

Systemische Forschungstagung

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# Developing the SCORE outcome measure: Research and therapeutic applications.

**Peter Stratton, Professor of Family Therapy,  
Leeds University**

Julia Bland , Consultant Psychiatrist in Psychotherapy, Maudsley Hospital,  
London

Judith Lask, Institute of Psychiatry, London

Emma Janes, Consultant Psychiatrist, SLAM, London

## Aims and objectives

1. To show the need for a systemic outcome measure
2. To report the development of the SCORE 40 and its refinement to the SCORE 15
3. Review the evidence for the SCORE
4. To have an experience of the SCORE 15
5. To share in planning future European projects

# BACKGROUND

- Gulf between efficacy & effectiveness research and a pressing need for an instrument that will facilitate and improve upon the clinical measurement of family functioning and be an acceptable means of providing outcome data
- Reviewed literature on the most widely used & researched self report measures (SRMs) of family function: lack of consensus re. what to use.
- Intention to develop a SRM for use in SFT which has been inspired by and designed to complement CORE



## Gaps in the literature:

- Developments in FT theory & Practice, especially theories of change via systemic family relationships
- Paucity of items relating to family member's appraisals of *change* and levels of satisfaction/dissatisfaction with their service.
- The group then generated questions that were felt to address these particular issues.

## Item generation

- Reviewed original measures and suggestions from the AFT list.
- Ascertained dimensions of family functioning that are common to many of the SRMs
- Reviewed what we thought was missing and how ideas about family functioning have changed since the measures were introduced
- Produced a small number of original Qs to measure family functioning at any stage in family intervention
- Circulated questions widely for feedback



# Why Family Processes?

**Some systemic therapists are interested in how symptoms develop in an attempt to cope with the way the family has operated its relationships.**

**Others are more focused on building the underused capabilities of patients and their families.**

**All believe that healthy family processes will help a designated patient to overcome their difficulties and maintain therapeutic change.**

**So the ways the family members describe their life at home should be a crucial indicator of the resources the patients have .**

# Consultation stage

- **A 16 item Likert scale created**
- **Formal and informal expert consultation**
- **Service user consultation**
- **Lay consultation, including deliberate sampling of people from diverse ethnic backgrounds**



# Piloting

- FT trainees simulated responses of well/and poorly functioning families. All items loaded significantly on the main factor and differentiated the two conditions.
- 9 experienced therapists were recorded as they were interviewed while working through the 16 items. Thematic analysis of therapeutic judgements.



## 2. Qualitative PRN

- Three therapists each interviewed three experienced therapists about SCORE
- Thematic analysis of therapeutic judgements.
- Detailed responses to individual items
- See what we found in the *Australian & New Zealand Journal of Family Therapy 2006*.
- Responses of 33 FT trainees simulating family members. Clear difference between functional and not.
- Etc etc.

## Ethical Approval

- Ethical approval was granted in January 2006 for multi-site piloting of SCORE.
- Each pilot site needs to register with COREC to initiate application.
- Close attention to confidentiality, patient information, informed consent, data storage & custodianship.
- Database of interested parties



# Developing the SCORE 40

- Review existing measures
- Review accounts of what SFCT does
- Review accounts of good family functioning
- Decide on self-report Likert scales
- Create 9 items and ask around
- Create 16 items in 5 dimensions and try out thoroughly
  
- (1) Atmosphere/ Mood, (2) Conflict, (3) Expressiveness/ Communication, (4) Rules/ roles and (5) Functionality/ adaptability.



# Expand and contract and test

- Qual and quant data used to generate 55 items.
- Piloted on therapists and non-clinical samples
- Reduced to 40 items.
- Advice that the development should be in the context of how we plan for it to be used. So applied to families as they come for systemic therapy.
- Recruited clinics throughout the UK.

# The SCORE development process

- National UK ethical approval (NRES)
- **Stage 1:** Piloting of questionnaire at multiple sites 228 families, 510 SCORE 40s
- **Stage 1b:** Psychometric analysis of data and questionnaire refinement- the SCORE 15
  - **We did it**
- **Stage 2:** Validation studies re. Clinical outcomes.



# Comments:

- ‘it seemed to take ages at first but we soon were able to speed it up’
- ‘people with reading difficulties found it difficult’
- ‘It generated an interesting discussion about how each member defined their family and how their answers might be different according to who was included’
  
- From non-clinical sample
- ‘that was really interesting’
- ‘It made me think about aspects of our family that I had not been attending to’



# The families-in-therapy project

- SCORE 40 given to individual family members at start of first session.
- 228 families, 510 SCORE 40s.
- Cronbach Alpha, is .934, and Split-half reliability is a correlation of .833. It is coherent.
- Every item correlates with the corrected average.
- High levels of acceptability of all items

**The SCORE 40 works**

Now we really get going.

## Now we make it more practicable

Can we do with far fewer items?

**Yes we can**

Items were checked for how well they correlated with the total SCORE; whether they distinguished clinical and non-clinical, how they worked in MR and FA.

The 'weaker items' were examined for clinical significance.

We ended up with 15 items that factor into 3 clear dimensions



# Characteristics of the SCORE 15

- **Factor 1. Strengths and adaptability**
- **Factor 2. Overwhelmed by difficulties**
- **Factor 3. Disrupted communication**
- In the full sample of 608 cases SCORE 15 explained 95% of the variance in the means of the full SCORE 40.
- Alan Carr and his researchers in Dublin conducted a similar process with >700 mostly non-therapy individuals and has created a 28 item version that correlates highly with several family measures, especially the Family Assessment Device. It has the same factor structure.



