

Measuring Effectiveness in a Clinical Setting

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Abstract

Measuring outcome has become an important although complex task in today's atmosphere of fiscal restraint. A short and inexpensive instrument, the OQ-45 allows counsellors in clinical settings to undertake such an evaluation. The use of the instrument was demonstrated with a twenty clients in an Employee Assistance Program. The results showed that personal-counselling clients started with problematic levels of symptoms, but rapidly improved to base-line levels. Vocational clients also showed the same type of changes. Both counsellors and clients reported finding the exercise useful.

Résumé

Dans le climat de contraintes budgétaires que nous connaissons aujourd'hui, la mesure des résultats représente un défi important et complexe. Un instrument bref et peu coûteux, le OQ-45, nous donne la capacité d'entreprendre une telle évaluation dans des situations cliniques. Des conseillers et des conseillères ont utilisé l'instrument auprès de vingt clients dans un programme d'aide aux employés. Les résultats ont démontré que les clients du counselling personnel ont commencé par une symptomatologie problématique, mais s'ont rapidement descendu au niveau de base. Les clients qui consultent pour de l'orientation professionnelle ont démontré les mêmes tendances. Les conseillers, autant que les clients, ont indiqué d'avoir apprécié l'exercice.

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Fiscal restraint has resulted in an increased emphasis on accountability in professional practice (Hiebert, 1997; Flynn, 1997). Health Management Organizations in the U. S., despite the raging controversy, have led the move-

ment in responsible counselling and psychotherapy by requiring their suppliers to demonstrate both client satisfaction and client outcome. It is straight forward to measure client satisfaction using an instrument such as the Counsellor Rating Form (Barak & LaCrosse, 1975; available in French from Bachelor, 1987). However, it is more of a challenge to measure outcome. In a clinical setting (as compared to a research setting), it is particularly difficult to monitor success in anything but the most subjective ways (Collins, 2001). Clients may not expect testing, counsellors may be resistant to a greater work load, even the most basic technical advice may not be available, and financial resources will generally not have been put aside for such an activity. However, an instrument has become available to simplify the task of monitoring client outcome: the OQ-45 (Lambert, Hansen, Umpruss, Lunnen, Okiishi, & Burlingame, 1996).

The OQ-45 is a 45 item questionnaire that measures client progress in therapy, and is designed to be repeatedly administered during the course of counselling. As pointed out by Howard, Moras, Brill, Martinovich and Lutz (1996), following client progress is a fairly straightforward activity. The key is to have criteria against which the client's progress can be evaluated. The OQ-45 allows a degree of base-line screening and comparison with established norms. It is not intended for diagnostic purposes. The instrument is sensitive to changes, inexpensive, and has high levels of test-retest reliability ($r = .84$) and concurrent validity (.53 to .88). It is generally administered just before each session, and it takes about five minutes to complete. The instrument measures three aspects of client outcome: symptom distress, interpersonal relations, and performance of social roles (Lambert & Cattani-Thompson, 1996).

As a test of the value of the instrument, three counsellors used it with ten personal counselling clients in an internal Employee Assistance Program in a large office, and with ten vocational counselling clients used as a comparison. The clients were seen for at least five sessions with an average of seven sessions. The clients had an average age of 43 years, and the counsellors held two masters' degrees and one doctorate in appropriate fields.

The results can be seen in Figure 1. The scores for personal counselling begin well above the cut-off, indicating real clinical need. They drop slightly in the next session presumably because the program has early intervention and the clients become even more aware of the presenting problem. By the third session, the scores dropped substantially, and by the last session, they are near the baseline score for the general population.

Interestingly, the vocational clients showed the same pattern of change, beginning slightly below the cut-off line, and improving in three sessions. In our very small sample, clients showed positive change to such questions as, "I am satisfied with my life", "I feel I am not doing well at work", "I feel something is wrong in my mind" and "I feel blue". This supports Bégin's (1998) view that vocational counselling is not just help getting a new job, but a question of reconstructing personal identity.

In practice, using the OQ-45 was found to be a very simple, straight-forward task. Clients in personal counselling found the questions reasonable and the administration unobtrusive. Even in individual cases, the plotted results quickly showed realistic treatment responses. Some counsellors verify key questions such as suicidal ideation, drug use and the ability to work. Viau (1998), in a community clinic, found that many clients showed interest in seeing their results. In two

cases where the clients were slow to respond to therapy, they were shown the results, asked to explain them and then invited to collaborate in redefining the counselling approach.

Overall, the instrument was an efficient way to monitor counselling effectiveness and it gave useful clinical feedback. Howard et al. (1996) point out that there are several advantages to measuring client progress, including judging the effectiveness of treatment, adjusting case loads based on expected treatment and comparing treatments in terms of dose-response relationships. The results were interesting to the clients and the counsellors. Managers appreciated the hard data on client progress when making decisions on funding priorities. The manual is clear and simple to read and understand. The instrument will be even easier to use when a shorter, 30 item version, becomes available. The author has observed that there is occasionally counsellor resistance but that this disappears after they see their first results. The instrument is limited to adult populations and to settings where a paper-and-pencil instrument would be seen as acceptable.

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Figure 1. Results of the OQ-45 in a clinical setting.

