



History and Science behind the OQ[®] Family of Instruments

The adult Outcome Questionnaire (OQ[®]) and its closely related child-adolescent version, the Youth Outcome Questionnaire[™] (Y-OQ[®]), have, for a number of years, been recognized as one of the leading outcome tracking methodologies for quantifying and evaluating the progress of behavioral health therapy. These outcome measures have been widely adopted by a variety of behavioral and other health care service organizations (e.g. small clinics, large health care institutions, university counseling centers and all branches of the military) since their release in the early 1990s and are currently being used on 6 continents in 17 different languages.

The OQ[®] and Y-OQ[®] are the result of a unique partnership between behavioral health care administrators, practitioners, and academic researchers in response to the changing mental health arena and the accompanying demands for quality healthcare, reliable monitoring, and accountability for services provided. While most mental health products are designed to test for specific symptoms and assign diagnoses, our measures are uniquely designed to track change during patient treatment and provide algorithms for detecting negative outcomes prior to treatment failure.

The OQ[®] and Y-OQ[®] instruments utilize Change Metrics such as a Reliable Change Index (RCI) and cutoff score to define standards for clinically significant change achieved during mental health treatment (i.e., classifying patient change as recovered, improved, no change or deterioration). This approach cuts across treatment models, diagnoses, and disciplines, and is thus applicable in a wide variety of settings and can facilitate comparison among these and other variables.

The empirical and rational algorithms used to predict treatment failures have been thoroughly tested in five randomized clinical trials (RCT) showing the decision rules ability to identify between 85-100% of the failing cases BEFORE the patient terminates treatment. This research has also shown that providing feedback to therapists regarding patient outcomes significantly reduces treatment failures and maximizes treatment effectiveness yielding improved patient care and a reallocation of therapist time to cases in need of special attention.

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