

Strumenti per la valutazione di esito in età evolutiva: lo Young Person's Core

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Pioneer 1: Earnest Codman

Psychological Therapies Research Centre

Hospitals need to relate processes to outcomes of care and benchmark both for comparative purposes

"We must formulate some method of hospital report showing as nearly as possible what are the results of the treatment obtained at different institutions. This report must be made out and published by each hospital in a uniform manner, so that comparison will be possible. With such a report as a starting point, those interested can begin to ask questions as to the management and efficiency." (1913).



Pioneer 2: Carl Jung



“The psychotherapist learns little or nothing from successes. They mainly confirm in him his mistakes, while his failures on the other hand, are priceless experiences in that they not only open a deeper truth, but force him to change his views & methods.”

Dalla EBP alla PBE...

- Il paradigma della **Practice-Based Evidence** sta sostituendo quello della Evidence based Practice (Margison et al., 2000)
- **Generalizzabilità** dei dati degli studi in setting reali
- Analisi dei dati all'interno di un **servizio**
- Studi di **Effectiveness**

Lo strumento ideale

Lo strumento ideale dovrebbe essere:

- relativamente **breve**
- adatto a somministrazioni **ripetute**
- **accettabile** da tipologie di pazienti e di setting diversi.
- sostanzialmente **accettabile** sia dai ricercatori che dai clinici.
- Utilizzabile per valutare il **cambiamento individuale** del paziente nel corso del trattamento, sia a livello di **Servizio per delinearne il profilo**, il tipo di utenza, per confrontarlo con altri Servizi e quindi monitorarne la qualità.

CORE (Clinical Outcome for Routine Evaluation)

- Sistema di valutazione per i servizi di psicoterapia costituito da 3 strumenti: **CORE-OM (Outcome measure)**, CORE-A (Assessment), End of Therapy Form (Barkham et al., 1998; Evans et al. 2000),
- “...Such a measure would need to measure the *core domains of problems*” (Evans, 2002)
- **Ad uso gratuito.**

CORE- OM

**CLINICAL
OUTCOMES in
ROUTINE
EVALUATION**

**OUTCOME
MEASURE**

Site ID
letters only numbers only
Client ID
numbers only numbers only
Therapist ID
numbers only numbers only
Sub codes
D P M M Y Y Y Y
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	Other (not on form)
1 I have felt terribly alone and isolated	☐	☐	☐	☐	☐	☐
2 I have felt tense, anxious or nervous	☐	☐	☐	☐	☐	☐
3 I have felt I have someone to turn to for support when needed	☐	☐	☐	☐	☐	☐
4 I have felt O.K. about myself	☐	☐	☐	☐	☐	☐
5 I have felt totally lacking in energy and enthusiasm	☐	☐	☐	☐	☐	☐
6 I have been physically violent to others	☐	☐	☐	☐	☐	☐
7 I have felt able to cope when things go wrong	☐	☐	☐	☐	☐	☐
8 I have been troubled by aches, pains or other physical problems	☐	☐	☐	☐	☐	☐
9 I have thought of hurting myself	☐	☐	☐	☐	☐	☐
10 Talking to people has felt too much for me	☐	☐	☐	☐	☐	☐
11 Tension and anxiety have prevented me doing important things	☐	☐	☐	☐	☐	☐
12 I have been happy with the things I have done.	☐	☐	☐	☐	☐	☐
13 I have been disturbed by unwanted thoughts and feelings	☐	☐	☐	☐	☐	☐
14 I have felt like crying	☐	☐	☐	☐	☐	☐

Please turn over

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Over the last week

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

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE

Total Scores

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

(W) (P) (F) (R) All items All minus R

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CORE-OM

Quattro domini:

- 1 **BENESSERE SOGGETTIVO** (4 items- unico costrutto principale)
- 2 **SINTOMI/PROBLEMI** (12 items- 4 *clusters*: sintomi depressivi, sintomi ansiosi, sintomi fisici ed effetti del trauma)
- 3 **FUNZIONAMENTO** (12 items- 3 *clusters*: relazioni significative, funzionamento generale e sociale),
- 4 **RISCHIO** (per sé e per gli altri; 6 items- aspetti auto ed eterolesivi).

