

# The British Flower and Vibrational Essences Association



Measure Yourself Medical Outcome Profile  
(MYMOP) Manual

July 2010

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COVER PHOTOGRAPHS    **Front Cover:** Rock Water    **Back Cover:** Walnut



BFVEA

## Introduction

MYMOP stands for Measure Yourself Medical Outcome Profile and was developed by Dr Charlotte Paterson as a way of evaluating the effectiveness of treatment in both orthodox and complementary medical settings. It is very simple to use and has become a popular measurement tool for many therapists, nurses and researchers.

This manual has been developed to accompany the instructional film *What is MYMOP?*, made by Get Well UK as a way of helping BFVEA members and other practitioners to introduce and integrate MYMOP into their practices.

## Acknowledgements

BFVEA is indebted to Dr Charlotte Paterson, the developer of MYMOP; to The Twelve Healers Trust, who very generously awarded a grant to set up and maintain this BFVEA initiative; to David Corr and to Sue Lilly for their BAFEP Research Project pilot study and to Carol Rudd for recommending the use of MYMOP to BFVEA practitioners. We also wish to express our sincere thanks to Boo Armstrong and Get Well UK for allowing us to use their film *What is MYMOP?*; to David Corr and Jan Stewart for writing this handbook; to Anna Zee for its edit, design and production; to Charlotte Barrow for copy editing and proofreading; to Andrew Tresidder for proofreading; and to Jan Stewart for steering the project.



Twelve Healers Trust



## Photographs

With many thanks to Julian Barnard and Vivien Williamson for their Bach Remedy portraits; to Andrew Tresidder for stills from his DVD *Nature's Alchemy*; to Carol Rudd for pictures of Jeff the cat receiving Rock Water flower essence; and to Anna Zee for the consultation pictures.



## Why use MYMOP?

As complementary medicine grows in popularity and usage, more people, including prospective clients and health regulators, are asking the crucial question, 'Does it work?' Without delving into the philosophical complexities of what might be meant by the term 'work', or exploring the value of double-blind clinical trials etc., we can say that MYMOP has been developed as a very simple, useful and effective tool that can be used in any complementary health setting.

MYMOP has been created to capture high quality data on the results of both complementary and orthodox medical interventions. Of importance to complementary practitioners is the fact that MYMOP is a flexible tool. This is because it

- **measures** what is important to the client
- **scores** the client's symptoms, and hence can be used for almost any problem/challenge (physical, emotional, spiritual)
- **uses** the client's own words and not diagnostic labels
- is **quick** and **simple** to use

In addition, and perhaps most importantly, MYMOP has been **validated** in both orthodox and complementary settings. This means that the results we collect through MYMOP will carry more weight than they would do otherwise. It is for this reason that the BFVEA not only recommends MYMOP, but has also included training in its use as a requirement for all BFVEA-compliant courses. We additionally urge all members to get involved in collecting data that we anticipate will build into an impressive body of evidence showing that flower and vibrational essences do bring about measurable benefits in people's sense of health and well-being.

## We don't need research – we already know that essences work!

The art of using flower and vibrational essences is deeply intuitive. Moreover, when we work with our clients and ourselves we know that we are not administering a quick fix or symptomatic relief. Flower essences are not 'remedial medicines' but tools for conscious growth and evolution.

So, what value is there in collecting MYMOP data? Do we really need to convince a sceptical medical community of the value of essences?

The great strength of MYMOP is that it is **a tool for measuring change** – whether that is a change in someone's symptoms, as brought about by medication, or a change in a person's sense of health and well-being as brought about by working consciously with essences. By gathering data on our work through MYMOP, we are collecting valuable feedback which can help confirm the efficacy of our professional practices.



Chicory



## Enhancing the consultation

Another great strength of MYMOP is that it provides a point of focus for the consultation – for both practitioner and client. All too often in flower essence therapy we are working with clients who are struggling with issues, or reaching toward goals that are hard to pin down in words, for example *I just don't feel that my life is working at the moment. I'm scared about so many things. I can't seem to get my focus, or I want to start being true to myself etc.* While such descriptions are actually quite rich from a therapeutic perspective, and they may already point towards a number of essences that could be helpful, they are so generalised that the client and therapist may not find it easy to observe or validate change. By using MYMOP we are provided with a discipline that helps specify just what the client is really asking for. For example, when someone says *I just don't feel that my life is working at the moment*, a number of questions could be asked, such as

- When you say that your life is 'not working' – how do you know this?
- How would you know that your life was working?
- Did your life work in the past? If so, what's different now?

Or, if the person says *I want to start being true to myself*, we might ask, for example:

- How would you know that you are being true to yourself?
- What would be different to now?
- What might be stopping you being true to yourself?

Once we bring more specificity to the client's issues/goals we are in a much better position to help them notice change. This specificity may take the form of narrowing down the global description (*my life is not working*) to a series of smaller issues, or to goals that are much more achievable, such as *My relationship with my partner is very challenging – we seem to argue all the time and/or I'd be*

*true to myself if I said 'No' to a needy or manipulative colleague* and so on. Once we have these smaller issues/goals identified it becomes much easier for the client to notice positive change and to consider where more work needs to be done.

The ideal environment for MYMOP is the face-to-face consultation, though it can also be used within telephone consultations. However, given that one of the key features is helping clients specify (where necessary) what they want to work on, it is less likely to be of value in an on-line or postal consultation process. Importantly, MYMOP has only been validated in the face-to-face context. Thus, if you use MYMOP on the telephone, please mark each questionnaire accordingly at the top of the form. Results from MYMOPs completed for telephone consultations will still be analysed, but the data will be recorded separately.



**\* MYMOP 2 \***

Full name ..... Date of birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Address and postcode .....

Today's date: \_\_\_ / \_\_\_ / \_\_\_ Practitioner seen .....

CHOOSE one or two symptoms (physical or mental) which bother you the most. Write them on the lines. Now consider how bad each symptom is, over the last week, and score it by circling your chosen number.

