

# Advances in Mental Health Measurement

## Forum on Mental Health and Substance Use Disorders' Public Workshop

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Dr. Gibbons is a founder of Adaptive Testing Technologies, which distributes the CAT-MH™ battery of adaptive tests. The terms of this arrangement have been reviewed and approved by the University of Chicago in accordance with its conflict of interest policies.

# What is Measurement?

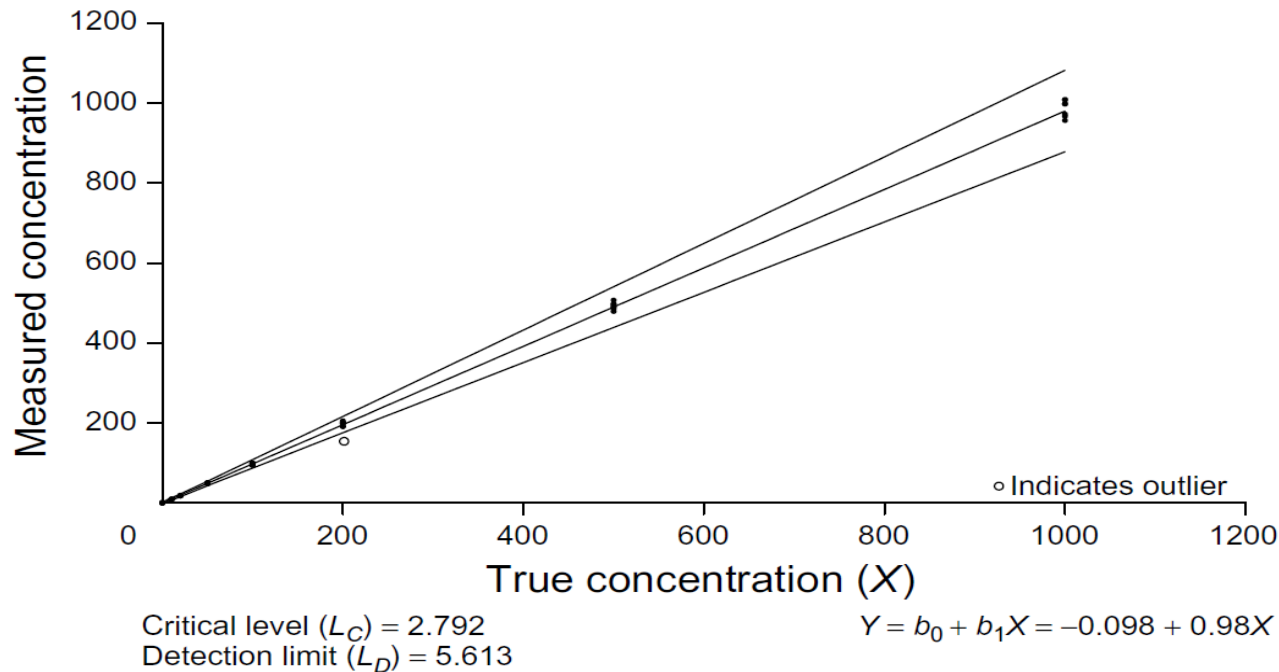
Measurement is the process of obtaining the magnitude of a quantity relative to an agreed standard.

“*Not everything that can be counted counts, and not everything that counts can be counted.*  
- Albert Einstein



