Let's get talking

A suite of talking therapy tools from Te Pou

Te Pou
o Te Whakaaro Nui

Review

Progress and outcome measures to support talking therapies delivery

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Overview

Let's get talking: Review tool has been developed to support mental health and addiction practitioners and services to increase the use of progress and outcome measures.

'Collecting outcomes information is one way of seeing how a person's health, wellbeing and circumstances change over time, and of how services are doing' (Te Pou website: www.tepou.co.nz/outcomes-and-information/mental-health-outcome-measures/28).

This tool provides information on progress and outcome measures, which are objective tests to determine treatment progress and treatment efficacy. It also includes suggestions on progress and outcome measures which can be used with mental health and addiction presentations. Whilst some of the measures listed here are designed and validated for screening and assessment, they may be used as progress and outcome measures.

The progress and outcome measures included in this tool relate to the health service delivery dimension outlined in the Mental Health Commission's (2011) document *National Indicators 2011: Measuring Mental Health and Addictions in New Zealand.* Health service delivery relates to how well the health sector is assisting the recovery of people affected by mental health and/or addiction problems (for example, access to a range of treatments, service users directing own care and whānau participation in care).

Most of the progress and outcome measures included in this tool can be used in both primary and secondary health services and can be adapted to meet local service needs. The tool is designed for use with adult populations. For progress and outcome measures appropriate for use with infant, child and adolescent mental health and/or alcohol and other drug problems please visit the Werry Centre's website (www.werrycentre.org.nz).

This resource is part of a suite of tools developed by Te Pou o te Whakaaro Nui to support mental health and addiction services to increase access to and delivery of effective evidence-based talking therapies using a stepped care approach. Following is a list of resources that complete the *Let's get talking* toolkit available on the Te Pou website, www.tepou.co.nz/letsgettalking.

- Introduction: A stepped care approach to talking therapies
- Planning: Develop or extend talking therapies delivery
- Skills survey: Identify strengths and areas for development in talking therapies delivery
- Assessment: How to match talking therapies to peoples' needs
- Therapy: A guide to evidence-based talking therapies
- Review: Progress and outcome measures to support talking therapies delivery
- Practice support: Competencies, training and supervision for talking therapies delivery

Why use outcome measures?

A stepped care approach involves using robust tools to routinely collect outcomes data to support people's journey into, through, and out of services (Mental Health Commission, 2012).

Measuring progress and outcomes helps to track a person's journey towards health and wellbeing. The data collected can assist to review:

- a person's current mental health and level of substance use or gambling
- a person's current wellbeing
- the impact of any mental health and/or addiction related issues
- a person's progress and recovery over time.

The practitioner also needs to listen, observe and talk to the person to understand their experience and situation. This may include talking to whānau and others.

Progress and outcome measures can:

- complement other assessment methods to enhance understanding of the person, their situation, strengths and recovery goals
- support coordinated care and action by different services
- evaluate progress made by a person
- evaluate effectiveness of the practitioner
- inform service development.

Important criteria for progress and outcome measures (adapted from Hampson et al., 2011) include:

- what is important to a person and their whānau
- relevance of the measures to those accessing services, and to practitioners
- simplicity and ease of use
- the ability to allow comparisons between teams and services
- reliability (gives stable and consistent results); validity (measures what it is supposed to); and sensitivity to therapeutic change (scores reflect actual change).

A glossary is available at the end of this document for reference and definitions.

Demonstrating psychometric properties in one setting (for example, the United States) does not guarantee that the measure will work equally well in New Zealand, or with different types of service users. However, in the absence of local data (or data with particular types of service users), previous demonstration of acceptable psychometric properties in another setting can suggest the usefulness of a measure. Relatively little detailed exploration of the psychometric properties of mental health and addiction measures has been undertaken in New Zealand, so there is a need to draw on overseas evidence regarding psychometric properties. Consultation with appropriate specialists can help to ensure appropriate use.

Preference has been given to measures that are readily available and free or inexpensive to use in New Zealand. These measures include practitioner rated measures, tangata whai ora (service user) rated measues and whānau rated measures. The measures are suitable for use with cultural groups including Māori, Pasifika and others.

In general, reliably collecting a few well-targeted measures is more useful than intending to collect a larger number of measures but not being able to sustain data collection or evaluation of data.