Cambiamento affidabile e clinicamente significativo

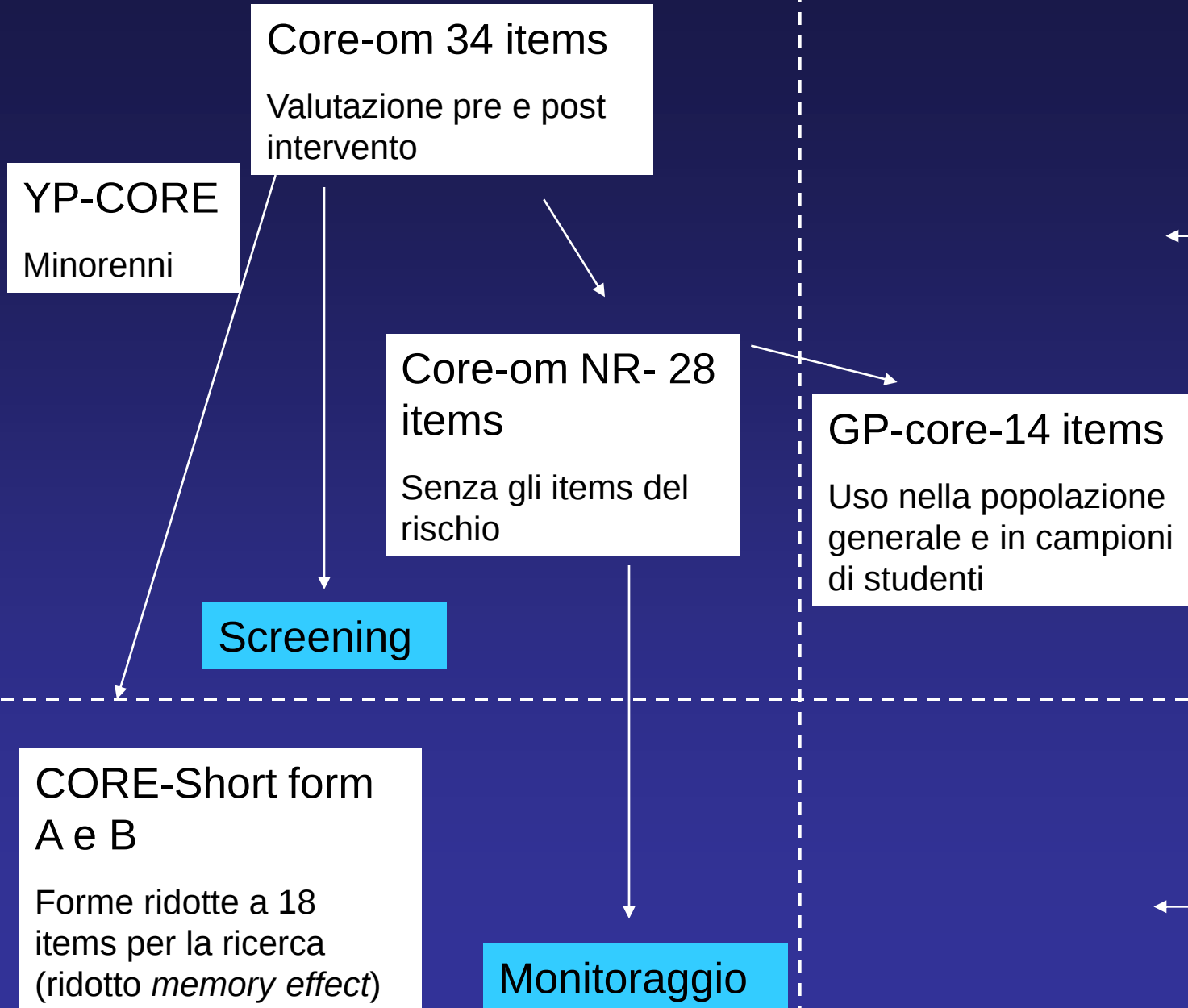
	Italy			UK		
	RC	SC Male	SC Female	RC	SC Male	SC Female
Well-being	1.46	1.40	1.84	1.33	1.37	1.77
Symptoms	.85	1.20	1.44	.85	1.44	1.62
Functioning	.89	1.29	1.31	.84	1.29	1.30
Risk	.83	.25	.22	.95	0.43	0.30
All non-risk items	.57	1.25	1.44	.55	1.36	1.50
All items	.51	1.09	1.22	.51	1.19	1.29

