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Outcome assessment in psychotherapy: validity evidence of the Outcome Questionnaire Short Form

Avaliação de resultado em psicoterapia: evidências de validade do Outcome Questionnaire Short Form

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Abstract

Objective
The aim of this study was to investigate validity evidence of content, of internal structure, and associations with external variables for the measure Outcome Questionnaire Short Form adapting the form to a Brazilian-Portuguese language version.

Method
The study involved 235 adults, 45 males (19.1%) and 189 females (80.4%), aged between 18 and 63 years old (M = 28.82; SD = 9.25). A sociodemographic questionnaire, the Outcome Questionnaire Short Form, the Depression Anxiety and Stress Scale Short Form, the Rosenberg Self-esteem Scale and the Satisfaction with Life Scale were applied.

Results
The scale showed good internal consistency with 0.88 Cronbach's alpha; correlations with external variables were significant and exhibited the expected direction.

Conclusion
The investigated scale is adequate in its Brazilian-Portuguese language version and constitutes a valued tool to be used by health professionals aiming to evidence the progress and outcome of a psychotherapy.

Keywords: Outcome assessment; Psychotherapy; Validation study.

Resumo

Objetivo

O objetivo deste estudo foi adaptar e investigar evidências de validade de conteúdo, da estrutura interna e em relação a variáveis externas para o Outcome Questionnaire Short Form na sua versão em português brasileiro.

Método

Participaram deste estudo 235 adultos, 45 homens (19,1%) e 189 mulheres (80,4%), com idades entre 18 e 63 anos (M = 28,82; DP = 9,25). Foram aplicados o questionário de dados sociodemográficos, o Outcome Questionnaire Short Form, o Depression Anxiety and Stress Scale Short Form, a Escala de Autoestima de Rosenberg e a Escala de Satisfação com a Vida.

Resultado

A escala apresentou boa consistência interna com alfa de Cronbach de 0,88 e as correlações com as variáveis externas foram significativas e exibiram a direção esperada.

Conclusão

A escala investigada apresentou evidências de validade consistentes para a sua utilização por profissionais que visam mensurar o progresso e resultado de uma psicoterapia.

Palavras-chave: *Valiação de resultado; Psicoterapia; Estudo de validação.*

Concerns about the effectiveness of psychotherapy have been the focus of many investigations. Although most studies have demonstrated the effectiveness of psychotherapy in the treatment of different mental illnesses, a substantial number of patients remain without significant therapeutic gains, actually with adverse treatment effects (Cuijpers et al., 2019; Muir et al., 2019). However, most studies on psychotherapeutic effectiveness are conducted with randomized participants in highly controlled experimental conditions (Bolsoni-Silva & Josua, 2019) and focus on specific effects of psychotherapy, rather than general factors (Cuijpers et al., 2019). However, for clinicians to offer qualified treatment, we ought to understand the psychotherapy functionality in natural settings as well as its particularity with specific patients (Bolsoni-Silva & Josua, 2019).

One answer to this demand is for psychotherapists to practice Routine Outcome Monitoring (ROM) (Cooper et al., 2021; Muir et al., 2019; Solstad et al., 2021). Studies show that ROM allows monitoring treatment progress, supporting clinical decisions and therapeutic feedback, in addition to being associated with better therapeutic outcomes, lower dropout rates, and facilitation of therapist-patient communication and exploration of therapeutic demands (Cooper et al., 2021; Lutz et al., 2022; Muir et al., 2019; Solstad et al., 2021).

Routine monitoring is mainly carried out with the application of brief questionnaires that assess the patient's mental health and psychosocial functioning (Cooper et al., 2021; Gelkopf et al., 2022; Lutz et al., 2022). Adapting questionnaires for ROM has been highlighted as a central aspect for the successful use of these tools, whose content must be culturally contextualized (McAleavey & Moltu, 2021). The process of adapting instruments is complex and has as its core guideline the maintenance of the instruments' original content, their psychometric properties and their validity for their target population. Hence, it is necessary to provide evidence of the items' semantic equivalence and psychometric properties of the new version of the instrument (International Test Commission, 2017).

