



COMMUNIMETRICS

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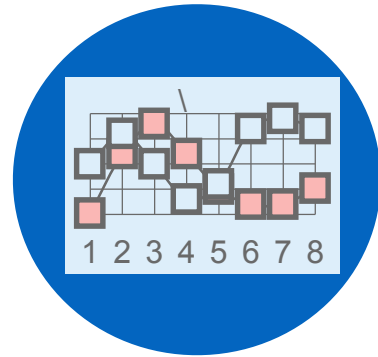
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Person-Centered Care Requires New Metrics



Classical
Test



Item
Response



Clinimetric



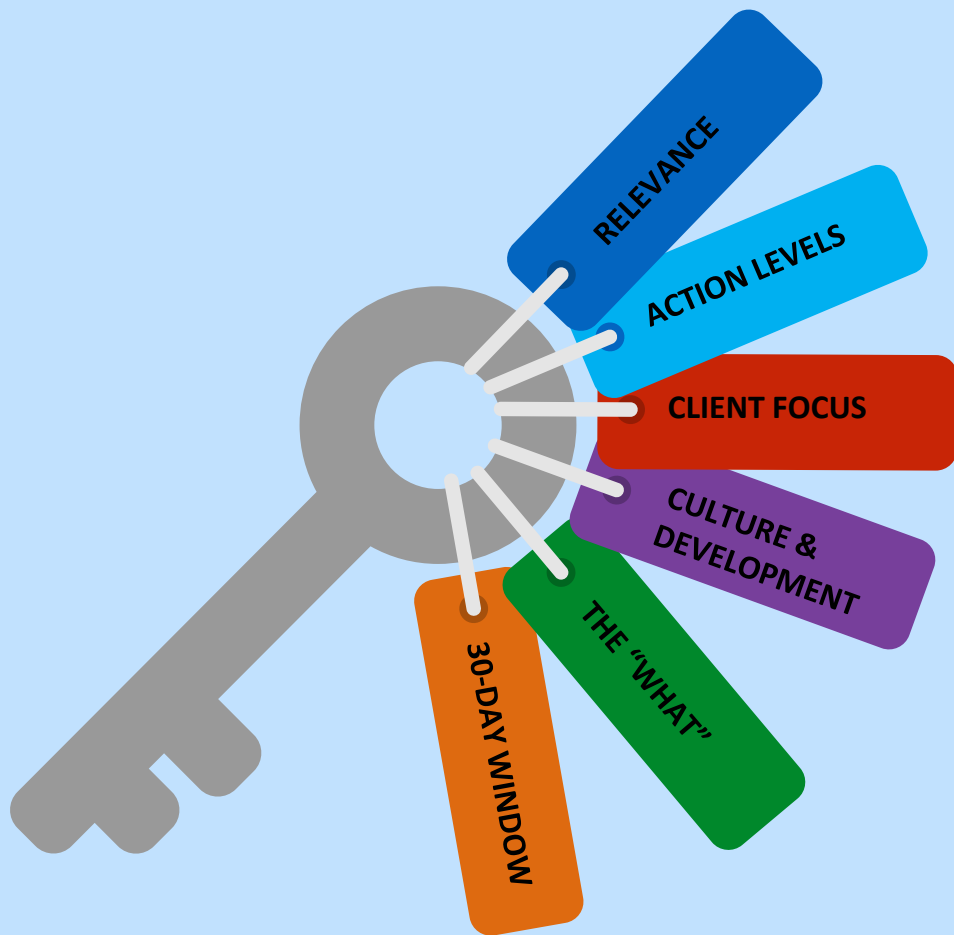
Communimetric

History of Measurement Theories

Communitimetrics

- Native Naturalism (Reality Theory) rather than British Empiricism
- Non-arbitrary—every number has immediate meaning
- Culturally and developmentally informed—the measure of a story
- Based on qualitative approaches to synthesizing complex phenomenon—modified grounded theory
- Post triangulation rather than pre-triangulation measurement

6 Key Principles



- 01 Items are selected because they are relevant to service/case planning.
- 02 Each item uses a 4-item rating scale that translates into action.
- 03 Rating should describe child/youth, not the child/youth in services.
- 04 Consider culture and development before determining ratings.
- 05 The ratings are agnostic as to etiology; it's about the *What*, not the *Why*.
- 06 Use a 30-day window in considering what is relevant to children, youth and their families.