<b>SYMPTOM 1:</b> ..... ..... .....	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
As good as it could be							As bad as it could be

<b>SYMPTOM 2:</b> ..... ..... .....	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
As good as it could be							As bad as it could be

NOW CHOOSE one activity (physical, social or mental) that is important to you, and that your problem makes difficult or prevents you doing. Score how bad it has been in the last week.

<b>ACTIVITY:</b> ..... ..... .....	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
As good as it could be							As bad as it could be

LASTLY how would you rate your general feeling of well-being during the last week?

<b>WELL-BEING:</b> ..... .....	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
As good as it could be							As bad as it could be

HOW LONG have you had **SYMPTOM 1**, either *all the time* or *on and off*?

Please circle:

0 – 4 weeks	4 – 12 weeks	3 months – 1 year	1 – 5 years	over 5 years
-------------	--------------	-------------------	-------------	--------------

ARE YOU taking any medication **FOR THIS PROBLEM**?

Please circle: YES / NO

IF YES:

1. Please write in name of medication, and how much a day/week?.....  
.....

2. Is cutting down this medication

Please circle:

Not important	a bit important	very important	not applicable
---------------	-----------------	----------------	----------------

IF NO:

Is avoiding medication for this problem:

Not important	a bit important	very important	not applicable
---------------	-----------------	----------------	----------------

**Getting to grips with the questionnaires**

Although the BFVEA has produced slightly modified versions, this section first introduces the standard MYMOP questionnaires. These are very straightforward to use if the simple instructions described in this section are followed. You will be taken through each part of the questionnaires in turn. You will see that the initial questionnaire is designated **MYMOP 2** (meaning **MYMOP** version 2) and the questionnaire to use for all follow ups is entitled **MYMOP 2 Follow Up**. Compulsory parts of both are highlighted in pink and optional parts in lilac. Note that **Symptom 2** and **Activity** *must* be scored on **MYMOP 2 Follow Up** if they are scored on **MYMOP 2**; otherwise they *must* be left blank.



Hornbeam



# \* MYMOP 2 Follow Up\*

Full name ..... Today's date: \_\_\_ / \_\_\_ / \_\_\_

Please circle the number to show how severe your problem has been IN THE LAST WEEK.

This should be YOUR opinion, no one else's!

<b>SYMPTOM 1:</b>	0	1	2	3	4	5	6
.....	As good as it could be						As bad as it could be
.....							
.....							

<b>SYMPTOM 2:</b>	0	1	2	3	4	5	6
.....	As good as it could be						As bad as it could be
.....							
.....							

<b>ACTIVITY:</b>	0	1	2	3	4	5	6
.....	As good as it could be						As bad as it could be
.....							
.....							

How would you rate your general feeling of well-being?

<b>WELL-BEING:</b>	0	1	2	3	4	5	6
.....	As good as it could be						As bad as it could be

If an important *new symptom* has appeared please describe it and mark how bad it is below.

Otherwise do not use this line.

<b>SYMPTOM 3:</b>	0	1	2	3	4	5	6
.....	As good as it could be						As bad as it could be
.....							
.....							

The treatment you are receiving may not be the only thing affecting your problem. If there is anything else that you think is important, such as changes you have made yourself, or other things happening in your life, please write it here (*write overleaf if you need more space*):

Are you taking any medication **FOR THIS PROBLEM?**

Please circle: YES / NO

IF YES:

Please write in name of medication, and how much a day/week?.....

.....

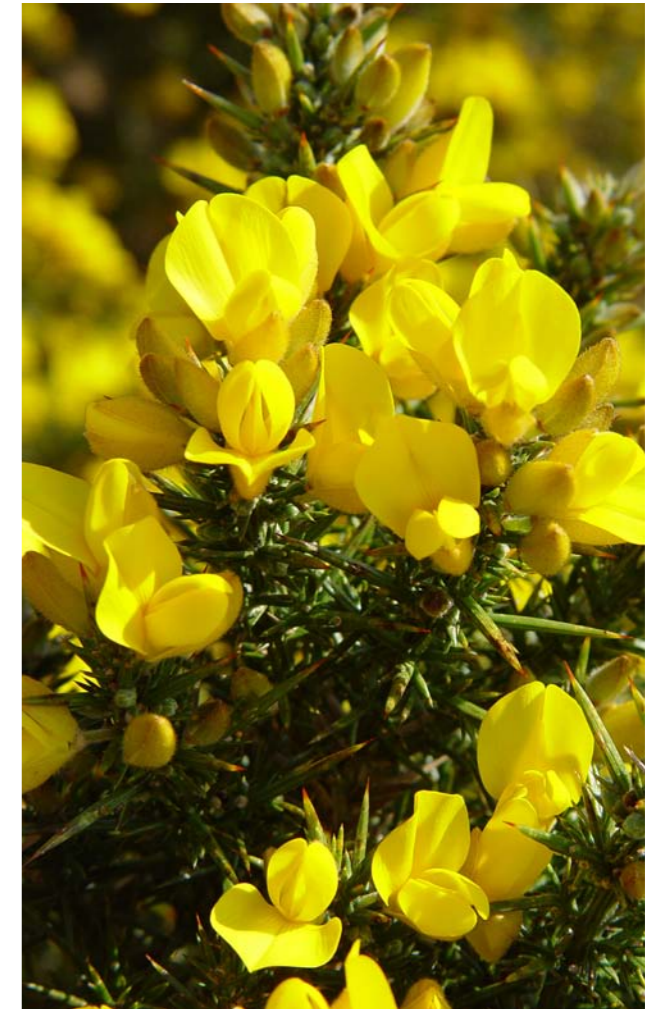
.....

