Polish version of CORE-OM as a reliable, valid, clinically useful, user-friendly outcome measure.

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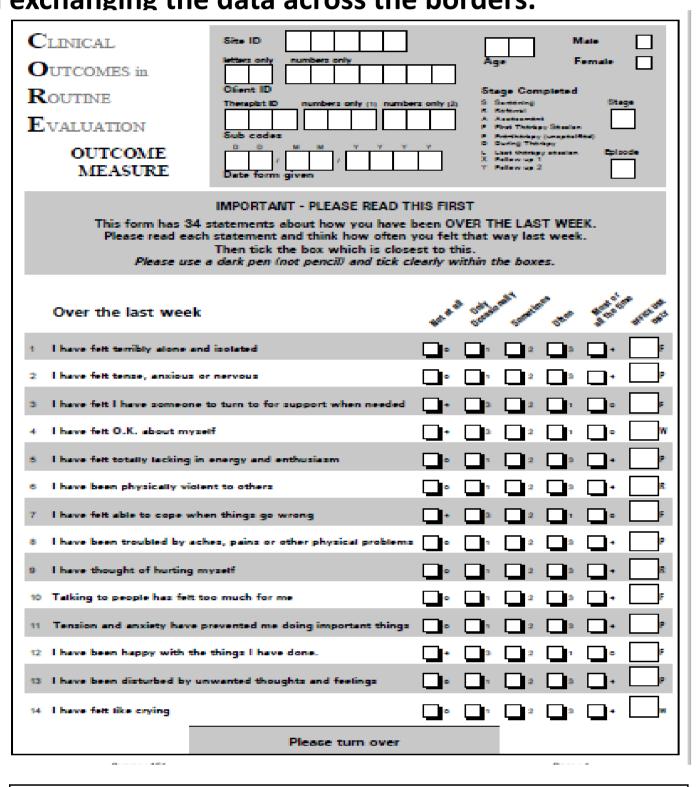




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Background: Psychotherapy practitioners need validated brief outcome measures of psychotherapy effectiveness and efficacy. CORE-OM is a self-report scale outcome measure designed for evaluation of psychotherapy results. It is atheoretical, well-investigated, user-friendly for patients, clinicians, and scholars. It is also copy left, translated and validated to Swedish, Norwegian, Italian, German, Albanian, Spanish, Deaf, Lithuanian, Slovak and Islandic language. It possesses a broad referential data-base. In Poland there exist very few validated outcome measures dedicated to psychotherapy. Such measures need to be translated precisely and in a culturally sensitive way, to enable reliable measurement and exchanging the data across the borders.



Over the last week	
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 fett despairing or hopetess	
24 I have thought it would be better if I were dead	
25 I have fett criticized by other people	
26 I have thought I have no friends	
27 I have fett unhappy	
28 Unwented 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 burt myself physically or taken dangerous risks with my health	
THANK YOU FOR YOUR TIME IN COMPLETING	NG THIS QUESTIONNAIRE
Total Scores	
Mean Scores	

Translation process effected in Polish male & female form of CORE-OM

According to the procedure of CORE-OM Trust Compatible with ISPOR Principles of Good Practice: The Cross-Cultural Adaptation Process for Patient-Reported Outcomes Measures.

- -10 independent translations, professionals English, professional psychotherapists, lay people
- -Panel working on translation under the leadership of the author
- -6 people, 2 lay, 4 psychotherapists,
- -Throughout comprehensive work aimed on intercultural translation of meanings. Monty Python Black Knight and national attitude toward weather were analysed.
- -Backward translations by 2 professionals
 -Ultimate version consulted with: low educated contractors, seniors after 70-ty, teenagers.
 - Photo. Research leaders team (Polish Institute for



Hypothesis:

1. Reliability

1. internal consistency expected slightly lower values than original, both clinical and non-clinical sample

2. High test-retest reliability is expected (high stability)

2. Validity

- 1. Factor validity: 3 factors structure similar as in original
- 2. Convergent and divergent validity. High correlations are expected with similar measures and slight or absent with measures aimed at other constructs than symptoms, wellbeing, or functioning
- 3. Discriminant validity. High differentiation between clinical and non-clinical population, but -small age and gender differences are expected.
- 3. Acceptability.
 - 1. High acceptability similar to original at all non-risk items.
 - 2. Lower acceptability of risk scale and items expected because they
- potentially endanger respondent with criminal and moral responsibility 4. Sensitivity to change. Polish version expected to be sensitive to changes caused by psychotherapy