Ambito Clinico

Non clinico

Valutazione e outcome

Misure ripetute



Traduzioni. Minoranze etniche e altre lingue

Young Person's CORE (CORE-YP)

- In UK: 10% dei ragazzi sotto i 16 anni hanno un disturbo mentale. Nell'età 11-16, 13% dei maschi e il 10% delle femmine (Green et al, 2004)
- Poche misure usate e validate: Strenghts and difficoulties Questionnaire (SDQ; Goodman, 1997), Health of the Nation Outcome Scales for Children and Adolescents Self Report (HoNOSCA-SR; Gowers et al., 1997), Children Depression Inventory (CDI; Kovacs, 1985), Child Behavoiur Checklist (CBCL, Achenbach, 1991), MMPI-A (Butcher et al.,1992)
- La maggior parte di queste scale individuano i casi più gravi e non sono adatte a un uso routinario in luoghi come i servizi di counselling psicologico delle scuole.

Young Person's CORE

- Bisogno di uno strumento breve, *user friendly*, autosomministrato
- Tentativo di adattamento del CORE-GP (14 items), perché più accettabile da parte di una popolazione non clinica: Teen CORE, che ha mostrato proprietà psicometriche scadenti
- Adattamento del CORE-OM per persone dagli **11 ai 16 anni**
- Una misura che non cerca di definire problemi specifici (es. disturbi della condotta), ma più una misura generica riferita alla problematicità a e al funzionamento.
- **Comprende 1 items di rischio, 1 di benessere, 4 di sintomi/problemi e 4 di funzionamento**
- Relativo **all'ultima settimana**: ideale per interventi brevi

Young Person's CORE

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**CLINICAL
OUTCOMES in
ROUTINE
EVALUATION**

YP-CORE
Beta version

Site ID

Client ID

Letters only Numbers only

Therapist ID

Subcodes
Numbers only (1) Numbers only (2)

Date form given
d d m m y y y y
 / /

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

Assistance given? ☐
(If yes, please tick)

These questions are about how you have been feeling OVER THE LAST WEEK.
Please read each question carefully. Think about how often you have felt like that in
the last week and then put a cross in the box you think fits best.
Please use a dark pen (not pencil) and mark clearly within the boxes.

OVER THE LAST WEEK.....

	Not at all	Only occasionally	Sometimes	Often	Most of all of the time
1. I've felt edgy or nervous	☐	☐	☐	☐	☐
2. I haven't felt like talking to anyone	☐	☐	☐	☐	☐
3. I've felt able to cope when things go wrong	☐	☐	☐	☐	☐
4. I've thought of hurting myself	☐	☐	☐	☐	☐
5. There's been someone I felt able to ask for help	☐	☐	☐	☐	☐
6. My thoughts and feelings distressed me	☐	☐	☐	☐	☐
7. My problems have felt too much for me	☐	☐	☐	☐	☐
8. It's been hard to go to sleep or stay asleep	☐	☐	☐	☐	☐
9. I've felt unhappy	☐	☐	☐	☐	☐
10. I've done all the things I wanted to	☐	☐	☐	☐	☐

Thank you for answering these questions

■■■■■■■■■■

Figure 1. The final 10-item version of YP-CORE.

Young Person's CORE

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RESEARCH ARTICLE

The Young Person's CORE: Development of a brief outcome measure for young people

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Abstract

Background: There is a need for a user-friendly measure of change for use in school and youth counselling services which is easy for practitioners to administer and score, and which is appropriate for brief interventions. **Aims:** To develop such a measure and to present psychometric data on reliability, validity and sensitivity to change for the measure. **Method:** We employed a three-stage approach: first, creating a pool of potential items; second, developing an 18-item version; and third, refining to a final version comprising 10 items. We called the measure the Young Person's CORE (YP-CORE). **Results:** The measure comprised eight negative and two positive items and included a single (negatively-framed) risk-to-self item. Psychometric properties were all acceptable. Sensitivity to change was good and yielded an average improvement of 10 points on the YP-CORE in a clinical group, broadly equivalent to changes in adult versions (e.g. Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM)). **Conclusion:** Initial validation work showed the measure to be well designed and sensitive to change. Analysis showed considerable variability as a function of age and gender suggesting the need for the collection of a large and diverse data set in order to produce gender and age-specific norms.