Using mental health and addiction progress and outcome measures well

For practitioners

- *Use measures repeatedly* on admission to the service, during treatment and at discharge.
- *Use measures consistently* in the same way each time with a person, with the same explanation, in the same form (paper/online) and with the same scoring.
- *Use the information you collect to review progress* for the person (changes in scores), to show any actual changes (for example, suicidality, deteriorating mood, substance use or gambling) and for clinical decision making and team discussion. This is important to make good decisions about the level or type of care needed (such as in stepped care).
- *Talk with the person about the results* to clarify issues and support positive change. Where there may be a concern, consult with your team or a senior practitioner.
- *Seek appropriate training* and ensure the manual is always read and understood. Some measures require in depth training or may need to be administered by a psychologist or specifically trained practitioner.

For service leaders and managers

- *Address considerations for the use of progress and outcome measures* such as: what are the key issues to be measured or decisions to be made; how is the investment justified; how to get staff involved; and how will the information be used?
- *Have information systems that make clinical information available fast* and which is highly relevant, easy to understand and clearly shows changes over time.
- *Establish clinical processes that encourage use of information* by supporting practitioners to routinely use progress and outcome measures, having multidisciplinary team review processes and championing good use of standard measures information.

Suggested sets of measures for use in mental health and addiction settings

The progress and outcome measures are divided into key areas that are often the focus of measurement. The measures can be used to track ongoing progress in intervention and to measure pre and post intervention change. The measures can be used as a paper-and-pencil test or as a computer-based test. These measures are generally available free for use although in some cases the user may need to register. These measures have satisfactory reliability and validity if used as described in the manual/literature. Each of the suggested measures will be described in further detail.

Key area	Definition/description	Suggested measures
1 Symptoms/ distress: depression and anxiety	Assessment of the presence and severity of symptoms, distress and life disruption.	**PHQ 9** Patient Health Questionnaire (Depression: 9 items) **GAD 7** Generalised Anxiety Disorder Assessment (7 items) **Kessler 10** Depression/Anxiety (10 items) **HoNOS** Health of the Nation Outcome Scales (12 items)
2 Quality of life	A person's sense of wellbeing and access to factors such as supportive social relationships, safe and healthy living environments, and basic resources of housing, food and money.	**WHO-QOL BREF** World Health Organization Quality of Life – Brief (New Zealand version) (31 items) **EUROHIS 8** European Health Interview Surveys (8 items)
3 Social and role function	Assessment of the ability to carry out everyday activities, from basic activities of daily living to complex skills for successful independent living.	**WHODAS 12** World Health Organization Disability Assessment Scale (12 items) **SFQ** Social Function Questionnaire (8 items)
4 Recovery journey	Measures that allow a person to assess their progress in their recovery journey.	**Tāku Reo, Tāku Mauri Ora** Hope and empowerment subscales (My Voice, My Life: 65/79 items, plus 14 items for Māori)
5 Ongoing assessment of progress and process	Measures used frequently (every session) to assess the strength and effectiveness of the therapeutic process and to assess progress towards therapeutic outcomes.	**SRS** Session Rating Scale (4 items) **ORS** Outcome Rating Scale (4 items)
6 Culture-specific outcome measures	Assesses aspects of health from the perspective of a specific cultural group, or designed to be used with members of a specific cultural group.	**Hua Oranga** (Māori: 4 items)

Key area	Definition/description	Suggested measures
7 Substance use (alcohol and other drugs)	Assessment of a person's use of alcohol and other drugs and evaluation of the harm or disruption that using these substances are causing in their life.	**ADOM** Alcohol and Drug Outcome Measure (20 items) **AUDIT** Alcohol Use Disorders Identification Test (10 items) **ASSIST** Alcohol, Smoking, Substance Involvement Test (variable)
8 Gambling	Measures harm caused by gambling behaviour.	**EIGHT** Early Intervention Gambling Health Test (8 items)
9 Satisfaction with service	Assessment of a person's satisfaction with the services they are receiving or have received.	**Tāku Reo, Tāku Mauri Ora** (My Voice, My Life) Satisfaction with Services Subscale (12 items)

1. Symptoms and distress: depression and anxiety

Patient Health Questionnaire 9 (PHQ9)