## Symptoms not issues

MYMOP has been specifically designed to measure the change in a person's symptoms, whether it be a pain in the arm or a lack of empathy for a partner. It is not used to measure a change in diagnostic categories, such as tennis elbow or narcissistic personality disorder. For example, a client may wish to receive help because they feel depressed and have been diagnosed as such by a medical professional. When using MYMOP, we need to ask the client about how the depression manifests and how it affects their life. Thus, rather than asking the client to score their depression we need to find out what is, in the client's mind and language, the major symptom of their depression at the time of the consultation. This might, for example, be *breaking down in tears frequently every day, or having no motivation to get out of bed in the morning*. **The crucial aim is to help the client describe specific symptoms in their own words.** Some simple questions that may help are

- What is the worst aspect of this problem for you?
- If you could change one aspect of this problem right now, what would that be?
- What is the main thing that lets you know you have this problem?

Of course, these questions are only suggestions, and each practitioner needs to be able to ask questions in their own style. It is vital, however, that whatever questions are asked, they are open enough (and free of assumptions such as 'I would imagine that you get pain in the arm with that tennis elbow') to capture the client's own experience.



Gorse



## One MYMOP per problem/issue

The MYMOP questionnaires have been specifically designed to track progress on the **main** problem that the client is seeking help with. Although the questionnaires have space to score two symptoms (see pages 7 and 8) **both of these** must be part of the main problem from the client's perspective:

CHOOSE one or two symptoms (physical or mental) which bother you the most. Write them on the lines.  
Now consider how bad each symptom is, over the last week, and score it by circling your chosen number.

<b>SYMPTOM 1:</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
.....							
.....	As good as						As bad as
.....	it could be						it could be
<b>SYMPTOM 2:</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
.....							
.....	As good as						As bad as
.....	it could be						it could be

Thus, for example, if the client's main issue is *grief due to the break-up of a relationship* then **Symptom 1** (the main manifestation of the grief) might be *heavy feeling in heart area* and **Symptom 2** might be *constant thoughts about my ex having fun with his/her new partner*.

If the client has **two or more concurrent issues, that are not related in the client's mind**, then you can either conduct just one MYMOP on what they consider to be their main/chief issue, or conduct two or more MYMOPs, one for each issue. For example, suppose a client states that they are suffering from *being stuck in life* and *asthma*. The first step is to establish whether the client perceives these two issues as fundamentally connected or whether they see them as two more or less distinct entities. Remember we are not talking here about the objective truth about the relationship between these issues, but about how the client perceives them. If the client sees them as separate issues, ask which is their main issue, or which is the one that they would most like to see positive change within, at this time. If the client says both, then it is probably best

to conduct two separate MYMOPs (the alternative being to ask the client to disregard one issue). The two forms, for the sake of clarity designated here as MYMOP A and MYMOP B, might look like this:

### MYMOP A – Being stuck in life

**Symptom 1** – Heavy, dragging feeling in chest and abdomen

**Symptom 2** – Having to have a sleep every afternoon

### MYMOP B – Asthma

**Symptom 1** – Tightness in chest

**Symptom 2** – Breathlessness climbing the stairs

In both cases, you will notice that MYMOP does not directly score the overall label of the issue (whether this is a medical or other label), but seeks to find out what **the main symptom(s)** of the issue are. There is a very good reason for this, which is discussed in the next section.

Please note that MYMOP asks a person to assess how their symptom(s) have been **over the last week**. Thus, MYMOP can only really be used with symptoms that are continual, or at least frequent. For episodic issues such as migraine, which may only occur, say, once every three months, MYMOP will not be particularly useful unless you conduct a good number of follow up questionnaires.

## Why symptoms and not labels?

Both research and practice shows that people are much more likely to be able to notice and discern change if the problem or issue is 'unpacked'. Thus, for example, people who are depressed often fail to notice either periods when they are less depressed or ongoing improvement in their condition. If, however, they are asked to attend to how the depression manifests (such as inability to get out of bed in the morning, constantly circling thoughts about loss or failing) then they are helped enormously to notice and validate positive change in their life. This holds true for so many problems.

What happens if the client's issue only has one identifiable symptom? No problem. **Symptom 1** is **mandatory** i.e. it must be filled in, whereas **Symptom 2** is optional.



## Activity – optional

NOW CHOOSE one activity (physical, social or mental) that is important to you, and that your problem makes difficult or prevents you doing. Score how bad it has been in the last week.

<b>ACTIVITY:</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
..... As good as ..... it could be .....							As bad as it could be

This is also an optional category, but can be very helpful in showing positive change. For example, suppose the client's **Symptom 1** is 'pain in the right shoulder' – which they score as 4 – and the **Activity** this makes difficult/prevents is playing tennis – which they score as 6. If, at Follow Up, the client says that the pain in the shoulder is still the same and they score it as 4, but they also say that they have played two games of tennis and score **Activity** as 3, then clearly some important change has happened. The shoulder has either improved, or perhaps the person feels more confident that it is not anything sinister and that they do not have to avoid a much-loved activity. Either way, this is very helpful information for the therapist, and ultimately the client. Hence, wherever possible, it is *worth taking the extra time* to have the client score the **Activity**. Notice that the question asks the client to choose only one activity that their problem makes difficult or prevents them from doing: the word 'problem' refers to the issue for which they have identified either one or two symptoms.

Taking time to talk ...



## Well-being – compulsory

LASTLY how would you rate your general feeling of well-being during the last week?

	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	
As good as it could be								As bad as it could be

This, like **Symptom 1**, is a compulsory category and any questionnaire returned without **Well-being** having been scored cannot be used. If the client is not sure what is meant by the term 'well-being' you can explain it as 'how you feel in yourself overall' or some similar phrase.

## Duration – optional

How long have you had **SYMPTOM 1**, either *all the time* or *on and off*?

Please circle:				
0 – 4 weeks	4 – 12 weeks	3 months – 1 year	1 – 5 years	over 5 years

This category is not compulsory, but is very helpful from an analytical perspective. This is because many critics of complementary medicine claim that improvements are only really seen in recent onset, self-limiting conditions i.e. those that would have cleared up by themselves anyway. In fact, data from the British Association of Flower Essence Producers (BAFEP) pilot study showed clearly that statistically significant improvements were seen for problems that clients had been experiencing for over five years.\* The more data like this that we can collect, the stronger we can make the case for the view that essences have a genuine role to play in people's health and healing.

