



Learning from CORE Measurement: Reflections on Two Decades of Data

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CORE System Trustees



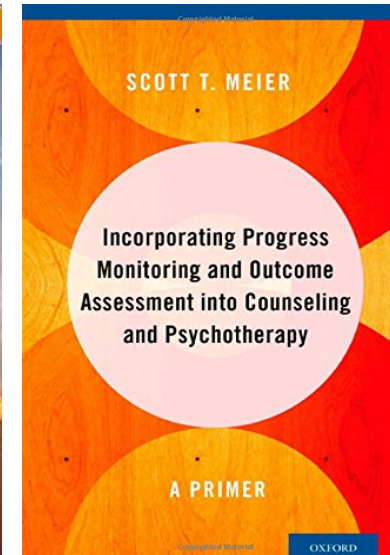
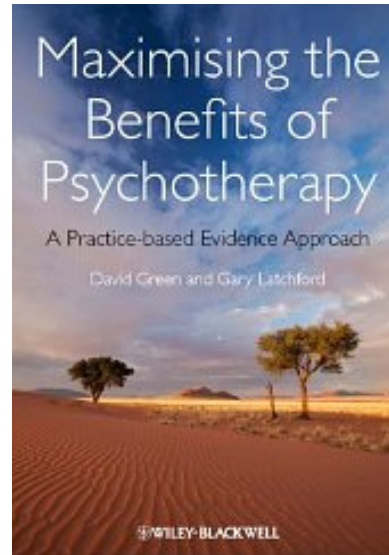
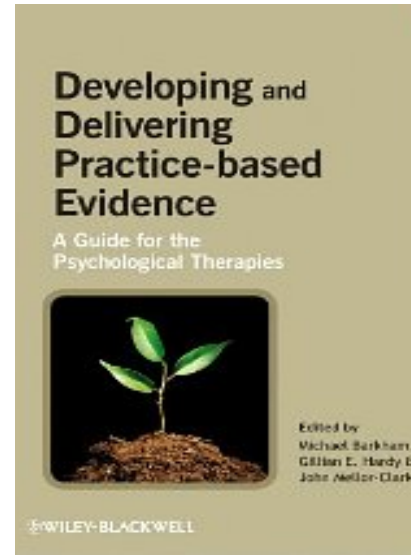
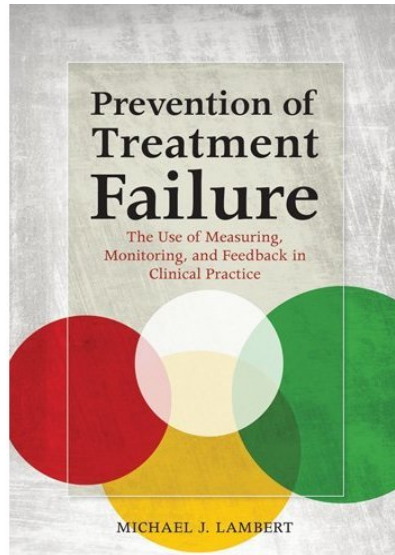
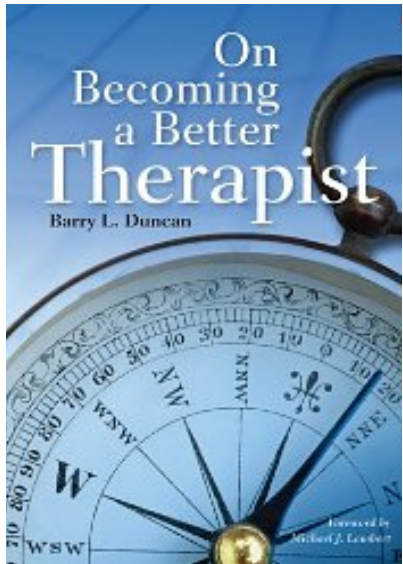
Core Values



CORE IMS Ltd

Putting quality at the heart of therapy

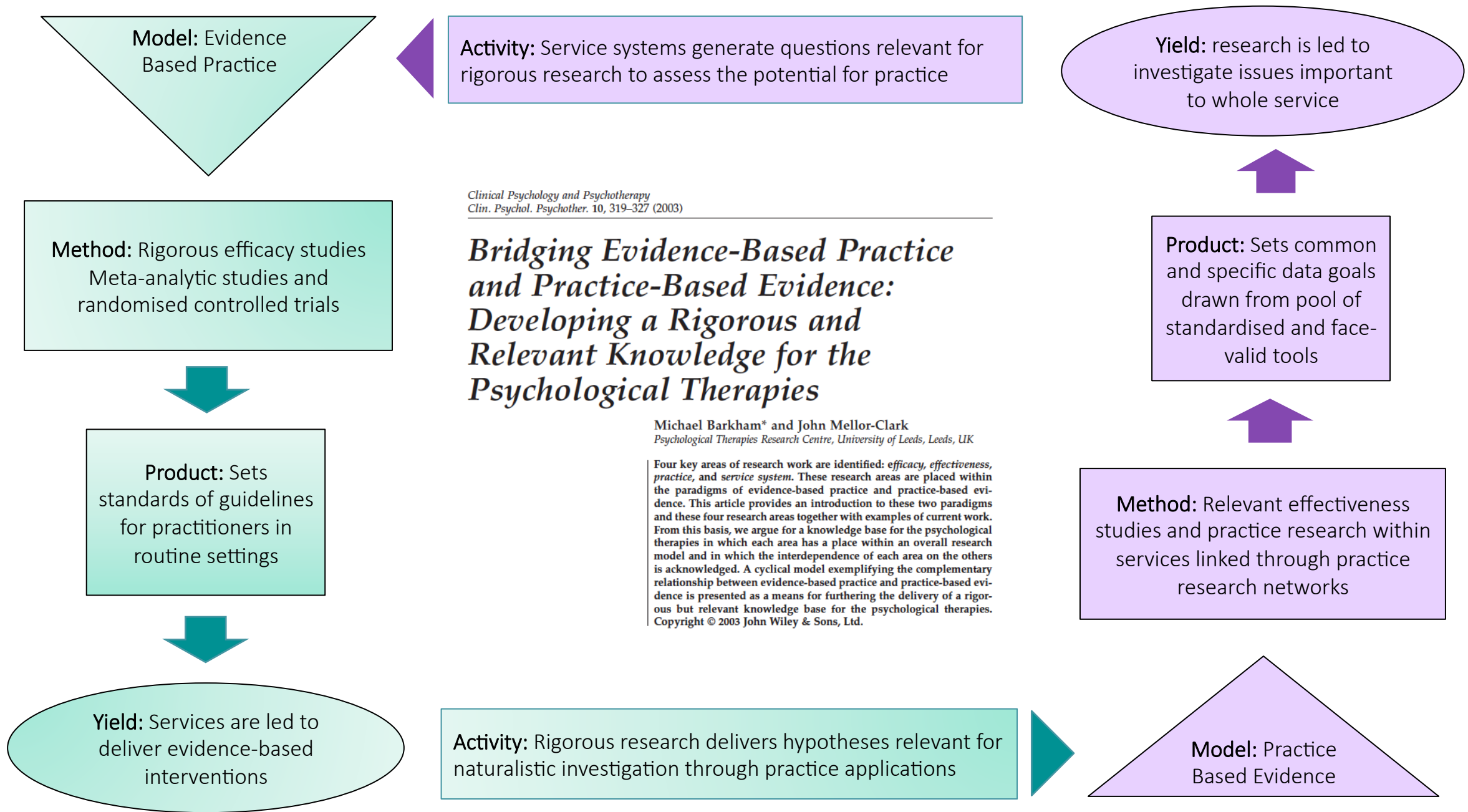
Influential Texts in Measurement & Practice-based Evidence



2010

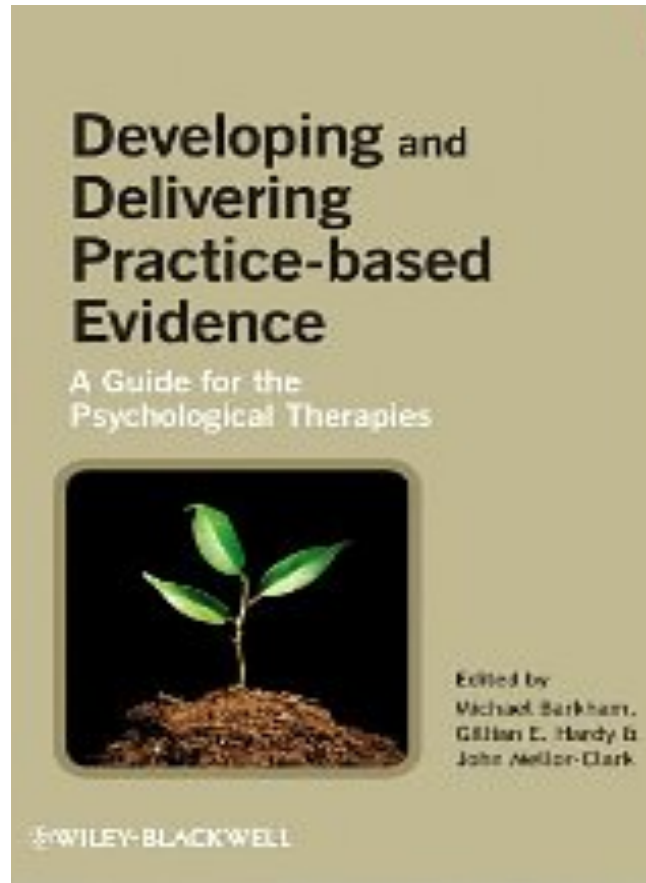
2012

2015



Practice-based Evidence

Barkham, Stiles, Lambert & Mellor-Clark (2010)



RCTs

Top-down driven by researchers

Formal design defines process

Led by researcher allegiance

Stringent inclusion criteria

Single, specific manualised treatment

Rich data on small N

PBE Data

Bottom-up driven by practitioners

Informal design

Focused on service delivery

Naturalistic

All treatment as delivered in practice

Rich data on large N

The CORE Outcome Measure

The image shows the top portion of the CORE Outcome Measure questionnaire. It includes the CORE logo, a header section for identifying information (Site ID, Client ID, Therapist ID, Sub codes, Date form given, Age, Sex, Stage Completed), and an important instruction box. Below this is the start of the questionnaire items, with a response scale from 0 to 4.

Site ID [] [] [] [] [] []
letters only numbers only
Client ID [] [] [] [] [] []
Therapist ID numbers only (1) numbers only (2)
[] [] [] [] [] []
Sub codes
D D M M Y Y Y Y
[] [] [] [] [] [] [] []
Date form given [] [] [] [] [] [] [] []

Age [] []
Male ☐ Female ☐
Stage Completed
S Screening
R Referral
A Assessment
F First Therapy Session
P Pre-therapy (unspecified)
D During Therapy
L Last Therapy Session
X Follow up 1
Y Follow up 2
Stage ☐ Episode ☐

IMPORTANT - PLEASE READ THIS FIRST
This form has 34 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	Must be all the time or else
1 I have felt terribly alone and isolated	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 F
2 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 P
3 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 F
4 I have felt OK about myself	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0 W
5 I have felt totally lacking in energy and enthusiasm	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 P
6 I have been physically violent to others	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 R
7 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 F
8 I have been troubled by aches, pains or other physical problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 P
9 I have thought of hurting myself	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 R
10 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 F
11 Tension and anxiety have prevented me doing important things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 P
12 I have been happy with the things I have done	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0 F
13 I have been disturbed by unwanted thoughts and feelings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 P
14 I have felt like crying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 W

Please turn over

Survey: 151 © CORE System Trust: <http://www.coreims.co.uk/copyright.pdf> Page: 1
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CORE-OM is a **34-item** questionnaire designed to measure a client's global distress across 4 domains

- Subjective well-being
- Commonly experienced problems or symptoms
- Life and social functioning
- Risk to self and others

Evans, C., Mellor-Clark, J., Margison, F., Barkham, M., Audin, K., Connell, J. & McGrath, G. (2000). CORE: Clinical Outcomes in Routine Evaluation. *Journal of Mental Health*, 9 (3), 247-255.