Measures	Depressed mood over the last two weeks		
Number of items	9		
Rated by	Self-rated		
Time to complete	2-3 minutes		
Content	*Items related to* anhedonia (loss of pleasure) depressed mood sense of failure suicidal thinking	sleep difficulties changes in appetite tiredness/low energy motoric slowing/restlessness concentration difficulties	
Rating format	All items rated 0-3. 0=not at all, 1= several days, 2=more than half the days, 3=nearly every day		
Interpretation	**Total score**		
	0-4	No/minimal depression	
	5-9	Mild depression	
	10-14	Moderate depression	10+ often considered zone in which treatment is indicated.
	15-19	Moderate to severe depression	
	20-27	Severe depression	

- Depression and anxiety are the most common form of mental health problems in New Zealand.
  - » The lifetime prevalence for anxiety disorders is 25 per cent and lifetime prevalence for mood disorders (depression) is 20 per cent.
  - » Higher rates of anxiety and depression are found in people attending general practices (MaGPIe Research Group, 2003).
- PHQ9 is primarily used in primary health but also in secondary services and includes a question to assess thoughts of self-harm.
- PHQ9 demonstrates good reliability, validity and sensitivity to therapeutic change.
- In a study by Arrol et al. (2010), 74 per cent of people, including Māori and Pasifika people, with a depressive disorder were correctly identified using the PHQ9.
- PHQ2 is a shorter version of the PHQ9 and is used as a screening tool for identifying depression in primary care settings.
- PHQ9 is available in the public domain. For example: www.nzgp-webdirectory.co.nz/site/nzgp-webdirectory2/files/pdfs/forms/PHQ-9_Depression.pdf

Generalised Anxiety Disorder Assessment (GAD 7)

Measures	Anxiety over the last two weeks		
Number of items	7		
Rated by	Self-report		
Time to complete	2-3 minutes		
Content	*Items related to* nervousness worrying fear/sense of foreboding		sleep difficulties difficulty relaxing restlessness irritability
Rating format	All items rated 0-3. 0 = not at all, 3= nearly every day		
Interpretation	**Total score**		
	0-4	No/minimal anxiety	
	5-9	Mild anxiety	
	10-14	Moderate anxiety	10+ often considered zone in which treatment is indicated.
	15-21	Severe anxiety	

- GAD 7 is effective at identifying many anxiety disorders including generalised anxiety disorder, panic, social anxiety and post-traumatic stress disorder (Kroenke et al., 2010).
- It has demonstrated good reliability, validity and sensitivity to therapeutic change.
- GAD7 is available in the public domain. For example: www.nzgp-webdirectory.co.nz/site/nzgp-webdirectory2/files/pdfs/forms/GAD-7_Anxiety.pdf

Kessler 10 (K10)

Measures	Measures psychological distress over past 30 days, depressed mood / anxiety	
Number of items	10	
Rated by	Self-report	
Time to complete	2-3 minutes	
Content (Subscales items)	No formal subscale structure 6 items related to depression/dysphoria (unease) 4 items related to anxiety/restlessness	
Rating format	All items rated 1-5. 1 = none of the time, 5 = all of the time	
Interpretation	**Total score**	
	10-19	not experiencing significant feelings of distress
	20-24	mild levels of distress indicates mild depression and/or anxiety disorder
	25-29	moderate levels of distress indicates moderate depression and/or anxiety disorder
	30-50	severe levels of distress indicates severe depression and/or anxiety disorder

- K10 is widely used in New Zealand health settings as an assessment tool and an outcome measure.
- It has adequate validity, reliability and sensitivity to therapeutic change.
- In a study carried out by Oakley-Browne (2010), Māori and Pasifika people showed higher K10 mean scores than other population groups.
- K10 is available in the public domain. For example: www.nzgp-webdirectory.co.nz/site/nzgp-webdirectory2/files/pdfs/forms/Kessler_10.pdf

The Health of the Nation Outcome Scale (HoNOS)

Measures	Symptom severity, distress and social function	
Number of items	12	
Rated by	Health professional	
Content (Subscales items)	*Behaviour* Aggression/agitation Self-harm Drug and alcohol use *Impairment* Cognitive problems Physical illness/disability	*Symptoms* Hallucinations/delusions Depression Other symptoms *Social* Relationships Activities of daily living Residential environment Day-time activities
Rating format	Each item rated 0-4. 0=no problem, 4=severe problem.	
Interpretation	A detailed glossary defining levels for each item is available and improves reliability if used. Refer to HoNOS - New Zealand clinician's guide to ratings and use: www.tepou.co.nz/resources/honos-e-book/516	