An instrument that has been gaining prominence and was designed to measure the progress and outcome of adult patients undergoing psychotherapy is the Outcome Questionnaire Short Form (OQ-10.2) (Lambert et al., 2005; Zuanazzi et al., 2021). The OQ-10.2 is a 10-item questionnaire that assesses the current level of psychological distress in a total score, composed of two subscales:

psychological well-being and psychological distress. Psychological distress is understood as a condition that can encompass mild to severe symptoms of depression, anxiety, psychological stress, and lack of well-being (Burnette et al., 2020; Seelert et al., 1999). The scale is answered on a five-point Likert-type scale (0-4), with a maximum score of 40; higher scores indicate greater distress (Lambert et al., 2005).

The original version of the OQ-10.2 presented adequate reliability indices, with scores from 0.88 to 0.93 in the analysis of the instrument internal consistency (Lambert et al., 2005; Seelert et al., 1999) and a Pearson correlation coefficient of 0.62 in the investigation of test-retest reliability (Lambert et al., 2005). The scale also obtained positive and significant associations with external variables commonly used to identify individuals with symptoms of anxiety and depression: Symptom Checklist-90R (SCL-910-R) (0.75 / *N* = 193), Beck Depression Inventory (0.58 / *N* = 237), Inventory for Interpersonal Problems (0.68 / *N* = 191) and Social Adjustment Rating Scale (0.71 / *N* = 191) (Lambert et al., 2005). Factor analysis suggests the presence of two factors: psychological well-being and psychological distress (Lambert et al., 2005; Seelert et al., 1999). However, for the purposes of evaluating intervention and monitoring patients' clinical outcomes, a single score is used that represents psychological distress as a total scale (Braga et al., 2019; Gonçalves et al., 2019, Gonçalves et al., 2022; Oliveira et al., 2021).

The OQ-10.2 has been used in research in Europe and the United States to investigate different variables that may influence the treatment process and, consequently, the psychotherapeutic outcome (Braga et al., 2019; Gonçalves et al., 2019, Gonçalves et al., 2022; Oliveira et al., 2021). The findings of these studies corroborate the internal consistency of the OQ-10.2 with scores for the total scale of 0.88 (*N* = 68) (Oliveira et al., 2021), and 0.74 (*N* = 162) (Gonçalves et al., 2022). The speed and ease of application of the instrument, combined with strict psychometric validity standards, allow the OQ-10.2 to be widely used in Brazil for clinical and research purposes, contributing to the planning, monitoring and evaluation of psychotherapeutic treatments outcome; in addition, evidence-based research and public policies aimed at mental health ripe benefits from this instrument use.

Thus, this study describes the process of adaptation and investigation of the validity evidence of the OQ-10.2 in the Brazilian framework. After the semantic adaptation of the instrument, a series of techniques were used to test its psychometric properties, including factor analysis and network analysis. The validity evidence regarding external variables was measured based on correlations with scales of self-esteem; satisfaction with life; and symptoms of stress, anxiety and depression.

Method

Participants

The study included 235 adults, 45 men (19.1%) and 189 women (80.4%), aged between 18 and 63 years (*M* = 28.82; *SD* = 9.25). Out of these, 71.1% were single, 14.0% were married, 11.1% were in common law marriage and 3.8% were separated or divorced. The predominant level of education was: Incomplete Higher Education (40.0%); followed by Complete Higher Education (22.1%); Complete Postgraduate Education (19.6%); Incomplete Postgraduate Education (11.1%); Complete High School (6.0%) and Incomplete High School (1.3%). The sample size consisted of 23.5 participants per OQ-10.2 item, a parameter based on Pasquali's criterion (Pasquali, 2010), which indicates between 5 and 10 subjects for each item of the instrument as an adequate sample for the performance of a reliable factor analysis.

The pilot study involved 10 adults, 3 men (30%) and 7 women (70%), aged between 18 and 65 years (*M* = 32.40; *SD* = 15.53). Out of these, 60% were single, 30% were married and 10% were divorced. The predominant levels of education were: Complete and Incomplete Higher Education (30%) and Complete and Incomplete High School (20%).

Instruments

Sociodemographic Data Questionnaire: Instrument developed for this investigation that seeks to collect participants' characteristics data such as: gender, age, marital status and education.