\* see David Corr & Sue Lilly, 'The BAFEP Research Project', *ESSENCE*, Autumn 2007, pp 22–26



## Medication – optional

Unfortunately, this section is poorly worded as for some people ‘medication’ includes not only orthodox drugs but also complementary treatments such as

ARE YOU taking any medication **FOR THIS PROBLEM?**

Please circle: YES / NO

IF YES:

1. Please write in name of medication, and how much a day/week?.....

2. Is cutting down this medication

Please circle:

Not important    a bit important    very important    not applicable

IF NO:

Is avoiding medication for this problem:

Not important    a bit important    very important    not applicable

herbal remedies etc. Dr Charlotte Paterson – the developer of MYMOP – intended this question to relate specifically to **orthodox** medication as prescribed by a GP or consultant. We believe that this question can also include orthodox medications bought over-the-counter (OTC) in pharmacies (especially as a good number of OTC medicines were previously prescription only).

**Please note** that we only need to record medication that the client is taking for the problem whose symptoms they are scoring on the MYMOP.

Many people are not quite sure – or are even totally unaware – of what their medication is called. This can lead to clients providing incorrect information, albeit in good faith. Ideally, ask your client to bring in the medication so that you can record the correct name. Having said that, it is not a compulsory piece of information, so don't worry if you cannot get the right name.

## Scoring

For all questions only **ONE** score should be given – if two or more scores are given, or if the client scores a value not on the questionnaire (e.g. 2½ instead of a 2 or a 3, or a 3–4), then the questionnaire is void. The following examples should clarify this:

**Correct:**

SYMPTOM 1: ..... 0    1    2    3    4    5    6 ✓

**Incorrect:**

SYMPTOM 1: ..... 0    1    2    3    4    5    6 ✗

## Follow Up

The **initial** MYMOP questionnaire is unhelpfully labelled **MYMOP 2**. The **2** merely indicates that this is version 2, and the latest edition of MYMOP. The follow up questionnaire is headed **MYMOP 2 Follow Up**, so there should not be any confusion between the two forms (sometimes they are printed on different coloured paper to assist quick identification). It is absolutely vital that **exactly the same symptom(s)** are scored on the **MYMOP 2 Follow Up** as on **MYMOP 2**, which includes using **exactly the same words**. Any questionnaires which score different symptoms/descriptions are invalid. The examples below should clarify:

**Correct:**

*Initial*

SYMPTOM 1: Pain in right shoulder 0    1    2    3    4    5    6 ✓

*Follow Up*

SYMPTOM 1: Pain in right shoulder 0    1    2    3    4    5    6 ✓

**Incorrect:**

*Initial*

SYMPTOM 1: Pain in right shoulder 0    1    2    3    4    5    6 ✓

*Follow Up*

SYMPTOM 1: Shoulder Pain 0    1    2    3    4    5    6 ✗



**Symptom 2** and **Activity** must be scored on **MYMOP 2 Follow Up** if they were scored on **MYMOP 2** – otherwise both questionnaires will be void. As before, **Well-being** is compulsory. **MYMOP 2 Follow Up** also includes a new category: **Symptom 3**, which should be written in (using the client’s language as before) and scored accordingly. This is only used if a new and significant symptom has arisen which was not present at the time the client completed **MYMOP 2**. **Symptom 3** does not have to be related to the original issue (unlike **Symptom 1** and **Symptom 2**). It is also the case that, on subsequent follow ups, the client can change the wording of **Symptom 3** if yet another new symptom has emerged. Please note that **Symptom 3** is the only category where the wording can change across subsequent follow ups.

### How many MYMOP 2 Follow Up questionnaires can I use with the same client?

Obviously, you must complete one – otherwise there will be nothing to compare to the initial questionnaire! After that, especially if it may take some time to resolve the issue the client is working with, you can complete more follow up questionnaires as you see fit, e.g. one a month. Make sure, however, that **exactly the same wording** is used on each questionnaire (except for **Symptom 3**, as discussed above). However, for the purposes of the research data only **one** follow up questionnaire per client is required.

Jeff the cat is offered Rock Water flower essence which is then stroked onto his fur – no objections!

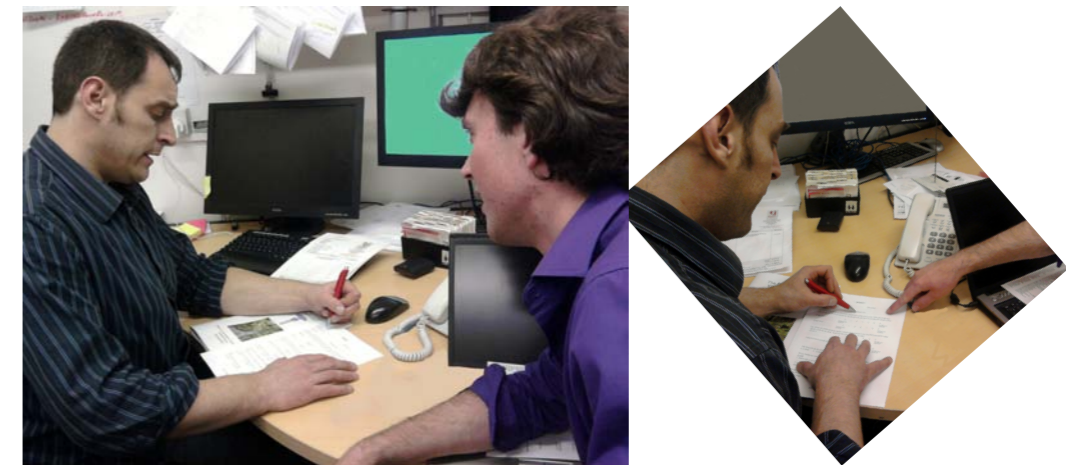


### When should the initial questionnaire be carried out?

There is no rule about this. Ideally, **MYMOP 2** is conducted at the very first consultation; but it doesn’t have to be and it can therefore be introduced at any time during the treatment. Of course, the data is likely to be of more value if the initial form is filled out at the first consultation.