Evans, C., Connell, J., Barkham, M., Margison, F., McGrath, G., Mellor-Clark, J. & Audin, K. (2002). Towards a standardised brief outcome measure: Psychometric properties and utility of the CORE-OM. *British Journal of Psychiatry*, 180, 51-60.

4 CORE-OM Abbreviations



Site ID

letters only numbers only

Client ID

Therapist ID numbers only (1) numbers only (2)

Sub codes

Date form given

Male

Female

Age

Stage Completed

Screening

Referral

Assessment

First Therapy Session

Pre-therapy (unspecified)

During Therapy

Last Therapy Session

Follow up 1

Follow up 2

Episode

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 the time

1 I have felt tense, anxious or nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 I have felt I have someone to turn to for support when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I have felt able to cope when things go wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Talking to people has felt too much for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I have felt panic or terror	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 I made plans to end my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 I have had difficulty getting to sleep or staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 I have felt despairing or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 I have felt unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Unwanted images or memories have been distressing me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


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

2 CORE-OM Adaptations



Site ID

letters only numbers only

Client ID

Therapist ID numbers only (1) numbers only (2)

Sub codes

Date form given

Male

Female

Age

Stage Completed

Screening

Referral

Assessment

First Therapy Session

Pre-therapy (unspecified)

During Therapy

Last Therapy Session

Follow up 1

Follow up 2

Episode

IMPORTANT - PLEASE READ THIS FIRST

HOW DO YOU FEEL?




This form has 14 questions about how you have been OVER THE LAST WEEK. People with a learning disability helped make these questions. Please tick the box that fits how you feel.

Over the last week...

Not at all


Sometimes

A lot

1  Have you felt very very lonely? Have you felt really alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2  Have you felt confused? Has it been hard to think straight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3  Have you felt happy with the things you have done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn over

20+ CORE-OM Translations



Sted ID

Bokstaver Tall

Pasient ID

Therapist ID

Tall (1) Tall (2)

Dato for innlevering av skjema

Mann

Kvinne

Stadium fullført

SC Screening

H Henvising

V Vurdering

B Første behandlingsamtale

F For behandling (uspesifisert)

U Under behandling

S Siste terapitime

X Etterundersøkelse I

Y Etterundersøkelse II

Stadium

Episode

MÅL FOR PSYKISK TILSTAND
NORSK VERSJON

VIKTIG - LES DETTE FØRST


Dette skjemaet inneholder 34 utsagn om hvordan du har hatt det i LØPET AV DEN SISTE UKEN. Les hvert utsagn og tenk over hvor ofte du har følt deg slik den siste uken. Kryss så av i ruten for det svaret som ligger nærmest hvordan du har følt deg.

Bruk mørk penn (ikke blyant) og sett tydelig kryss i rutene

I LØPET AV DEN SISTE UKEN

	Ikke	Sjelden	Av og til	Ofta	Mer eller alle dager	sublim
1 Har jeg følt meg forferdelig alene og isolert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
2 Har jeg følt meg anspent, engstelig eller nervøs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P
3 Har jeg følt at jeg hadde noen å støtte meg til når jeg trengte det	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
4 Har jeg følt meg fornøyd med meg selv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V
5 Har jeg følt meg helt uten energi og entusiasme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P
6 Har jeg vært fysisk voldelig mot andre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
7 Har jeg følt meg i stand til å takle det når noe har gått galt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
8 Har jeg vært plaget av verk, smerter eller andre fysiske plager.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P
9 Har jeg tenkt på å skade meg selv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
10 Har det å snakke med folk vært for mye for meg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
11 Har anspenhet og angst hindret meg i å gjøre viktige ting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P
12 Har jeg vært fornøyd med det jeg har gjort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F
13 Har jeg vært plaget av uønskede tanker og følelser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P
14 Har jeg hatt lyst til å gråte	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V

SNU ARKET



CORE-YP

Assistance given? ☐
(If yes, please tick)

Site ID

Client ID

Therapist ID

Subcodes
Numbers only (1) Numbers only (2)

Date form given
d d m m y y y y
 / /

Male ☐
Female ☐
Age

Stage Completed
S Screening
R Referral
A Assessment
F First Therapy Session
P Pre-therapy (unspecified)
D During Therapy
L Last Therapy Session
X Follow up 1
Y Follow up 2

Stage
Episode

These questions are about how you have been feeling OVER THE LAST WEEK. Please read each question carefully. Think how often you have felt like that in the last week and then put a cross in the box you think fits best. Please use a dark pen (not pencil) and mark clearly within the boxes.

OVER THE LAST WEEK...	Not at all	Only occasionally	Sometimes	Often	Most or all of the time
1. I've felt edgy or nervous	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. I haven't felt like talking to anyone	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. I've 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. I've thought of hurting myself	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. There's been someone I felt able to ask for help	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
6. My thoughts and feelings distressed me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. My problems have 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
8. It's been hard to go to sleep or stay asleep	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9. I've felt unhappy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10. I've done all the things I wanted to	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Thank you for answering these questions

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Acceptability, reliability, referential distributions and sensitivity to change in the Young Person's Clinical Outcomes in Routine Evaluation (YP-CORE) outcome measure: replication and refinement

Elspeth Twigg¹, Mick Cooper², Chris Evans³, Elizabeth Freire⁴, John Mellor-Clark¹, Barry McInnes¹ & Michael Barkham⁵

¹CORE Information Management Systems, Rugby, UK

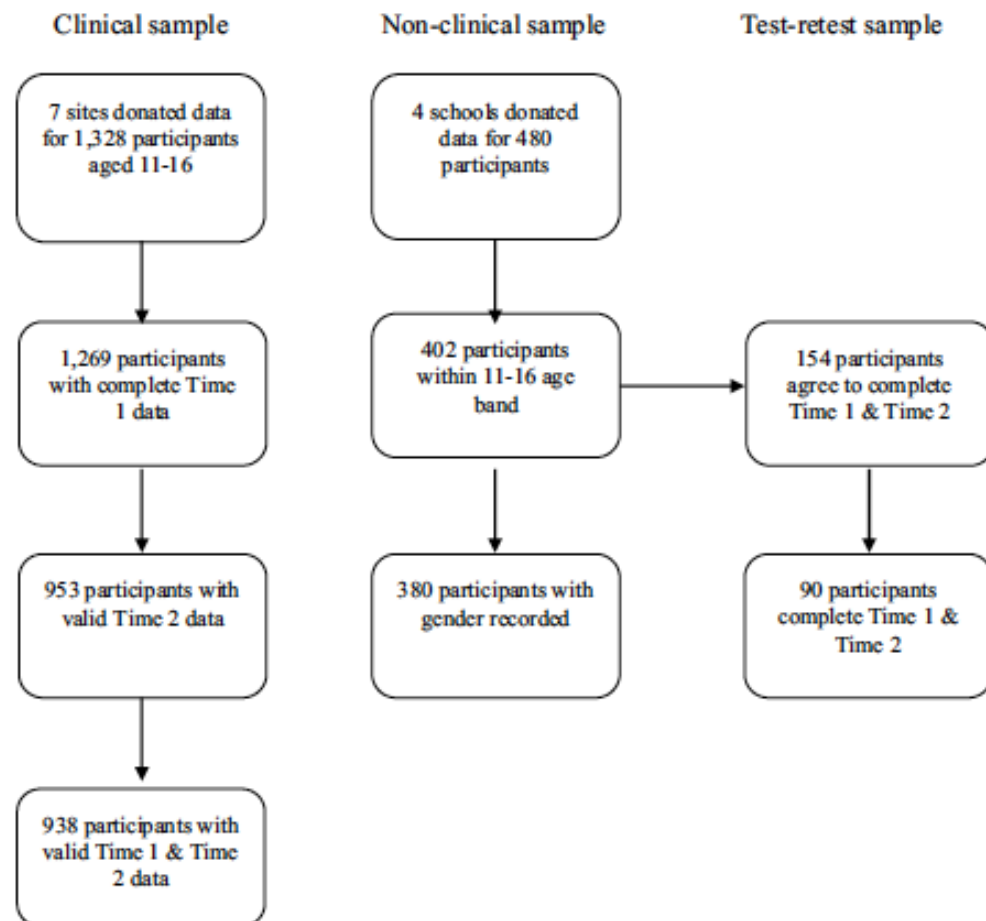
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⁴School of Medicine, Federal University of Juiz de Fora, Juiz de Fora, Brazil


⁵Centre for Psychological Services Research, University of Sheffield, Sheffield, UK



Key Practitioner Message

- The Young Person's CORE (YP-CORE) is a brief 10-item measure of psychological distress in young people (11–16 years)
- It has good psychometric properties, is acceptable to young people, reliable and sensitive to change
- Differences in reliability and distribution of YP-CORE scores across gender and age bands (11–13 and 14–16 years) are such that different indices need to be used for reliable change and the clinically significant cut-off points by gender and age band
- For reliable change from pre- to postintervention, YP-CORE scores must change by more than 8.3 points (male, 11–13 years), 8.0 points (male, 14–16 years and female, 11–13 years) and 7.4 points (female, 14–16 years)
- For clinical change, scores must cross the following YP-CORE cut-off points: 10.3 (male, 11–13 years), 14.1 (male, 14–16 years), 14.4 (female, 11–13 years) and 15.9 (female, 14–16 years)

CORE 'Quality Evaluation' Model



CORE
OUTCOME
MEASURE

Site ID:		numbers only	
Referral only			
Client ID:		numbers only (1)	numbers only (2)
Referral only			
Sub codes:			
	D	M	Y
Date form given			

Male
☐

Female
☐

Age
 [] Years Completed
 (S) Months
 A Assessment
 P Post Therapy Session
 Ph Pharmacy (prescription)
 C Clinical Therapy
 S Surgery
 P Physiotherapy Session
 F Follow up 1
 F Follow up 2
 E Epicondyle

Stage
☐

Epicondyle
☐

IMPORTANT - PLEASE READ THIS FIRST

This form has 34 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.