Outcome Questionnaire Short Form (OQ-10.2) (Lambert et al., 2005): The scale consists of 10 items measured on a 5-point Likert-type scale and assesses the psychological distress levels of adults aged 18 years and older with education from the sixth grade of elementary school onwards. It consists of two subscales: well-being and psychological distress. The original instrument has adequate psychometric properties. The Brazilian version used in this study was developed and validated throughout the study, and its properties are described in the discussion on this subject. The publisher of OQ Measures granted us the license to use this instrument for adaptation, translation and investigation of evidence of validity in Brazil.

Depression Anxiety and Stress Scale Short Form (DASS-21) (Vignola & Tucci, 2014): The scale consists of 21 items with a 4-point Likert-type scale. The emotional states of anxiety, stress and depression are assessed. In the present study, the Cronbach's alphas obtained were, respectively, 0.90 for depression, 0.88 for anxiety and 0.88 for stress.

Satisfaction with Life Scale (SWLS) (Gouveia et al., 2009): This scale aims to measure the life satisfaction index. There are 5 items that assess life satisfaction indexes through a 7-point Likert-type scale. In our investigation, the scale presented a Cronbach's alpha of 0.90.

Rosenberg Self-Esteem Scale (RSS) (Hutz & Zanon, 2011): This scale aims to identifying patients' perceptions of themselves. There are 10 items that must be answered using a 3-point Likert-type scale – 6 referring to a positive view of oneself and 4 to a self-deprecating view. In this study Cronbach's alpha was 0.91.

Procedures

Participants were contacted and invited to participate in the study when they sought treatment at a psychotherapy educational institution located in a metropolitan city in the state of Rio Grande do Sul, Brazil and using the snowball sampling method (Breakwell et al., 2010) by completing questionnaires online after the investigation program had been announced in the social media. The selection criteria included being an adult over 18 years of age and having completed the sixth grade of elementary school or higher. No exclusion criteria were used. All participants agreed to collaborate with the study and agreed to its terms. The research was approved by the Ethics Committee of the Pontifícia Universidade Católica do Rio Grande do Sul (PUCRS, Pontifical Catholic University of Rio Grande do Sul) under the number CAAE: 82075318.6.0000.5336.

Translation, Cultural Adaptation and Evidence of Content Validity

The procedure adopted for the translation and cultural adaptation of the OQ-10.2 was the standardized process recommended by the editorial team of OQ Measures (Wild et al., 2005). The first step consisted in performing two independent translations into Portuguese from the original

instrument, performed by two translators whose native language is Portuguese, fluent in English, psychologists, with a masters degree and with previous experience in translating instruments. A synthesis of the two translations was carried out by a third independent translator, who had the same qualifications and who had the assistance of two independent consultants fluent in English and Portuguese, doctors and experts in the area of clinical psychology and psychotherapy. With the synthesis finalized, the instrument was sent to a committee of four judges who were experts in the area of clinical psychology and psychotherapy; two of them had a masters' degree and two had a doctorate degree; their task was to investigate the semantic equivalence based on the following criteria: clarity of language, pertinence and theoretical relevance.

Semantic adjustments were made to three items based on suggestions made by the experts' committee. Thus, item 1 changed from "I am happy now" to "I am happy"; item 4 changed from "I feel loved and desired" to "I feel loved and wanted by other people"; and item 7 changed from "I feel that something is wrong with my mind" to "I feel that something is wrong with the way I think". Finally, the Portuguese version was back-translated into English by a fourth independent translator, a PhD in clinical psychology and psychotherapy, fluent in Portuguese and with extensive command of the English language. The back-translation was sent to the original authors to ensure approval of content equivalence. After approval by the original authors, which occurred without the need for further changes, an operational equivalence was made regarding the way the instrument was applied. Care was taken to ensure that the format of the questionnaire would be similar to the original, as well as the format of administration and instruction to participants.

The next stage consisted of a pilot evaluation with the target audience. The instrument was applied individually to ten adults who commented on each item regarding its comprehensibility and suitability, and did not present any difficulties nor generated any questions with them. The final stage consisted of a formal study with the target population.

