

## PSYCHOLOGIST INSTRUCTIONS

### DATA COLLECTION

RATIONALE: The following data collection method allows for Psychologists to provide outcome measures in a systematic way to promote meaningful conversations with clients about their treatment progress. In addition, the data collection allows for the Trauma Recovery Network Australia (TRNA) to conduct an evaluation to understand whether their approach to early intervention for trauma is effective. It is for these reasons it is expected that Psychologists use the outcome measures as described with all clients.

HOW THE DATA WILL BE USED: The data will be held confidentially in Novopsych software. When sufficient data has been collected, approximately 60 clients who have completed treatment with various Psychologists, the data relating to trauma, depression, and client satisfaction will be confidentially provided to an external party to evaluate. Many psychologists will work on this project and all their client outcomes will be combined to assess the average effectiveness of the treatment on areas such as trauma, depression and client satisfaction. These results will be shared with relevant stakeholders and the public to demonstrate evidence of whether the treatment was effective or not.

HOW THE DATA WILL NOT BE USED: No Psychologist working on this project will be identified. No results of any single psychologist's client results will be shared. All Psychologist and client information will be private and confidential.

### SUMMARY

Trauma Recovery Network is asking EMDR Psychologists to work with 1-3 new clients for up to 10 sessions over 6-8 weeks to improve client access to trauma treatment for better recovery. Psychologists are recommended to provide 3 – 6 sessions (10 sessions maximum) over a period of 6-8 weeks (12 weeks maximum). Psychologists decide on client discharge based on clinical impression, recovery or if referral to long-term therapy is indicated due to other issues. Psychologists can use Face-to-Face or their preferred telehealth platform. Psychologists will use outcome measures at each session and schedule further outcome measures to be emailed to the client at 3, 6, and 9 months.

## INSTRUCTIONS

Below are step-by-step instructions on how to complete data collection with your clients. A complete list and description of the Novopsych software and each outcome measure is provided in Appendix A.

### TREATMENT DELIVERY

#### *FIRST SESSION*

- 1) Enrolled Psychologist sees client on telehealth or face-to-face
- 2) Psychologist loads the TRNAC (Consent Form), PCL-5 & PHQ-9 onto clients Novopsych file. Psychologist emails Novopsych Assessment link to client. Client clicks on the Novopsych Assessment Link and completes Consent Form, PCL-5 & PHQ-9 in session while on video chat with Psychologist or face-to-face in session
- 3) Psychologist provides feedback and continues session

#### *FURTHER SESSIONS*

- 1) Enrolled Psychologist sees client on telehealth or face-to-face
- 2) Psychologist loads the PCL-5 & PHQ-9 onto clients Novopsych file. Psychologist emails Novopsych Assessment link to client. Client clicks on the Novopsych Assessment Link and completes PCL-5 & PHQ-9 in session while on video chat with Psychologist or face-to-face in session
- 3) Psychologist provides feedback and continues session

#### *LAST SESSION*

- 1) Enrolled Psychologist sees client on telehealth or face-to-face
- 2) Psychologist loads the Client Satisfaction Survey, PCL-5 & PHQ-9 onto clients Novopsych file. Psychologist emails Novopsych Assessment link to client. Client clicks on the Novopsych Assessment Link and completes Client Satisfaction Survey, PCL-5 & PHQ-9 in session while on video chat with Psychologist or face-to-face in session
- 3) Psychologist provides feedback and continues session

## INSTRUCTIONS continued...

### *IF CLIENT DOES NOT RETURN TO TREATMENT WITHOUT NOTICE (DROP OUT)*

1) Enrolled Psychologist attempts to contact client and is successful:

- Discuss whether client would like to have a last session. Proceed based on client preference. Inform the client that their feedback on how they feel and their experience of treatment is valuable to improve mental health treatment and that an email will be sent for them to fill out.

- Psychologist loads the Client Satisfaction Survey, PCL-5 & PHQ-9 onto clients Novopsych file.

Psychologist emails Novopsych Assessment link to client. Client can complete these outcome measures at their own convenience. If client wants to attend last session they can fill out measures in session.

2) Enrolled Psychologist attempts to contact client and cannot make contact:

- Psychologist loads the Client Satisfaction Survey, PCL-5 & PHQ-9 onto clients Novopsych file.

Psychologist emails Novopsych Assessment link to client. Client can complete these outcome measures at their own convenience.