	Not at all	Sometimes	Often	Very often or all the time
1 I have felt terribly alone and isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 I have felt tense, anxious or nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I have felt I have someone to turn to for support when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 I have felt OK about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I have felt totally lacking in energy and enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 I have been physically violent to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 I have felt able to cope when things go wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 I have been troubled by aches, pains or other physical problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 I have thought of hurting myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Talking to people has felt too much for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Tension and anxiety have prevented me doing important things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 I have been happy with the things I have done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 I have been disturbed by unwanted thoughts and feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 I have felt like crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn over

CINICAL OUTCOMES EVALUATION THERAPY ASSESSMENT FORM	Site ID <input type="text"/>	Age <input type="text"/>							
	Client ID <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female							
	Sub Codes Therapist ID SCL-2 numbers SCL-2 numbers	Employment <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Referral(s) <input type="text"/>	Ethnic Origin <input type="text"/>							
Referral date <input type="text"/>									
Total number of assessments <input type="text"/>									
First assessment date attended <input type="text"/>									
Preacute seen for therapy in this session? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Last assessment date <input type="text"/>									
Months since last episode <input type="text"/>									
Is this a follow-up/reviue appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Reason(s) for support Please tick all that apply below as appropriate									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Living alone <input type="checkbox"/> Living with partner <input type="checkbox"/> Living with family <input type="checkbox"/> Living with children under 5 years <input type="checkbox"/> Living with children over 5 years <input type="checkbox"/> Living with parents/guardians <input type="checkbox"/> Living with other relatives/friends </div> <div style="width: 45%;"> <input type="checkbox"/> Full time carer for dual diagnosis < 1 <input type="checkbox"/> Living in sheltered accommodation (eg winglet) <input type="checkbox"/> Living in temporary accommodation (eg hostel) <input type="checkbox"/> Living in institution/hospital <input type="checkbox"/> Other _____ </div> </div>									
Current/previous use of services for psychological problems? Please tick all services used as appropriate									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Primary <input type="checkbox"/> GP or other member of primary care team (eg practice nurse, counsellor) </div> <div style="width: 45%;"> <input type="checkbox"/> Psychiatric inpatient </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Secondary <input type="checkbox"/> In primary care setting <input type="checkbox"/> In community setting <input type="checkbox"/> In hospital setting on residential basis <input type="checkbox"/> Day care services (eg day hospital) <input type="checkbox"/> Hospital admission < 10 days <input type="checkbox"/> Hospital admission > 11 days </div> <div style="width: 45%;"> <input type="checkbox"/> Specialist <input type="checkbox"/> Psychotherapy/psychological treatments from specialist team (secondary) <input type="checkbox"/> Counselling in day therapeutic programme <input type="checkbox"/> Intensive treatment </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Other <input type="checkbox"/> Attendance in eg voluntary, religious, work, educational setting </div> <div style="width: 45%;"> <input type="checkbox"/> Other _____ </div> </div>									
Is the client currently prescribed medication to help with their psychological problems? Yes <input type="checkbox"/> No <input type="checkbox"/>									
If so, please indicate type of medication:									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Anti-psychotics <small>(neuroleptics/psychotrophic)</small> </div> <div style="width: 45%;"> <input type="checkbox"/> Anti-depressants <input type="checkbox"/> Anxiolytics/Tranquilisers <small>(anxiolytics/relaxants)</small> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Other _____ </div> </div>									

	Site ID											Male	
	Setting type	<input type="checkbox"/> primary <input type="checkbox"/> secondary										Female	
	Client ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
	Identification (ID) number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>												
	Sub codes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>											
Date form given: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>													

Age Group <input type="checkbox"/> 0-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15-19 <input type="checkbox"/> 20-24 <input type="checkbox"/> 25-29 <input type="checkbox"/> 30-34 <input type="checkbox"/> 35-39 <input type="checkbox"/> 40-44 <input type="checkbox"/> 45-49 <input type="checkbox"/> 50-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65-69 <input type="checkbox"/> 70-74 <input type="checkbox"/> 75-79 <input type="checkbox"/> 80-84 <input type="checkbox"/> 85-89 <input type="checkbox"/> 90-94 <input type="checkbox"/> 95-99	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	Education <input type="checkbox"/> Less than High School <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Postgraduate	Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other	Insurance <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Other	Health Status <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very Poor
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IMPORTANT - PLEASE READ THIS FIRST

This form has 34 statements about how you have BEEN OVER THE LAST WEEK. Please read each statement and think how often you feel that way last week. Then tick the box which is closest to this.

Please use a dark pen (or pencil) and tick clearly within the boxes.

	Not at all	Mostly	Sometimes	Sometimes	Mostly	Very much
1 I have felt lonely and isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 I have felt tears, anxiety or nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I have felt I have someone to turn to for support when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 I have felt OK about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I have mostly lacking in energy and enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 I have been physically violent to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 I have felt able to cope when things go wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 I have been troubled by aches, pains or other physical problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 I have thought of hurting myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Talking to people has felt too much for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Tension and anxiety have prevented me doing important things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 I have been happy with the things I have done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 I have been disturbed by unwanted thoughts and feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 I have felt like crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please scan now!

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CLINICAL OUTCOMES in ROUTINE EVALUATION END OF THERAPY FORM v2	Site ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of sessions planned
	Client ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sub Codes	Therapist ID: <input type="text"/>	SCL numbers: <input type="text"/>	SCL numbers: <input type="text"/>	Number of sessions attended
	Date therapy commenced	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date therapy completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
What type of therapy was undertaken with the client? Please tick as many boxes as appropriate					
Psychoeducative Psychoanalytic Cognitive Behavioural Cognitive/behavioural Structured/Goal	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Person centred Integrative Systemic Supportive Art Other (specify below)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
What modality of therapy was undertaken with the client? Please tick as many boxes as appropriate					
Individual Group	<input type="checkbox"/> <input type="checkbox"/>	Family Marital/Couple	<input type="checkbox"/> <input type="checkbox"/>		
What was the frequency of therapy with the client?					
More than once weekly Weekly	<input type="checkbox"/> <input type="checkbox"/>	Less than once weekly Not at a fixed frequency	<input type="checkbox"/> <input type="checkbox"/>		
Which of the following best describes the ending of therapy?					
Unplanned Due to illness Due to loss of contact Clients did not wish to continue Other unplanned ending (specify below)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Planned Planned from outset Agreed during therapy Agreed as end of therapy Other planned ending (specify below)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		



Mellor-Clark, J. and Barkham M (2006). The CORE System: Developing and delivering practice-based evidence through quality evaluation. In C. Feltham & I. Horton (eds.), *Handbook of Counselling and Psychotherapy*. 2nd Edition. London: Sage Publications.

Mellor-Clark, J., and Barkham, M. (2012). Using the CORE System to support service quality development. In C. Feltham & I. Horton (eds.), *Handbook of Counselling and Psychotherapy*. 3rd Edition. London: Sage Publications.

Using the CORE System for Service Quality Development

Referral

Do client profiles suggest **equity** in their representation of local populations?

Waiting

Are first contact sessions easy to **access**?

Assessment

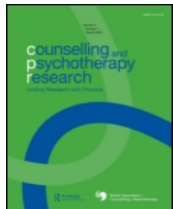
Are clients' assessed problems **appropriate** to the therapies offered?

Therapy

How **efficiently** does the service use its resources and how **acceptable** are therapy experiences to clients?

Ending

How **effective** is therapy?

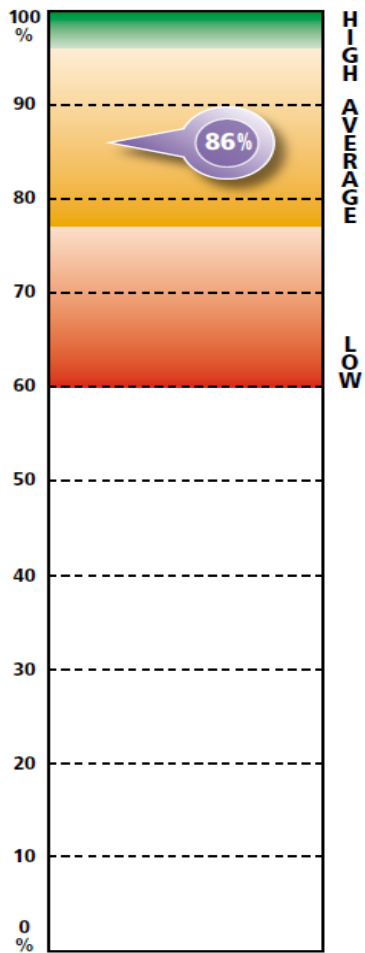


Mellor-Clark, J. (2006). Developing CORE performance indicators for benchmarking in NHS primary care psychological therapy and counselling services: An editorial introduction. *Counselling & Psychotherapy Research*.

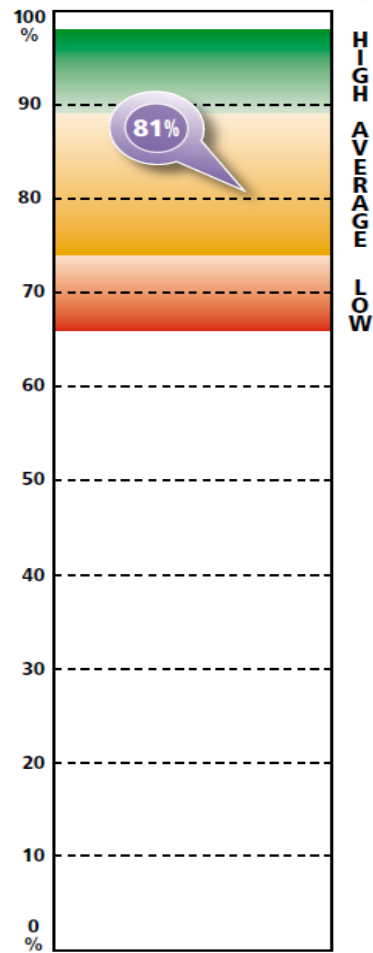
Mellor-Clark, J. and Barkham, M. (2006). Editorial: Using Clinical Outcomes in Routine Evaluation. *European Journal of Psychotherapy and Counselling*, 8, 137-140.



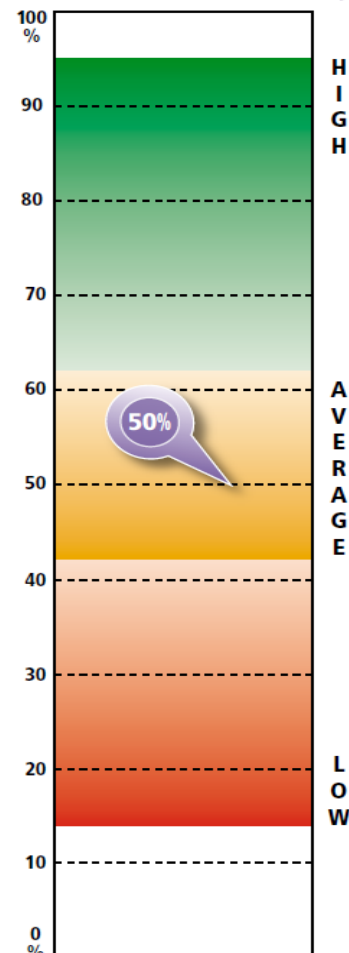
Using the CORE System for Service Quality Development



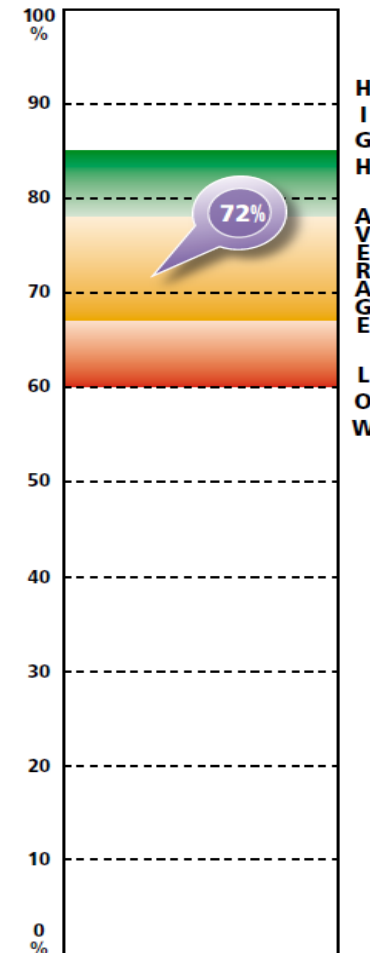
Pre-Therapy Measures
(n=31,882)



Accepted for Therapy
(n=28,881)



Planned Endings (estimated)
(n=31,882)



Recovery &/Or Improvement
(n=11,953)

Mellor-Clark, J., Curtis-Jenkins, A., Evans, R., Mothersole, G. & McInnes, B. (2006). Resourcing a CORE Network to develop a National Research Database to help enhance psychological therapy and counselling service provision. *Counselling and Psychotherapy Research*, 6(1), 16-22.