Evidence of Internal Structure Validity

In order to investigate evidence of validity of the instrument internal structure, factor analyses and parallel analyses were conducted using the psych package of the R software (Revelle, n.d.). An exploratory factor analysis with oblique rotation (promax) was performed. The number of factors to be interpreted followed the criterion of parallel analysis using parametric methods and permutation of sample values (Timmermann & Lorenzo-Seva, 2011). To calculate the general index of psychological distress, a Principal Component Analysis (PCA) was used, forcing the extraction of a component. The linear associations of each item of the OQ-10.2 with the general index were investigated. This component corresponds to the weighted sum of all items on the scale. The R software was also used to calculate Cronbach's alphas for the general scale and the two subscales.

Network analysis was used to investigate the pattern of relationships between the OQ-10.2 items (Epskamp & Fried, 2018). A network analysis comprises two steps. First, a matrix of partial correlations between the instrument items, *i.e.*, conditional associations, is estimated. The matrix is regularized in order to set small correlations to zero to avoid overfitting the model. After this step, the variables were represented in a two-dimensional network, so that vertices represent the variables and edges reveal their association. The thickness and pattern of the edges indicate the direction (positive and negative) and the magnitude of the associations. A positioning algorithm is used to bring the variables closer or further apart according to their associations.

In addition to the network analysis, a community analysis was conducted. Communities are subgroups of vertices in a graph, in order to identify sets of variables that are most associated

with each other. The algorithm employed uses a hierarchical method and has as a parameter the modularity measure, which represents the level of intragroup association of the communities (Yang et al., 2016). Modularity measures are estimated from the large set model to an independence model, in which the variables alone constitute communities. The solution that optimizes the modularity value is chosen. Centrality measures helped to describe the role of each variable in the system. The closeness measure indicates which node has the shortest distance from the other nodes in the network, with the distance being the inverse of its association. The expected influence measure is based on the product of the first and second degree associations of each node, indicating its potential for propagation in the network, that is, once activated, its tendency to activate (positive values) or deactivate (negative values) neighboring nodes (Robinaug et al., 2016).

Evidence of Validity in Relation to External Variables

Validity evidence was investigated in relation to external variables, estimating bivariate correlations and partial correlations through network analysis. Spearman correlation analyses of the OQ-10.2 – considering the non-normal distribution of some of the instrument's variables – were also performed with measures of self-esteem, life satisfaction, symptoms of stress, anxiety and depression.

Results

Parallel analysis indicated the retention of two factors with higher eigenvalues than those of the factors in the data simulated by the parametric and nonparametric (permutation) models. Table 1 shows the factor loadings of the items in two specific factors, psychological well-being and psychological distress. The correlation between the two factors was r = -0.65. Only item 9 – "I feel alone" – presented cross-loading, but it was considered only in the internal consistency measurement of the psychological distress factor, in accordance with the theoretical expectation of the instrument.

Table 1
*Factor loadings of items on the Outcome Questionnaire Short Form scale**

