

# \* Using Measurement in Therapy

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# \* Aims and Objectives

**Aim:** To explore the use of outcome questionnaires in therapy using the CORE Outcome Measure as an example

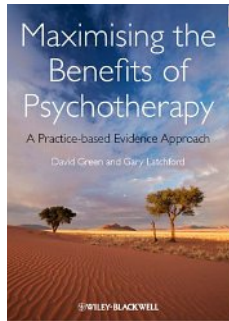
## **Objectives:**

- ✓ **Introduction** - myself and the approach I've taken for this lecture
- ✓ **Definition** - terms that help practically to define measurement in therapy and the key characteristics of common outcomes measures used across UK services

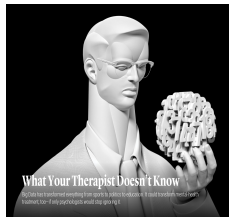
# \* Aims and Objectives

- ✓ **Reflection** - on measurement as a common service user experience and requirement in broader health and social care
- ✓ **Explain** the history, structure, content and application of the CORE Outcome Measure
- ✓ **Evaluate** measurement as a personal experience as an optional follow through

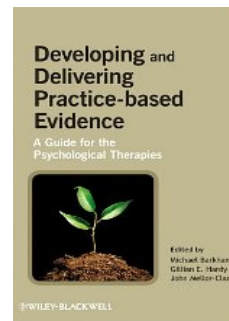
# \* Suggested Further Reading



For evaluating measurement as a therapeutic activity  
**Maximising the Benefits of Psychotherapy**  
By David Green and Gary Latchford



For evaluating the potential of measurement to change the way you work  
**What Your Therapist Doesn't Know**  
by Tony Rousmaniere  
<https://www.theatlantic.com/magazine/archive/2017/04/what-your-therapist-doesnt-know/517797/>



For understanding the scientific roots of measurement in therapy  
**Developing and Delivering Practice-based Evidence**  
by Michael Barkham, Gillian Hardy and John Mellor-Clark



# \* What do I know about measurement?

- ✓ Trained as Organisational Psychologist in the mid 1980's
- ✓ Joined Relate in the late 80's to support a drive to standardise measurement across 130+ Relate Centres
- ✓ Spent the 1990's at the University of Leeds working to standardise measurement nationally
- ✓ Formed a small niche company (CORE IMS) in 2001 seeking to turn CORE data into change wisdom



- ✓ Challenging Mediocrity
- ✓ Promoting Excellence
- ✓ Increasing Transparency
- ✓ Hastening Recovery
- ✓ Improving Safety
- ✓ Reducing Costs



# \* What do I know about measurement?

So . . . . .

- ✓ Approaching 35 years since I started measuring counselling outcomes in Relate
- ✓ Approaching 20 years of trying to turn data into wisdom

**Note:** Access to all resources, links and downloads mentioned in this session is available for download on the lecture delivery page.

**We**  **change**  
**outcomes!**

- ✓ Challenging Mediocrity
- ✓ Promoting Excellence
- ✓ Increasing Transparency
- ✓ Hastening Recovery
- ✓ Improving Safety
- ✓ Reducing Costs



# \* The Lecture's Focus

The title of this lecture is Using *Measurement in Therapy*.

In placing the verb *using* before the noun *measurement*, I'm specifically going to be focusing on activities that include:

- ✓ asking clients to complete questionnaires
- ✓ usually before therapy and typically (where possible) after therapy
- ✓ and also increasingly commonly – during therapy

## \* Common Terms Describing Using Measurement in Therapy

Emphasis on the doing of measurement in therapy	Shift in emphasis to the using of measurement in therapy
<ul style="list-style-type: none"><li>✓ Outcomes measurement</li><li>✓ Outcomes research</li><li>✓ Service evaluation</li><li>✓ Outcomes monitoring</li><li>✓ Routine outcome measurement</li></ul>	<ul style="list-style-type: none"><li>✓ Outcomes management</li><li>✓ Client directed outcome informed (CDOI) therapy</li><li>✓ Feedback-informed therapy (FIT)</li><li>✓ Measurement-based care (MBC)</li></ul>

*Footnote:* You can google any one of these terms to access a wide range of perspectives. Each will share the common activity of asking clients to complete questionnaires – however they'll differ in their specified purposes – and they evolve incrementally in their client-centeredness

# \* Characteristics of Common Measurement Tools

In therapy, outcome measures are quantitative questionnaires typically presenting clients with a range of questions or statements to which there's a standard response scale that's scored by the practitioner to help quantify presentation severity.

