The "Therapy" of Outcome Measures

No – it isn't a typo!

Using Outcome Measures really is therapy in itself – it has a tremendous powerful effect – more powerful than any encouraging words. They are an "absolute" for patients. They show them the change is for real and not just "in their head".

I use measures all the time – whether I am measuring tinnitus distress through the THI or other instruments; measuring levels of anxiety and depression using the HAD Scale, the BDI (Beck Depression Inventory) or BAI (Beck Anxiety Inventory), effects of hyperacusis using the HSQ (Hearing Sensitivity Questionnaire), effects of dizziness using the DHI (Dizziness Handicap Inventory) and of course measuring changes through using a 0 – 10 scale in goal setting and goal achievements.

Bear with me while I tell you a story about a man that I've been working with over the past couple of months.

Jack

This man – let's call him "Jack" for the sake of his anonymity – has been an audiology patient for a long time. He was an angry man and took his temper out on anyone and everyone it seemed; he'd upset every audiologist who had tried to help him, and had been "blacklisted" in so far as a note had been put on his audiology record that he was only to be seen by the Head of Service – never by any of the core audiology staff.

Jack has a mild-moderate hearing loss and tinnitus – the tinnitus was "driving him mad" and he wanted it fixed! The audiologists were "useless" according to him and he was insisting a few months ago that full details about his hearing and his tinnitus should be sent to his GP. He was threatening to go to the papers and to his MP to complain about the audiology department because they did nothing to help him. At least this was his take on the situation and he'd growled down the phone to a number of people in the department demanding that he was given "proper help"!

The only reason he ended up on my books was because the Chief Audiologist thought he was complaining about me – I never did get to the bottom of why that assumption had been made but can only think it was because for the past couple of years all patients with troublesome tinnitus should be referred to Hearing Therapy, and Jack had in fact attended one of my Tinnitus Screen Groups two years ago. Back then, his tinnitus hadn't been quite so bad and he hadn't been ready to have hearing aids. He had chosen not to go ahead with a full programme of tinnitus management at that time, and was content with the information about tinnitus that he'd received through attending the one-off two hour group session.

Anyway, as a result of this "complaint" I telephoned the patient, and he explained that he had no complaint about me whatsoever – in fact, he said, I had been the only person he'd managed to get any sense out of! And would I please arrange for a report including an audiogram and details of his tinnitus to be sent to his GP. I

agreed to do that immediately and I offered him an appointment to come in to see me which he agreed to do.

I spent a couple of sessions with Jack, listening to how useless the hearing aids were so he saw no point in using them, and how awful his tinnitus was. I arranged for him to be seen by our Head of Service for a re-evaluation of his hearing aids and talked to him about committing to attending therapy sessions with me. Once his hearing aids had been adjusted – and they did require re-programming – he found them to be an improvement and agreed to use them. We worked on goals that he wanted to achieve, and discussed how we would go about achieving them. We completed measures for his tinnitus (I use the THI and another questionnaire I call the TQ10) and for anxiety and depression using the HAD Scale. The THI score was 72% (reduced from 94% before using hearing aids); TQ10 was 37/50 and the HAD measured 18/21 for depression and 16/21 for anxiety.

Jack began attending weekly therapy sessions, and each time more and more information was revealed. He had four failed marriages behind him, and two failed relationships with men. Jack had only been able to admit to himself 10 years ago that he was gay. He had been treated very badly by both of his male partners – especially the more recent of the two. He was afraid of getting involved in another relationship but he was so lonely. Jack lives on his own, his mobility isn't good and uses a wheelchair other than when he is pottering around at home. He is visited regularly by his daughter but hasn't been out socially since his last relationship came to an end about eighteen months ago. He whiles away his time – especially in the evenings – on internet chat lines in the hope of meeting "Mister Right" but had found so many people on there to be untrustworthy and even abusive on occasions.

Jack's self esteem was on the floor, he'd had suicidal thoughts regularly as well as thoughts of cutting himself, though he hadn't actually gone through with any of these. He described what must have amounted to tens and tens of hours of "counselling" over the years that he unceremoniously describes as a complete waste of time! The words he uses are unrepeatable in this medium! He was having nightmares most nights that tended always to be a similar story – he was on a bus supposedly going to his home but always the bus would drop him off and his home was nowhere to be seen, or he would get to his home only to find he didn't live there at all.