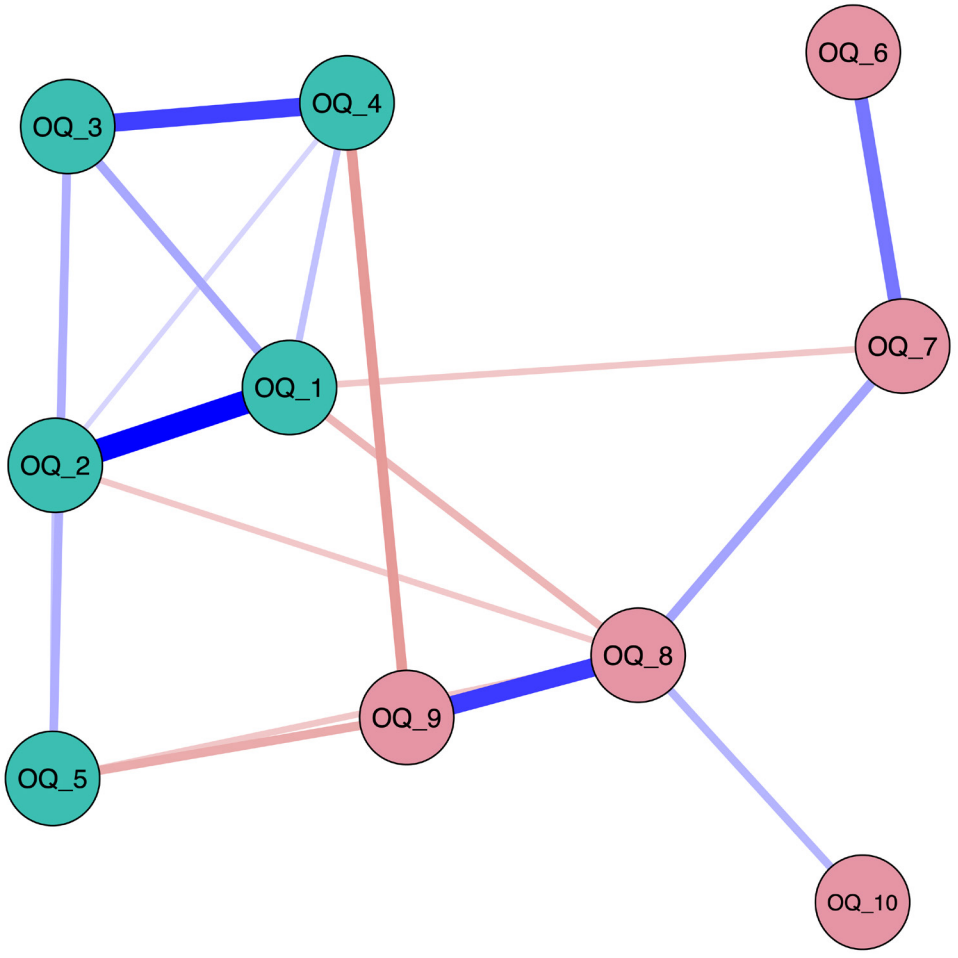
Item	Factor		Psychological Distress Index
	1	2	
	Psychological well-being	Psychological distress	
1. I am happy	0.79	-0.02	0.81
2. I am satisfied with my life	0.76	-0.06	0.81
3. I am satisfied with my relationships with others	0.88	0.10	0.78
4. I feel loved and wanted by other people	0.84	0.09	0.77
5. I feel that my love relationships are full and complete	0.66	0.03	0.64
6. I feel afraid	0.20	0.65	0.35
7. I feel that something is wrong with the way I think	-0.12	0.68	0.68
8. I feel sad	-0.38	0.51	0.81
9. I feel lonely	-0.45	0.40	0.78
10. I feel stressed at work/school	-0.10	0.40	0.46
Eigenvalues**	3.69	1.64	4.98
Variance (%)***	69	31	0.53

Note: *Oblique rotation (promax) was used in this analysis. The correlation between the two factors was -0.65. **Eigenvalues greater than 1 suggest the presence of independent factors. ***Percentage of total OQ-10.2 variance explained by each factor.

In order to estimate an index of psychological distress for the purposes of evaluating interventions and monitoring clinical results, a principal component was calculated, as can be seen in Table 1. The items with the most prominent componential load are the most relevant to compose this index. Items 1 ("I am happy"), 2 ("I am satisfied with my life") and 8 ("I feel sad") stand out. Followed by items 3 ("I am satisfied with my relationships with others"), 9 ("I feel lonely") and 4 ("I feel loved and wanted by other people") stand out. Since the psychological distress index presents good reliability and the objective of the instrument is to provide an assessment of the individual's general functioning, some of the following analyses were calculated with the index and not with the two separate subscales. Cronbach's alphas were calculated for the two subscales and for the total scale, considering the psychological distress index. The instrument presented good internal consistency with a Cronbach's alpha of 0.88 for the total scale; 0.87 for the psychological well-being subscale; and 0.77 for the psychological distress subscale.

Network analysis was used to investigate the structure and dynamics of the OQ-10.2 items. The network was based on the polychoric correlation matrix and is represented in Figure 1. The vertices in green correspond to the items related to the psychological well-being subscale and the items in pink to the psychological distress subscale. The edges represent the association between the vertices, with the blue line being positive and the red line being negative.