**Over the last week**

	Not at all	Only Occasionally	Sometimes	Often	Most or all the time	OFFICE USE ONLY
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	<input type="checkbox"/> F

Let's look at examples of three of the most common UK outcome measurement approaches to help define and focus-in on this lecture's topic.

Date: \_\_\_\_\_

Name/ID: \_\_\_\_\_

**RCADS**

Please put a circle around the word that shows how often each of these things happen to you. There are no right or wrong answers.

1. I worry about things .....	Never	Sometimes	Often	Always
2. I feel sad or empty .....	Never	Sometimes	Often	Always
3. When I have a problem, I get a funny feeling in my stomach .....	Never	Sometimes	Often	Always
4. I worry when I think I have done poorly at something .....	Never	Sometimes	Often	Always
5. I would feel afraid of being on my own at home	Never	Sometimes	Often	Always
6. Nothing is much fun anymore .....	Never	Sometimes	Often	Always
7. I feel scared when I have to take a test .....	Never	Sometimes	Often	Always

**Strengths and Difficulties Questionnaire**

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

Your Name .....

Male/Female

Date of Birth .....

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Children and Young People Practice Research Network (CYP PRN):

A toolkit for collecting routine outcome measures

**bacp**  
British Association for  
Counselling & Psychotherapy

Source: <https://www.bacp.co.uk/media/2355/bacp-cyp-prn-toolkit-for-collecting-routine-outcome-measures.pdf>

## GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?

(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T\_\_\_ = \_\_\_ + \_\_\_ + \_\_\_)

# iapt

## Improving Access to Psychological Therapies

## PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + \_\_\_ + \_\_\_ + \_\_\_

=Total Score: \_\_\_



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# \* Common Characteristics of Measurement Tools

From the examples, we see that the measures share some common characteristics:

- ✓ Comprise a range of questions with a focus (i.e. strengths and weaknesses across schools, depressions and/or anxiety symptoms across IAPT, or overall psychological distress across CORE users)
- ✓ Include a timeframe over which to assess yourself (i.e. 'over the past six months' on SDQ, or 'over the last 2 weeks' on PHQ9 or GAD7 or 'over the last week' on CORE)

# \* Common Characteristics of Measurement Tools

- ✓ Provide a response scale (known as a Likert scale) to help communicate the frequency of a feelings, behaviours or experiences
- ✓ Offer a scoring system to help practitioners sum the total value of responses and convert scores to symptom or general distress severity ratings

# \* Reflecting on Therapists' Attitudes to Measurement

Measurement as a Marmite experience

*Commonly expressed antagonisms:*

- ✓ It'll get in the way of forming and maintaining the alliance
- ✓ Clients will find it intrusive and a burden
- ✓ Most of our clients benefit from therapy, so it'll take time and no value



# \* Reflecting on Therapists' Attitudes to Measurement

- ✓ Outcome measures can't capture the breadth of therapy benefits and are therefore insensitive to showing change or improvement
- ✓ In 50 mins there isn't time to administer measures or interpret them with clients
- ✓ I lack confidence that my data will be managed confidentially or interpreted reliably
- ✓ Is this about measuring my performance as a therapist?



Source: Mellor-Clark, J., Cross, S., Macdonald, J., and Skjulsvik, T. (2014). *Leading horses to water: Lessons from a decade of helping psychological therapy services use routine outcome measurement to improve practice*. Administration Policy in Mental Health and Mental Health Service Research.

# \* Reflecting on Therapists' Attitudes to Measurement

Measurement is a common experience in health care

*Positive personal experience using a range of measurement tools:*

- ✓ Weighing scales to help weight management
- ✓ A blood pressure cuff & monitor to reflect on the impact of diet and lifestyle
- ✓ An activity watch to count daily to ensure adequate exercise



# \* Reflecting on Therapists' Attitudes to Measurement

- ✓ A heart rate monitor to assess improvements in fitness when walking or using cardio equipment
- ✓ A thermometer to assess body temperature to rule out COVID19 when experiencing symptoms

How do our therapy measurement tools compare with these general health tools that help us monitor the impact of interventions for our physical fitness?