Keywords: CAMHS, counselling, outcomes, measure validation, young people, YP-CORE

Introduction

The report 'Mental Health in Children and Young People in Great Britain' (Green, McGinnity, Meltzer, Ford, & Goodman, 2004) stated that, at any one time in the UK, 10% of children under 16 years of age have a clinically diagnosed mental health disorder and among 11–16 year olds, 13% of boys and 10% of girls were affected. There is evidence that mental health problems among young people are becoming increasingly prevalent (Collishaw, Maughan, Goodman, & Pickles, 2004). In response to such evidence, government strategy has increasingly focused on improving the mental health of children and young people.

The National Service Framework for Children, Young People and Maternity Services (Department of Health, 2004) set out a 10-year strategy for government policy and stated that a service that works well will have a 'positive commitment to continued evaluation and audit' (p. 36). In July 2007, the government announced substantial funding to support schools in working with mental health practitioners to improve emotional wellbeing of pupils by having mental health experts working in and with schools to identify

problems and provide children and young people with support. Consequently, there is an increasing need for an appropriate, nationally-adopted outcome measurement for young people.

In terms of current outcome measurement tools for young people, only a few commonly-used and validated measures exist. These include: the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997), the Health of the Nation Outcome Scales for Children and Adolescents – Self Report (HoNOSCA-SR; Gowers et al., 1999), The Children's Depression Inventory (CDI; Kovacs, 1985), and the Youth Self-Report Measure (YSR; Achenbach, 1991) which is derived from the Child Behaviour Checklist (CBCL; Achenbach, 1991; Achenbach & Rescorla, 2001). A number of these measures target more 'severe' cases and are not appropriate for routine use in settings such as schools counselling services.

Given this context, our observation was that there was a need for a brief, user-friendly and self-report instrument for use in UK schools that was particularly geared towards counselling services. In developing such a measure, our view was that the process should be informed by practitioners – a key premise of our

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Young Person's CORE

- Buone proprietà psicometriche: accettabilità, consistenza interna, PCA (Twigg, 2009)
- **Punteggio:** somma degli items, diviso il numero di items completati e moltiplicato per dieci. Se completati tutti, basta la somma degli items.
- **Campione clinico** (235) Punteggi più alti per le femmine (spesso più sincere rispetto ai propri stati d'animo) e per i ragazzi più vecchi (vicino ai 16 aa).
Media generale pretrattamento: 16.5.
Posttrattamento (77) media 8.7. ES = 1.30. Servizio di counselling scolastico.
- **Campione non clinico** (46): media 6.10

Young Person's CORE

Table VII. Pre- and post-therapy mean scores by age group and gender – YP CORE (final version).

Age group	n	Pre-therapy YP-CORE score		Post-therapy YP-CORE score		Pre-post therapy difference score		Pre-therapy YP-CORE score (excluding risk)		Post-therapy YP-CORE score (excluding risk)	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
11–13	35	15.8	7.12	8.0	4.91	7.9	9.2	16.9	7.42	8.7	5.30
14–16	42	20.6	7.06	9.6	6.16	11.1	8.3	21.8	7.18	10.3	6.33
Male	28	14.4	7.24	8.7	6.36	5.7	7.8	15.3	7.48	9.2	6.51
Female	49	20.9	6.43	8.9	5.28	11.9	8.5	22.1	6.51	9.8	5.58

Young Person's CORE

- Strumento di valutazione pre e post intervento: esito
- Punteggi di cambiamento, ES e punteggi non clinici simili alla versione per gli adulti CORE-OM (Evans et al., 2002)
- Non ancora valutabile per via del campione limitato cambiamento affidabile e clinicamente significativo
- La variabilità tipica dell'età e della maturazione psicologica porta a valutare i punteggi con cautela e a considerare i dati presentati come preliminari, con necessità di testare la misura su campioni più grandi, in setting diversi e con età diverse.