Bewick, B.M., Trusler, K., Mullin, T., Grant, S. & Mothersole, G. (2006). Routine outcome measurement completion rates of the CORE-OM in primary care psychological therapies and counselling. *Counselling and Psychotherapy Research*, 6(1), 33-40.

Cahill, J., Potter, S. & Mullin, T. (2006). First contact session outcomes in primary care psychological therapy and counselling services. *Counselling and Psychotherapy Research*, 6(1), 41-49.

Connell, J., Grant, S. & Mullin, T. (2006). Client initiated termination of therapy at NHS primary care counselling services. *Counselling and Psychotherapy Research*, 6(1), 60-67.

Mullin, T., Barkham, M., Mothersole, G., Bewick, B. & Kinder, A. (2006). Recovery and improvement benchmarks for counselling and the psychological therapies in routine primary care. *Counselling and Psychotherapy Research*, 6(1), 68-80.





Learning from CORE Outcomes

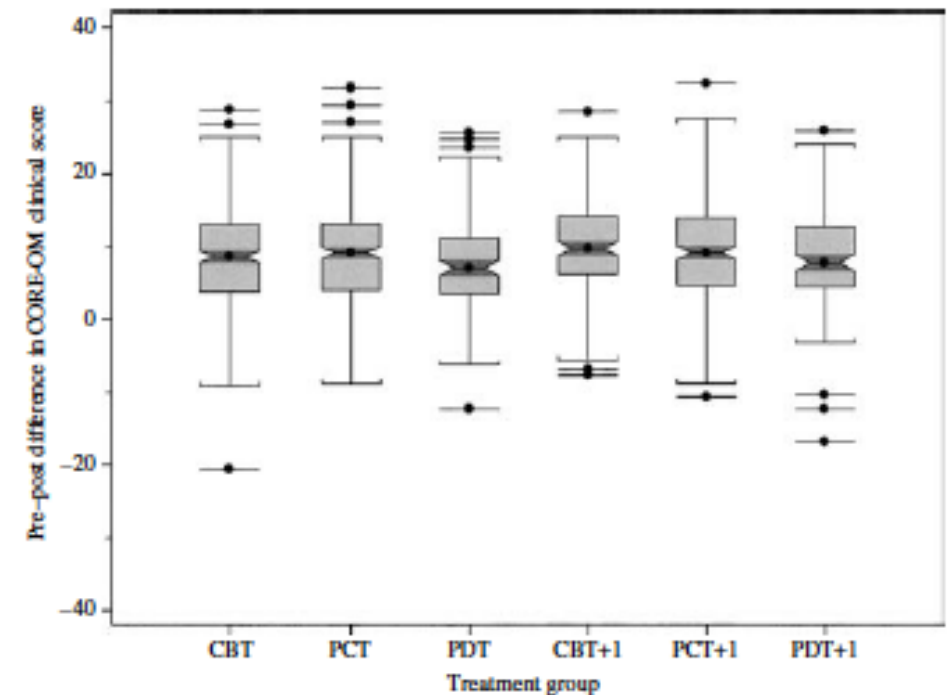
Successive discrete CORE outcome data pools provide little evidence of superiority of any of the common UK therapy models (Stiles et al., 2006; 2008; in press). CBT, psychodynamic therapy and humanistic counselling all have similar outcome profiles in terms of recovery and improvement for clients presenting with mild to moderate severity profiles.

Psychological Medicine, 2006, **36**, 555–566. © 2006 Cambridge University Press
doi:10.1017/S0033291706007136 First published online 14 February 2006. Printed in the United Kingdom

Effectiveness of cognitive-behavioural, person-centred and psychodynamic therapies as practised in UK National Health Service settings

WILLIAM B. STILES¹*, MICHAEL BARKHAM², ELSPETH TWIGG³,
JOHN MELLOR-CLARK³ AND MICK COOPER⁴

¹ Miami University, Oxford, USA; ² University of Leeds, UK; ³ CORE Information Management Systems, Rugby, UK; ⁴ University of Strathclyde, UK



Stiles, W. B., Barkham, M., Twigg, E., Mellor-Clark, J., & Cooper, M. (2006). Effectiveness of cognitive-behavioural, person-centred, and psychodynamic therapies as practiced in UK National Health Service settings. *Psychological Medicine*, 36, 555–566. <http://doi.org/10.1017/S0033291706007136>

“... we have argued that the Stiles et al. (2006, 2007) studies do not provide good evidence that CBT, PCT and PDT are of equivalent effectiveness when given to patients with equivalent problems Getting, and making publicly available, close to complete data on recovery rates will be an important step forward” .

Psychological treatment outcomes in routine NHS services: a commentary on Stiles *et al.* (2007)

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Received 31 August 2007; Accepted 10 September 2007

Key words: Cognitive-behaviour therapy, CORE-OM, person-centred therapy, primary care, psychodynamic therapy, treatment outcomes.

Following the Bristol enquiry into the care of children with congenital heart disease, NHS cardiovascular units now make their surgical survival rates available to the public through a website (www.ccad.org.uk/congenital) with suitable advice about how the data can, and cannot, be interpreted. Sadly, nothing comparable exists for members of the public who are suffering from mental illnesses and wish to know what their chance of recovery is if they take up the offer of treatment X in service Y. This is not simply because NHS mental health services do not make their outcomes available to the public. In many cases, it is because the outcomes are not even monitored. For example, a recent survey of British psychiatrists (Gilbody *et al.* 2002) found that only 11% routinely used standardized measures to assess clinical change in their patients and a majority (58%) had never used such instruments. Clearly, there is a long way to go.

In the present issue, Stiles *et al.* (2007) report a welcome exception. For a number of years, this group have been advocating the use of the Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM; Evans *et al.* 2000) to routinely measure outcomes in patients with common mental problems (especially anxiety, depression and interpersonal difficulties) who are receiving treatment in the NHS. Their strenuous efforts to overcome resistance to routine outcome monitoring are exemplary and they deserve enormous credit for the way in which they have moved the field forward. As a direct result of their work, a substantial number of NHS primary-care counselling services, and other psychological treatment services, now aim to give their patients self-report measures of their clinical state at pre- and post-treatment. While this is

a very encouraging development, it is important to realize that the data that have so far been collected are incomplete in key respects and this poses severe limits on their interpretation. In our view, Stiles *et al.*'s study reported in this issue, and the earlier study (Stiles *et al.* 2006) with a smaller sample that it replicates, go well beyond these limits and, as a consequence, conclusions are drawn that are not warranted and risk being misinterpreted.

The aim of this second study was to evaluate the effectiveness, as measured by CORE-OM scores, of three different therapies as they are practised in NHS primary-care counselling services. The design, which was essentially the same as that employed in the earlier study (Stiles *et al.* 2006), is a non-randomized (naturalistic) comparison of patients whose therapy was described by their therapist as falling within the broad categories of: cognitive-behaviour therapy (CBT); person-centred therapy (PCT) or psychodynamic and/or psychoanalytic therapy (PDT) or alternatively one of those categories plus no more than one other therapy approach. The data were collected by encouraging therapists to use CORE-OM with their patients and to anonymously submit the questionnaires to a central database.

No information is given about the proportion of each therapist's caseload that received CORE-OMs and was submitted to the database. However, from the small numbers of cases that were submitted by many therapists (over a 3.5-year data collection period the median number of cases submitted by each therapist was only six), it is clear that not everyone submitted all of their cases. The analyses focused on 5613 submitted patients who had completed CORE-OMs at pre-treatment and post-treatment and whose therapist had completed an End-of-Therapy Form (which identified the type of therapy). We are told this number constitutes 38% of the patients who were submitted to the database. This is because many patients who were

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(Email: d.clark@iop.kcl.ac.uk)

A Systematic Approach to Practice-Based Evidence in a Psychological Therapies Service

Mike Lucock,^{1*} Chris Leach,¹ Steve Iveson,²
 Karen Lynch,² Carrie Horsefield² and Patricia Hall²

¹Huddersfield University and South West Yorkshire Mental Health NHS Trust, UK

²South West Yorkshire Mental Health NHS Trust, UK

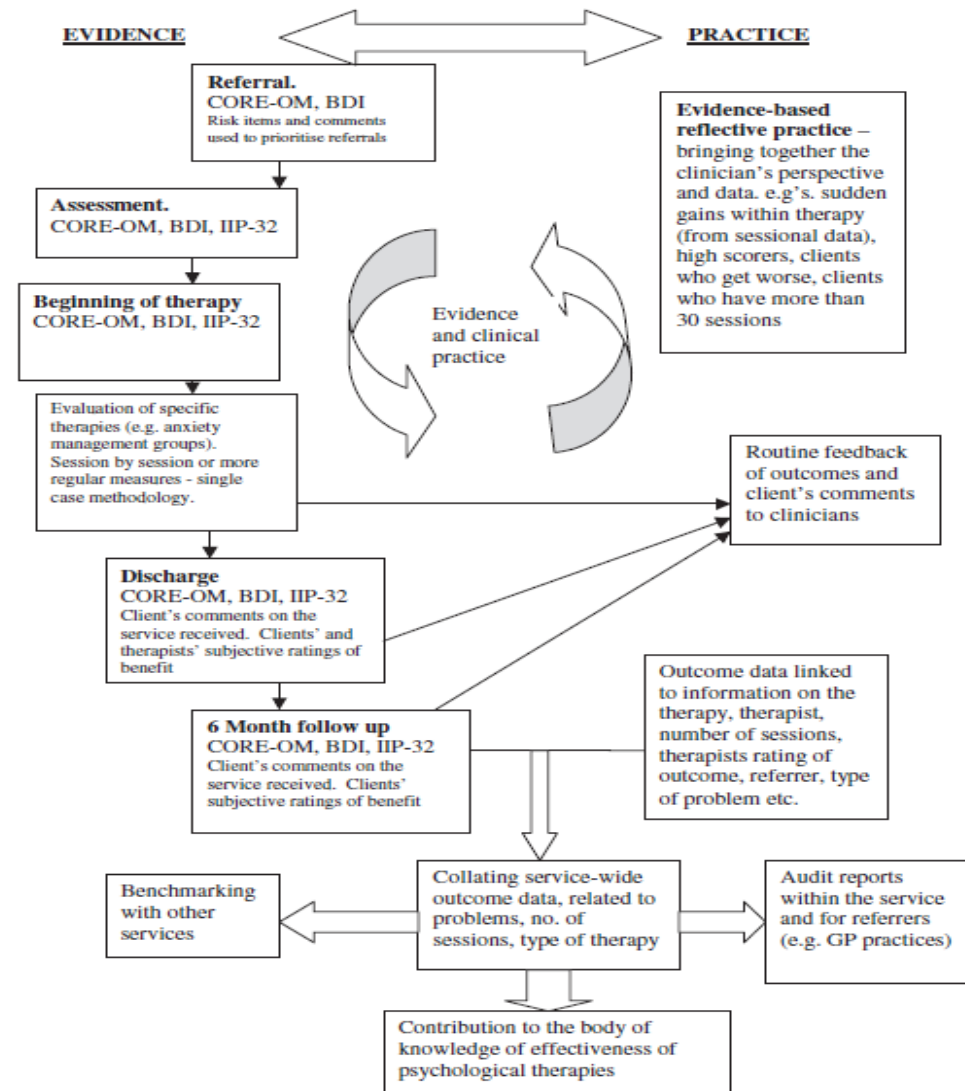
This paper describes a systematic approach to generating practice-based evidence in a United Kingdom adult psychological therapies service. Routine clinical outcomes using standardized measures at referral, assessment, the beginning of therapy, discharge and 6-month follow-up are reported. The system is integrated into the clinical service in many ways including contributing to risk assessment and feeding back clinical outcome data to the therapists. A number of issues related to such an approach are discussed in the light of the clinical governance and clinical effectiveness agendas in the UK NHS. These include practical constraints, the costs, getting staff on board, attrition from such services and service user involvement. Such an approach provides a framework for routine, systematic and integrated service evaluation that can be fed back to therapists. It contributes to the evidence for the effectiveness of psychological therapies in routine clinical settings and also provides opportunities to link evidence with practice in more creative ways to enhance therapists' reflection on their practice. Copyright © 2003 John Wiley & Sons, Ltd.