### What is the ideal interval between conducting the initial and follow up questionnaires?

There is no ideal as such, nor any mandatory time interval. When you conduct the follow up (or first follow up – see opposite) is down to your experience and your client’s needs. As a rule of thumb, it is generally worth having a gap of at least one week between the initial and follow up sessions, although in many cases the most appropriate time interval is likely to be around one month.



Consultation with questionnaire

### Who should fill in the questionnaire?

It is quite acceptable for the practitioner to fill in the general details (such as name, date etc.) and to write in the wording for **Symptom 1** (and **Symptom 2** if being scored), making sure that the descriptions are the client’s own words and not the practitioner’s rephrasing of the client’s words. However, **the client must mark their own scores** on the various scales. This is not possible if the consultation is being conducted via telephone – unless, of course, you have already sent the client the questionnaire(s).



## Young clients and pets



Children choose essences in their kitchen at home, helped by GP Andrew Tresidder

MYMOP has been validated for use with young people as long as they can understand the questions and can decide for themselves how to score their symptoms etc. Obviously, the age at which any particular young person attains this degree of self-awareness and understanding varies enormously. However, if the client is a baby or toddler, or is simply not sufficiently self aware to complete the form themselves, then the data is going to be primarily what their parent/carer believes to be true; this also applies in the case of pets. In these situations there is no harm (indeed it may be very helpful) in conducting a MYMOP but the data cannot be included in the core database. If you do collect MYMOP data supplied by a parent/carer, pet owner or other third party, please mark each questionnaire accordingly at the top of the form. This will ensure that we capture the data but do not include it in the main database.



Scleranthus

## Analysing the data

As part of this important research initiative, the BFVEA is setting up a central database of completed MYMOPs. For instructions as to where to send your completed forms go to Next Steps on page 33 of this manual. The alternative is to feed in your information on-line. A form for this is available on the BFVEA website. Please note that in order to satisfy both data protection regulations and our research requirements, we ask that you type in a code rather than the client's name. We suggest you use your own initials and a MYMOP case study number, for example JS/1, JS/2 etc. We also ask that you state whether the client is male or female and whether the consultation is carried out face-to-face or by telephone.

You can also analyse your own data should you wish, as this is very straightforward. There are two ways to do this – manually or via an Excel spreadsheet.

### Manual analysis

MYMOP is concerned with measuring change, hence the calculations involved are very simple. Essentially, you are looking for the change in **Symptom 1** between **MYMOP 2** and **MYMOP 2 Follow Up** (or between initial and the second follow up if more than one follow up is conducted, and so on).

Thus, if the client scored **Symptom 1** as follows:

**MYMOP 2** – 5

**MYMOP 2 Follow Up** – 3

**Symptom 1** has changed by 2 points on the 7-point scale. As the follow up score is lower than that on the initial questionnaire, we can see that the client has rated **Symptom 1** as having improved (because the scale runs from 6 = as bad as it could be to 0 = as good as it could be).

However, if the scores were as follows:

**MYMOP 2** – 3

**MYMOP 2 Follow Up** – 5

then the data is showing that the client perceives **Symptom 1** to have become worse/more severe.

You can calculate the changes in **Well-being** and, if scored, **Symptom 2** and **Activity** in the same manner.

You can also calculate what is termed the MYMOP profile score. This is done by adding up the scores for **Symptom 1** and **Well-being** and, if scored, **Symptom 2** and **Activity**, and then dividing this total by the number of items scored to obtain an average or mean score. Please note that if **Symptom 3** is scored on the follow up questionnaire it is not included in the analysis. Some examples will clarify:

### Client 1: scores

CLIENT 1	MYMOP 2
SYMPTOM 1	5
SYMPTOM 2	4
ACTIVITY	4
WELL-BEING	4
TOTAL	$5 + 4 + 4 + 4 = 17$
<b>MYMOP profile score</b> (i.e. mean score)	$17/4 = 4.25$

CLIENT 1	MYMOP 2 Follow Up
SYMPTOM 1	4
SYMPTOM 2	4
ACTIVITY	4
WELLBEING	2
TOTAL	$4 + 4 + 4 + 2 = 14$
<b>MYMOP profile score</b> (i.e. mean score)	$14/4 = 3.5$

By then subtracting the second profile score from the first:

**MYMOP 2 Follow Up** – **MYMOP 2** ( $3.5 - 4.25$ )

an overall MYMOP profile score of minus 0.75 is obtained.

In the case below, although the client perceives that **Symptom 1** has improved (by one point) the **Well-being** score is unchanged and the overall MYMOP profile score is minus 0.5. Therefore no significant clinical change can be said to have occurred yet.

### Client 2: scores

CLIENT 2	MYMOP 2
SYMPTOM 1	6
SYMPTOM 2	not scored
ACTIVITY	not scored
WELLBEING	5
TOTAL	$6 + 5 = 11$
<b>MYMOP profile score</b> (i.e. mean score)	$11/2 = 5.5$

CLIENT 2	MYMOP 2 Follow Up
SYMPTOM 1	5
SYMPTOM 2	not scored
ACTIVITY	not scored
WELLBEING	5
TOTAL	$5 + 5 = 10$
<b>MYMOP profile score</b> (i.e. mean score)	$10/2 = 5.0$



## Test Yourself: Practice BFVEA Questionnaires

### Excel spreadsheet analysis

To make the process of analysing your data easier there is an example of a MYMOP Excel spreadsheet available for download from the MYMOP website at

<http://www.pms.ac.uk/mymop//index.php>

It is to be found in the Frequently Asked Questions pages under **Questions about analysis of MYMOP data** (highlighted in red). The Excel spreadsheet allows you to input the client's scores and calculates the changes and MYMOP profile score for you. You may want to add some extra columns for other data you have collected.