Young Person's CORE- La versione italiana

- Traduzioni indipendenti da parte di:
- 9 operatori della salute mentale con inglese fluente (7 psicologi, 1 psichiatra, 1 neuropsichiatra infantile)
- 1 traduttore professionista madrelingua inglese
- 1 mamma di un adolescente con inglese fluente



11 traduzioni

- Focus group di discussione con adolescenti per valutare la comprensibilità e le traduzioni migliori

Young Person's CORE- La versione italiana

Focus group

- 13 adolescenti (campione non clinico)
- 9 f, 4 m, età: 13-17 (media: 15,3)
- 3 operatori, 1 osservatore
- Durata: circa 2 ore e mezzo

Young Person's CORE- La versione italiana

- Concordato uso del “tu”
- Rilette le istruzioni e gli anchor points
- 2 items non tradotti perché già presenti nel CORE-OM, comunque modificati durante il focus group
- Alcuni items con traduzioni molto simili (es. *I've thought of hurting myself*) e accordo rapido
- Altri con traduzioni molto diverse (es. *There's been someone I felt able to ask for help*) con discussione molto lunga

Young Person's CORE- La versione italiana

- 1. Mi sono sentito irritabile e nervoso**
- 2. Non me la sentivo di parlare con qualcuno**
- 3. Sono stato capace di adattarmi in caso di difficoltà**
- 4. Ho pensato di farmi del male**
- 5. Ho sentito di poter chiedere aiuto a qualcuno**

Young Person's CORE- La versione italiana

- 6. I miei pensieri e le mie emozioni mi hanno fatto stare male**
- 7. I miei problemi sono stati troppo pesanti da sopportare**
- 8. E' stato difficile addormentarmi o non svegliarmi durante la notte**
- 9. Mi sono sentito infelice**
- 10. Sono riuscito a fare tutte le cose che avevo in programma**



YP-CORE

Compilazione assistita?
(Se si barrare la casella) ☐

Codice cliente										Età	
										Genere: F M	
Data										Stadio completato	
										S Screening	
g	g	m	m	a	a	a	a			I Invio	
										A Assessment	
Codice terap./counselor										P Prima seduta	
										O Pre-terapia/pre-counseling	
Codice sito										D Durante terapia o counseling	
										U Ultima seduta	
										X Follow up 1	
										Y Follow up 2	
										Stadio	
Seduta numero (prima seduta: 001)											

IMPORTANTE- DA LEGGERE PRIMA DELLA COMPILAZIONE

Questo questionario contiene 10 affermazioni che possono descrivere come ti sei sentito nel corso dell' **ULTIMA SETTIMANA**. Leggi ogni affermazione, cercando di ricordare quante volte ti sei sentito così negli ultimi 7 giorni. Segna quindi la risposta che più si avvicina.

Nell'ultima settimana

	Per nulla	Solo occasional- mente	Ogni tanto	Spesso	Molto spesso o sempre	Alcuno risposta
1. Mi sono sentito irritabile o nervoso	0	1	2	3	4	
2. Non me la sentivo di parlare con qualcuno	0	1	2	3	4	
3. Sono stato capace di adattarmi in caso di difficoltà	4	3	2	1	0	
4. Ho pensato di farmi del male	0	1	2	3	4	
5. Ho sentito di poter chiedere aiuto a qualcuno	4	3	2	1	0	
6. I miei pensieri e le mie emozioni mi hanno fatto stare male	0	1	2	3	4	
7. I miei problemi sono stati troppo pesanti da sopportare	0	1	2	3	4	
8. E' stato difficile addormentarmi o non svegliarmi durante la notte	0	1	2	3	4	
9. Mi sono sentito infelice	0	1	2	3	4	
10. Sono riuscito a fare tutte le cose che avevo in programma	4	3	2	1	0	

GRAZIE DEL TEMPO DEDICATO A COMPLETARE IL QUESTIONARIO!

Young Person's CORE- La versione italiana

- Da validare in diversi setting clinici (scuola, servizio psichiatrico, servizio di psicoterapia, etc.)
- Valutare accettabilità degli items anche in altre regioni italiane
- Valutare validità convergente con altri strumenti (SCL-90, HoNOSCA-SR)
- Correlazione allo stato clinico. Definire con focus group cosa corrisponde a normale, lievemente disturbato, mediamente disturbato, grave e gravissimo. Magari costruire vignette cliniche

Young Person's CORE- La versione italiana

- Non è uno strumento di screening (difficile con soli 10 items)
- Utile per studi effectiveness (per registrare quello che si fa nella pratica clinica)
- Invito a partecipare alla validazione a tutti i centri interessati oltre a Modena e Trento.
- gasparepalmieri@yahoo.com