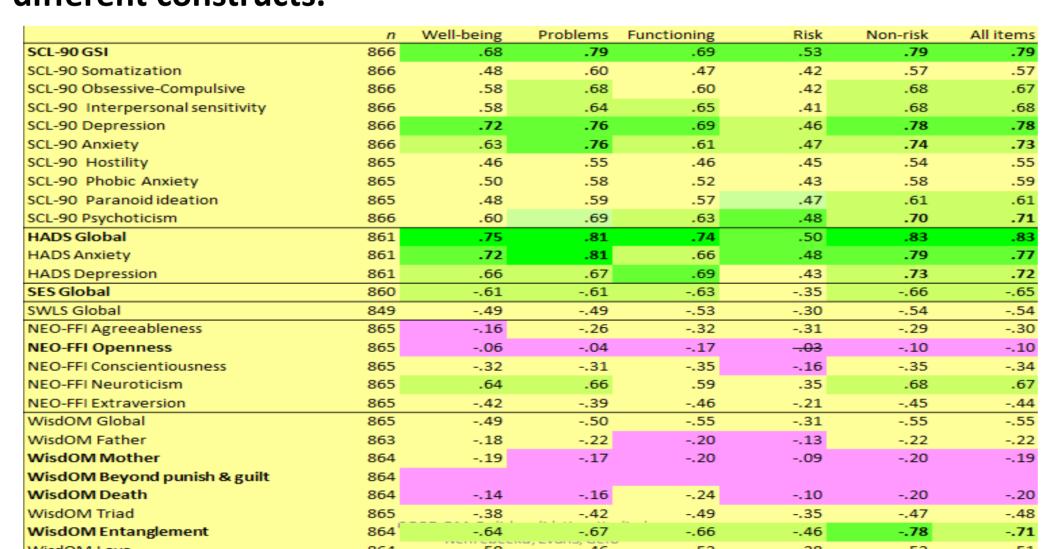
Methods: CORE-OM - The Clinical Outcomes in Routine Evaluation - Outcome Measure was translated into Polish * The translation was tested on non-clinical sample (n=2364) consisting of university, high school and doctoral students, psychotherapy trainees, professionals and sample of convenience * clinical sample (n=1837) from 52 mental health institutions and 49 private practices * Sensitivity to change sample (n=188) were patients of 18 clinical sites * testretest sample (n=57) were students of psychology curriculum at Business College * Data were collected by the 120 leaders recruited from the trainees and trainers of Polish Institute for Integrative Psychotherapy * SCL-90, HADS, SWLS, SES, NEO-FFI and WisdOM were used * Statistical analysis was conducted with SPSS for Windows, C. Evans programmes for calculating Cronbach alpha, CI-s, RC and CSC and online calculators for: d Cohen and CI of 2 mean differences * As for not Gaussian distribution (usual in symptomatic measures) for comparison of samples nonparametric tests were used * For testing convergent validity correlational analysis was used.

Results

Internal consistency was high.

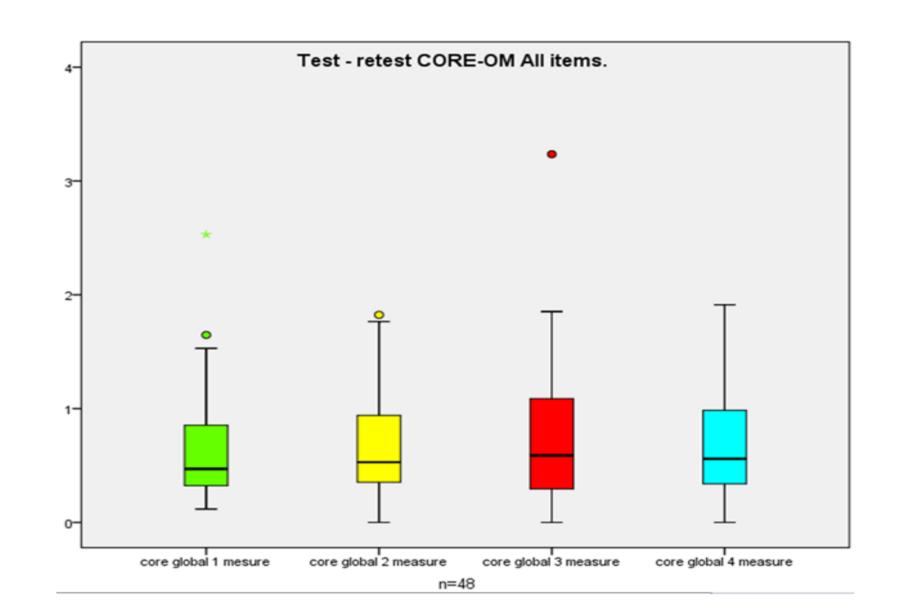
Table	Clinical							amala
iable	(<i>n</i> =1873)							ample
	Well-being (W)	1.00						
	Problems (P)	.81	1.00					
	Functioning (F)	.77	.79	1.00				
	Risk (R)	.53	.61	.59	1.00			
	Non Risk Items	.88	.96	.92	.63	1.000		
	(AII-R)							
	All items	.88	.95	.92	.69	.995	1.00	
	Caaffialant n	70*	0.02*	07*	00*	05*	0.0*	
	Coefficient α	.79*	0 .93*	.87*	.80*	.95*	.96*	
	(95%CI)	(.7780)	(.92 93)	(.8688)	(.7881)	(.95-0 .96)	(.9596)	
	Coefficient α	.75	.88	.87	.79	.94	.94	
	in UK data							
								4

Convergent validity was high for similar measures and low for measures of different constructs.

