

Reliable Change can be in a positive direction, which is reason to think that treatment is working. Reliable Change in a negative direction is an indicator that treatment should be reviewed. Lack of any Reliable Change can indicate that treatment has not been effective.

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**THE OHIO SCALES CAN BE USEFUL AS ANOTHER SOURCE OF INFORMATION ABOUT DISCHARGE PLANNING.**

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**Decide if Clinical Significance has been achieved?** Clinical Significance means a

positive Reliable Change has occurred, and the score has moved from the “clinical” range to the “non-clinical” range. For the Functioning scale, the non-clinical range is 50 and up; for the Problem Severity scale the non-clinical range is 20 and below. Clinical Significance, or the failure to reach it, cannot be the sole indicator for readiness to end treatment. Clinically Significant Change is one more important data source to use when considering ending treatment. The Change Over Time Report can show Clinical Significance.

An excellent clinician training video is at: [www.cbhed.com/catalog.htm](http://www.cbhed.com/catalog.htm) Look for Outcomes & Evaluation

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**THERE ARE SOME WAYS TO USE THE DATA THROUGHOUT THE COURSE OF TREATMENT THAT WILL HELP.**

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**Turn it sideways!** The Functioning and Problem Severity scales are positioned on paper forms so that when the completed form is turned sideways, elevated scores are higher on the page. The first 11 items on the Problem Severity scale are “Externalizing” (something one can observe in a youth), and items 12-20 are “Internalizing” (something that only the youth can know). Turning the form sideways makes it easier to view and understand the data.



**Review the Ohio Scales periodically.** Families and clinicians reviewing and discussing the Ohio Scales together in the first treatment session is a good way to set a course for treatment. Using the Ohio Scales in treatment is appropriate and is billable!



**Document treatment plans and progress!** Documentation is required, and the Ohio Scales data should be reflected in assessment, treatment plans, and progress notes. Families can record and track their own outcomes, which may help identify progress or the lack of progress.



## The Top Ten Ways to Use the Ohio Scales Outcomes in Treatment

The Ohio Scales can be used:

- As a tool for clinicians, youth, and family members to use in treatment,
- To provide accountability to ensure consumer’s needs are met efficiently and effectively, and
- In quality improvement activities of agencies and boards to help focus on what works.

This brochure is designed to show how clinicians, youth, and family members can use the Ohio Scales in treatment. Give families a copy of reports that your agency uses.

Produced by Ohio Department of Mental Health. More Ohio Scales resources are at: <http://www.mh.state.oh.us/oper/outcomes/outcomes.index.html>

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**THE OHIO SCALES CAN ADD VITAL ASSESSMENT AND TREATMENT PLANNING INFORMATION.**

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**Focus on the critical items of the Ohio Scales that may not be reported anywhere else.** Responses other

than *'Not at All'* on these Problem Severity scale items deserve immediate attention:

- 7. Using drugs or alcohol
- 8. Breaking rules or breaking the law
- 12. Hurting self (cutting or scratching self, taking pills)
- 13. Talking or thinking about death

Youth know more about these areas than parents or clinicians. Setting the right tone and showing interest in the youth's welfare can help youth be more open.



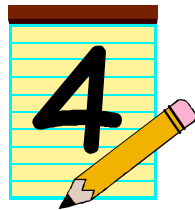
**Identify areas where the clinician, parents and youth see things differently.** Significant differences between

parent and youth responses may predict poor treatment outcomes. In these cases, special attention needs to be given to building the therapeutic alliance. Sometimes the worker's score is discrepant, particularly for the initial assessment. Discussing differences in scores are one method for determining the goals of treatment.



**Identify specific strengths in individual items from each scale to build the treatment plan.** All youth have

positive attributes to build on! High scores on Functioning scale items and low scores on Problem Severity scale items indicate strengths. Additionally, Hopefulness scale items can be viewed as strengths, as hope is a key component to getting the most out of treatment. Clinicians and families can use the Strengths report to identify all of the strengths found on the Ohio Scales. Raw data, however, can serve the same purpose.



**Identify specific areas that may serve as targets of treatment.** While the

family may readily identify a target for treatment, it's important to have measures of those targets. The items on the Ohio Scales are often selected as targets of treatment. High Problem Severity scale items are easy to identify and are appropriate targets. Low Functioning scale items can also be appropriate targets for treatment, as improving functioning can help build capacity within youth. If your agency has "Red Flags" reports, use them to identify the targets.

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**THE OHIO SCALES CAN BE USED TO MONITOR AND MODIFY TREATMENT BY GIVING AN "OBJECTIVE" VIEW OF HOW TREATMENT IS PROGRESSING.**

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**Compare current Ohio Scales Scores with previous scores.** How



do you know if treatment is working? Observed changes on the Ohio Scales from intake to the most current assessment can indicate how treatment might be

improved. Scores may get worse, especially from intake to three months. The decrease in scores could be from poor treatment, worsening condition, more insight into the illness, or other reasons. In any case, you may want to use the lower of the intake and three-month scores as the baseline for subsequent comparisons.



**Check if Reliable Change has occurred.** When a scale score changes by a certain amount, that change is deemed to be a Reliable

Change. Changes of eight or more on the Functioning scale, 10 or more on the Problem Severity scale, and six or more on the Hopefulness scale are considered a Reliable Change.

(Over)