# Measurement in the Physical Sciences

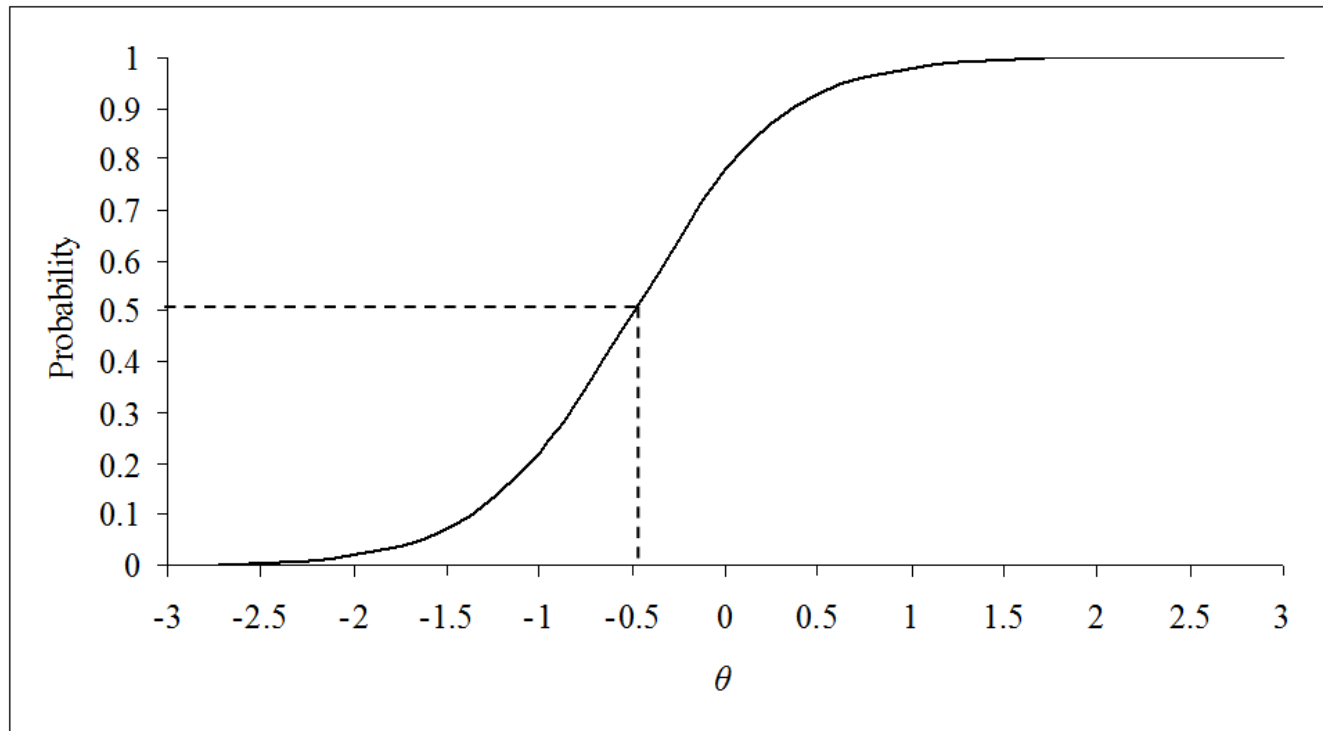
Silver in parts per trillion (1 second in 32,000 years)



$$\hat{Y}_X \pm s_{Y \cdot X} \left\{ (2F_{2, n-2}^{1-\alpha/2})^{1/2} \left[ \frac{1}{n} + \frac{x_i^2}{\sum_{i=1}^n x_i^2} \right]^{1/2} + \Phi(P) \left( \frac{n-2}{\alpha/2 \chi_{n-2}^2} \right)^{1/2} \right\}$$



# Measurement in the Social Sciences



# Classical vs. IRT Measurement

## Classical Measurement Model



# Classical vs. IRT Measurement

IRT



# What is CAT?



Imagine a 1000-Item Math Test



Primary

Secondary

$$\alpha = \begin{bmatrix} \alpha_{11} & \alpha_{12} & 0 \\ \alpha_{21} & \alpha_{22} & 0 \\ \alpha_{31} & 0 & \alpha_{33} \\ \alpha_{41} & 0 & \alpha_{43} \end{bmatrix}$$

The Bifactor Model

Preserves multidimensionality

Thresholds

$$P = \int_{-\infty}^{\infty} \left\{ \prod_{v=2}^d \int_{-\infty}^{\infty} \left[ \prod_{j=1}^n \left( \Phi \left[ \frac{\gamma_j - \alpha_{j1}\theta_1 - \alpha_{jv}\theta_v}{\sqrt{1 - \alpha_{j1}^2 - \alpha_{jv}^2}} \right] \right)^{u_{jv}} \right] g(\theta_v) d\theta_v \right\} g(\theta_1) d\theta_1,$$