There's lots more I could tell you about Jack, but there's enough here I think for you to grasp the general scenario surrounding Jack's life.

I have been working with Jack on a weekly basis now since February. I have used a huge amount of validation, explanation, dialogue and challenging plus hypnotherapy. I have done some cognitive work with Jack throughout our sessions, but CBT per se wasn't wholly appropriate in Jack's case – mainly because he'd supposedly had it before (from what he described to me it was no such thing and if it was, it had been done very inadequately!) and I didn't need to make more work for Jack trying to undo that particular belief when really, it would only have been for the sake of it. There were other very effective ways of helping Jack and I am happy to say – as you will see in the next few paragraphs – they have been extremely effective.

The Therapy of Outcome Measures – A Short Case Study

Last week, I went to the waiting room to fetch Jack for his appointment. There he was, sat in his wheelchair – sure enough it was him, but my goodness he looked different! He was sat up straight in his chair and smiled at me! He radiated a completely different persona to that which I'd been used to seeing in that waiting room over the past weeks. Though admittedly, there had been some smiles during our 1-1 sessions of late. We had our therapy session and Jack returned yesterday for his next appointment. Once again, there he was in the waiting room, sat erect and smiling. He zoomed into the clinic room (remember he is in a chair!) and parked up – unusually close to my chair I noticed.

He was full of it – even though he'd had a bad migraine the day before. That was the first migraine he'd had for six weeks whereas prior to our therapy he was having them two or three times a week. He said it must have been because he'd been lying awkwardly in bed during the night – he's sleeping so much better now. Regularly gets 7 hours a night of uninterrupted sleep. He's not had any nightmares for about 4 weeks and tinnitus? Hardly notices it now!

I said to him it was time to revisit the measures. "Oh if you must!" he said. I explained to him why I used them – that it was so that my patients could see for themselves, on paper, the changes that they'd made. So he happily agreed.

As he worked his way through the first one (TQ10) he was ticking all the boxes down the left hand side of the questionnaire (i.e. little or no problem) and when he got about halfway down the paper, he said to me "You'll see a difference with this one". He finished that one, and I gave him the THI – same thing – lots of "No" boxes ticked with the occasional "Sometimes". Then I gave him the HAD Scale – tick tick he drew in the boxes.

I scored each of the questionnaires as he completed them, and coupled them with the previous questionnaires he'd done some 6 weeks before.

Then it was time to show Jack the comparisons:

		Before	After	(Minimum/Maximum possible score)	
HAD Scale:	Depression	18	4	(0)	(21)
	Anxiety	16	3	(0)	(21)
THI		72	18	(0)	(100)
TQ10		37	11	(10)	(50)

Jack's response when he saw these for himself? "Wow!!!!!" He beamed all over his face. And so he should – he's done brilliantly!

Then he said – as is often the case – "but now I'm worried that I won't be able to stay like this. I'm scared that I'll go backwards." Jack and I talked about this. I told him it was absolutely normal to think that – nearly everyone does. Look at all the work you've done to get here, I said to him. How can you go back to where you were before? With everything that you understand now? You just didn't understand it all

before but now you do. And I saw the light go on again in Jack's eyes. Yes, he said, it can't happen can it? And indeed no – it can't. Things will happen in his life that will cause him upset no doubt, but he has a completely different way of understanding things now. In fact, yesterday it was Jack who volunteered those words to *me*!

In conclusion

When Jack saw those outcome measures, they did him more good than any words I could have used to reinforce what changes he has made.

The reason I have sat here today and written this article is to – hopefully – encourage any of you who don't already use Outcome Measures to use them in future. I hope I have given you good reason to use them. Jack is one of many hundreds of patients I have worked with over the years but also probably one of the more complex too. All patients – whatever problems they come to us with – are seeking change, and how better can they see the changes they have made than by comparing their own answers?

My work with Jack isn't quite finished yet. It's so often the case that at this stage something happens that challenges the new found beliefs and understanding, and it's really important in my experience that this is embraced as being part of the therapy process. In fact, once something has happened that does challenge those new found beliefs and understandings, and the person can have their hand held through it, then they really have made permanent changes that they know they can trust to be there in the future. I use final outcome measures at the very end of therapy – after we've covered relapse prevention in theory and very often in practice - and more often than not, the measures are even better.

If anyone doesn't have the measures to use, just drop me an email and I'll send them to you.

Happy measuring ☺