Although looking at the changes in individual scores and the MYMOP profile score is helpful, we cannot say from such raw data whether the changes noted are statistically significant. To do this we need to use various statistical tools (such as standard deviation and 95% confidence limits). These are beyond the scope of this manual, but will be used for data on the BFVEA database to ensure that any published statistics are robust. The BFVEA will from time to time provide feedback on this database to members via *ESSENCE* and the e-newsletter.



Vervain



Note that, in this section, we use the BFVEA MYMOP Questionnaires which have been slightly adapted from the standard forms. This has been done in order to meet data protection requirements and the needs of a therapy that cannot legally claim to treat physical symptoms; and where some therapists carry out telephone consultations and/or work with animals. Other adaptations aim to allow more subtle analyses of results, e.g. sex and treatment-style differences.

These changes occur at the beginning of the forms and include:

- replacing name and address details with a client code  
(we suggest using the practitioner's initials plus a client number)
- asking whether it is a face-to-face or telephone consultation
- asking the client's sex
- allowing the client to state their main issue in their own words, even if this includes a medical label (e.g. asthma or depression) rather than a symptom.

The subsequent sections are as the standard MYMOP forms.

Three sets of these adapted BFVEA MYMOP questionnaires **BFVEA MYMOP 2** and **BFVEA MYMOP 2 Follow Up**, for three fictional clients, follow. You will also find one set of blank forms which has been added for BFVEA Member use – these can be copied.

Look through each set for the three fictional clients and ask yourself if both the questionnaires for each client have been completed properly. You may find it helpful to make some notes. When you have looked at all three sets turn to **p.32** (Discussion) to see if you have assessed the questionnaires correctly.



**\*BFVEA MYMOP 2 \***

Client Identification Code DS/128 Date of birth: 23 4 1962  
 Date of Consultation: 15 10 08 Name of Practitioner: Dean Smith  
 Main Issue (in the Client's own words): depression

Male  Female  telephone consultation  animal consultation   
 face-to-face consultation  child consultation

CHOOSE one or two symptoms (physical or mental) which bother you the most. Write them on the lines. Now consider how bad each symptom is, over the last week, and score it by circling your chosen number.

**SYMPTOM 1:** depression 0 1 2 3 4 5 6  
 As good as it could be As bad as it could be

**SYMPTOM 2:** secret drinking (whisky) 0 1 2 3 4 5 6  
 As good as it could be As bad as it could be

NOW CHOOSE one activity (physical, social or mental) that is important to you, and that your problem makes difficult or prevents you doing. Score how bad it has been in the last week.

**ACTIVITY:** concentrating at work 0 1 2 3 4 5 6  
 As good as it could be As bad as it could be

LASTLY how would you rate your general feeling of well-being during the last week?

**WELL BEING:** 0 1 2 3 4 5 6  
 As good as it could be As bad as it could be

HOW LONG have you had **SYMPTOM 1**, either *all the time* or *on and off*?

Please circle:

0 – 4 weeks 4 – 12 weeks 3 months – 1 year 1 – 5 years over 5 years

Are you taking any medication **FOR THIS PROBLEM** Please circle: YES / NO

IF YES:

1. Please write in name of medication, and how much a day/week?.....

2. Is cutting down this medication -

Please circle:

Not important a bit important very important not applicable

IF NO:

Is avoiding medication for this problem:

Not important a bit important very important not applicable

**\*BFVEA MYMOP 2 Follow Up\***

Client Identification Code DS/128 Date of birth: 23 4 1962  
 telephone consultation  animal consultation   
 Male  Female  face to face consultation  child consultation   
 Date of Consultation: 29 11 08 Name of Practitioner: Dean Smith

Please circle the number to show how severe your problem has been IN THE LAST WEEK. This should be YOUR opinion, no one else's!

**SYMPTOM 1:** depression 0 1 2 3 4 5 6  
 As good as it could be As bad as it could be

**SYMPTOM 2:** secret drinking (whisky) 0 1 2 3 4 5 6  
 As good as it could be As bad as it could be

**ACTIVITY:** concentrating at work 0 1 2 3 4 5 6  
 As good as it could be As bad as it could be

How would you rate your general feeling of wellbeing?

**WELL-BEING:** 0 1 2 3 4 5 6  
 As good as it could be As bad as it could be

If an important *new symptom* has appeared please describe it and mark how bad it is below.

Otherwise do not use this line.

**SYMPTOM 3:** ..... 0 1 2 3 4 5 6  
 As good as it could be As bad as it could be

The treatment you are receiving may not be the only thing affecting your problem. If there is anything else that you think is important, such as changes you have made yourself, or other things happening in your life, please write it here (write overleaf if you need more space):

Are you taking any medication **FOR THIS PROBLEM**?

Please circle: YES / NO

IF YES:

Please write in name of medication, and how much a day/week?.....

**\*BFVEA MYMOP 2 \***

Client Identification Code EL/79 Date of birth: 03 | 01 | 1959  
Date of Consultation: 11 | 08 | 08 Name of Practitioner Edward Long  
Main Issue (in the Client's own words) arthritis

Male  Female  telephone consultation  animal consultation   
face-to-face consultation  child consultation

CHOOSE one or two symptoms (physical or mental) which bother you the most. Write them on the lines. Now consider how bad each symptom is, over the last week, and score it by circling your chosen number.

**SYMPTOM 1:** 0 1 2 3 4 5 6  
arthritic pain in both knees As good as it could be As bad as it could be

**SYMPTOM 2:** 0 1 2 3 4 5 6  
As good as it could be As bad as it could be

NOW CHOOSE one activity (physical, social or mental) that is important to you, and that your problem makes difficult or prevents you doing. Score how bad it has been in the last week.

**ACTIVITY:** 0 1 2 3 4 5 6  
walking As good as it could be As bad as it could be

LASTLY how would you rate your general feeling of well-being during the last week?

**WELL BEING:** 0 1 2 3 4 5 6  
As good as it could be As bad as it could be

HOW LONG have you had **SYMPTOM 1**, either *all the time* or *on and off*?