Severity

Discrimination

$$\hat{\theta}_{1i} = E(\theta_{1i} | \mathbf{u}_i, \theta_{2i} \dots \theta_{di}) = \frac{1}{P_i} \int_{\theta_1} \theta_{1i} \left\{ \prod_{v=2}^d \int_{\theta_v} L_{iv}(\theta_v^*) g(\theta_v) d\theta_v \right\} g(\theta_1) d\theta_1.$$

$$V(\theta_{1i} | \mathbf{u}_i, \theta_{2i} \dots \theta_{di}) = \frac{1}{P_i} \int_{\theta_1} (\theta_{1i} - \hat{\theta}_{1i})^2 \left\{ \prod_{v=2}^d \int_{\theta_v} L_{iv}(\theta_v^*) g(\theta_v) d\theta_v \right\} g(\theta_1) d\theta_1.$$

Uncertainty in severity estimate



# What is the CAT-MH?

- The CAT-MH is a suite of 10 computerized adaptive tests (CAT) based on a multidimensional item response theory (MIRT).
- This means that we can, for example, extract the information from 400 depression symptom-items using an average of 10 adaptively administered items, yet maintain a correlation of  $r \geq 0.95$  with the 400 item test score.
- As such we can dramatically increase precision while eliminating clinician burden and minimize subject burden.
- The K-CAT extends this technology to children.

# What are the Advantages of Adaptive Testing?

- Adaptive tests provide constant precision of measurement throughout the entire severity continuum for any disorder that we measure.
- Items are targeted to a patient's specific level of severity at that point in time.
- Adaptive tests ask different questions upon repeat administration eliminating response bias produced by repeatedly asking the same questions over and over again.
- The CAT-MH has been validated against structured clinical diagnostic interviews (e.g. SCID-DSM-5) so it can also provide diagnostic profiles for a large number of disorders and suicide risk.
- The CAT-MH can be used for both screening and measurement.

# What are the Advantages of Adaptive Testing?

- Adaptive tests are ideal for longitudinal assessments essential for measurement-based care.
- Adaptive tests not only estimate severity of a disorder (e.g. depression) they also estimate the uncertainty in that severity score and measure all patients to the same level of precision.
- The CAT-MH is cloud-based and scalable to any size population via a HIPAA secure AWS platform. Patients can be screened, measured and monitored in or out of the clinic.
- The CAT-MH can be fully integrated into the electronic health record (e.g. Epic), and we have developed clinical workflows for integrated behavioral health and primary care practices and clinics.

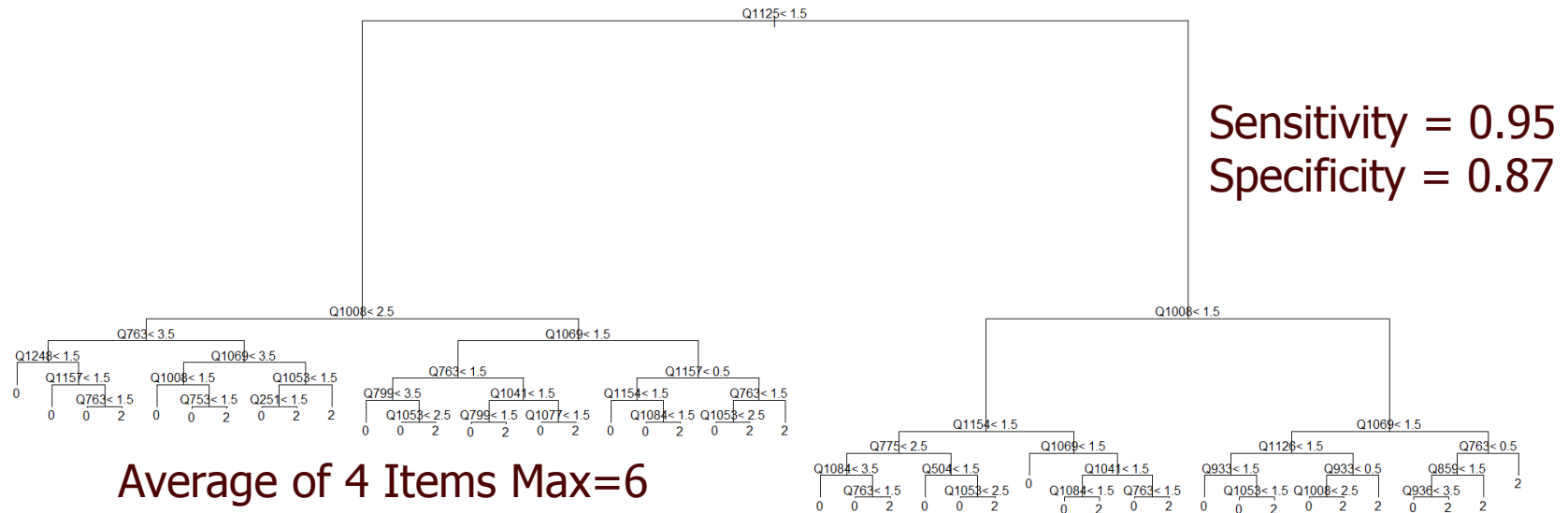
# How Do Adaptive Tests Work?