- HoNOS can be used as a brief practitioner-completed mental health measure of severity, distress and social function. It can be used in everyday practice and as a progress measure to assess therapeutic outcomes.
- It is mandated as a required measure in secondary inpatient and community adult mental health services in New Zealand and is to be completed at admission, discharge and 90 day intervals during contact with services.
- It demonstrates adequate reliability, validity and sensitivity to therapeutic change.
- Permission has been granted for use by mental health and related services in New Zealand. http://www.tepou.co.nz/outcomes-and-information/honos-family-of-measures/30

2. Quality of life

These measures are key outcomes for health services and reflects a person's core sense of wellbeing and satisfaction with life. It also reflects aspects of life beyond health status (such as housing, finances, relationships, social support), which are social determinants often involved in exacerbating and/or maintaining health conditions, and in impeding or supporting recovery.

World Health Organization Quality of Life Measure – Brief New Zealand Version (NZ WHOQOL-BREF)

Measures	Quality of life over the last two weeks	
Number of items	31 (26 from the original WHOQOL-BREF and 5 items specific to New Zealand)	
Rated by	Self-rated	
Time to complete	10 minutes	
Content	Overall quality of life rating Physical health Psychological health	Social relationships Environment
Rating format	Rating scale, items scored 1-5, each point on scale anchored. Some items reverse-scored.	
Interpretation	Total score	All items can be summed to give a quality of life score. Increases over time indicate improving quality of life.
	Subscales	Items can be summed into subscales above. Increases over time indicate improving quality of life.
	Individual item scores	In clinical settings, changes in individual items can be monitored to evaluate progress in 1) changes that can contribute most to improving a person's wellness (for example, housing, if this was identified as a problem) or 2) that will most likely reflect progress.

- This measure can be used for cross-cultural comparisons of general quality of life.
- Development of the New Zealand version involved Māori and Pasifika people, and other cultural groups.
- It has demonstrated adequate reliability, validity and sensitivity to therapeutic change.
- It is free, however permission to use must be obtained prior to use https://pcrc.aut.ac.nz/new-zealand-whoqol/whoqol-tools

European Health Interview Surveys – Quality of Life 8 (EUROHIS-QOL 8 also called WHOQOL 8)

Measures	Quality of life	
Number of items	8	
Rated by	Self-rated	
Time to complete	4 minutes	
Content	*Physical health* Energy levels Activities of daily living *Psychological health* Satisfaction with quality of life Satisfaction with health	*Social relationships* Satisfaction with self Personal relationships *Environment* Financial resources Living place
Rating format	5 point rating scale, items scored 1-5, each point on scale anchored.	
Interpretation	Total score	All items can be summed to give a quality of life score. Increases in this score over time indicate improving quality of life.
	Subscales	Items can be summed into subscale scores for the physical health, psychological health, social relationships and environment subscales. Increases in these scores over time indicate improving quality of life.
	Individual item scores	In clinical settings, changes in individual items can be monitored to evaluate progress. Items: 1) may reflect changes that can contribute most to improving the person's wellness or 2) that will most likely reflect progress for the person.

- This is a shorter form of the WHOQOL-BREF.
- It demonstrates adequate reliability, validity and sensitivity to therapeutic change.
- It enables a degree of cross-cultural comparability.
- EUROHIS-QOL 8 is available in the public domain.
- Further information and journal article at http://eurpub.oxfordjournals.org/content/eurpub/16/4/420.full.pdf
- WHOQOL 8 in the New Zealand context is available at https://pcrc.aut.ac.nz/new-zealand-whoqol/whoqol-tools

3. Social role and function

WHO Disability Assessment Scale 12 (WHODAS 2.0 - 12 item)

Measures	Level of functional ability on various tasks over the last 30 days	
Number of items	12 plus 3 about the frequency and impact of disability	
Rated by	Self-rated. Also available in an identical interviewer-assisted form	
Time to complete	4-8 minutes	
Content	Cognition Getting along Life activities Participation	Mobility Self-care Impact of disability
Rating format	12 main items: 5 point rating scale: None / mild / moderate / severe/extreme or cannot do. Impact of disability items: record number of days.	
Interpretation	Higher scores on various items related to higher levels of disability. A total score can also be drawn by summing the individual items. A reduced score over time indicates increasing functional ability.	

