

M-POQ Short Version

What is M-POQ? The Modum Process Outcome Questionnaire (M-POQ) is a feedback system developed at Modum Bad for clinical use. Its purpose is to provide clinicians with a comprehensive picture of the patient's progress in therapy. M-POQ is divided into three parts and is administered weekly as long as the patient is in treatment. It includes measurements of symptoms, common factors, and intrapsychic processes assumed to be central in psychotherapy.

About the Use of Feedback Systems in Clinic The use of feedback in clinical settings has increased in recent decades, and several studies have examined the effectiveness of feedback systems. These studies show that feedback can contribute to better therapy outcomes. The use of feedback appears to be particularly effective for patients who do not respond to treatment. Patient groups where little improvement is expected initially show better outcomes when therapists receive feedback during the therapy process.

Development of M-POQ: M-POQ was developed by researchers at Modum Bad in collaboration with the clinic. The aim was to create a measurement tool that is relevant for clinicians and has good psychometric properties. The initial version of the instrument was implemented in the Depression Ward and the Eating Disorder Ward. Psychometric tests (G-analysis, exploratory and confirmatory factor analyses) were conducted to examine the quality of the instrument. Results from these, along with user feedback, formed the basis for revising the instrument. M-POQ currently consists of questions developed at Modum Bad and questions from established measurement instruments.

Detailed Overview of M-POQ: Symptom Measures (Monday):

- Depression, Anxiety, Loneliness, Well-being, Resilience

Common Factors (Wednesday):

- Treatment Expectations, Credibility of Treatment, Agreement on Goals, Agreement on Means, Empathy, Expertise

Process Measures (Friday):

- Cognitions, Metacognitions, Worry and Rumination, Emotions and Problems with Emotional Regulation, Self-compassion and Difficulties Receiving Care

The questions included under symptom measures are from the following scales: PHQ-9 (Kroenke & Spitzer, 2002), GAD 7 (Spitzer et al., 2006), R-UCLA Loneliness Scale (McWhirter, 1990), The Warwick Edinburgh Wellbeing Scale (Tennant et al., 2007), and Connor-Davidson Resilience Scale (Connor & Davidson, 2003).

The questions under common factors are partially from Credibility/Expectancy Questionnaire (Borkivec & Nau 1972), The California Psychotherapy Alliance Scales (CALPAS; Gaston, 1991), The Working Alliance Inventory (WAI; Horvath & Greenberg, 1986), and The Real Relationship Inventory (RRI-C; Kelley et al., 2010), while some questions are developed by the research group at Modum Bad.

The questions included under process measures are partially from the following scales: Difficulties with Emotion Regulation Scale (Gratz & Roemer, 2004), Trauma-related Shame and Guilt Questionnaire (Øktedalen et al., 2015), Beck's Cognition Scale (Beck et al., 1987), Fear of Compassion (Gilbert et al., 2011), Self-compassion Scale (Neff, 2003), and Metacognitions Questionnaire 30 (MCQ-30; Wells & Cartwright-Hatton, 2004).

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