INTRODUCTION

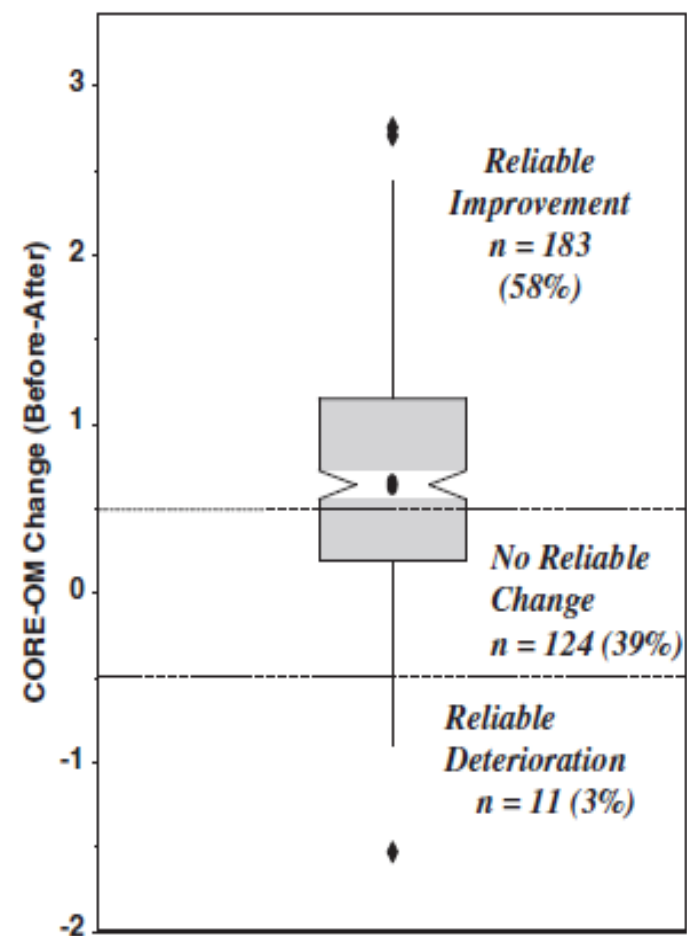
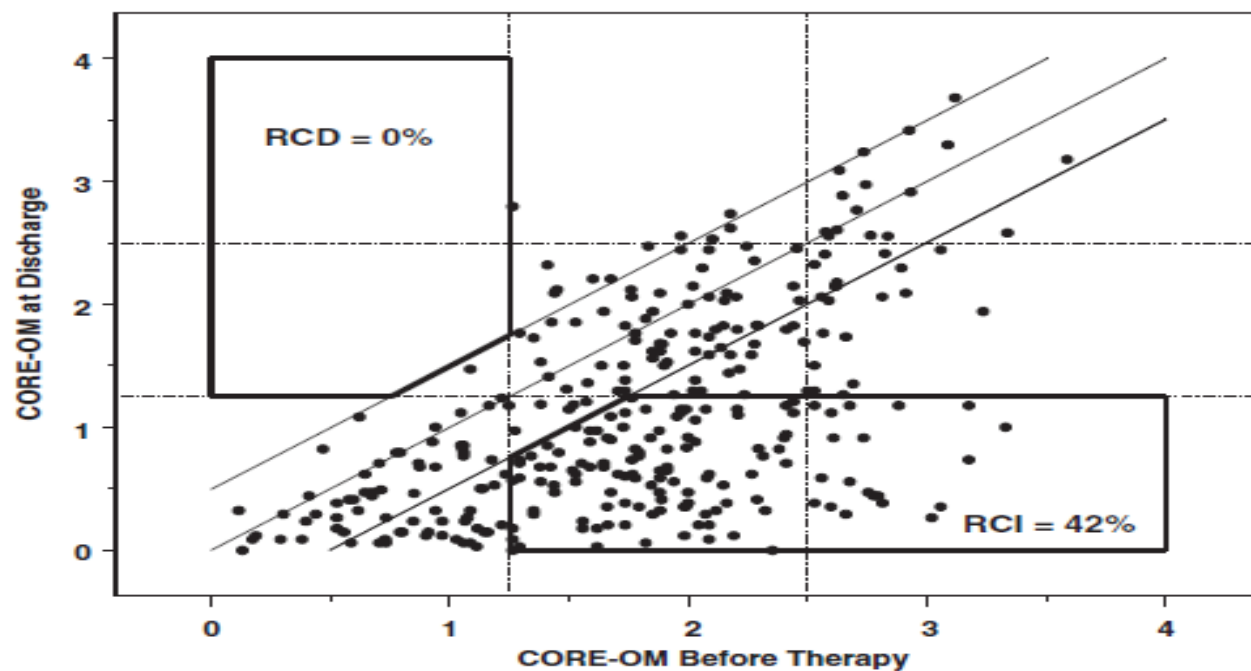
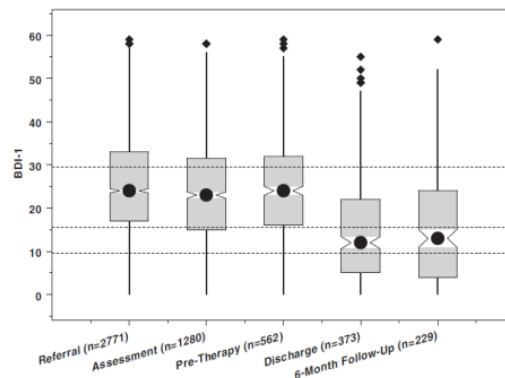
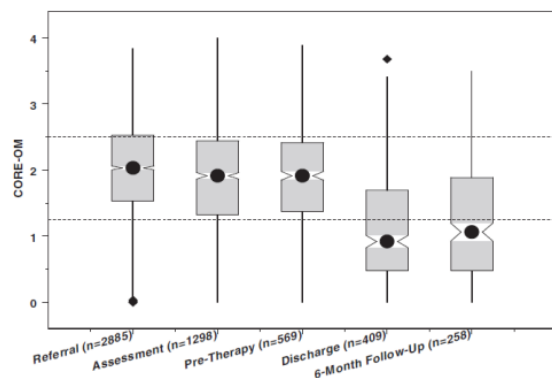
The clinical governance and clinical effectiveness agendas in the United Kingdom NHS emphasize the need for evidence-based practice and routine service audit and evaluation. Also, despite the considerable evidence of efficacy based on research trials in psychological therapies (Roth & Fonagy, 1996), there is a need for evaluating the effectiveness of psychological therapies services in 'usual service conditions' (Department of Health, 1999,

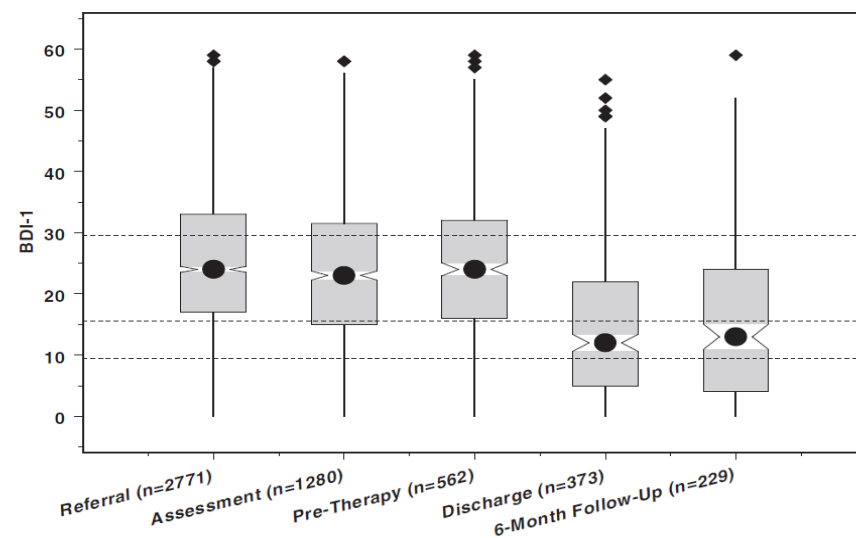
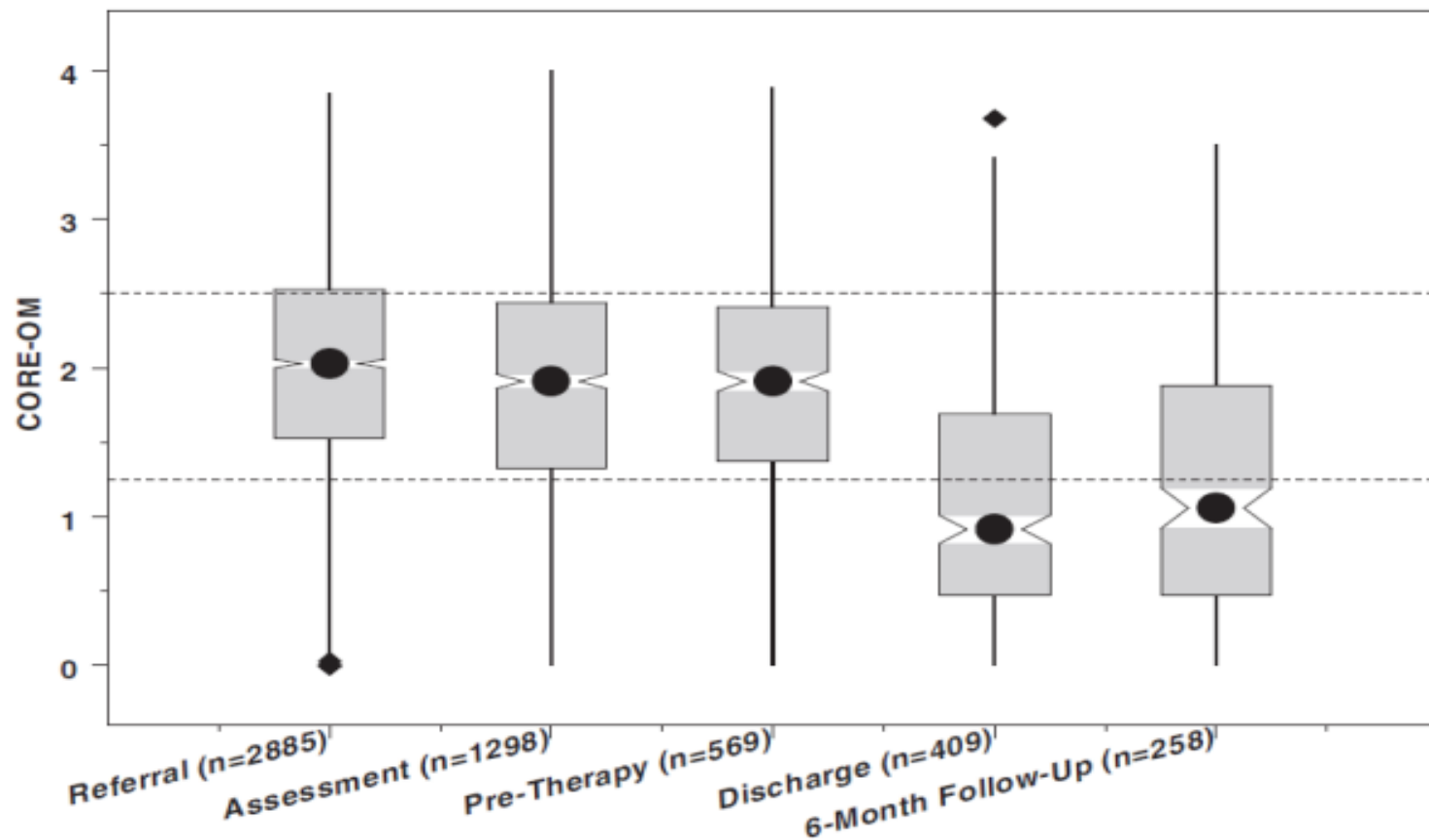
p. 116)—where a range of therapies is provided by a range of therapists to a range of clients with a range of problems. Effectiveness research in routine clinical settings is an example of 'practice-based evidence' (Barkham & Mellor-Clarke, 2000) and is important to complement the so-called gold standard randomized controlled trials (RCTs). RCTs have good internal validity but tend to lack external validity when applied to the complexities of normal service delivery and to individual clients' responses to treatment. In addition to its contribution to informing us of 'what works for whom' (Roth & Fonagy, 1996), practice-based evidence can be used within services to feed data back to clinicians to inform their practice, and to feed back to clients as in single case methodologies (e.g. Kraschewski, 1978). In any form of applied research, evaluation or audit, it is important to 'complete the