- The ability to function well in life roles is often inversely related to deterioration in mental health.
- In New Zealand, the loss of function for role impairment for people with anxiety, mood or substance use disorders is approximately twice the average reported for people with a physical health concern and no mental health condition (Oakley-Browne, 2006).
- WHODAS 12 has strong validity, reliability and sensitivity to therapeutic change.
- Available on the World Health Organization website www.who.int/classifications/icf/more_whodas/en/

Social Function Questionnaire (SFQ)

Measures	The social and role function of adults with items covering several major dimensions of function	
Number of items	8	
Rated by	Self-rated	
Time to complete	5 minutes	
Content	*Work and home tasks* Ability to complete tasks Stressfulness of performing tasks *Financial* *Family relationships*	*Sexual activities* *Social relationships* Ability to maintain relationships Loneliness *Leisure activities*
Rating format	4 point rating scale, items scored 0-3, each point on scale anchored. Some items reverse scored (see glossary).	
Interpretation	Total score	All items summed to give a total score (after reversing the reversed-scored items) of 0-24. Higher scores indicate poorer function. A score of 10+ indicates poor social function (population mean = 4.6).
	Individual items	Items can be considered individually to assess progress in relation to the individual areas of function.

- SFQ has been found to work well in both general and clinical populations overseas (Tyrer et al., 2005).
- It assesses social and role function across the spectrum of severity of mental health and addiction issues.
- The reliability and validity is satisfactory.
- A UK study found that it is rated similarly by different ethnicities (Tyrer et al., 2005).
- It is free to use www.rcpsych.ac.uk/docs/Social_Functioning_Questionnaire.docx.

4. Recovery journey

"Recovery is defined as creating a meaningful self-directed life regardless of challenges faced, that includes building resilience, having aspirations and the achievement of these." **(Te Pou, 2014).**

Many measures of recovery have been developed. A study undertaken by the Australian Mental Health Outcomes and Classification Network (AMHOCN) in 2010 reviewed 22 different measures related to individual recovery in mental health and assessed whether the measures met the following hierarchy of criteria: measured domains related to personal recovery; were reasonably brief; took a service user perspective; were suitable for routine use; had been scientifically scrutinised and demonstrated sound psychometric principles; were applicable to the Australian context; were acceptable to service users; and promoted a dialogue between service users and providers. These criteria, and recognition that the focus for this suite of measures was particularly on outcome, led to suggestion of the following measure for the New Zealand context.

Tāku Reo, Tāku Mauri Ora – My Voice, My Life

Measures	The range of dimensions below as experienced over the last week	
Number of items	65 plus 14 additional items for tāngata whai ora Māori	
Rated by	Self-rated	
Time to complete	40 minutes	
Content	Relationships (10) Day-to-day life (3) Culture (6) Physical health (4) Quality of Life (7) Mental health (7) Recovery (4)	Hope and empowerment (8) Spirituality (4) Resources (4) Satisfaction with services (8) *Items specific for tāngata whai ora Māori* Whanaungatanga (9) Te Reo me ōna Tikanga (5)
Rating format	5 point rating scale 1-5 and not applicable. Each point anchored: None of the time/ A little / Some /Most/All of the time.	
Interpretation	Higher scores are indicative of a more positive status for all scales.	

- This measure was developed in New Zealand with input from Māori and Pasifika people (Gordon et al., 2013).
- It focuses on the outcomes rather than the process of recovery.
- Its length may make it difficult to use (65 items).
- It has acceptable reliability and face validity.
- Two of the subscales can be used to assess the recovery process: Recovery and Hope and empowerment
- Tāku Reo, Tāku Mauri Ora can be accessed at www.tepou.co.nz/resources/taku-reo-taku-mauri-ora-tool/146

5. Session by session assessment of progress and process

Outcome monitoring with standardised measures and feedback is an important determinant of outcome for physical and mental health (Carlier et al., 2012). Two brief measures can be used for session-by-session monitoring and feedback of ***progress*** (change towards positive outcomes), and ***process*** (service user satisfaction and belief that therapy is a good fit for them and their needs) in therapy (Miller et al., 2006). They are designed to be used together.