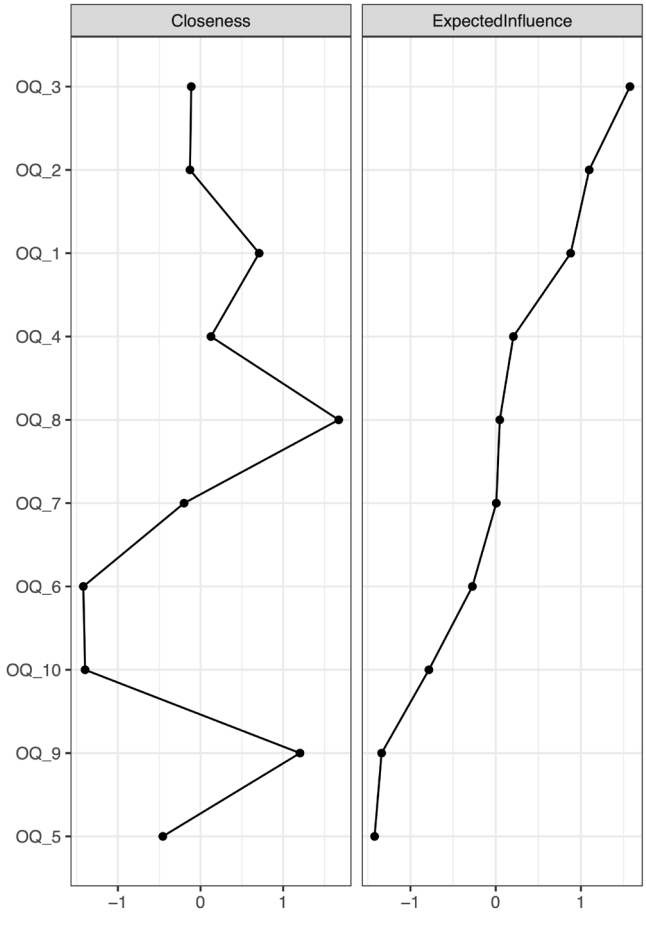
Figure 1
Partial correlation network with communities of items from the Outcome Questionnaire Short Form scale



The items show directions of associations that are appropriate considering the subscales to which they belong. Variables that are more central are generally more connected variables in the graph. This is the case of item 8 ("I feel sad"), which presents six associations: positive with items 7 ("I feel that something is wrong with the way I think"), 9 ("I feel lonely") and 10 ("I feel stressed at work/school"); and negative with items 1 ("I am happy), 2 ("I am satisfied with my life") and 5 ("I feel that my love relationships are full and complete"). The graph also reveals strong associations between items 1 and 2; between 3 ("I am satisfied with my relationships with others") and 4 ("I feel loved and wanted by other people"); and between 8 and 9. It is also noted that item 9 is positively related to item 8, which, in turn, is related to items 7 and 10.

The results of the network analysis generated a graphical representation that assesses the measure of closeness (Robinaug et al., 2016). The item with the highest centrality is item 8 ("I feel sad"), which is the item with the most correlations with the other variables; and the items with the lowest centrality are items 6 ("I feel afraid") and 10 ("I feel stressed at work/school"). These results can be seen in Figure 2. In this same figure, we can also observe the measure of expected influence. It should be noted that items 3 ("I am satisfied with my relationships with others") and 2 ("I am satisfied with my life") are the most activating variables, and items 5 ("I feel that my romantic relationships are full and complete") and 9 ("I feel lonely") are the most deactivating. This means that these are the items that, once activated, tend to increase or decrease the probability of their neighboring items. Items related mainly to interpersonal relationships and feelings of loneliness stand out here.