# Would you like to try it?

- Please choose from a family you have seen recently, a specific individual family member or client that is a bit mystifying or problematic.
- Or you may want to complete it for your current family, or your family when you were aged 16.
- What did you think?

# Are SCORE15 questions relevant to your therapy?

- Do you know these things about your patients?
- what kind of outcome is it measuring?
- Which of your criteria of outcome will it capture directly / indirectly / not



# Are SCORE15 questions relevant to your therapy?

- Please form a group of ~4 who use different models of therapy.
- Discuss for 10 minutes, then be ready to feed back your conclusions

## Capture of idiosyncratic (qualitative) data

- The latter 5 items in SCORE ask the respondent to: describe their family; identify what they feel the main problem is for the family and rate how bad it is; say what change they would most hope for; whether they feel FT is the right approach and how they felt about filling out the Q. Wording of final items is adapted for use post- therapy and enables family members to rate how useful/otherwise they found FT for their difficulties.
- Qualitative data from the first pilot will be analysed and should help inform the development of the measure



## The three dimensions

- The way the questions clustered together is an indication of the ways clients structure their thinking about their family.
- It can also indicate where therapeutic effort should be directed.

## Factor 1. Strengths and adaptability

- In my family we talk to each other about things that matter to us
- We are good at finding new ways to deal with things that are difficult
- When one of us is upset they get looked after within the family
- Each of us gets listened to in our family
- We trust each other



## **Factor2. Overwhelmed by difficulties**

- We seem to go from one crisis to another in my family
- Things always seem to go wrong for my family
- In my family we blame each other when things go wrong
- It feels miserable in our family
- People in the family are nasty to each other

## Factor 3. Disrupted communication

- People often don't tell each other the truth in my family
- It feels risky to disagree in our family
- People in my family interfere too much in each other's lives
- When people in my family get angry they ignore each other on purpose
- People in the family are nasty to each other



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- **Now you can help us with  
Stage 2**

# Administration of SCORE 15 - EFTA

- Translate according to protocol
- Establish ethics and gain family consent
- Administer at 1<sup>st</sup>, 4<sup>th</sup> and final session
- Have therapist rate change at 4<sup>th</sup> and last session
- Record all consecutive families
- Send data anonymously
- Keep a copy for own use.



# Translation Protocol for SCORE

- Effectiveness of SCORE in other cultures will not best be achieved by linguistically accurate translations, but by rewording of each item in that language, in a way that is sensitive to the values and definitions of close relationships in that society.
- Although we are privileging culturally sensitive adaptation above linguistically accurate translation, we do want to research the extent to which the SCORE 15 is functional as a measure of therapeutic change in different societies. This means that we will stay close to the meanings and intentions of the existing 15 items.

## Translation 2

- Commission 5 translations from the English version by fluent English speakers who have the target language as their first language ( or one of their first languages). These 5 should include: at least one mental health professional with systemic training, at least two lay persons differing in age, ( over 12) gender or social class and someone who has significant experience of translation.





# SCORE 15

German version

# Dimension I

## Strengths and adaptability

- We trust each other
- Wir haben Vertrauen zueinander



# Dimension I

## Strengths and adaptability

- When one of us is upset they get looked after within the family
- Wenn einer von uns aufgebracht oder verzweifelt ist, so kümmert man sich um ihn.

## Dimension II

# Overwhelmed by difficulties

- People in the family are nasty to each other
- Unsere Familienmitglieder sind gemein zueinander



## Dimension II

### Overwhelmed by difficulties

- It feels miserable in our family
- Die Stimmung in unserer Familie ist schlecht.

## Dimension III

### Disrupted communication

- People in my family interfere too much in each other's lives
- Innerhalb meiner Familie mischt man sich zu sehr in das Leben der anderen ein



## Dimension III

### Disrupted communication

- It feels risky to disagree in our family
- Es ist riskant, in unserer Familie zu widersprechen.

## Practitioner Research networks

- An efficient means of gathering ‘practice based evidence’. Meets the needs of both Evidence-Based Practice and Practice-Based Evidence due to the involvement of multiple institutions and centres with academic support.
- Collaborating clinicians (usually linked with one or more academic departments) collect and share data from their every day practice with the potential to generate large, clinically representative datasets.



# Suggestions of research uses of SCORE

- Generating an evidence base appropriate to relational therapies
- Examining effects of therapy with:
  - Different lengths
  - Different client groups
  - Different approaches
- Collaboration across countries. Multi-country collaboration through the European Family Therapy Association
- A national data-base
- Practitioner Networks of researchers
- Exploring cultural differences between families
- .....

## Suggestions of therapy uses of SCORE

- Pre-therapy information and screening
- Discussing the items that are significant for clients
- Indicating major areas of change, and of no change, between sessions
- A context for discussions of usefulness
- Using the items to alert family members to disregarded aspects
- Checking for difference between therapist and client perceptions





# Suggestions for future research projects

please

# Interested in participating in the Piloting the SCORE project?

## Contact:

- Mina Polemi-Todoulou, Coordinator for the NFTO participation: [mpol-t@otenet.gr](mailto:mpol-t@otenet.gr)
- Maria Borsca, German Research Delegate to EFTA NFTO research committee: [borcsa@fh-nordhausen.de](mailto:borcsa@fh-nordhausen.de)
- Peter Stratton, Chair of EFTA Research Committee: [p.m.stratton@ntlworld.com](mailto:p.m.stratton@ntlworld.com)

REF: Peter Stratton, Julia Bland, Emma Janes and Judith Lask (in press) Developing an indicator of family function and a practicable outcome measure for systemic family and couple therapy: The SCORE. *Journal of Family Therapy*.