Action Levels: Needs

3

Need is dangerous or disabling
Immediate action/intensive action required.

2

Need interferes with functioning
Action/Intervention required.

1

Significant history of need; or possible need that is not interfering with functioning
Watchful waiting/prevention/additional assessment.

0

No Evidence of Need
No action needed.

Action Levels: Strengths

3

Currently not a strength
Considerable building/effort required to identify or create strengths.

2

Strength is potentially useful
Strength requires building in order to be useful to the individual or for planning.

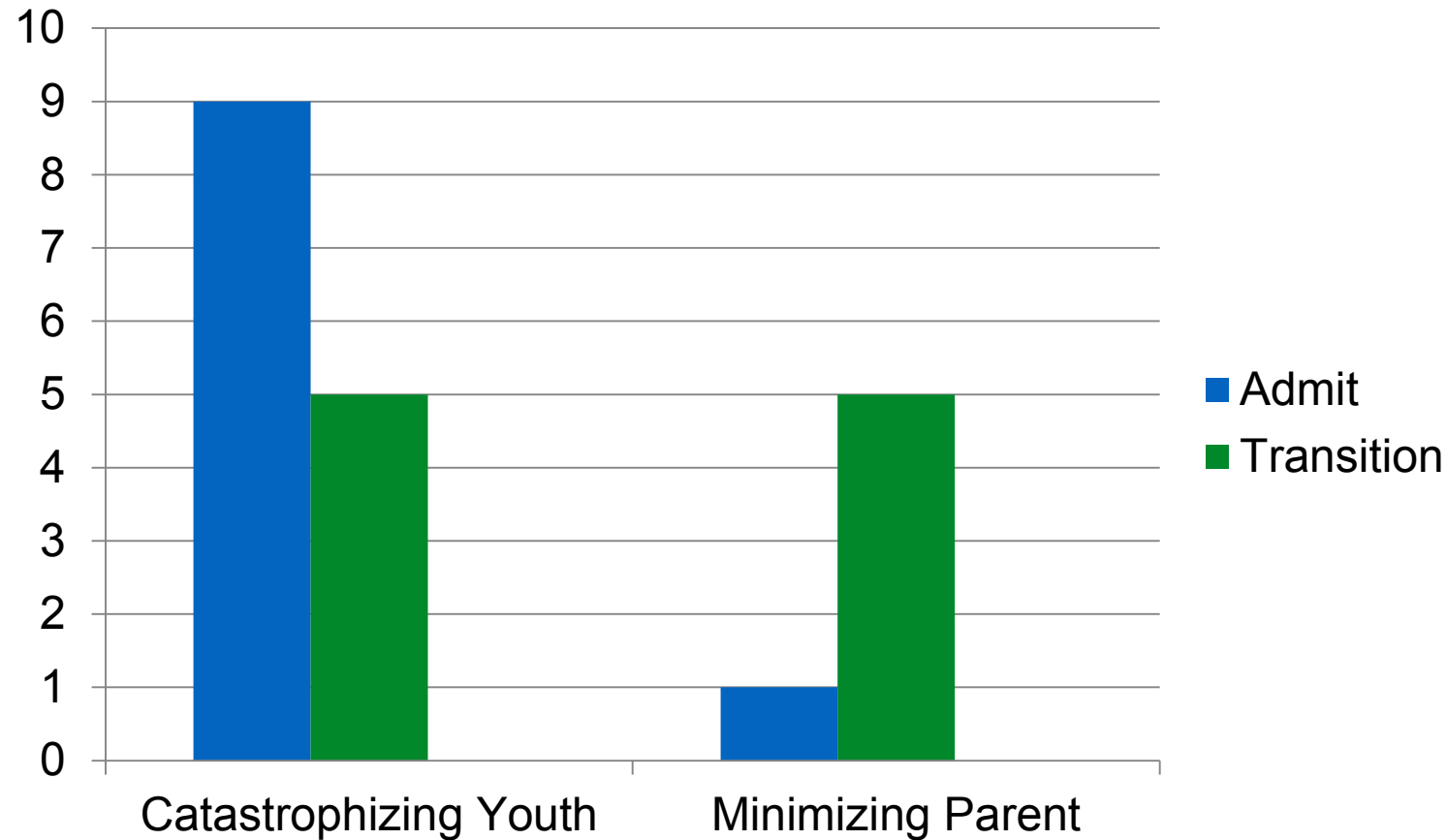
1

Strength is useful
Strength is evident and can be accessed; Strength could be useful for planning.