Please circle:

0-4 weeks 4-12 weeks 3 months-1 year 1-5 years over 5 years

Are you taking any medication **FOR THIS PROBLEM** Please circle: YES / NO

IF YES:

1. Please write in name of medication, and how much a day/week? Diclofenac 50mg three times/day

2. Is cutting down this medication -

Please circle:

Not important a bit important very important not applicable

IF NO:

Is avoiding medication for this problem:

Not important a bit important very important not applicable



**\*BFVEA MYMOP 2 Follow Up\***

Client Identification Code EL/79 Date of birth: 03 | 01 | 1959  
Date of Consultation: 15 | 09 | 08 Name of Practitioner Edward Long  
telephone consultation  animal consultation

Male  Female  face to face consultation  child consultation

Please circle the number to show how severe your problem has been IN THE LAST WEEK. This should be YOUR opinion, no one else's!

**SYMPTOM 1:** 0 1 2 3 4 5 6  
arthritic pain in both knees As good as it could be As bad as it could be

**SYMPTOM 2:** 0 1 2 3 4 5 6  
dizziness As good as it could be As bad as it could be

**ACTIVITY:** 0 1 2 3 4 5 6  
walking As good as it could be As bad as it could be

How would you rate your general feeling of wellbeing?

**WELL-BEING:** 0 1 2 3 4 5 6  
As good as it could be As bad as it could be

If an important *new symptom* has appeared please describe it and mark how bad it is below.

Otherwise do not use this line.

**SYMPTOM 3:** 0 1 2 3 4 5 6  
As good as it could be As bad as it could be

The treatment you are receiving may not be the only thing affecting your problem. If there is anything else that you think is important, such as changes you have made yourself, or other things happening in your life, please write it here (write overleaf if you need more space):

Are you taking any medication **FOR THIS PROBLEM**?

Please circle: YES / NO

IF YES:

Please write in name of medication, and how much a day/week? Diclofenac 50mg three times/day



**\*BFVEA MYMOP 2 \***

Client Identification Code MMC134 Date of birth: 13 | 5 | 1949  
 Date of Consultation: 21 | 10 | 08 Name of Practitioner Mary McCoughlen  
 Main Issue (in the Client's own words) grief

telephone consultation  animal consultation

Male  Female  face-to-face consultation  child consultation

CHOOSE one or two symptoms (physical or mental) which bother you the most. Write them on the lines. Now consider how bad each symptom is, over the last week, and score it by circling your chosen number.

**SYMPTOM 1:** 0 1 2 3 4 5 6  
 .. pain in heart .. As good as .. As bad as  
 .. area .. it could be .. it could be

**SYMPTOM 2:** 0 1 2 3 4 5 6  
 .. difficulty in .. As good as .. As bad as  
 .. getting to sleep .. it could be .. it could be

NOW CHOOSE one activity (physical, social or mental) that is important to you, and that your problem makes difficult or prevents you doing. Score how bad it has been in the last week.

**ACTIVITY:** 0 1 2 3 4 5 6  
 .. socialising .. As good as .. As bad as  
 .. it could be .. it could be

LASTLY how would you rate your general feeling of well-being during the last week?

**WELL BEING:** 0 1 2 3 4 5 6  
 As good as .. As bad as  
 it could be .. it could be

HOW LONG have you had **SYMPTOM 1**, either *all the time* or *on and off*?

Please circle:

0 – 4 weeks 4 – 12 weeks 3 months – 1 year 1 – 5 years over 5 years

Are you taking any medication **FOR THIS PROBLEM** Please circle: YES / NO

IF YES:

1. Please write in name of medication, and how much a day/week? Prozac 20mg.

2. Is cutting down this medication -

Please circle:

Not important a bit important very important not applicable

IF NO:

Is avoiding medication for this problem:

Not important a bit important very important not applicable



**\*BFVEA MYMOP 2 Follow Up\***

Client Identification Code MMC134 Date of birth: 13 | 5 | 1949

telephone consultation  animal consultation

Male  Female  face to face consultation  child consultation

Date of Consultation: 10 | 12 | 08 Name of Practitioner Mary McCoughlen

Please circle the number to show how severe your problem has been IN THE LAST WEEK. This should be YOUR opinion, no one else's!

**SYMPTOM 1:** 0 1 2 3 4 5 6  
 .. pain in heart .. As good as .. As bad as  
 .. area .. it could be .. it could be

**SYMPTOM 2:** 0 1 2 3 4 5 6  
 .. difficulty in .. As good as .. As bad as  
 .. getting to sleep .. it could be .. it could be

**ACTIVITY:** 0 1 2 3 4 5 6  
 .. socialising .. As good as .. As bad as  
 .. it could be .. it could be

How would you rate your general feeling of wellbeing?

**WELL-BEING:** 0 1 2 3 4 5 6  
 As good as .. As bad as  
 it could be .. it could be

If an important *new symptom* has appeared please describe it and mark how bad it is below.

Otherwise do not use this line.

**SYMPTOM 3:** 0 1 2 3 4 5 6  
 .. bouts of tearfulness .. As good as .. As bad as  
 .. it could be .. it could be

The treatment you are receiving may not be the only thing affecting your problem. If there is anything else that you think is important, such as changes you have made yourself, or other things happening in your life, please write it here (write overleaf if you need more space):

Are you taking any medication **FOR THIS PROBLEM**?

Please circle: YES / NO Prozac stopped with permission of doctor.

IF YES:

Please write in name of medication, and how much a day/week? .....





**\*BFVEA MYMOP 2 \***

Client Identification Code ..... Date of birth: ..... | ..... | .....

Date of Consultation: ..... | ..... | ..... Name of Practitioner .....

Main Issue (in the Client's own words).....

telephone consultation  animal consultation

Male  Female  face-to-face consultation  child consultation

CHOOSE one or two symptoms (physical or mental) which bother you the most. Write them on the lines. Now consider how bad each symptom is, over the last week, and score it by circling your chosen number.

