



ARTS FOR THE BLUES

Evaluation

Arts for the Blues: a collaborative partnership



Our team



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ARTS FOR THE BLUES

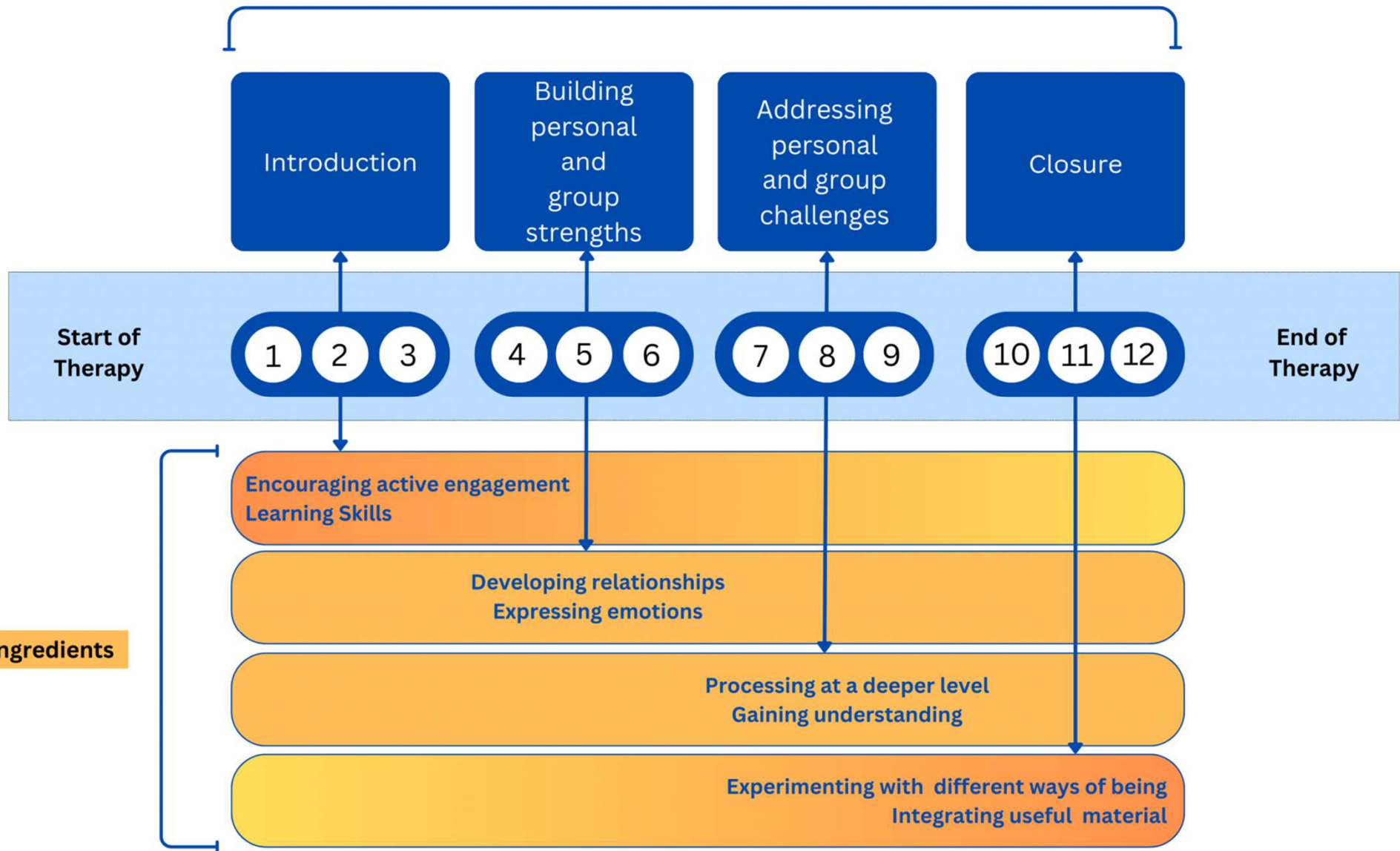
Edge Hill
University



University of
Salford
MANCHESTER



Phases of group process



Types of evaluation

1. Demographic data (before the group)
(e.g. age and gender)

2. Process data (after each session) (e.g. session rating scale, attendance)

3. Quantitative outcomes (before and after the group) (e.g. clinical measures for anxiety, depression etc)

4. Qualitative data (after the group) (e.g. interviews, focus groups)

5. Creative outputs (after the group)
(e.g. exhibition, performance etc)

1. Demographic data (before the sessions)

- Participant's name (or code/ pseudonym when shared), age, gender
- Waiting time, referral pathway, time to first contact

2. Process data (after each session)

- The Group Session Rating Scale (GSRS)
- Therapist's adherence to the model form
- Attendance: completion and drop out
- Adverse events

Group Session Rating Scale (GSRS)

Relationship:

I did not feel heard,
understood, and
respected

I-----I

I felt heard,
understood, and
respected

Goals and Topics:

We did *not* work on or
talk about what I
wanted to work on and
talk about

I-----I

We worked on and
talked about what I
wanted to work on and
talk about

Approach or Method:

The therapist's
approach is not a good
fit for me.

