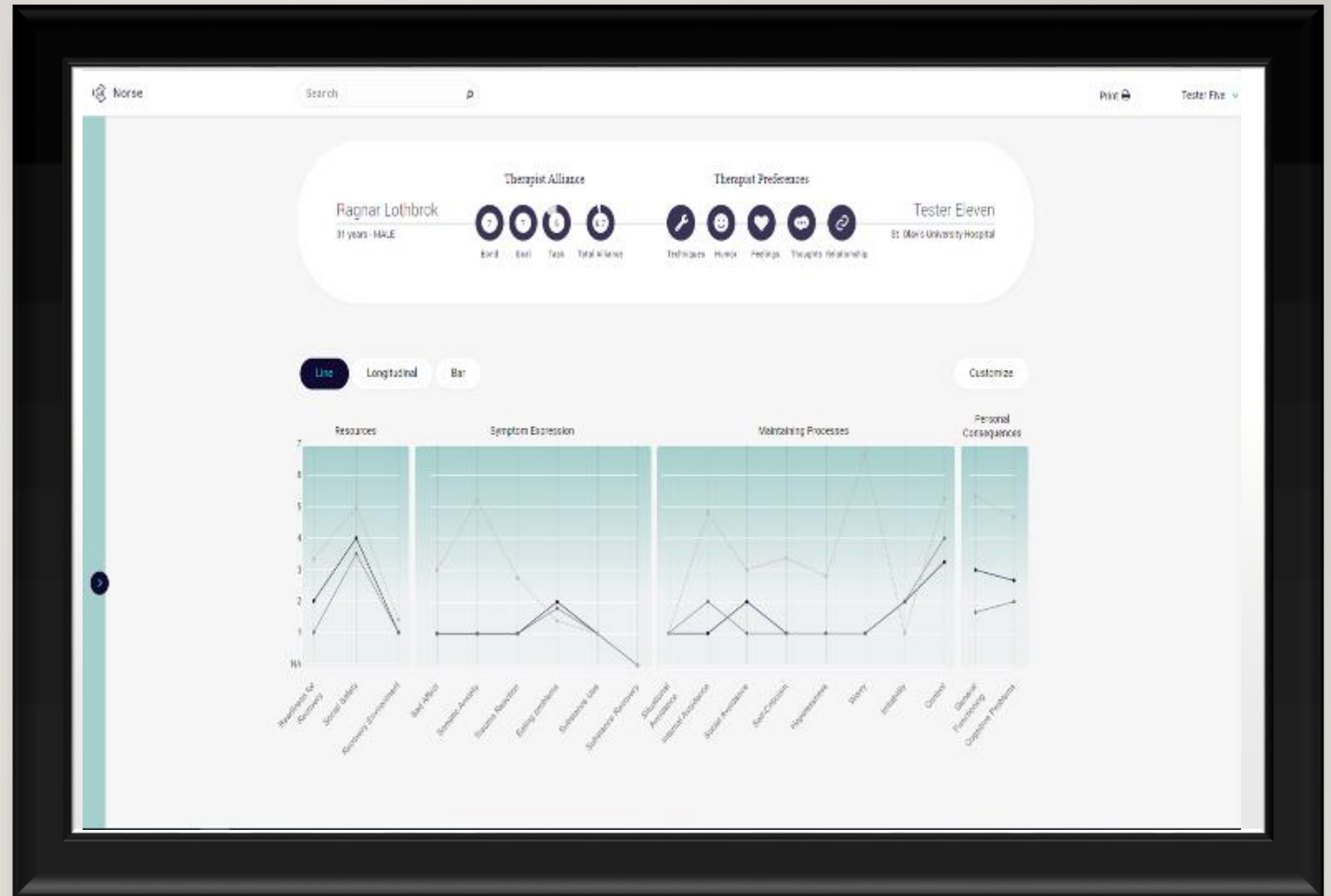
- I prefer not to answer
- This is not relevant to me

50% Done!