**SYMPTOM 1:** ..... 0 1 2 3 4 5 6  
 ..... As good as it could be ..... As bad as it could be  
 .....  
 .....

**SYMPTOM 2:** ..... 0 1 2 3 4 5 6  
 ..... As good as it could be ..... As bad as it could be  
 .....  
 .....

NOW CHOOSE one activity (physical, social or mental) that is important to you, and that your problem makes difficult or prevents you doing. Score how bad it has been in the last week.

**ACTIVITY:** ..... 0 1 2 3 4 5 6  
 ..... As good as it could be ..... As bad as it could be  
 .....  
 .....

LASTLY how would you rate your general feeling of well-being during the last week?

**WELL BEING:** ..... 0 1 2 3 4 5 6  
 ..... As good as it could be ..... As bad as it could be

HOW LONG have you had **SYMPTOM 1**, either *all the time* or *on and off*?

Please circle:

0 – 4 weeks    4 – 12 weeks    3 months – 1 year    1 – 5 years    over 5 years

Are you taking any medication **FOR THIS PROBLEM**? Please circle: YES / NO

IF YES:

1. Please write in name of medication, and how much a day/week?.....

2. Is cutting down this medication -

Please circle:

Not important    a bit important    very important    not applicable

IF NO:

Is avoiding medication for this problem:

Not important    a bit important    very important    not applicable



**\*BFVEA MYMOP 2 Follow Up\***

Client Identification Code ..... Date of birth: ..... | ..... | .....

telephone consultation  animal consultation

Male  Female  face to face consultation  child consultation

Date of Consultation: ..... | ..... | ..... Name of Practitioner.....

Please circle the number to show how severe your problem has been IN THE LAST WEEK. This should be YOUR opinion, no one else's!

**SYMPTOM 1:** ..... 0 1 2 3 4 5 6  
 ..... As good as it could be ..... As bad as it could be  
 .....  
 .....

**SYMPTOM 2:** ..... 0 1 2 3 4 5 6  
 ..... As good as it could be ..... As bad as it could be  
 .....  
 .....

**ACTIVITY:** ..... 0 1 2 3 4 5 6  
 ..... As good as it could be ..... As bad as it could be  
 .....  
 .....

How would you rate your general feeling of wellbeing?

**WELL-BEING:** ..... 0 1 2 3 4 5 6  
 ..... As good as it could be ..... As bad as it could be

If an important *new symptom* has appeared please describe it and mark how bad it is below. Otherwise do not use this line.

**SYMPTOM 3:** ..... 0 1 2 3 4 5 6  
 ..... As good as it could be ..... As bad as it could be  
 .....  
 .....

The treatment you are receiving may not be the only thing affecting your problem. If there is anything else that you think is important, such as changes you have made yourself, or other things happening in your life, please write it here (*continue overleaf if you need more space*):

Are you taking any medication **FOR THIS PROBLEM**?

Please circle: YES / NO

IF YES:

Please write in name of medication, and how much a day/week?.....



## Discussion

### 1. Client: DS/128

The **BFVEA MYMOP 2** has not been completed accurately. 'Depression' is a medical label/diagnosis and although this can be noted in the **Main Issue** section it cannot be part of the standard MYMOP **Symptom** section. The practitioner should have asked the client to articulate the main symptom of the 'depression', for example, *heavy feeling in heart area, or heavy dragging feeling throughout body*.

Unfortunately, even though the rest of the initial and follow up questionnaires have been completed correctly, this data would not be usable.

### 2. Client: EL/79

**Symptom 1** – although it was all right to list 'arthritis' as the **Main Issue**, 'arthritic pain in both knees' implies a medical diagnosis. The client should have been asked to describe the type/quality of the 'arthritic pain', so that **Symptom 1** is described in client language, for example, *constant, burning pain in both knees*.

In answer to the question about general feeling of **Well-being**, the client has circled both 4 and 5 – only one number should be scored.

You will also have noted that **Symptom 2** – *dizziness* – only appears on **BFVEA MYMOP 2 Follow Up** and should have been entered as **Symptom 3**. The data from these questionnaires cannot be used.

### 3. Client: MMC/34

Both these **BFVEA MYMOP 2** and **BFVEA MYMOP 2 Follow Up** forms have been completed correctly, and so this data can be used.

From the BAFEP/BFVEA pilot study for using MYMOP, we know that a significant number of questionnaires could not be used because of simple errors like the ones shown above. By taking just a few moments to check that every form has been completed properly, **every** record received can contribute to our research.

## Next Steps ...

- Watch the DVD
- Re-read this manual, particularly cross-checking the sample forms with the comments on p 32
- Photocopy/scan the spare BFVEA MYMOP forms or download them from the BFVEA website  
[www.bfvea.com/MYMOP.php](http://www.bfvea.com/MYMOP.php) (you will need your Practitioner number)  
Standard forms are available from  
[www.pms.ac.uk/mymop](http://www.pms.ac.uk/mymop)
- Fill in the BFVEA MYMOP forms with your clients, taking a little time in the early stages to check that you are completing them correctly; make sure that you have noted whether it is a phone or face-to-face consultation (see p. 5) and, if recording a consultation about a child or a pet, that you have followed the guidance on p.18.
- Send the completed forms to the BFVEA Research Officer,  
either by post c/o BM BFVEA, London WC1N 3XX  
or via the web-link.

**Please note:** in order to count for CPD, forms need to be submitted **before the end of April** (the end of the BFVEA membership year).

### HELP

Further help can be found on the MYMOP website:

[www.pms.ac.uk/mymop](http://www.pms.ac.uk/mymop)

or by contacting the BFVEA Research Officer via the General Enquiries number 07950 142 512 or the BFVEA website:

[www.bfvea.com/index.php?pr=Committee](http://www.bfvea.com/index.php?pr=Committee)

**Finally, have fun, don't panic, and remember that (even if you conduct only a small number of MYMOPs per year) over time, we will be able to build a large and valuable database – providing sound evidence that flower and vibrational essences do positively impact people's health and well-being.**





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