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 Email: m.lucock@hudd.ac.uk
 Contract/grant sponsor: NHS; Northern & Yorkshire Regional Office.

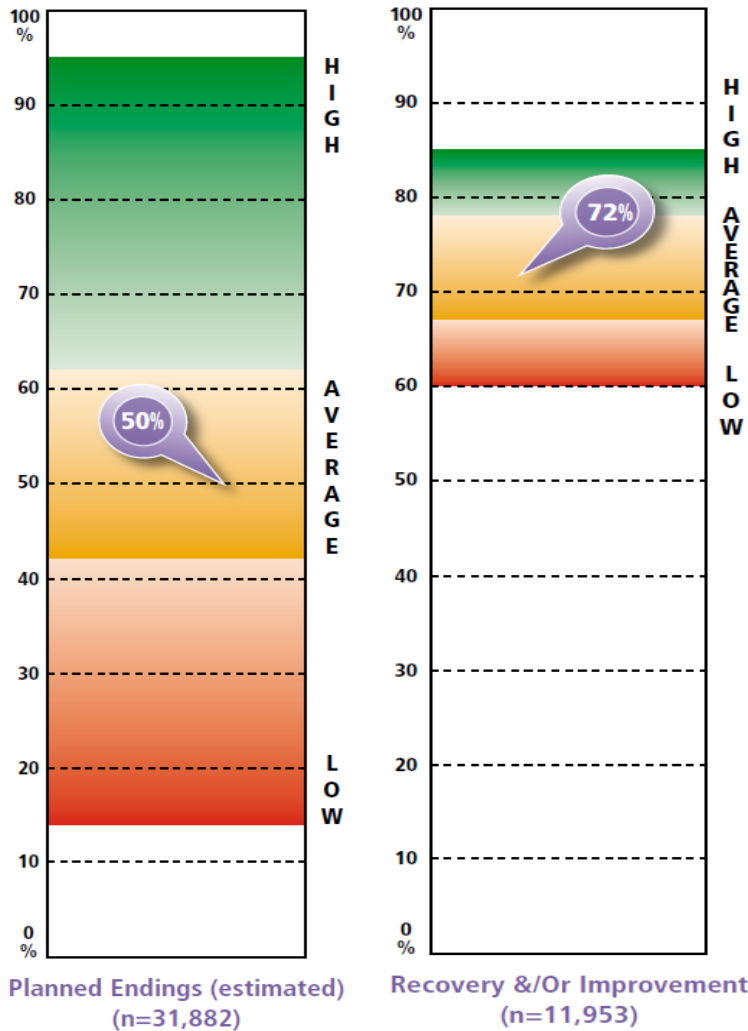


Lucock, MP., Leach, C., Iveson, S., Lynch, K., Horsefield, C., and Hall, P (2003) A systematic approach to practice-based evidence in a psychological therapies service. *Clinical Psychology and Psychotherapy*, 10, 389-399.





The proportion of clients that have post-therapy outcomes using traditional T1+T2 measurement methods is typically around 25% of those attending assessments and 50% of those entering therapy. Similar proportions appear common in IAPT datasets despite the increased frequency of measurement.

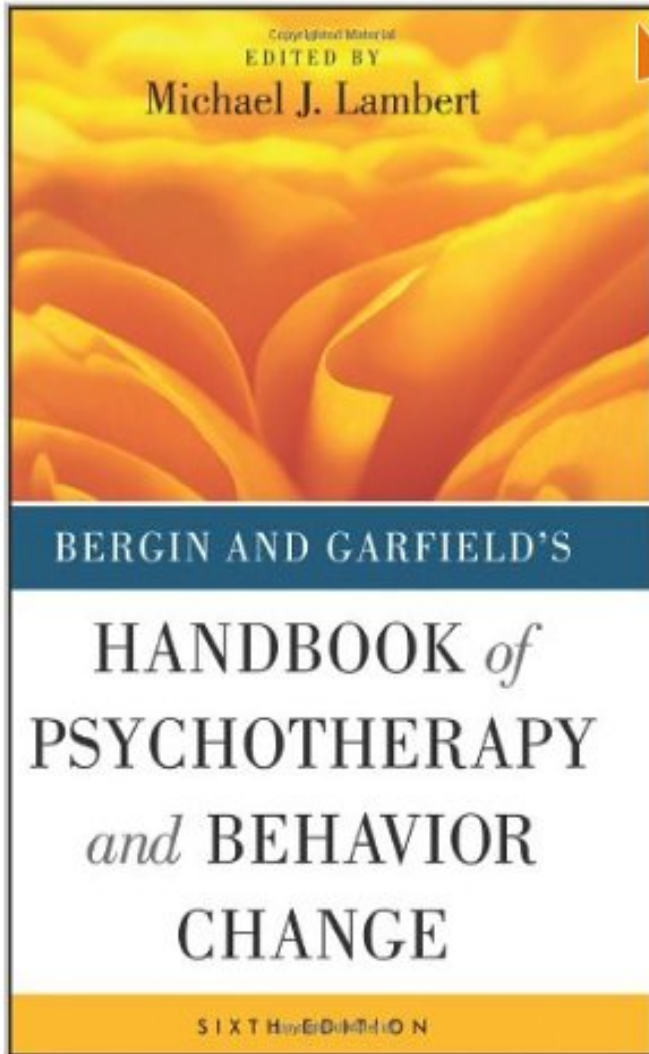


The proportions of clients measured to achieve clinical and/or reliable change is typically around 1-in-3 of those assessed. Similar proportions are found in IAPT datasets and in PBE data collected by Lambert and colleagues using the OQ Suite.

Connell, J., Grant, S. & Mullin, T. (2006). Client initiated termination of therapy at NHS primary care counselling services. *Counselling and Psychotherapy Research*, 6 (1), 60-67.

Mullin, T., Barkham, M., Mothersole, G., Bewick, B. & Kinder, A. (2006). Recovery and improvement benchmarks for counselling and the psychological therapies in routine primary care. *Counselling and Psychotherapy Research*, 6 (1), 68-80.

Click to **LOOK INSIDE!**



PBE Outcomes in United States

SITE(N= 6,072)	SESSIONS	DET.	NO CH.	IMPRO	RECOV
Employee assistance	3.6	6.6%	58.5%	19.7%	15.2%
University clinics	5.8	9.7%	57.6%	20.1%	12.6%
Local outpatient clinics	3.3	14.1%	53.9%	20.5%	11.4%
National outpatient clinics	5.1	7.5%	48.1%	28.5%	15.9%
Clinical trainees	9.5	3.2%	45.6%	31.2%	20%
Community mental health center	4.1	10.2%	60.7%	20.5%	8.6%
TOTAL	4.3	8.2%	56.8%	20.9%	14.1%