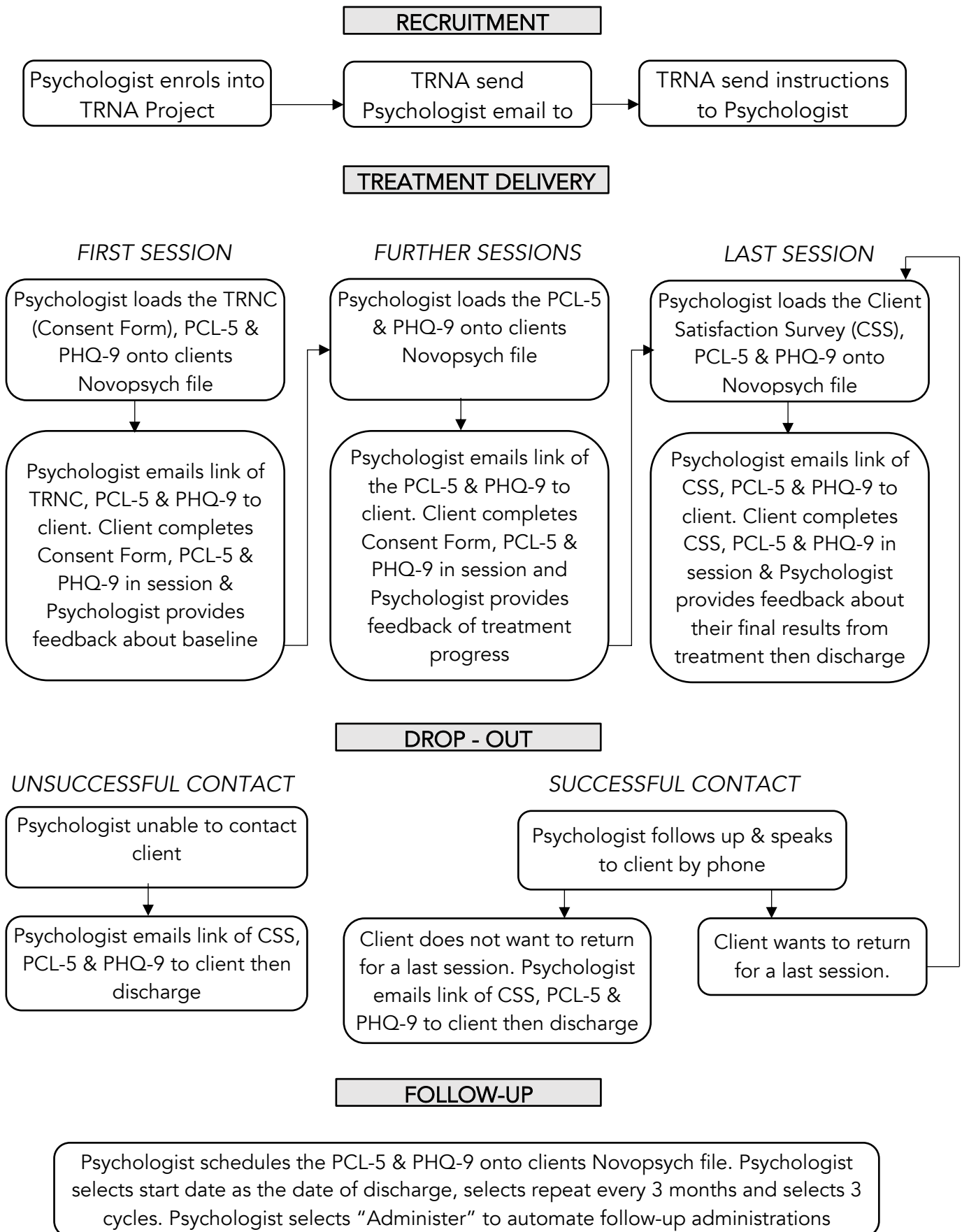
### *FOLLOW-UP MONITORING*

1) Enrolled Psychologist is planning on discharging client

2) Psychologist logs onto Novopsych clicks on the "Schedule Assessments" button and loads the PCL-5 & PHQ-9 onto clients Novopsych file. Psychologist selects start date as the date of discharge. Selects repeat every 3 months and selects 3 cycles. Psychologist selects "Administer" which will automate these outcome measures to be sent on the appropriate follow-up scheduled.

3) Psychologist discharges client.