This question helps me introduce the CORE measure.



## CORE and CORE System Trust (CST)

CST supports the free but copyright CORE instruments.

Search site

CV-19 and online measures: joint statement from CST & CIMS

The CORE System and CST

About CORE and CST

History of CORE and CST

Acknowledgements

Blog archive

Contact CE/CST

Instruments

Translations

Downloads

Publications

FAQ

Background and discussion documents

Blog

# The history of CORE and CST

Page created 1/1/15, updated 17/8/19 authorship MB & CE, licence: [Attribution 4.0 International \(CC BY 4.0\)](#).

- **Phase I: from concept to CORE**
  - [1970s to 1990s](#): the emergence of the idea
  - [1990s](#): The need for a core outcome measure
- **Phase IIa: Implementation and computer support systems**
  - [1998-2001](#): Implementing CORE system
  - [2001-2014](#): CORE-PC and CORE Net
- **Phase IIb: Developing CORE derivatives and translations**
  - [1998-2012](#): CORE derivatives
  - 1998 onwards: [translations](#)
- **The 2019 reboot of the CORE site**

Source: <https://www.coresystemtrust.org.uk/>

## Downloads

Created 21/3/20, updated 26/3/20.

In time, this file is going to contain links to all downloads, directly or indirectly. Work in progress! Logically, Google forms ought to be here but the Google system doesn't allow downloading and uploading of forms so go to my [Google forms page](#) for instructions on finding them.

## PDF files for printing

It's going to take a long time to build this set of links here for all the existing PDF files, and even longer to make up all the missing ones for completed translations where I haven't yet had the time to do this. Currently, where I have PDFs and have uploaded them, you will find them at other locations on the site, usually under the [information about the instrument](#) and under [pages about translations](#) if they are in translation).

As well as the standard PDFs for printing There are some [LimeSurvey PDF files](#) designed to be compatible with the queXF scanning system for some English forms.

## Google forms

These are not strictly downloads as Google locks forms into its platform but the instructions about them and links to get them are at [CORE measures on Google forms](#).

## “Fillable” PDF forms

Like the Google forms, LimeSurvey and Qualtrics files below, these were created for practitioners who have been using CORE instruments on paper but who are only working online in the coronavirus crisis. They are less confidential than Google forms so I really encourage you to try to use those rather than these forms. However, if your client understands the (tiny) risks of interception, you are welcome to use

# \* Other CORE Support Resources



<http://www.coreims.co.uk/>



<http://therapymeetsnumbers.com/made-to-measure-core/>



<https://www.bacp.co.uk/bacp-journals/counselling-and-psychotherapy-research-journal/>