- We administer a question with medium severity.
- We estimate severity based on the response to the question (symptom).
- We select the next most informative question out of the remaining symptoms-item questions.
- We stop when we reach the desired precision of measurement (e.g. 5 points on a 100 point scale).



# Diagnosis and Measurement are Fundamentally Different Things

## *CAD-MDD – Decision Tree*



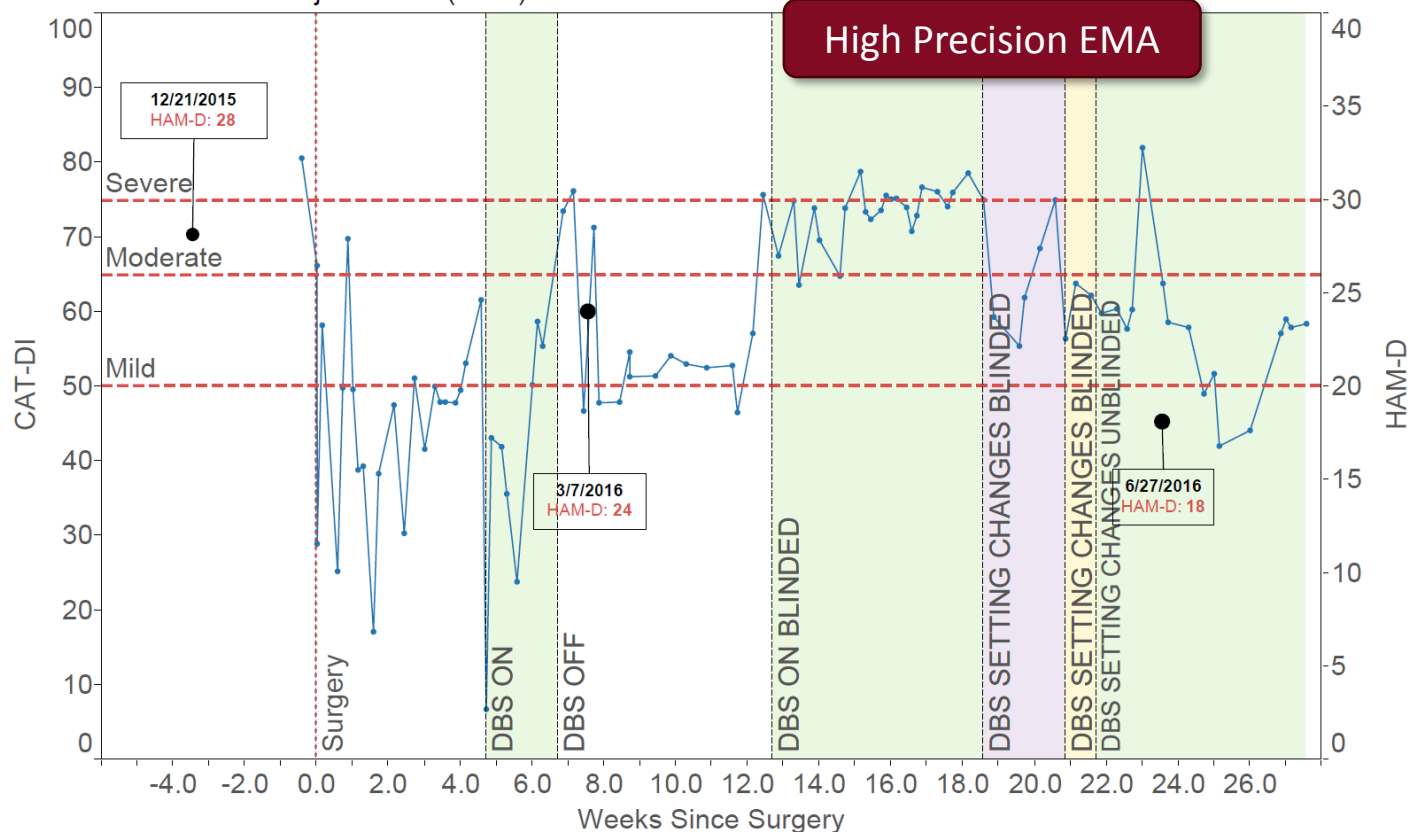
# Rates of Detection and Service Utilization

