Volitional questionnaire

Date: Fri, 01 Dec 2006 15:51:29

Thank you once again for your replies your thoughts are invaluable. I hope that this is my last question, however one can never be sure! I am aware of the need for standardized assessments in clinical practice and the continuous debate. However the Volitional questionnaire is non standardised however seems to me to be a fantastic assessment. What would be the arguments for using it other than he fact I guess it is highly evidenced based and that one could use it in conjunction with other assessments?? It would be of great use if you could give suggestions on it as you have a vast knowledge of this assessment tool. Then I can fight for its corner in clinical practice........................

Any comments are appreciated
Thanks for your time

keli Horne

Date: Mon, December 4, 2006 6:39 pm

Keli-

All of the MOHO assessments are evidence based. The extent of the validity evidence differs from each assessment. Current best practices in measurement theory define validity as the "appropriateness of decisions made based off of assessment results and the related consequences". Validity includes concepts most of us are taught in OT school, such as "concurrent validity", "construct validity" and even "reliability" subsumed under this concept of validity. One way to offer validity evidence for the VQ is as you mentioned- what is the strength of the theory the assessment is based on? Well- as the VQ (and PVQ) are based on a well researched theory, then the evidence is strong! Another way to offer validity evidence is the soundness of the psychometric properties of the assessment. Several studies have demonstrated that therapists can use the VQ in practice to assess client's volition in a consistent manner, and that VQ items do indeed represent a hierarchy of volition. To find these studies, please use the evidence based search at http://www.moho.uic.edu/evidence_based_practice.php. The studies on the VQ use Rasch analysis, a measurement technique that is > sophisticated and actually ensures that the tool
"measures" what it says.
The articles will include a basic description of Rasch methodology.
Finally - you can build validity evidence by examining what other "experts"
in your field do with the assessment - for this, I recommend reviewing the archived list
serves at [http://www.moho.uic.edu/archived_list_serv.html](http://www.moho.uic.edu/archived_list_serv.html)
Additionally, the concept of "standardized" is tricky! The VQ is
standardized in that the items, the rating scale, and the decisions used to decide a rating
are the same across clients!
However, the administration is not standardized - but does a
standardized assessment of volition, a highly individualized concept, make sense? If others challenge
you on this, I certainly recommend that you bring this point up. The VQ allows you to use your clinical reasoning to
identify activities that are most motivating and most challenging for a client, and then to use the
assessment to systematically identify factors that may be impacting that individual's volition in each environment. The
result is the ability to plan an intervention that motivates the client and meets their needs. If you are not familiar with the Remotivation Process
intervention, which is based on the VQ, I recommend checking it out at [http://www.moho.uic.edu/programs.html](http://www.moho.uic.edu/programs.html). Finally, the VQ is both an assessment and an intervention - it is a dynamic assessment, as the purpose of the assessment is to identify an individual's best motivational performance, and the supports in the environment (including you as a therapist) that enable that performance.
I hope that this helps you. If you have questions please let us know how we can assist!

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