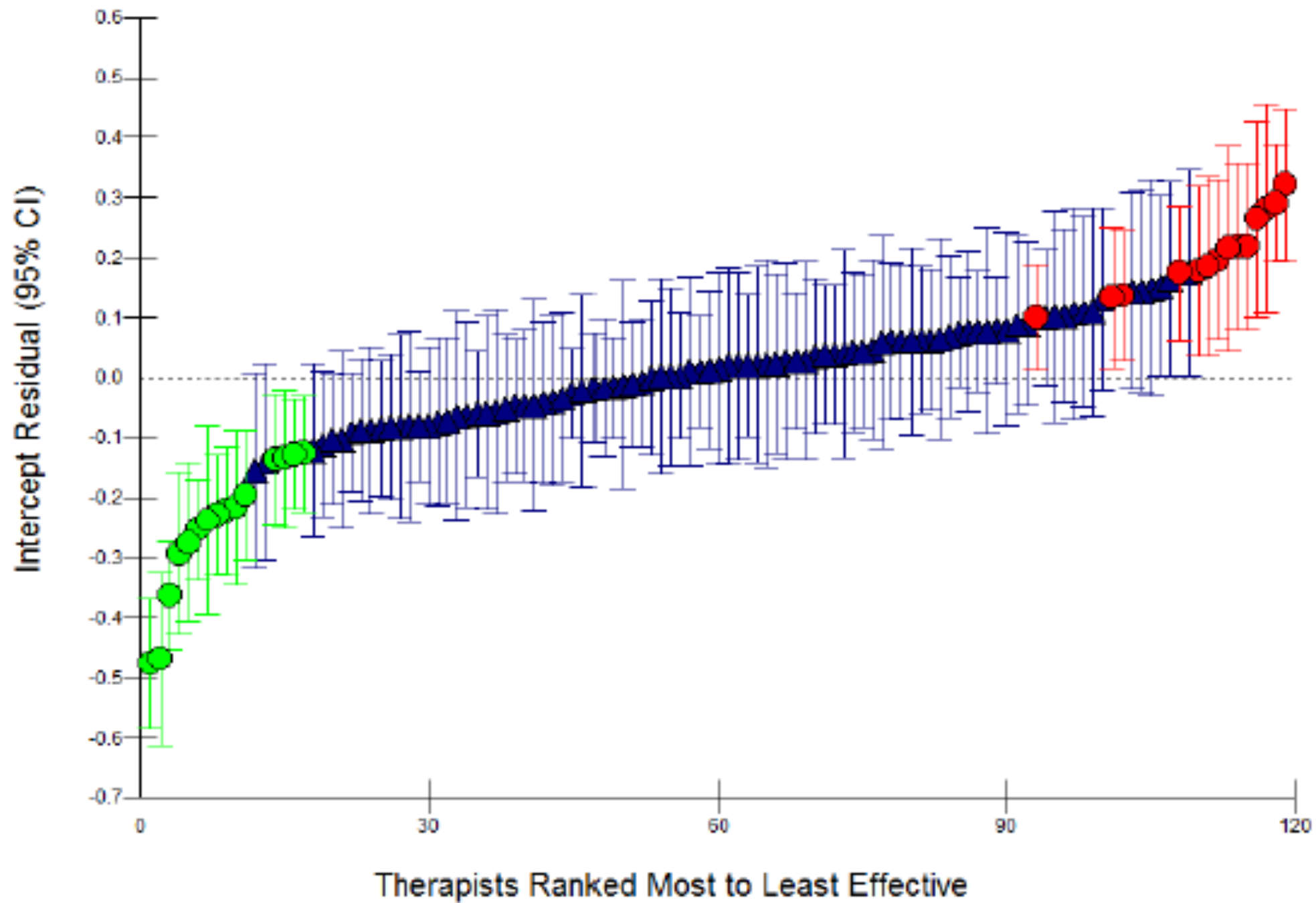
Original Source: Hansen, N.B., Lambert, M.J. & Forman, E.V. (2002). The psychotherapy dose-response effect and its implications for treatment delivery services. *Clinical Psychology: Science & Practice*, 9, 337.





CORE Challenges

"Elephant in the room" is an English metaphorical idiom for an obvious truth that is either being ignored or going unaddressed. The idiomatic expression also applies to an obvious problem or risk no one wants to discuss. https://en.wikipedia.org/wiki/Elephant_in_the_room



How often should measures be used?

In 'real world' settings as opposed to being part of a randomised controlled trial, clients often do not complete all therapy outcome measures (Barkham et al., 2012), which poses a real challenge in being able to fully understand the effectiveness of an intervention, as typically those who do complete outcome measures may have better outcomes or have attended more sessions of counselling. Therefore, for data to be meaningful and valid, it is essential for as many clients as possible to complete both pre and post outcome measures.

Using measures at every session

It is important to use at least one outcome measure every session to ensure that even in the case of unplanned endings there is a post-counselling measure for clients. A client may choose to no longer attend for a variety of reasons, and therefore not have a planned ending to their counselling. In this event it would be less likely that post-counselling outcome measures would be able to be completed. Without a post-counselling measure clients cannot be included in any analysis of the data collected - reducing the validity of the results. In contrast, if outcomes are collected at every session then both start- and end- point measures for all clients can be guaranteed. Measures can be selected which are relatively brief and non-intrusive.

Implementing routine outcome monitoring in clinical practice: Benefits, challenges, and solutions

JAMES F. BOSWELL¹, DAVID R. KRAUS², SCOTT D. MILLER³, & MICHAEL J. LAMBERT⁴

¹*Department of Psychology, University at Albany, State University of New York, Albany, NY, USA;* ²*Outcome Referrals, Framingham, MA, USA;* ³*ISTC, Chicago, IL, USA &* ⁴*Department of Psychology, Brigham Young University, Provo, UT, USA*

(Received 3 April 2013; revised 12 June 2013; accepted 18 June 2013)

Abstract

This article reviews the benefits, obstacles, and challenges that can hinder (and have hindered) implementation of routine outcome monitoring in clinical practice. Recommendations for future routine outcome assessment efforts are also provided. Spanning three generations, as well as multiple developed tools and approaches, the four authors of this article have spent much of their careers working to address these issues and attempt to consolidate this learning and experience briefly here. Potential “elephants in the room” are brought into the discussion wherever relevant, rather than leaving them to obstruct silently the field’s efforts. Some of these topics have been largely ignored, yet must be addressed if we are to fulfill our promise of integrating science and practice. This article is an attempt to identify these important issues and start an honest and open dialogue.

Keywords: routine outcome monitoring; feedback; science-practice integration; dissemination and implementation



PBE data suggest 50% of clients show no reliable change when treatment ends and 10% experience deterioration

In addition, treatment dropout rates are estimated to be in the range of 20% (adult) up to 40% - 60% (child)

ROM tools could be useful to supplement clinical judgement as there's no current evidence to suggest practitioners are able to accurately detect when their clients are worsening

RCTs demonstrate where ROM tools are used to supplement clinical judgement in trials, clients in the feedback group were 3.5 times more likely to achieve reliable change

The sum of evidence suggests that it is in the clients' best interest to formally monitor treatment responses in order to increase the potential for reliable post-treatment change

Routine Outcome Measurement

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Routine Outcome Measurement

Surveys report practitioners estimate 85% of their clients improve or recover at the end of their treatment – negating the potential value of ROM

Practitioners are overscheduled with no time to assess ROM systems, plan implementation, interpretation, reporting and client feedback

Practitioners may resist ROM because they believe that clients may find it a burden or that the process may interfere with the alliance

Implementing ROM needs software, training and support that's not currently funded leaving services to finance from existing tight budgets

Practitioners lack confidence that data will be managed confidentially, or interpreted reliably, leaving them feeling exposed to performance assessment



Correcting Psychotherapists' Blindsidedness: Formal Feedback as a Means of Overcoming the Natural Limitations of Therapists

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¹CORE IMS, 110 Old Rd, Headington OX3 8SX, UK

²CORE IMS, Core IMS, 47 Windsor Street, Rugby CV21 3NZ, UK

Purpose: Monitoring of client progress in psychological therapy using formal outcome measures at each session has been shown to increase the effectiveness of treatment. It seems likely that this 'feedback' effect is achieved by enabling therapists to identify clients at risk of treatment failure so that therapists can pay greater attention to client difficulties, which may be hindering therapeutic work. To date, little attention has been given to understanding relevant mechanisms of formal feedback in psychological therapy. In order to understand and maximize the benefits of feedback, it is essential to explore potential mechanisms contributing to this effect. Research in social psychology may help to explain how feedback works.

Methods: Findings on cognitive biases in the field of social psychology are explored and linked to preliminary findings in the field of psychotherapy research.

Results: Research on cognitive biases and expertise is congruent with indications that clinical prediction in psychotherapy is unreliable and that it may be difficult for clinicians to detect errors in their judgement as a result of a lack of clear corrective feedback. This problem is linked to the fact that clinical outcomes occur in a complex 'noisy' environment where prediction is inherently difficult.

Conclusion: Formal feedback may derive its benefits from its ability to help correct naturally occurring biases in therapists' assessment of their work. If these biases are seen as normal, but often avoidable if feedback is used, this may pave the way to greater acceptance of formal feedback by clinicians and enhanced outcomes for clients. Copyright © 2014 John Wiley & Sons, Ltd.

Key Practitioner Message:

- The use of formal feedback tools can help therapists overcome inevitable limitations in their ability to predict poor response to treatment, enhancing the likelihood of detecting and resolving client difficulties in therapy.

Keywords: Feedback Systems, Psychotherapy, Tracking, Biases, Outcomes

INTRODUCTION

For over 10 years, a small group of researchers has been exploring the clinical value of monitoring psychotherapy patients' progress using formal outcome measures at every session (Lambert, 2007). This has culminated in a recent meta-analytic review by Lambert and Shimokawa (2011) demonstrating a large effect size of 0.7 for patients at risk of treatment failure using Lambert and his colleagues' OQ45 feedback system and a moderate effect size of 0.48 for all patients using Duncan, Miller and their colleagues' Partners in Change Outcomes Management System (PCOMS) (see also Shimokawa, Lambert, & Smart,

2010). Some recent studies suggest that there is further work needed on establishing parameters and moderators of the effectiveness of feedback. In one study, a lower effect size for feedback was reported alongside therapist differences in the ability to enhance outcomes with feedback. However, even in this study rates of deterioration for those patients who were at risk of treatment failure and whose therapists received feedback were half those of patients in the non-feedback condition (Simon, Lambert, Harris, Busath, & Vazquez, 2012). In another recent study, De Jong, Van Sluis, Nugter, Heiser and Spinhoven (2012) found that feedback only improved outcomes (for patients at risk of deterioration) when their therapists had a greater propensity to use external feedback.

Feedback, as envisaged here, typically involves a client completing a symptom questionnaire prior to, or at the beginning of, every session of therapy. Scores are then

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The Cognitive Science of Mistakes

Confirmation bias

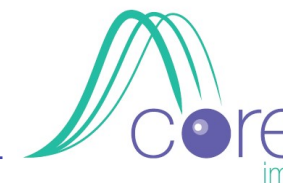
Base rate fallacy

Attentional bias



Anchoring bias

Availability heuristic





Practitioner Report

Tracking Responses to Items in Measures as a Means of Increasing Therapeutic Engagement in Clients: A Complementary Clinical Approach to Tracking Outcomes

Simone Cross,* John Mellor-Clark and James Macdonald

CORE Information Management Systems, Rugby, UK

This article presents a novel clinical application of questionnaire feedback, which focuses on change at the individual question level rather than the total mean or clinical score level. We term the approach 'Tracking Responses to Items in Measures' (TRIM) and promote the key aims to be (1) providing both client and practitioner with feedback on areas of positive change that may be masked by numerical feedback, (2) reinforcing client strengths and self-efficacy, (3) exploring potential extra-therapeutic factors that may contribute to the lack of change or deterioration on individual questions and (4) establishing a collaborative dialogue relating clients' problems to their goals and the consequent aims of treatment. This paper profiles the clinical origins and technical development of TRIM as a clear, user-friendly display of item change across sessions using colour codes and illustrates the clinical utility through two clinical vignettes. Although the profile of the TRIM method herein uses the Clinical Outcomes in Routine Evaluation Outcome Measure, we believe the method could easily be used with other measures. These could include Generalized Anxiety Disorder 7 and Patient Health Questionnaire 9 used in English National Health Service primary care Improving Access to Psychological Therapies services, or disorder specific measures for particular problems commonly used in National Health Service specialist services. We suggest TRIM is a practical complement to existing feedback systems, especially in work with clients who may be less likely to show empirically meaningful change on mean item or clinical score levels. Copyright © 2014 John Wiley & Sons, Ltd.

Key Practitioner Message:

- Using outcome questionnaires as conversational tools helps practitioners focus on change at the individual item level rather than the numeric level.
- Tracking Responses to Items in Measures helps provide clients and practitioners with feedback on areas of positive change that may be masked by summary score analysis.
- Exploring the lack of change or deterioration on particular questions helps practitioners to assess extra-therapeutic factors that may be compromising change.
- Using individual item change profiles as feedback for clients helps validate their progress and reinforce their strengths and self-efficacy.

