

This article was originally published in *The Group Circle: The Newsletter of the American Group Psychotherapy Association*, 2005 (Spring), 4-5. It is posted on the website of the Canadian Group Psychotherapy Association (www.cgpa.ca) with permission from the American Group Psychotherapy Association.

CORE-R Battery: Assessment of Group Therapy Outcomes

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Research Editor's Note: This is the second in our series of columns introducing members to the newly revised AGPA CORE Battery. This column focuses on outcome measures that may be helpful for group clinicians.

This section of the CORE Battery concerns the assessment of treatment outcome. The increasing emphasis on therapist accountability and empirical demonstration of psychotherapeutic effectiveness points to the need for practicing therapists to integrate treatment outcome evaluation methods into routine clinical practice. The importance of outcome evaluation looms larger than ever as restrictions on insurance benefits for mental health care increase, and as policy planners, healthcare administrators, and purchasers of care decide how best to allocate scarce resources. The current focus on customer satisfaction and the changing role of the patient from passive recipient of treatment to active collaborator has served to highlight the necessity of documenting therapeutic outcomes.

There are several compelling benefits for integrating outcome evaluation into regular clinical practice, as highlighted by Asay and colleagues (2002). Outcome measures allow therapists to supplement their clinical judgment regarding patient progress with information about patient change that is derived from formal assessments; they complement and extend the therapist's impressions. It is also possible to utilize outcome assessments to obtain qualitative information about patient progress. Patients may communicate information on a questionnaire

that they would otherwise not state verbally, especially early in therapy. Information from the assessment may facilitate discussion between the patient and therapist regarding factors related to a patient's lack of progress and possible changes that could be made in the clinical approach to improve treatment. In addition, use of outcome measures allows the therapist to compare the progress and outcome of patients in his or her own practice with that of patients from national samples. Use of outcome measures would also allow the therapist to develop a database of his or her own patients. This may provide a more meaningful perspective for assessing patient progress rather than relying solely on data from national samples. Above all, therapists can take professional and personal pride in improving skills, which is a natural consequence of continuous, systematic assessment of one's cases.

Assessing Group Outcomes

It is not practical for therapists to implement an extensive battery of measures tapping all dimensions of outcome and all possible perspectives. It is feasible, however, to conduct a relatively comprehensive assessment using only a few measures. For many therapists, resources may permit use of only a single assessment tool. The Task Force believes that such a measure must be: brief; comprehensive; easy to administer; free from theoretical biases; sensitive to change, with established reliability and validity; and widely used.

A measure that satisfies these criteria is the *Outcome Questionnaire-45* (OQ-45; Lambert et al., 1996). This brief, self-report instrument measures levels of symptomatic distress (e.g., "I feel hopeless about the future"), interpersonal functioning (e.g., "I feel lonely"), and social role performance (e.g., "I feel stressed at work/school"). The OQ-45 provides subscales scores for each of these areas of functioning, as well as an overall total score. The total score ranges from 0-180; higher scores indicate greater pathology. Administration of this measure requires about

5-7 minutes. The OQ-45 can be easily scored by hand, and scoring takes about three to five minutes. The OQ-45 is the result of the combined efforts of academically based outcomes researchers, healthcare administrators, and practicing clinicians. It is a psychometrically sound measure that has a large body of normative data available (Lambert, Gregersen, & Burlingame, 2004).

Additional Outcome Measures

Some therapists may have the capacity to engage in somewhat more comprehensive assessment of treatment outcome. For these therapists, we recommend the following measures:

1. *Inventory of Interpersonal Problems* (Horowitz, 1999). This is a 32-item measure of current interpersonal distress. This instrument is designed to assess problems in interpersonal interactions that either are reflected by difficulties in executing particular behaviors (“It is hard for me to ...”), or difficulties in exercising restraint (“I do... too much”). The IIP-32 provides scores for eight subscales that reflect interpersonal problems characterized by the following adjectives: domineering, vindictive, cold, socially avoidant, non-assertive, exploitable, overly nurturing, intrusive. In addition to the subscales, the IIP-32 provides a total score. Higher scores indicate greater interpersonal problems. The IIP-32 can be scored by hand or by using a simple computer program.
2. *Rosenberg Self-Esteem Scale* (Rosenberg, 1965). This is a 10-item measure of patient self-esteem. It measures global self-worth and self-acceptance. A single total score is produced, ranging from 10 to 40, with higher scores indicating higher self-esteem. The scale can easily be scored by hand.

3. *Group Evaluation Scale* (Hess, 1996). This is a seven-item measure of patients' experiences in group therapy. This scale assesses the patient's general feelings towards the group, feelings of stability or instability, the ability to explain problems in front of the group, the helpfulness of other group members, and the feelings of being understood, autonomous and responsible. Scoring results in a total score that varies between 7 and 35, with higher scores indicating greater benefit from the group. Scoring is by hand.
4. *Target Complaints* (Battle et al., 1966). This is an individualized measure of psychotherapy outcome based on a patient's description of the problems and difficulties for which they have sought treatment. Patients are asked to identify three goals for treatment and then rate each goal on either a 5- or 11- point scale according to the severity of distress and expectation for improvement. The therapist also rates each of the patient's goals along the same dimensions.

Use of these four measures, along with the OQ-45, will provide a thorough assessment of patients' therapeutic gains and experiences in group psychotherapy without unreasonable intrusion on therapists' or patients' time.

It is important for individual practitioners to participate in formal, systematic evaluation of patient outcomes. The rapid changes in our healthcare system indicate that administrators, policy makers, and consumers are expecting such evaluation, and treatment can be enhanced by the endeavor. It will be a challenge to build outcome assessment procedures into routine clinical care. However, the benefits suggest that the effort will be worthwhile. The Task Force looks forward to continued feedback from AGPA members about their impressions of the CORE Battery.

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