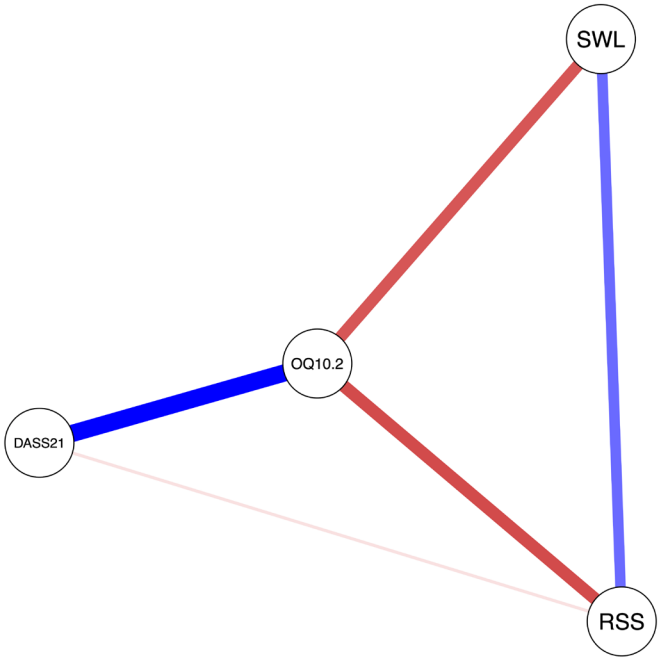
Figure 2
Centrality measures of the Outcome Questionnaire Short Form scale



To investigate the validity evidence in relation to external variables, Spearman correlation analyses were performed between the OQ-10.2 and the self-report instruments used to assess symptoms of anxiety, stress and depression; life satisfaction; and self-esteem. As expected, negative associations were found with self-esteem (RSS; r_s = - 0.72, $p \leq 0.05$) and life satisfaction (SWLS; r_s = - 0.70 $p \leq 0.05$) variables, and positive associations with psychopathological variables (DASS-21; r_s = 0.74, $p \leq 0.05$). Network analysis was also used to investigate the relationship between the OQ-10.2 and the aforementioned instruments. Once again, the correlations were significant and exhibited the expected direction, as can be seen in Figure 3.

Figure 3

Nomological network with the relationship of the Outcome Questionnaire Short Form scale with external variables Depression Anxiety and Stress Scale Short Form, Satisfaction with Life Scale and Rosenberg Self-Esteem Scale



Note: OQ10.2: Outcome Questionnaire Short Form; DASS21: Depression Anxiety and Stress Scale Short Form; SWL: Satisfaction with Life Scale; RSS: Rosenberg Self-Esteem Scale.

Discussion

The results suggest that the Outcome Questionnaire Short Form (OQ-10.2) demonstrates adequate evidence of validity for its Brazilian-Portuguese version. The investigation of the evidence of content validity confirmed the consensus of the expert committee regarding the clarity, relevance and representativeness of the items. The instrument presented good internal consistency with Cronbach's alphas of 0.88 for the total scale; 0.87 for the psychological well-being subscale; and 0.77 for the psychological distress subscale, corroborating the findings of recent research (Gonçalves et al., 2022; Oliveira et al., 2021).

Parallel analysis suggested the presence of two factors, confirming the theoretical hypothesis of the original instrument (Lambert et al., 2005; Seelert et al., 1999). The items loaded onto two specific factors: psychological well-being and psychological distress, with the exception of item 9 ("I feel lonely"), which loaded onto both subscales and will be discussed below. However,

for intervention evaluation purposes, the literature suggests using the psychological distress index as a total scale, taking into account the dimensions of well-being and psychological distress (Braga et al., 2019; Gonçalves et al., 2019, Gonçalves et al., 2022; Oliveira et al., 2021). To this extent, we can evaluate the contributions of each item from both subscales, with the items with the highest component loading being the most relevant to compose it. Thus, the items related to feelings of happiness (item 1), satisfaction with life (item 2), and also feelings of sadness (item 8) stand out as the most relevant variables for assessing psychological suffering using this instrument. Next, the feeling of (dis)satisfaction with interpersonal relationships stands out; this is also evidenced in the community network analysis of the scale internal structure.