Session Rating Scale (SRS) / Outcome Rating Scale (ORS) (Miller & Duncan, 2000)

Measures	**Session Rating Scale:** Completed at the end of each therapy session, rates a person's experience of the session **Outcome Rating Scale:** Completed at the beginning of each therapy session, rates "how well you have been doing" over the last week	
Number of items	**Session Rating Scale:** 4	**Outcome Rating Scale**: 4
Rated by	Self-rated	
Time to complete	1-2 minutes each	
Content	**Session Rating Scale** Therapeutic relationship in session Relevance of content of session Therapy approach matches needs Overall rating of the session	**Outcome Rating Scale** Individual wellbeing Family and close relationships Social interactions (work, school, friendships) Overall sense of wellbeing
Rating format	**Visual Analogue Scale** - a person marks a line reflecting their rating of each item. Instructed that "marks to the left represent low levels and marks to the right indicate high levels." (score range = 0-100)	
Interpretation	**Session Rating Scale**	Higher scores for each item indicate greater satisfaction with sessions. If scores are less than 90 for any item then the results should be discussed with the person at the next session to identify how the therapy process could be improved.
	Outcome Rating Scale	Individual item scores and a summed total score can be compared over time. Higher scores for each item indicate more positive outcomes.

- These measures provide a quick and effective way of receiving feedback from a person through a discussion of how the therapeutic process can be improved.
- They have demonstrated satisfactory reliability and validity.
- These measures are copyrighted and can only be used with permission. Copies of the SRS and ORS are available free-of-charge to mental health practitioners. A group license is required for agency or organisational use**.** Permission to use the measures and downloads of the forms can be obtained from: https://heartandsoulofchange.com/content/measures/login.php
- A computer-based scoring and monitoring system for the ORS and SRS is commercially available from http://www.myoutcomes.com

6. Culture-specific outcome measures

Hua Oranga
(2010 revision of the measure)

Measures	Mental health outcomes from a Māori perspective using the Te Whare Tapa Whā model as its basic structure
Number of items	4
Rated by	Tāngata whai ora (service users), whānau (family) and practitioner forms
Time to complete	4 minutes
Content	One item each for the 4 dimensions covered in the Te Whare Tapa Whā Model: • Te Taha Wairua (the spiritual dimension – spiritual health) • Te Taha Hinengaro (the mental dimension- mental health) • Te Taha Tinana (the physical dimension – physical health) • Te Taha Whānau (the family dimension – relationships with family)
Rating format	For each item, the person is asked to choose one of five statements that best reflects the situation. The statements vary in their evaluative expression as: very bad / bad / just ok / good / very good.
Interpretation	Higher scores indicate better status on all scales.

- This measure reflects the Te Whare Tapa Whā model of Māori health.
- Evaluation of the measure is in the early stages.
- It provides a useful tool for discussion between tāngata whai ora, whānau and practitioners regarding treatment outcomes and planning.
- To access Hua Oranga visit www.oradatabase.co.nz/downloads.php

7. Substance use (alcohol and other drugs)

Substance use disorders are the third most common type of mental health and addiction problem in New Zealand with a lifetime prevalence of 12.3 per cent. Alcohol use or dependence and smoking are the most common, with drug abuse and dependence being approximately half as common as alcohol. Substance use problems amongst people experiencing a mental health issue is much higher (Oakley-Browne et al., 2006).

Alcohol and Drug Outcome Measure (ADOM)

Measures	Use of alcohol and other drugs and associated lifestyle factors
Number of items	20
Rated by	Self-rated in collaborative interview with practitioner
Time to complete	5-10 minutes
Content	**Section 1:** Alcohol and other drug use (in last four weeks) Frequency, daily consumption and main substances of concern (up to 3) **Section 2:** Lifestyle and wellbeing (in last four weeks) Problems with friends or family, role function, physical and mental health, engagement in social, housing, criminal activity **Section 3:** Recovery Closeness to recovery goal, and satisfaction with progress
Rating format	**Section 1:** Frequency: number of days of use in last four weeks (0-28). Consumption: number of standard drinks / cigarettes in typical day. **Section 2:** 5 response categories (coded as 0-4): not at all / less than weekly / once or twice a week / 3-4 times a week / daily or almost daily. **Section 3:** Closeness to goal: rated 1-10 where 10 = best possible. Satisfaction with progress: 5 response categories: not at all / slightly / moderately / considerably / extremely.
Interpretation	Lower scores on all items indicate improvement (less substance use, less disruption to wellbeing).