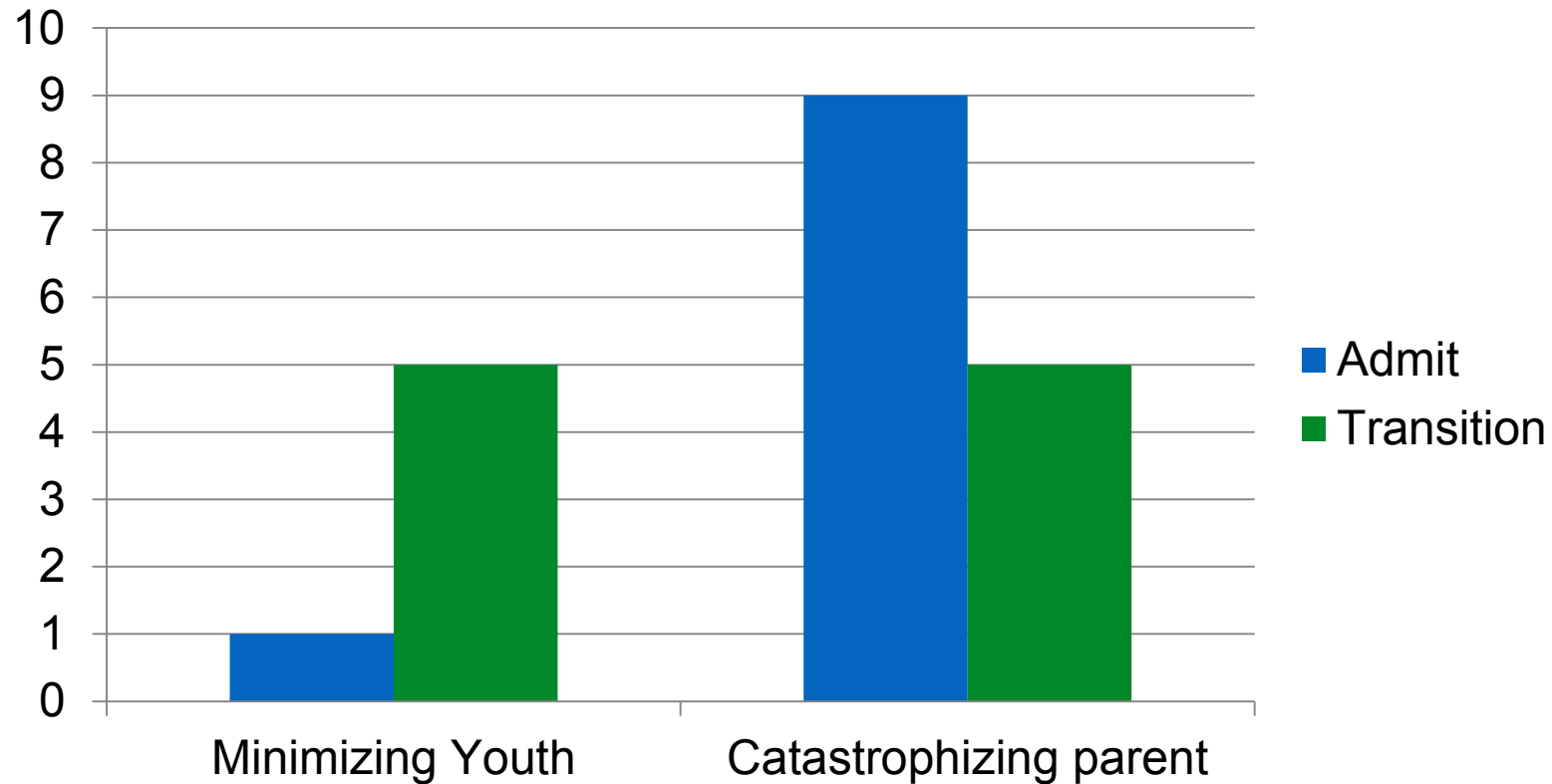
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Well-developed centerpiece strength
Easily accessible and very useful for the individual and for planning.