< Back

Save and Continue Later

Next >



**Ragnar Lothbrok**  
31 years - MALE

**Therapist Alliance**

7

Bond

7

Goal

6

Task

5.7

Total Alliance

**Therapist Preferences**

Techniques

Humor

Feelings

Thoughts

Relationship

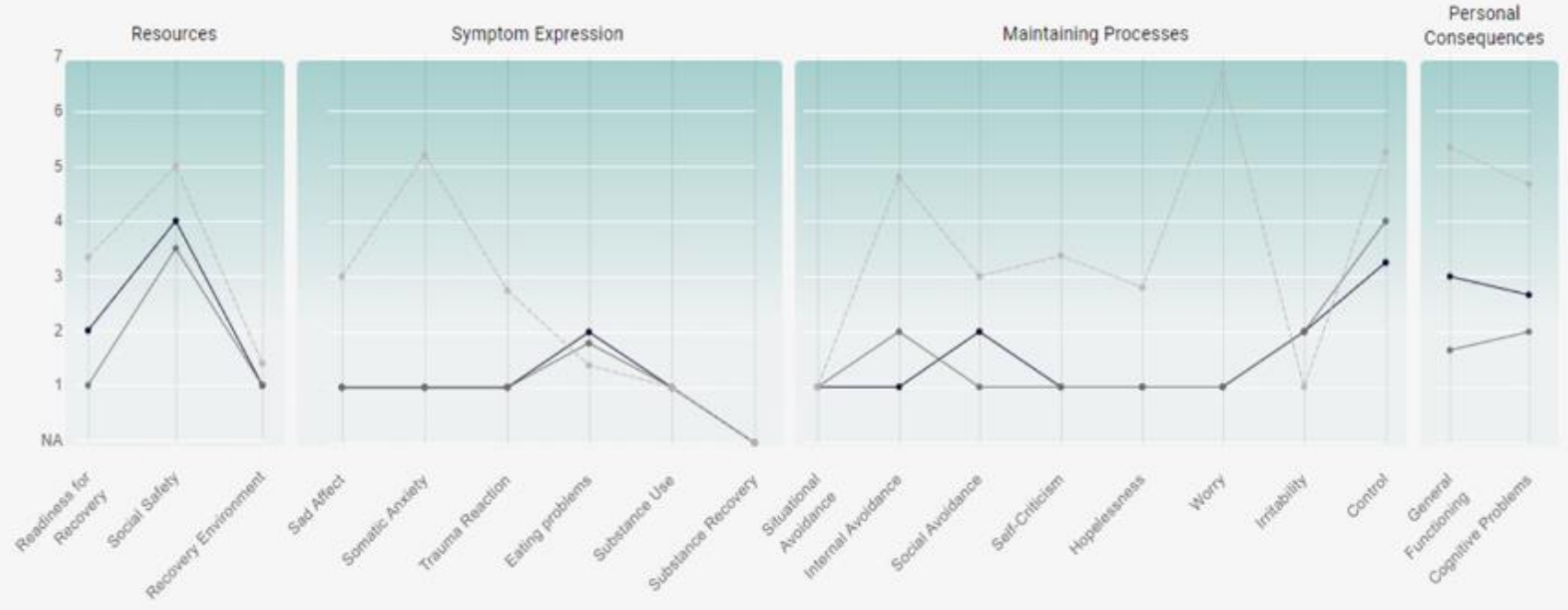
**Tester Eleven**  
St. Olav's University Hospital

Line

Longitudinal

Bar

Customize



- Norwegian Research Council
- PhD fellow positions
- Pilots and quality assurance projects

## Ongoing projects:

- Norse predictive analytics from five first sessions N=6000
- Norse in obesity clinics N=1200
- Norse Primary Care N=2000
- Norse in psychotherapy
- Norse for collaborative practice at mental health bed units
- Norse implementation study
- How to bridge mental and somatic health in healthcare
- NORSE/CORE Blending Study



Norse  
Feedback

[www.norsefeedback.no](http://www.norsefeedback.no)