

**Introduction to Quantitative Research on Counselling:
How Do I Set up Routine Outcome Monitoring in My Counselling Practice or Agency?** (v2; 11/08)

Scenario 1: You are asked by your manager set up an outcome monitoring system for your agency.

Scenario 2: You are curious about whether your clients are really getting better.

Step 1: Get your head around using numbers in counselling practice.

Step 1a. Why quantify?

1. Number is a fundamental aspect of human experience
 - Based in bodily experience (Lakoff & Nuñez, 2000)
2. Ordinary language is full of quantitative descriptions: *none, slightly, less, occasionally, sometimes, moderately, more, often, really, extremely, huge, infinitely*, etc.
3. Most basic quantification is *presence – absence*: 1 – 0 scale (binary); therefore, existence is a form of quantification!
4. It follows from this that anything that can be described can be quantified... but this doesn't mean that it always makes sense to do so.
5. The NHS/government/my manager ("Caesar") only understands numbers and won't listen to us without them. (Also: numbers are a kind of tax I may have to pay in exchange for getting paid to do counselling.)

Step 1b. What kinds of numbers do I need for this?

- You probably only need two kinds of numbers:
 1. **Count-type numbers** (=frequencies) (Note: you can also turn these into percentages or rates if you want: take frequency of something & divide by total possible)
 2. **Ruler-type numbers** (=interval numbers):
 - Assume the numbers stay in order & don't go wandering about: $0 < 1 < 2$ etc.
 - Assume that the distances between the neighbouring numbers is always the same: $0 \Rightarrow 1$ is the same as $1 \Rightarrow 2$ & $3 \Rightarrow 4$ (this is important; we'll come back to it!)
 - Assume that my ruler is the same as yours, so 2 means the same thing to you as it does to me (=context doesn't matter)

Here is an example of a kind of *psychological frequency* ruler for measuring how much a person has had a particular experience over the past week (e.g., "I have felt terribly alone and isolated."):

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
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Step 2: Try out the measurement instruments on yourself.

Research Commandment 1: Never give a client an instrument you haven't already taken yourself.

Research Commandment 2: Never give a client an instrument you can't stand.

Step 2a: Take the CORE-OM and see if you can stand it.

Exercise 1: Here's a CORE-OM. Go ahead, fill it out... (We're not going to collect it...)

While you fill it out, pay attention to:

- (a) what it feels like to fill out; and
- (b) the processes you go through in deciding what number to give in rating the items.

Discussion questions:

- (a) What was it like to fill out the CORE-OM? How did you feel while doing it?
- (b) What parts of filling it out were most difficult?
- (c) What did you learn from doing it?
- (d) How valid do you think your responses are? Why?

Step 2b: Now score your CORE-OM:

•The simple way to score the CORE-OM:

(1) Go through your answers and copy the little number you ticked for each problem into the "Office Use Only" box at the end of the line (Congratulations! You have graduated to "the Office," so you get to use the boxes)

(2) Add up all the numbers and divide by the number of items you actually completed.

Hint 1: Maybe you left one or two out. That's OK, as long as it wasn't more than 3. If you left out more than 3 items, your results aren't considered valid and you are not supposed to score it. Hmm... Maybe you should go back to fill a couple more in...

(3) Divide the total of all the items added together by the number of items you completed

Hint 2: Use a calculator if you have trouble with dividing things

Hint 3: If you don't want to do all that tedious math next time, we have a small spreadsheet that does it all for you.

(4) Write this number in the "All items" box at the bottom of page 2 in the Mean Scores row.

•The complicated way to score the CORE-OM:

(1) Understand the theory behind the CORE-OM:

- W = Well-being (this is supposed to change first as client regains hope)
- P = Problems (this is supposed to change next as the client deals with their symptoms)
- F = Functioning (this is supposed to change last when the client's problems are no longer getting in the way)
- R = Risk (these are here for clinical management purposes)

Hint 4: The theory is nice but doesn't work very well, because everything except R tends to go together. Therefore, it's generally OK to ignore W, P & F. However, don't ignore R!

(2) Follow the directions at the bottom of page 2 to do the same thing separately for the items labelled W, P, F, R, and also for W + P + F (excluding the R items).

- The spreadsheet does it automatically if you'd like

Step 2c: Interpret your CORE-OM:

(1) Use the CORE-OM PAIN RULER to help interpret your mean score:

Not at all	Only Occasionally	Sometimes	Often	Most or all the time
0	1	2	3	4

- Locate your mean score on this rating scale. This is how much trouble you've been having with your average problem. If you are allergic to decimal points, you can multiply your mean scores by 10.