- Emergency Department U of Chicago (n=1000)
  - 22% MDD positive screens (>90% confidence)
  - 7% MDD Positive + moderate or severe depression
  - 3% suicide screen positive
  - **3-fold increase in ED visits**
  - **4-fold increase in hospitalizations**
  - None of these patients had a psychiatric indication
- Spain and US Latino Samples (n=1000)
  - 25% MDD positive screens (>90% confidence)
  - 9% MDD Positive + moderate or severe depression

# What if you could assess treatment response on a daily basis?

## Daily Home Monitoring of a Deep Brain Stimulation Patient for 6 months

CAT-MH™ Tests for Subject DBS1 (2016)



# What Can the CAT-MH and K-CAT Measure?

- Adult (English and Spanish)
  - **Depression\***
  - **Anxiety\***
  - **Mania/Hypomania\***
  - **Suicidality\***
  - **PTSD\***
  - **Substance Abuse\***
  - **Psychosis\***
  - **Functional Impairment**
  - **Quality of Life**
  - **Functional status and well being (Cancer Patients and Survivors)**
  - **Borderline Personality Disorder**
- Perinatal (English and Spanish)
  - **Depression\***
  - **Anxiety\***
  - **Mania/Hypomania\***
- Child and adolescent (child and parent ratings) Ages 7-17
  - **Depression\***
  - **Anxiety\***
  - **Mania/Hypomania\***
  - **ADHD\***
  - **Conduct disorder\***
  - **Oppositional defiant disorder\***
  - **Suicidality\***
  - **Autism**

\* **Completed, validated and in use**  
**Completed, being validated and/or integrated into the CAT-MH**



# Example Applications

- **UCLA Grand Challenge**
  - Screen all undergraduates at UCLA and triage to iCBT
  - Screen 1.8 million to develop a Registry of 100,000 patients
- **Indiana University Grand Challenge**
  - Survey the state of Indiana for substance abuse disorder, screening, monitoring and treatment for SUD
- **University of Chicago**
  - Emergency Medicine – Depression and suicide risk
  - Integrated Primary and Behavioral Health Care
- **Rush University Medical Center**
  - Orthopedic Surgery – Does depression lead to poor outcomes?
- **UK - National Health Service**
  - Pilot Study for National roll-out
- **NorthShore University Health Systems**
  - Perinatal depression screening and follow-up
- **Cook County Corrections Department**
  - Screen all inmates in Bond Court, the Cook County Jail and Probation
- **Veteran's Administration/Department of Defense**
  - Develop new PTSD scale and further validate suicidality scale
- **State of Tennessee**
  - Foster Care, Juvenile Justice, Detention Centers – 300 case workers
- **SAMHSA/RTI**
  - Large-Scale National Survey: Mental and Substance Use Disorder Prevalence Study (MDPS) – US Adult population
- **India/SCARF**
  - Large-scale screening and measurement-based care



We spend billions on biological measurements,  
yet we validate them using stone-age clinical  
measurements.

“ *Statistics ... is the most important science in the whole world, for upon it depends the practical application of every other (science) and of every art.*

- Florence Nightingale

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More details on the science and  
access to the CAT-MH available at

[www.adaptivetestingtechnologies.com](http://www.adaptivetestingtechnologies.com)