- Developed in New Zealand for use in adult community outpatient addiction services.
- The Ministry of Health (MOH) has mandated data collection and reporting for addiction services funded by MOH.
- It shows good test-retest reliability, concurrent validity and sensitivity to change.
- It is not currently validated for people who have been in prison or in hospital inpatient settings for seven days or more in the last month.
- Training in the use of the ADOM must be undertaken from Te Pou (www.tepou.co.nz) and Matua Raki (www.matuaraki.org.nz) prior to use.
- To access tools to support the use of ADOM visit www.tepou.co.nz/outcomes-and-information/adom-tools/136

Alcohol Use Disorder Identification Test (AUDIT)

Purpose	A brief screening test to assess whether a person's use of alcohol is harmful	
Number of items	10	
Rated by	Self-rated version and interview version	
Time to complete	5-10 minutes	
Content	*Alcohol consumption* Frequency of drinking alcohol Typical quantity Frequency of heavy drinking *Alcohol dependence* Impaired control over drinking Impaired role performance due to drinking Morning drinking	*Alcohol-related problems* Guilt after drinking Black-outs Alcohol-related injuries (self/others) Concern from others about their drinking
Rating format	Items 1-8: Five point rating scale (0-4), appropriate anchor points. Items 9-10: 3 response categories: no, yes-but not in the last year, and yes during the last year.	
Interpretation	Score	Interpretation
	0-7	Likely non-hazardous alcohol use
	8-19	Likely hazardous alcohol use
	20-40	Likely alcohol dependence

- This measure can be used in primary settings, social services and mental health services.
- It demonstrates acceptable reliability and validity. A study using the AUDIT in a New Zealand general population sample revealed a total of 17.7 per cent of participants having a harmful drinking score of 8 or more, with only 9 per cent of people having talked with their primary care provider (Foulds, 2012).
- AUDIT is available at www.talkingalcohol.com/files/pdfs/WHO_audit.pdf

Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)

Measures	All levels of substance use, past and present, for a range of substances. Assesses patterns of use and difficulties for each substance recently used Also has a brief therapeutic intervention that can be offered		
Number of items	Varies depending on history of substance use. Questions relating to use, associated harm and attempts to reduce/stop use are asked about each substance class for which use is reported.		
Rated by	Self-rated, facilitated by brief structured interview with practitioner		
Time to complete	1 minute – 20 minutes depending on person's history of use		
Content	Questions 1: life time use of 10 substances (tobacco, alcohol, cannabis, cocaine, amphetamines, inhalants, sedatives, hallucinogens, opioids, others). Stop if no lifetime use. 2: use in the last three months for substances for which lifetime use has been indicated. 3-5: urge to use, difficulties due to use and failure to perform expected roles due to use for each substance used in the last 3 months. 6-7: concern expressed by others and attempts to stop use for each substance used throughout life or in the last 3 months. 8: whether substances have ever been used by injection (never / last three months / yes but not in last three months) throughout life.		
Rating format	Questions 1: Yes/no for each substance class. 2-5: 5-point scales with anchor points of never / once or twice / monthly / weekly / daily or almost daily. 6-8: 3-point scales with anchor points of never / yes – but not in past three months / yes – in the past three months. Non-linear numeric weightings attached to each anchor point.		
Interpretation	A score for each substance is calculated by adding the scores for questions 2-7 for that substance (only applies to substance classes for which answers to question 1 was "yes").		
	Alcohol: Score 0-10 All others: Score 0-3	Low risk	No intervention.
	Alcohol: Score 11-26 All others: Score 4-26	Moderate risk	Brief intervention and take-home tools.
	All substances: Score 27+	High risk	More intensive treatment - counselling or specialist drug and alcohol service.