## Data Collection Process Map Summary



## APPENDIX A

### NOVOPSYCH SOFTWARE & OUTCOME MEASURES

#### Novopsych

Novopsych is software which helps psychologists to easily provide psychological questionnaires to clients on an iPad or on a computer. The main aim of using Novopsych is to monitor symptoms over time and have meaningful conversations with clients about the progress and effectiveness of their treatment. By taking part in the Trauma Recovery Network project you will be assigned a NovoPsych account for free which will include a client consent form, the PCL-5, PHQ-9 and Client Satisfaction Survey for your use during treatment. A visual representation of the process is shown below. For more information please visit [www.novopsych.com.au](http://www.novopsych.com.au).



#### Outcome Measures

##### PTSD Checklist 5 (PCL-5)

The PCL-5 is a 20 item self-report measure of the 20 DSM-5 symptoms of Post Traumatic Stress Disorder (PTSD). Included in the scale are four domains consistent with the four criterion of PTSD in DSM-5: - Re-experiencing (criterion B) - Avoidance (criterion C) - Negative alterations in cognition and mood (criterion D) - Hyper-arousal (criterion E) The PCL-5 can be used to monitor symptom change, to screen for PTSD, or to make a provisional PTSD diagnosis.

##### *Scoring*

Scoring is automated within the Novopsych platform for ease of use for clinicians.

## PTSD Checklist 5 (PCL-5) continued...

### *Interpretation*

Scores consist of a total symptom severity score (from 0 to 80) and scores for four subscales: - Re-experiencing (items 1-5 – max score = 20) - Avoidance (items 6-7 – max score = 8) - Negative alterations in cognition and mood (items 8-14 – max score = 28) - Hyper-arousal (items 15-20 – max score = 24) In addition to a raw score being presented, a “mean score” is also computed, which is the subscale score divided by the number of items. These scores range between 0 to 5, where higher scores represent higher severity. Consistent with the likert scale: 0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely A provisional PTSD diagnosis can be made by treating each item rated as 2= "Moderately" or higher as an endorsed symptom, then following the DSM-5 diagnostic rule which requires at least: 1 B item (questions 1-5), 1 C item (questions 6-7), 2 D items (questions 8-14), 2 E items (questions 15-20). A cut-off raw score is 38 for a provisional diagnosis of PTSD. This cut-off has high sensitivity (.78) and specificity (.98) (Cohen et al., 2015). If the scale is used to track symptoms over time, a minimum 10 point change represents clinically significant change (as based on the PCL for DSM-IV change scores).

## **Patient Health Questionnaire – Depression (PHQ-9)**

The PHQ-9 is the nine item depression subscale of the Patient Health Questionnaire, and is a widely used tool for assisting primary care clinicians in diagnosing depression as well as monitoring treatment. The PHQ-9 is based directly on the diagnostic criteria for major depressive disorder in the Diagnostic and Statistical Manual Fourth Edition (DSM-IV).

### *Scoring*

Scoring is automated within the Novopsych platform for ease of use for clinicians.

## Patient Health Questionnaire – Depression (PHQ-9) continued...

### *Interpretation*

A PHQ-9 score of more than 10 had a sensitivity of 88% and a specificity of 88% for major depression. A clinical cut-off score of 10 is the most widely used for the PHQ-9. PHQ-9 scores of 5, 10, 15, and 20 represented mild, moderate, moderately severe, and severe depression, respectively.

A raw score (from 0 to 27) is presented, as well as a percentile based on sample of non-depressed individuals, a sample of those diagnosed with major depression, and sample diagnosed as having other depressive disorders. An individual with a percentile of around 50 compared to the major depression (MD) sample has a typical level of depression when compared to others diagnosed with major depression. The non-depressed percentile and the other-depressed percentile will be substantially higher. Conversely, an individual who scores in the 50th percentile compared to the non-depressed sample will likely score very low on the two depressed sample subscales.

### *Risk item*

The PHQ-9 has a suicide/self-harm ideation item (Question 9) that is not present in all depression measures. This is a valuable single-item for clinicians to “flag” if risk is present and if further assessment is required.

## Client Satisfaction Survey (CSS)

This survey asked the client about their level of satisfaction with the service they have received, both from their practitioner and their experience in general. It is designed for practices to gain feedback on how they might improve their services. It is particularly useful to administer post-discharge via email, or after the first six sessions. It includes 10 questions ranging from likert scale scoring to open ended responses.

### *Scoring*

Scoring is automated within the Novopsych platform for ease of use for clinicians.

### *Interpretation*

A numerical score between 0 and 40 is presented, where higher scores mean higher levels of satisfaction. The clients are also asked to make comment on the following two questions.

1. Other areas of strength
2. Suggestions for improvements