I-----I

The therapist's
approach is a good fit
for me.

Overall:

There was something
missing in the session
today

I-----I

Overall, today's
session was right for
me

Therapist's adherence to the model form: Arts for the Blues

Add ratings after sessions 1-3	
Offering appropriate support for group to form	Very poor 1 2 3 4 5 very good or N/A
Examples:	
Encouraging active engagement (e.g. check-ins; mandalas; musical call and response; objects; drawing)	Very poor 1 2 3 4 5 very good or N/A
Examples:	
Learning skills to manage self (e.g. mindful movement; playing a tune; Grandma's footsteps; mindful colouring; acrostic poem)	Very poor 1 2 3 4 5 very good or N/A
Examples:	
Comments:	

3. Quantitative outcomes (before and after the group)

- PHQ-9: Patient Health Questionnaire for Depression
- GAD-7: Generalised Anxiety Disorder
- CORE 10: Clinical Outcomes in Routine Evaluation (alternative measure for anxiety and depression)
- WHO-5: The World Health Organisation Five Wellbeing Index
- WASAS: Work and Social Adjustment Scale
- GBO: Goal Based Outcome

PHQ-9: Patient Health Questionnaire for Depression

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite —being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:

10. If you checked off <i>any</i> problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

GAD7: Generalised Anxiety Disorder Questionnaire

GAD-7				
Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
<i>(For office coding: Total Score T__ = __ + __ + __)</i>				

CORE 10: Clinical Outcomes in Routine Evaluation

CLINICAL OUTCOMES in ROUTINE EVALUATION

CORE-10 Screening Measure

Site ID	<input type="text"/>	Stage Completed
Client ID	<input type="text"/>	S Screening
letters only	numbers only	R Referral
Sub codes	<input type="text"/>	A Assessment
Therapist ID	<input type="text"/>	F First Therapy Session
numbers only (1)	numbers only (2)	P Pre-therapy (unspecified)
Date form given	<input type="text"/>	D During Therapy
D D M M Y Y Y Y		L Last therapy session
Gender	<input type="text"/>	X Follow up 1
Male	Age	Y Follow up 2
Female	<input type="text"/>	

IMPORTANT - PLEASE READ THIS FIRST

This form has 10 statements about how you have been OVER THE LAST WEEK.
Please read each statement and think how often you felt that way last week.
Then tick the box which is closest to this.
Please use a dark pen (not pencil) and tick clearly within the boxes.

Over the last week...

	Not at all	Only occasionally	Sometimes	Often	Most or all of the time
1 I have felt tense, anxious or nervous	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2 I have felt I have someone to turn to for support when needed	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3 I have felt able to cope when things go wrong	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4 Talking to people has felt too much for me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5 I have felt panic or terror	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6 I made plans to end my life	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7 I have had difficulty getting to sleep or staying asleep	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8 I have felt despairing or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9 I have felt unhappy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10 Unwanted images or memories have been distressing me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Total (Clinical Score*)

* Procedure: Add together the item scores, then divide by the number of questions completed to get the mean score, then multiply by 10 to get the Clinical Score.
Quick method for the CORE-10 (if all items completed): Add together the item scores to get the Clinical Score.

Thank you for your time in completing this questionnaire

CORE-10 Copyright CORE System Trust (February 2006)

WHO 5: Well-Being Index

WHO (Five) Well-Being Index (WHO-5)

	<i>Over the past two weeks</i>	<i>All of the time</i>	<i>Most of the time</i>	<i>More than half the time</i>	<i>Less than half the time</i>	<i>Some of the time</i>	<i>At no time</i>
1.	I have felt cheerful and in good spirits	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2	I have felt calm and relaxed.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3	I have felt active and vigorous.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4	I woke up feeling fresh and rested.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5	My daily life has been filled with things that interest me.	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

WASAS: Work and Social Adjustment Scale

		Not at All		Slightly		Definitely		Markedly		Very Severely
1.	Because of my mental health my ability to work is impaired. '0' means 'not at all impaired' and '8' means very severely impaired to the point I can't work.	0	1	2	3	4	5	6	7	8
2.	Because of my mental health my home management (cleaning, tidying, shopping, cooking, looking after home or children, paying bills) is impaired.	0	1	2	3	4	5	6	7	8
3.	Because of my mental health my social leisure activities (with other people e.g. parties, bars, clubs, outings, visits, dating, home entertaining) are impaired.	0	1	2	3	4	5	6	7	8
4.	Because of my mental health, my private leisure activities (done alone, such as reading, gardening, collecting, sewing, walking alone) are impaired.	0	1	2	3	4	5	6	7	8
5.	Because of my mental health, my ability to form and maintain close relationships with others, including those I live with, is impaired.	0	1	2	3	4	5	6	7	8

Goal Based Outcome (GBO): Ladder

Your Personal Goal/Aim (at start of session): _____

How close do you feel to achieving this goal/aim? Please mark on the ladder:



10 – I have already achieved this completely and could not get any closer to the goal.