- ASSIST demonstrates good reliability and validity.
- The measure has the ability to distinguish between people with or without substance use difficulties and between severity of substance use disorders.
- The brief intervention associated with this measure has been shown to achieve significant reductions in substance use (Humeniuk, 2008).
- Available free from the WHO website along with resources to support its use http://www.who.int/substance_abuse/activities/assist/en/

Early Intervention Gambling Health Test (EIGHT)

Purpose	A brief screening test to assess whether a person's use of gambling is harmful	
Number of items	8	
Rated by	Self-rated version and interview version	
Time to complete	10-20 minutes	
Content	Responses to 8 questions: Yes, that's true or No, I haven't 1: Sometimes I've felt depressed or anxious after a session of gambling. 2: Sometimes I've felt guilty about the way I gamble. 3: When I think about it, gambling has sometimes caused me problems. 4: Sometimes I've found it better not to tell others, especially my family, about the amount of time or money I spend gambling. 5: I often find that when I stop gambling I've run out of money. 6: The urge to return to gambling to win back losses from a past session. 7: Yes, I have received criticism about my gambling in the past. 8: Yes, I have tried to win money to pay debts.	
Rating format	The EIGHT is preferably a self-completed screen but can be administered by another person if literacy or language barriers exist.	
Interpretation	Score	Interpretation
	1-2	Low harm
	3	Low harm but at risk for moderate harm
	4-5	Harm is occurring from gambling
	6-8	Serious harm is occurring from gambling (and may meet criteria for Pathological Gambling Disorder)

- This screening measure was developed in New Zealand and is used in primary and secondary health and social service settings.
- EIGHT has been validated in New Zealand including with Māori and Pasifika populations (Matua Raki, 2012).
- EIGHT is free to use. Copies of the screen and guidelines for use can be obtained from www.bpac.org.nz/BPJ/2010/June/.../addiction_eight_gambling_screen.pdf
- Further information can be obtained at http://www.acts.co.nz

8. Satisfaction with services

Tāku Reo, Tāku Mauri Ora – My Voice, My Life

Satisfaction with services subscale

Measures	Satisfaction with service received over the last week	
Number of items	8	
Rated by	Self-rated	
Time to complete	2-4 minutes	
Content	Overall satisfaction with the service (2 items)	
	Overall satisfaction with service	Quality of service delivered
	Satisfaction with specific aspects of the service (6 items)	
	Access to what was needed from service Timeliness of service delivery Provision of needed information	Listened to by service Own opinions mattered to service Rights respected by service
Rating format	5 point rating scale, 1-5 plus not applicable. Each point anchored: None of the time / A little / Some of the time / Most of the time / All of the time.	
Interpretation	Higher scores are indicative of a more positive status for all scales.	

- This measure identifies if the treatment and approaches from a service has supported a person's recovery.
- The satisfaction with services subscale is relevant for use in New Zealand services (Gordon et al., 2009).
- Tāku Reo, Tāku Mauri Ora has acceptable reliability for the satisfaction with services subscale.
- Tāku Reo, Tāku Mauri Ora can be accessed at www.tepou.co.nz/resources/taku-reo-taku-mauri-ora-tool/146

Glossary of terms

Anchoring points: words used to define the meaning of a particular value or position on a rating scale (for example, 0 = "not at all" and 4 = "very much"). It can be helpful for people with lower educational levels and more concrete thinking styles.

Error of measurement: is the difference between the result of the measurement and the true value of what is being measured.

Psychometric evaluation: research to ensure that the test is able to consistently measure what it is designed to measure. This does not guarantee that the measure will be equally reliable and valid in other settings (for example, with different ethnicities).

- **Reliability:** the ability of the measure to produce stable and consistent results. If the reliability of a measure is low, then its validity will be limited and results obtained by its use may be misleading. Test-retest reliability is where it gives the same result when completed more than once for a person whose presentation has not changed.
- **Validity:** the ability of the test to actually reflect what (for example, depression) it is designed to measure. Face validity is the degree to which a test appears to measure what it reports to measure. Concurrent validity is how well a test correlates with a previously validated measure.
- **Sensitivity to therapeutic change:** the ability of the test to detect and reflect changes in the issue over time.

Reverse-scoring: some items on some rating scales have the high score that is in the opposite direction from other items (for example, "How often do you feel very relaxed?" 0=never, 4=always, versus, "How often do you feel very tense?" 0=never, 4=always).

Sensitivity: the proportion of people who actually have the condition that the measure identifies as having that condition.

Specificity: the proportion of people that do not have a condition who the measure correctly identifies as not having that condition.

Standardised measures: formal assessment tools such as rating scales or person self-rated questionnaires that are used (administered, scored and interpreted) in a consistent way each time they are used.

Stepped care: an approach that uses the least intrusive types of therapy and treatment to meet the presenting needs of a person, and enables them to move to a different level of intensity as their needs change (Mental Health Commission, 2012).

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