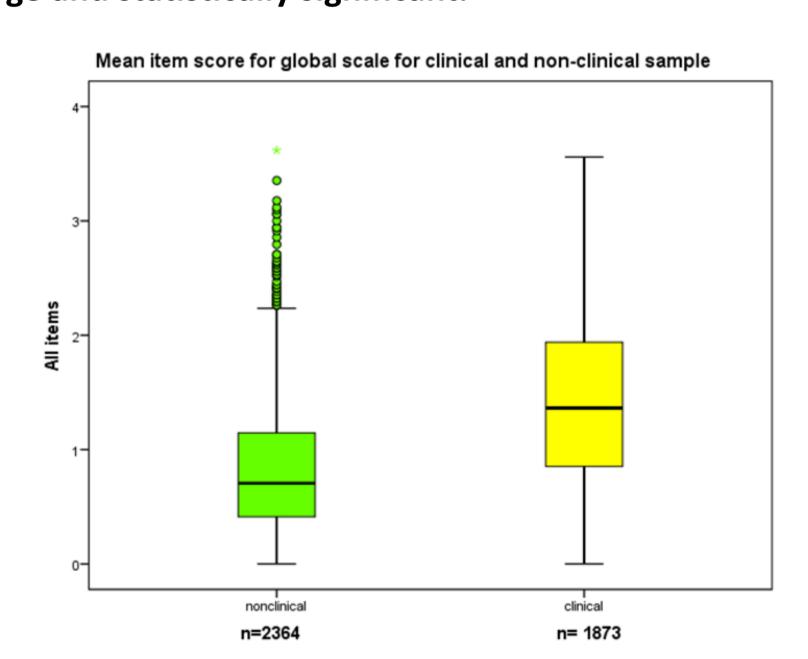


Conclusions: Polish version of CORE-OM is a valid, reliable, acceptable, and sensitive to change outcome measure. The measure can be used in a clinical practice, outcome research and crosscultural research.

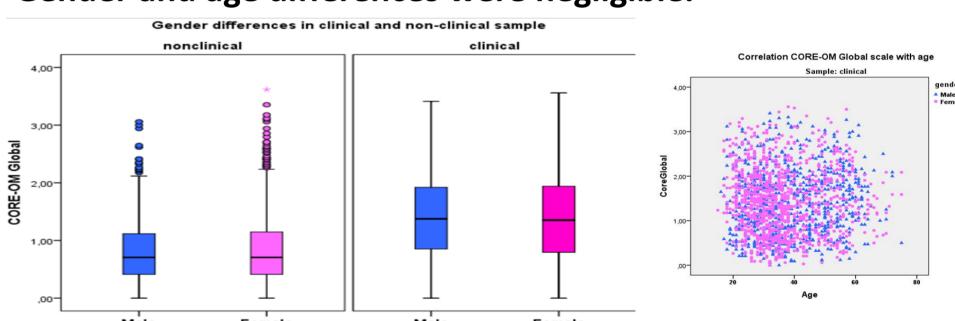
Test-retest reliability was good. Test result are stable.



Differences between clinical and non-clinical sample were large and statistically significant.



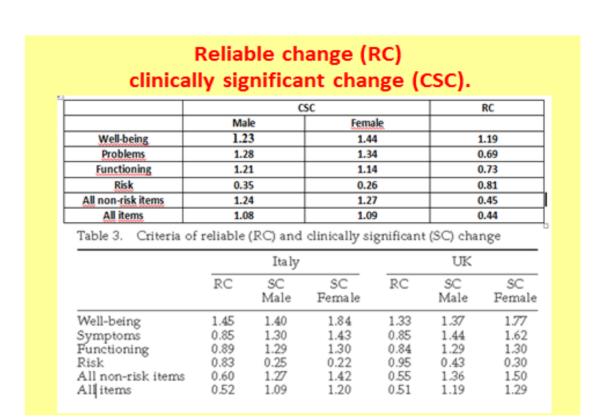
Gender and age differences were negligible.



Acceptability was excellent.

יַץ	diability was excellent.						
		Non-clinical	Clinical				
	100% filled	94.3	89.5				
	Prorating (omission≤3)	99.5	98.8				

Criteria of reliable change (RC) and clinically reliable change (CSC) were lower than the British& Italian referential data.



Sensitivity to change following psychotherapy was good.

