

Improving Outcomes for Counselling Service Clients using OQ45 and OQ Analyst

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Overview

- Why use a routine outcome measure?
- Why the OQ45 and OQ Analyst?
- How does it work?



Why use a routine outcome measure?

- To obtain baseline data about client population compared to known norms
- To ascertain what happens to our clients do they get better, worse or stay the same?
- To identify clients most at risk suicide, substance abuse
- To measure effectiveness of counselling
- To better match counselling resources to client needs



Why use the OQ45? What is it?

- Developed in mid 1990s by Michael Lambert and Gary Burlingame at BYU, Utah
- Simple general screening instrument
- 45 item self report questionnaire
- Measures symptom distress, interpersonal relationships, social role functioning and overall score
- Sensitive to change over short periods of time
- Allows easy identification of clients at risk
- Over 20 years of research and widely used internationally



Why use the OQ Analyst? What is it?

Licensed Software program that enables

 instant data collection, analysis and feedback to Counsellors on client progress using the OQ45

Feedback via a one page report shows

- Clients scores on the OQ45 across 3 subscales
- Compared to normative and other clinical populations eg mental health outpatient clinic, EAP, inpatient populations
- Highlights specific 'critical' items eg suicidality, substance abuse
- Graphs client outcomes session by session
- Projected recovery graph based on algorithms
- Assesses whether clients are 'on track' to recovery
- Provides clinical tools to assist Counsellors review client progress



Why use the OQ Analyst?

- 6 RCTs in University Counselling Services in USA have found significantly improved client outcomes when Counsellors receive feedback on client's progress on session by session basis, compared to no feedback condition
- Able to identify 85-100% failing cases BEFORE drop out
- Predicted response trajectory (algorithms) based on studying progress of 11,000 clients
- Over 10 years of research and widely used internationally in range of settings
- In Australia, used in University Psychology Clinics, including 3 Brisbane University Psychology Clinics



How does it work?

- Installed locally on Server or single workstation computer
- At Griffith University all clients asked to complete online version of OQ45 prior to each session with Counsellor
- Informed consent
- Administered as part of routine practice
- Using hand held Palm pilots or preferred method via Kiosk installed on computer in waiting room
- Completed questionnaire accessed by Counsellor on own computer prior to seeing client
- Sample Feedback Report to Counsellor

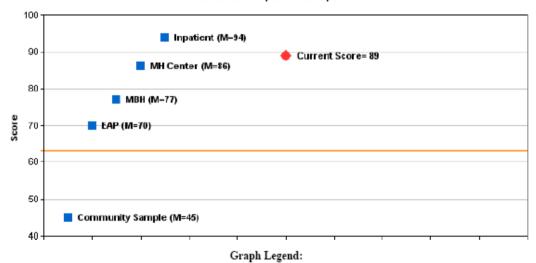


Name: Session Date Clinician:	Adult, Melanie, R ID: 2/12/2005 Se Clinician, Bob Cl	Alert Status: Most Recent Scor	N re: 89						
Diagnosis:	Panic Disorder			Change From Ini	Change From Initial: No Reliable Change Current Distress Level: Moderately High				
8. Suicide	Critical Item Status: - I have thoughts of ending	g my	Rarely	Subscales	Current	Outpat. Norm			
life.			D	Symptom Distress:	43	49	25		
 Substance Abuse - After heavy drinking, I need a drink the next morning to get going. 			Rarely	Interpersonal Relations:	24	20	10		
 Substance Abuse - I feel annoyed by Never people who criticize my drinking. 			Never	Social Role:	22	14	10		
				Total.	90	02	45		

Normative Comparison Groups

Total:

45



Inpatient - Acute care settings with short stay

32. Substance Abuse - I have trouble at Frequently

 Work Violence - I feel angry enough at Frequently work/school to do something I might regret.

work/school because of drinking or drug

MH Center - Outpatient settings such as community mental health centers

MBH - Managed Behavior Health company outpatient settings

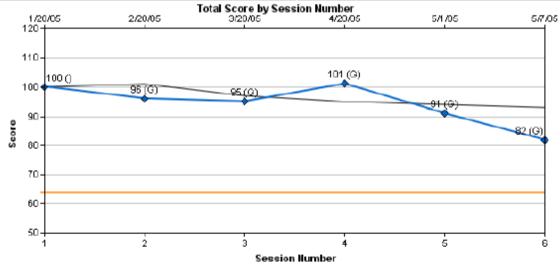
EAP - Employee Assistance Programs and students presenting at University Counseling Centers

Community Sample - Individuals randomly drawn from the community

Feedback Message:

Scores in this range are typical of patients who are treated in community mental health centers or inpatient settings. They are reporting a high degree of disturbance and appear to be in considerable pain. Suicidality should be monitored. Generally patients in this range show considerable improvement following interventions. Given the intensity of their disturbance it is likely to take about eight sessions of treatment before they show a reliable change and more than 20 sessions to return to a state of normal functioning.

Name:	An, Adult, 2	ID:	24059	Alert Status:	G	reen		
Session Date:	5/7/2005	Session:	6	Most Recent Scor				
Clinician:	Clinician, Randy	Clinic:	South Clinic	Initial Score: 100 Change From Initial: Reliably Improved			proved	
Diagnosis:	Depression			Current Distress Level: Moderate				
Algorithm:	Empirical							
1	Critical Item Sta I have thoughts of e		Sometimes	Subscales	Current	Outpat. Norm		
life. 11. Substance Abuse - After heavy Rarely				Symptom Distress:	42	49	25	
	ce Abuse - After he need a drink the next	Interpersonal Relations:	19	20	10			
	e Abuse - I feel ar	Social Role:	21	14	10			
people who criticize my drinking. 32. Substance Abuse - I have trouble at work/school because of drinking or drug use. Somet				Total:	82	83	45	
	olence - I feel angr ol to do something I r							



Graph Label Legend:

- (R) = Red: High chance of negative outcome (Y) = Yellow: Some chance of negative outcome
- (G) = Green: Making expected progress (W) = White: Functioning in normal range

Feedback Message:
Although the patient has not yet recovered his/her progress appears to be on track. Progress is judged to be within the range of expected response. Further progress is expected.



For more information:

http://www.oqmeasures.com/site/ OQ measures Home page

- Training and Orientation video
- Feedback report video
- OQ User's Guide
- List of references and links to research papers