VQ psychometrics

Date: Mon, February 27, 2006 6:04 am

I am looking for any updated information related to the VQ psychometric constructs for validity and reliability. Also several references related to psychometric properties includes da las Heras' Masters Thesis.....it is a non-published work, is this available to list serve members to read since it is a reference source in the MOHO Theory and Application (3rd ed) and also AJOT, 1996, and is something published at this point based on this thesis?

Can someone share what the general reliability and validity values are for the VQ. Our intent is to use this tool as one of our instruments to measure volition and self-determination in a peer-support, peer-driven substance abuse recovery community (permanent supportive housing program).

Any assistance would be appreciated

Date: Wed, March 1, 2006 7:11 am

Hello Rosemary,

Two papers have been published


together, they support the internal validity of the VQ, its ability to distinguish different levels of volition, and its dependability/reliability

A useful resource on how to use the VQ in an intervention context is:

Hope this helps. As a bit of information about finding evidence to everyone:

There is an evidence-based search engine on the MOHO web site that will generate such information on any MOHO assessment as well as point out where cases and studies using the assessment are to be found. It's a great resource. We will be updating tables for each assessment in a chapter on evidence based practice in the new 4th edition MOHO book as well.

Gary Kielhofner

Date: Wed, March 1, 2006 9:11 am

Hi Rosemary,
Actually given your context, I think a more comprehensive assessment like the MOHOST would be appropriate as the baseline, progress and outcomes measure. Also, it would be very useful in giving a broad profile of the client to help treatment planning. Are you aware of it? You might also consider the Occupational Self Assessment to give a client-centered measure. We have used both with clients in a similar program I run here with federal funding (its for folks with AIDS in transitional living who have comorbid mental illness and substance abuse problems) in fo on both is avialabe on the website: moho.uic.edu

Gary

Date: March, 1, 2006 At 09:33 AM

Gary, Initially these patients are assessed using the OPHI-II when they come into the halfway house prior to moving into the supportive housing and case plans are made in response to the problems and barriers identified in this process. We already have a rather good handle on them by the time they move into this next level of care, permanent supportive housing. The problem seems to be that now that many of them get a taste of freedom and independence again, they test the waters and use once again. Most do not fall fully into relapse, but some do. The critical
times are 3 and 6 months post discharge from the Halfway houses. The greater self-determination measure is required from our HUD housing funding source. I do recall you discussing the MOHOST when you presented at Florida Gulf Coast University and it was still a work in progress at that time (electronic data collection version). Since we work extensively with our patients in the residential program and in the halfway houses (4-6 months average and up to a year in some cases), our aim is to enable the community to support each other and determine what is acceptable behavior for them. The empowerment is the actual treatment intervention. I will take some time and review the MOHOST literature as well since you have mentioned it and see if it might be a fit for us in addition to our other measures. Again this community's existence is to provide housing and support services as needed for homeless individuals with a substance dependence problem and who may have a co-occurring mental health diagnosis. A majority of the folks are very independent and can manage themselves very well; they just don't get the concept of a drug-free, substance free lifestyle.

Rosemary Boisvert, OTR/L, CAP

**Date:** Wed, March 1, 2006 1:18 pm

If you do the OPHI-II, which is great, then it would be a simple matter to also score the MOHOST, which can be scored based on any source of data--by the time you finish the OPHI-II you'd have plenty of data to score the MOHOST, then you could re-administer at the beginning of the aftercare program and at points you want to show progress. You might also consider having the client co-score this with the therapist as an empowering step.

Gary

**Date:** Tue, February 28, 2006 3:30 pm

Dear Rosemary-
Your study sounds very interesting.
I can recommend several articles on the VQ, which you can obtain using the MOHo evidence based practice database search function at [http://www.moho.uic.edu/evidence_based_practice.php](http://www.moho.uic.edu/evidence_based_practice.php)

I have inserted the references below:

American Journal of Occupational Therapy 50, 516-525.


I think a strength of using the VQ in your program is that the environmental form enables you to systematically capture the supportive social environment and how that impacts a participant's volition.

Also- recently there have been two researchers on this list serv sharing their use of the VQ in their research. They are collaborating with the clearinghouse and sharing their data for secondary analysis, and we would welcome the opportunity to collaborate with you in the development of the VQ. If you have more specific questions about Rasch analysis of the VQ (discussed in the Li & Kielhofner 2004 article) or research collaboration, please don't hesitate to contact me directly.

Finally, I would like to point out that some ideas in your program (supported housing, peer mentors, substance abuse) sound similar to the previous study conducted by Kielhofner and Bravement, "Employment Options" and the current study "Enabling Self Determination". This program may provide you with some ideas on how to measure volition and change. You can find the EO program manual at:

http://www.moho.uic.edu/mohorelatedrsres.html#OtherInstrumentsBasedonMOHO

and a related publication is:


Best of luck-
Jessica Keller, MS, OTR/L
Head Research Assistant, MOHO Clearinghouse
PhD Student, Disability Studies

Date: Wed, March 1, 2006 2:43 am

Hi Rosemary!

I am working with the VQ in Sweden, having translated it into a Swedish version together with my colleague Antte Kjellberg. The aim of my master thesis was to examine the content validity and the utilization of the swedish version of VQ. Not yet published, but hopefully will be within this year!
Re the de las Heras master thesis I understand that the study in AJOT 96 is based partially on that one...?

Your intention of using the VQ sounds exiting! I am using it in my work with persons with mental disorders such as mental retardation and learning disabilities with the intention of assess the volition and motivation for the different activity groups they are part of.
I hope this will help you a little!

MVH Krissa