9

8

7

6

5 – I have somewhat achieved my goal/aim or I am about halfway to achieving it.

4

3

2

1

0 – I am nowhere near achieving the goal and haven't started to work towards it at all.

For purposes of feedback we would greatly appreciate if you could leave this form behind in the room. However please feel free to take it home with you if you wish

4. Qualitative methods (after the group)

- Individual interviews (clients and therapists)
- Focus groups (clients and therapists)
- Evaluation forms
- Case studies
- Testimonials
- Thematically analysed

Examples of questions - interviews, focus groups, evaluation form

- How did you find the intervention (e.g. Arts for the Blues)?
- What was helpful about Arts for the Blues and why?
- What was unhelpful about Arts for the Blues and why?
- Which aspects of the intervention helped you get closer to your goal?
- Is there anything you would like to have done more of during the intervention? Why?
- Do you feel there was anything missing from the intervention?
- Is there anything else that you would like to share?
- What was it like to participate in this focus group?

5. Creative outputs - examples

- Performances
- Films
- Exhibitions
- Podcasts

6 sessions of Arts for the Blues



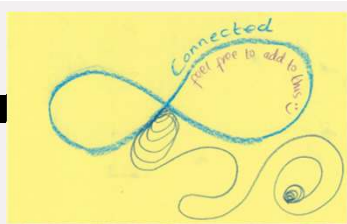
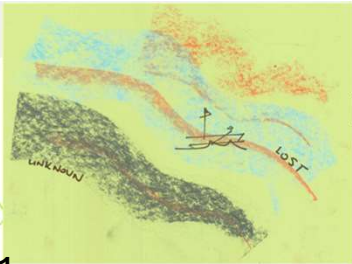
**Together
Un/Tethered
(performance
following 6
sessions of
A4B)**



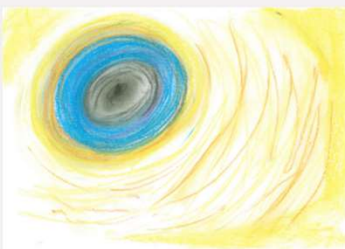
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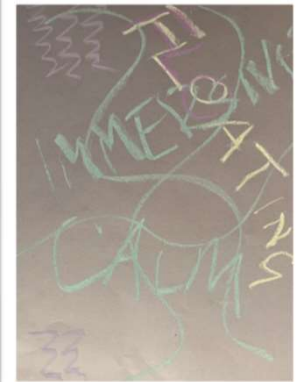
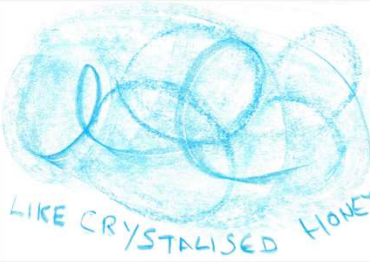
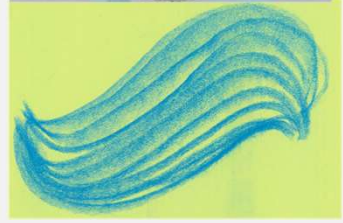
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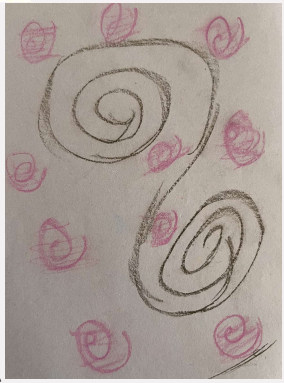
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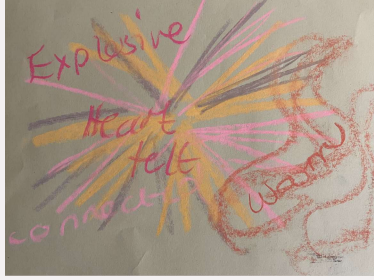
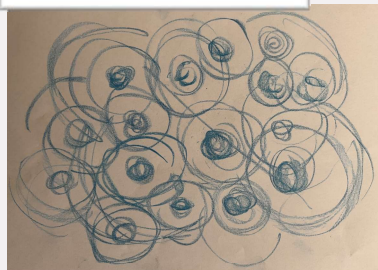
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6



5



4



Arts for the Blues

<https://artsfortheblues.com>