Keywords: Feedback Systems, Measures, Outcomes, Questionnaires, Therapy, Tracking

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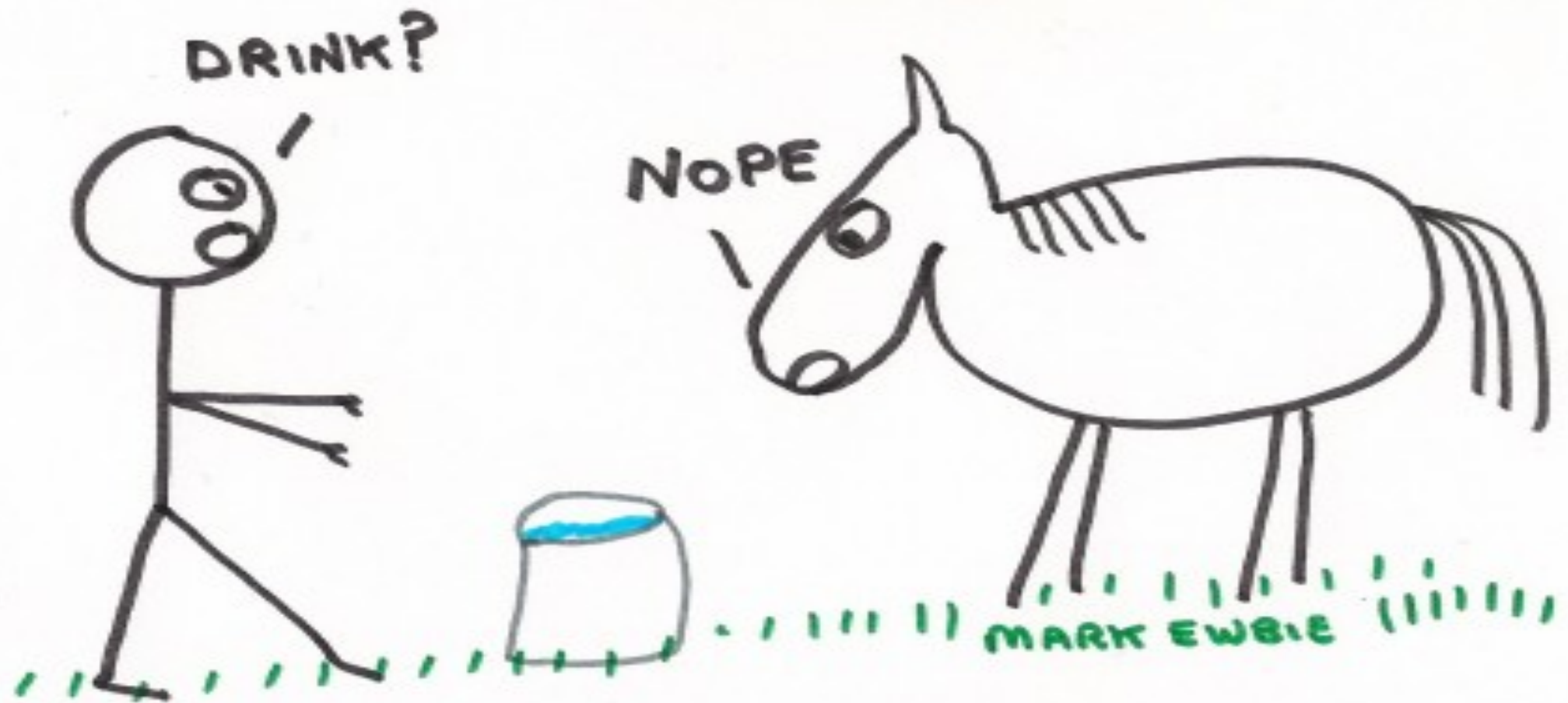
Permission has always been given to reproduce the CORE instruments on paper without charge provided that they are not changed in any way. From the 1st of January 2015 they have been released under the Creative Commons Attribution-Non-Commercial 4.0 International license, see <http://creativecommons.org/licenses/by-nc/4.0/>, meaning that the full text of the measures can be presented in software, again without payment of a licence fee, and again provided that they are not changed in any way. Although the items can be presented in rearranged order when the score change is reviewed within the TRIM process, the completion of the measures by the client should always present the items in the order in the original form as summarizing the order of items change for psychometrics of measures and how the client sees the items. Using TRIM with other measures should always be done having checked that it does not violate copyright.

INTRODUCTION

There has been considerable recent interest in the value of questionnaire feedback as a means of providing feedback on client progress to practitioners (Anker, Duncan, & Sparks, 2009; Duncan, 2010; Lambert, 2010; Shimokawa, Lambert, & Smart, 2010). The greatest body of this research has focused on raising practitioners' awareness of clients' risk of treatment failure, and studies in this tradition have demonstrated a 50% increase in positive outcomes and a 50% decrease in those who deteriorate for cases at greater risk of treatment failure (Lambert & Shimokawa, 2011). Many of these studies use a 'signal-alert' system for highlighting significant departures from 'expected' scores at any point in therapy using a

T.R.I.M (Tracking Responses to Items in Measures)						
Choose Measure: CORE			Select:			
<input type="checkbox"/>	#	Change	History	Item	27/02/2014	03/03/2014
Life/Social Functioning (12 items)						
Close relationships (4 items)						
<input type="checkbox"/>	1			I have felt terribly alone and isolated	Occasionally	Not at all
<input type="checkbox"/>	3			I have felt I have someone to turn to for support when needed	Sometimes	Occasionally
<input type="checkbox"/>	19			I have felt warmth or affection for someone	Sometimes	Not at all
<input type="checkbox"/>	26			I have thought I have no friends	Sometimes	Sometimes
General (4 items)						
<input checked="" type="checkbox"/>	7			I have felt able to cope when things go wrong	Not at all	Not at all
<input type="checkbox"/>	12			I have been happy with the things I have done	Often	All the time
<input checked="" type="checkbox"/>	21			I have been able to do most things I needed to	Sometimes	Sometimes
<input type="checkbox"/>	32			I have achieved the things I wanted to	Sometimes	Often
Social relationships (4 items)						
<input type="checkbox"/>	10			Talking to people has felt too much for me	Occasionally	Sometimes
<input type="checkbox"/>	25			I have felt criticised by other people	Sometimes	Sometimes
<input type="checkbox"/>	29			I have been irritable when with other people	Sometimes	Occasionally
<input type="checkbox"/>	33			I have felt humiliated or shamed by other people	Occasionally	All the time
Commonly Experienced Problems or Symptoms (12 items)						
Anxiety (4 items)						
<input checked="" type="checkbox"/>	2			I have felt tense, anxious or nervous	Often	Occasionally
<input type="checkbox"/>	11			Tension and anxiety have prevented me from doing important things	Sometimes	Often
<input type="checkbox"/>	15			I have felt panic or terror	Often	Sometimes
<input type="checkbox"/>	20			My problems have been impossible to put to one side	Sometimes	Occasionally







*Leading Horses to Water: Lessons from
a Decade of Helping Psychological
Therapy Services Use Routine Outcome
Measurement to Improve Practice*

**John Mellor-Clark, Simone Cross, James
Macdonald & Tommy Skjulsvik**

QIF Phases	QIF Critical Steps	CORE IMS ROM Implementation Resources and Processes
Assess the Host Setting	<ol style="list-style-type: none"> 1. Assess needs and resources. 2. Assess fit. 3. Assess capacity/readiness for change. 4. Make decisions about innovation adaptations. 5. Secure practitioner buy-in. 6. Build service capacity. 7. Staff recruitment. 8. Deliver pre-implementation training. 	<ol style="list-style-type: none"> i. Meet with nominated service’s ROM Lead to conduct a Pre-implementation Planning Meeting and undertake a Service Profile Survey to assess the fit between the service’s aspirations and their readiness for organisational change. ii. Administer Routine Outcome Measurement Survey to all service practitioners and managers to assess individual philosophical and practical attitudes towards sessional ROM relative to traditional T1+T2 and discretionary measurement. iii. Select and/or review nominated ROM Mentors in light of survey results.
Create a Structure for Implementation	<ol style="list-style-type: none"> 9. Create an implementation team. 10. Develop an implementation plan. 	<ol style="list-style-type: none"> iv. Create a local Implementation Management Group to review data from the ROM Survey, set appropriate quarterly data targets, and agree off-track actions as advance remedial steps for missed targets. v. Write and deploy Implementation Plan to communicate the concrete quarterly performance indicators defining successful implementation and remedial actions for missed targets. vi. Deliver Training and E-learning Resources that address the common ROM restraints to help build a consensus opportunity.
Deploy Post-implementation Support Strategies	<ol style="list-style-type: none"> 11. Technical assistance/coaching/supervision. 12. Process evaluation. 13. Supportive feedback mechanisms. 	<ol style="list-style-type: none"> vi. Deliver Data Quality Reports at Months 1, 2, 3 and 6 to profile individual practitioner engagement relative to data quality targets. vii. Provide Mentor Support Calls to discuss implications of data quality reports and Chair Quarterly IMG Meetings to agree reparative actions to keep service on-track to meet agreed targets.
Improve Future Applications	<ol style="list-style-type: none"> 14. Learning from experience. 	<ol style="list-style-type: none"> ix. Support Mentors to teach their Mentees to Clear Flags with brief reflective case notes for all clients lacking any reliable improvement on sessional measurement scores after 3-6 sessions (duration depending on case mix). x. Provide and manage a ‘Basecamp’ Resource to encourage Managers, Mentors and Mentees to chart their ROM implementation ‘journey’ – reflecting on how challenges were overcome and iteratively sharing positive experiential and empirical yields as they occur in (near) real-time.

Lessons from CORE Implementations?



Practitioners carry a wide range of beliefs, attitudes, feelings, and experiences into the introduction of routine outcome measurement that are rarely if ever systematically assessed by managers or researchers.



Measurement is commonly implemented as an administrative and/or technical process rather than a clinical one that strip client's ROM responses of therapeutic significance.



Where ROM data are reviewed they are rarely explored in any depth for fear of exposing individual practitioners. This perpetuates clinical apathy, poor data quality and minimum reflectivity on service development implications.

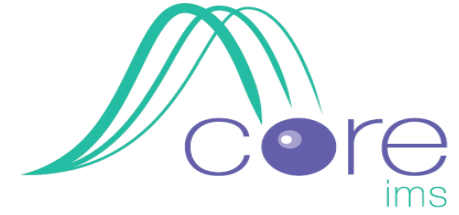
A word cloud centered around the word "Leadership". The word "Leadership" is the largest and most prominent. Other words include "Responsibility", "Communication", "Purpose", "Determination", "Principles", "Passion", "Values", "Honest", "Integrity", "Commitment", "Appreciation", "Strategy", "Humility", and "Listening".

Leadership appears a critical factor of success and effective process ineffectively led will fail to meet data quality and engagement targets.

Practitioner safety is paramount and the challenges that the ROM process places on self-efficacy assessments shouldn't be underestimated and case mix optimisation should be key.



Reframing routine outcome measurement



“The psychotherapist learns little or nothing from successes. They mainly confirm in him his mistakes, while his failures on the other hand, are priceless experiences in that they not only open a deeper truth, but force him to change his views & methods.” *Carl Jung (1875-1961)*