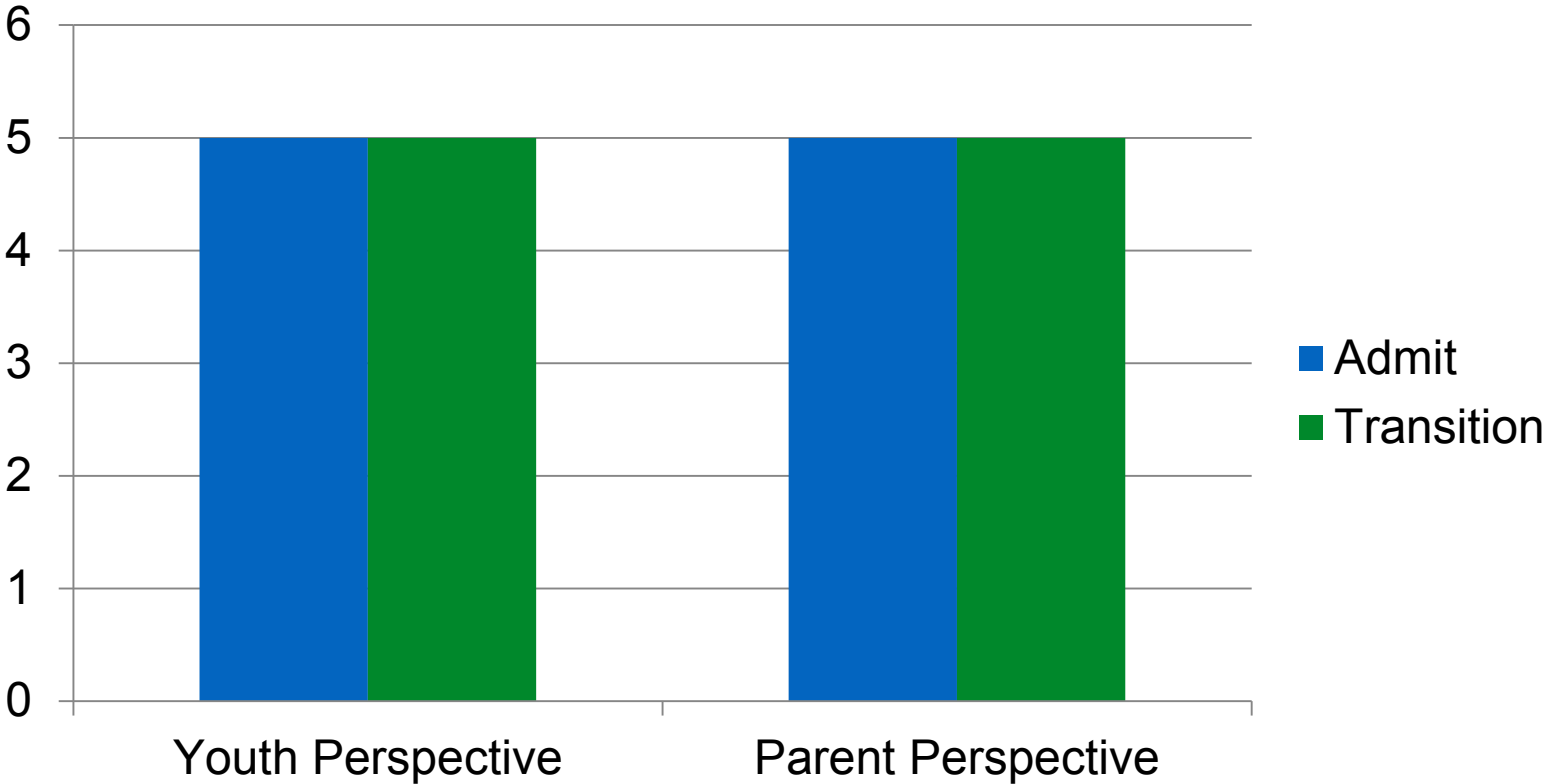
Scenario 1: Youth is distressed and the parent is minimizing the situation. With treatment the youth feels better and the parents come to realize the youth's mental health needs



Scenario 2. Parent is catastrophizing and youth is minimizing. With treatment the youth understand his her mental health needs better and the parent sees progress



The problem with means of single perspectives—the average of two clinically successful treatment episodes equates to no effect



Analytic Consideration

- Remember the action levels—the scales may not be interval
- Remember that strengths and needs are different
- No evidence does not mean it isn't there—British Empiricism vs Native Naturalism
- Item level analyses
- Psychometric scales
 - *Average items and multiple by 10*
 - *Be sure to scale—Cronbach's alpha is easiest strategy*

Combining Versions

- Common items
- Similar items
- Telescoping items
- Module items