In the community network analysis, the items also exhibited a pattern of association grouped into two dimensions or subscales, confirming the theoretical hypothesis of the original instrument (Seelert et al., 1999), so that the vertices in green correspond to the items related to the psychological well-being subscale and the items in pink to the psychological distress subscale. It can be seen that the associations between the items present the expected directions, considering the subscales to which they belong. Although item 9 ("I feel lonely") loads onto the well-being factor in the factor analysis, the network analysis suggests that it is more strongly related to psychological distress. This can be explained by the fact that the feeling of loneliness is an indicator of psychological distress, being a predictor of mental and physical disorders (Hyland et al., 2019). Therefore, it is suggested that item 9 be kept in the psychological distress subscale, and not in the well-being subscale, although it is understood that the absence of loneliness is also a relevant factor for assessing well-being.

Furthermore, a strong association was observed in the network analysis between the feeling of loneliness (item 9) and sadness (item 8), in addition to satisfaction with interpersonal relationships (item 3) being the most influential variable in the presence of well-being and the absence of suffering. The feeling of fullness in romantic relationships (item 5) was the one that most deactivated the items of psychological suffering. Although they are not equivalent, the feeling of loneliness and satisfaction with interpersonal relationships, whether romantic or not, appear highly correlated. In the literature (Preece et al., 2021) a significant relationship is evidenced between the feeling of loneliness and avoidant behaviors in the face of social interactions and receiving and offering care, as well as with difficulties in social connection (Park et al., 2020; Preece et al., 2021). It is suggested that studies be carried out seeking to investigate the relationship between these variables in order to establish greater clinical understanding and support interventions.

Another variable that deserves attention when considering the assessment of psychological distress is the feeling of sadness (item 8). Its presence in the network analysis was associated with a reduction in the feeling of happiness, satisfaction with life and with romantic relationships, and, in addition to being the item with the highest component load, it was the one that was most associated with the other items on the scale. The feeling of sadness was also the most sensitive to changes in most of the variables that the scale assessed. This suggests that, if it were possible to investigate with a question whether the person is experiencing psychological distress, it would be appropriate to ask if the person is sad. This result corroborates the understanding that the feeling of sadness is closely related to other aspects of the individual's life (Karp, 2017; Pilgrim, 2017) and it can be considered that this is one of the reasons why it is one of the most representative variables on the scale.

The OQ-10.2 showed significant correlations with external variables, revealing positive associations with psychopathological symptoms and negative associations with self-esteem and

life satisfaction, corroborating the associations found in previous studies (Lambert et al., 2005; Seelert et al., 1999). Although the constructs evaluated are not equivalent, they are related to the individual's perception of themselves and their life. Life satisfaction and self-esteem have been studied and are related to psychological well-being, as well as good mental health (Moksnes & Reidunsdatter, 2019; Soares et al., 2020). At the same time, symptoms of depression, stress, and anxiety, measured by the DASS-21 scale, are mental health symptoms that can originate from high psychological distress. Corroborating these understandings, it is clear that, in the network analysis, psychological distress mediates the relationship between psychopathological symptoms and feelings of life satisfaction and self-esteem. Thus, we can consider the possibility that when an individual presents low psychological distress, his/her self-esteem and well-being levels tend to be higher; and therefore, as the degree of psychological distress grows, the associations with symptoms of psychopathology will be greater. Furthermore, one can consider the importance of psychotherapeutic interventions in individuals with psychological distress, seeking to prevent the development of more severe pathologies and also to maintain quality of life and self-esteem. The OQ-10.2 presented consistent results as an instrument for assessing psychological distress, taking into account its significant correlations with scales that are used to measure constructs related to mental health and well-being.

Conclusion

This study sought to integrate demands of the clinical practice with scientific research in order to improve the quality of services provided by mental health professionals. For clinicians, it is essential to have ways to monitor and measure their performance and the progress of their patients in order to qualify their care and corroborate the scientific evidence that psychotherapeutic treatments are effective for the prevention and promotion of mental health.

The scale showed adequate psychometric properties in our study. However, the evidence of validity of the OQ-10.2 as a measure of monitoring and evaluating results in psychotherapy is still in its infancy and requires further studies for its development. It is suggested that research be conducted with a larger sample size and that the OQ-10.2 be applied in longitudinal studies throughout the psychotherapeutic treatments. Based on these results, it is believed that the adapted version of the OQ-10.2 may be a useful resource for clinical practice and research in mental health, and is available from the American publisher OQ Measures. Permission should be sought with the publisher for its use.

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