(2) Look your score up on the Table below

(Hint: This table only applies to Total scores)

Healthy/Mild	<1.25
Moderate	1.25 – 2.49
Severe/ Very severe	2.5+

- Discussion questions: What do you think of labels like this? Does this fit your experience?

(3) Look at your high score items (generally these are 3's or 4's)

- These would be issues you might want to work on if you were in counselling.

Step 3: Try the CORE-OM out with one of your clients:

(1) Give the client the CORE-OM at your first contact with them. Ask them to fill it out in the waiting room before they leave or bring it back next time. (Or ask them to come in early to fill it out before the first session etc.) If it's an intake, you can use the information to fill out agency forms. Score it as in Step 2

- Discussion questions: When do you think the best is have a client fill out a first CORE-OM? Why? What if any uses might CORE-OM data have in Person-Centred Counselling? How might having clients fill it out affect counselling?

(2) Give CORE to your client again after session 3

(Hint 5. If you give your client CORE-OM every one or two sessions you will always have a post-test score if the client suddenly disappears off the face of the earth. There are special 10- and 18-item short forms of the CORE to help with this.)

(3) Use the following table to track your client’s progress

(Note: This is an outcome signalling system developed by Lambert.)

Progress Categories:

White = Nonclinical; consider termination

Green = Adequate progress

Yellow = May be problematic

Red = Clearly problematic

Draft Outcome Monitoring Criteria For CORE-OM

Where my client is at the beginning of therapy:		<i>Status or Change at Sessions 2 – 4</i>			
		<i>White</i>	<i>Green</i>	<i>Yellow</i>	<i>Red</i>
Non-clinical/ mild	<1.25	<1.25	< 1.25 & up to .25 worse	>1.25 & worse by .25 up to .5 worse	>1.25 & worse by .5+
Moderate	1.25 – 2.49	<1.25	Any better	No change or up to .35 worse	Worse by .35+
Severe/ Very severe	2.5+	<1.25	Better by at least .25 <i>(Sessions 5+: better by at least .5)</i>	Better by less than .25 <i>(Sessions 5+: no change or better by less than .5)</i>	Any worse

Notes. Adapted from Lambert et al., 2002. “Up to” = up to but not including

Discussion questions:

- Why do you think Lambert has found that providing this kind of feedback to therapists/counsellors improves final outcome?
- What would you do if you found out your client was in the Red? Yellow? White?

(4) Continue giving CORE to your client at odd-numbered sessions (or every session) until they finish counselling.

- Make a list or graph of the scores over time and your client’s progress status.

(5) When your client finishes counselling, compare the pre- and post scores using the following criteria:

1. If they started >1.25, did they improve by at least .5? If so, they have shown “reliable improvement”. That is, their improvement is greater than the error of measurement and is highly unlikely to be due to chance. (less than 1 time out of 20)
2. If they started >1.25, did they drop below 1.25 by the end? If so, they are no longer in the clinically distressed range.

•If they met both criteria, they have shown “clinically significant improvement”.

Discussion questions: What does it mean if they started <1.25? Should you still look at change? Why or why not? Is it OK if my client shows reliable change but is still in the clinical range at the end? Why can't I just ask my client?

Step 4: Now do the same thing for the rest of your clients as they enter counselling. When you have pre-post scores for 10 or more clients, there is an Excel spreadsheet file that you can use to calculate the overall outcome of your clients (mean, standard deviation for pre and post, plus effect size).

Hint 6: CORE Systems also sell scoring services for about £2 per client. This is much easier, and you can submit your scores to the national CORE database to help support large-scale research on the PCA in the UK (e.g., Stiles et al., 2006).

•Bench-marking: A large study by Stiles et al (2006) indicates that clients seen in Person-centred counselling in general show about 1.25 sd units of positive change on the CORE.

Step 5: Offer to set this up for your agency/service.

•**Don't use this to rank order or publicly evaluate your fellow counsellors.**

Managers love the idea of this, but painful experience has shown that it will freak the counsellors out, compromise the data, and destroy the whole process. (Trust me on this...) Instead, offer them discrete, private feedback and support to deal with disappointing numbers. Additional instruments measuring the therapeutic alliance or the qualitative change interview may help identify problems.

Hint 6: If your clients have to sit on a waiting list for at least a month, give them CORE at initial assessment and at session 1 and post-counselling. Viola! You have a controlled study, because you can use the waiting period as a control condition. See Gibbard, 2008.

•Note: For more information on the CORE-OM, go to: www.coreims.co.uk

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