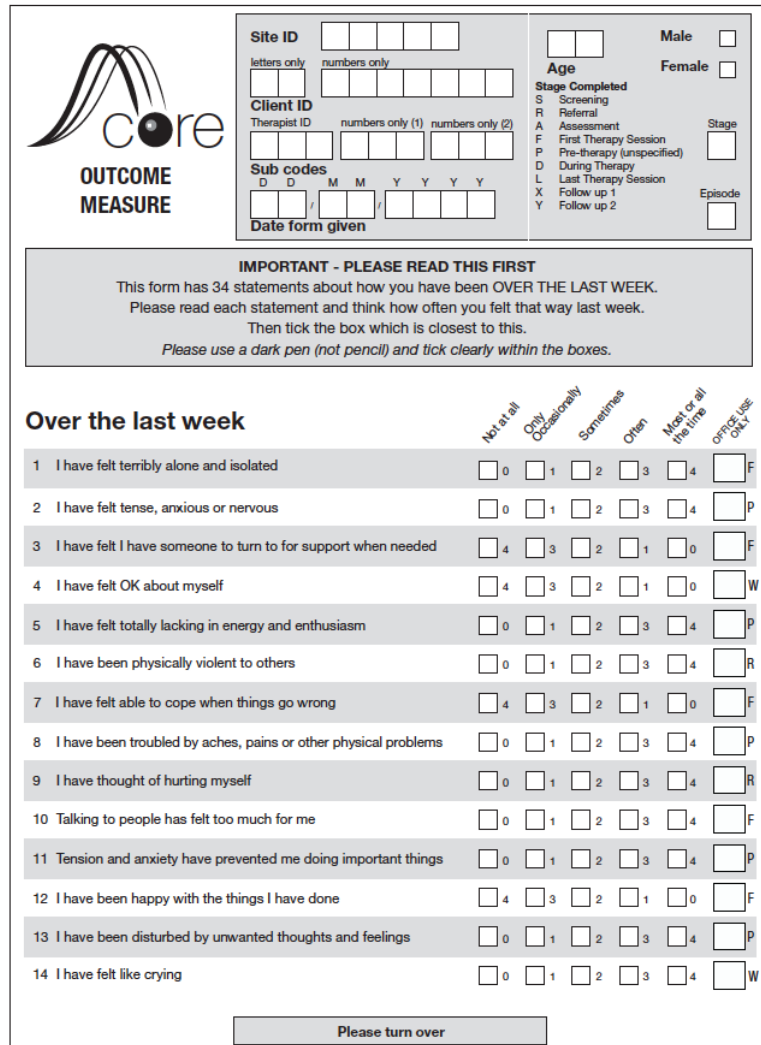


# \* Understanding the CORE Outcome Measure: Context

## Key Features

- ✓ Free to use, copy, digitise
- ✓ Mature at 22 years of age
- ✓ Pan theoretical
- ✓ Widely used across multiple sectors, settings and professions
- ✓ Google Scholar has over 100 publications many with free downloads
- ✓ CORE System Trust site has 96 (1998 to 2015)

# \* The Domain Structure



The image shows the CORE-OM questionnaire form. It includes a header with the CORE logo and 'OUTCOME MEASURE'. Below this are fields for Site ID, Client ID, Therapist ID, Sub codes, Date form given, Age, Sex, Stage Completed, and Episode. A central instruction box states: '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.' The main section is titled 'Over the last week' and contains 14 statements with response options: 'Not at all', 'Only occasionally', 'Sometimes', 'Often', 'Most or all the time', and 'Other/Use only'. The statements are: 1. I have felt terribly alone and isolated; 2. I have felt tense, anxious or nervous; 3. I have felt I have someone to turn to for support when needed; 4. I have felt OK about myself; 5. I have felt totally lacking in energy and enthusiasm; 6. I have been physically violent to others; 7. I have felt able to cope when things go wrong; 8. I have been troubled by aches, pains or other physical problems; 9. I have thought of hurting myself; 10. Talking to people has felt too much for me; 11. Tension and anxiety have prevented me doing important things; 12. I have been happy with the things I have done; 13. I have been disturbed by unwanted thoughts and feelings; 14. I have felt like crying.

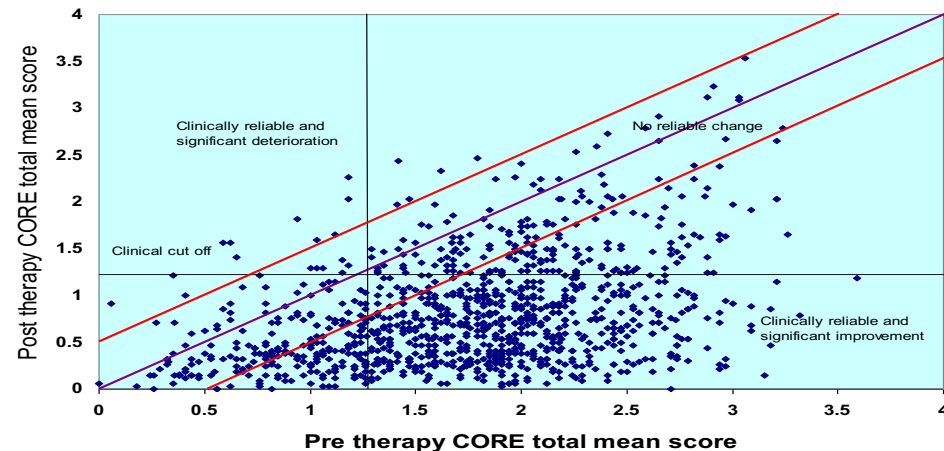
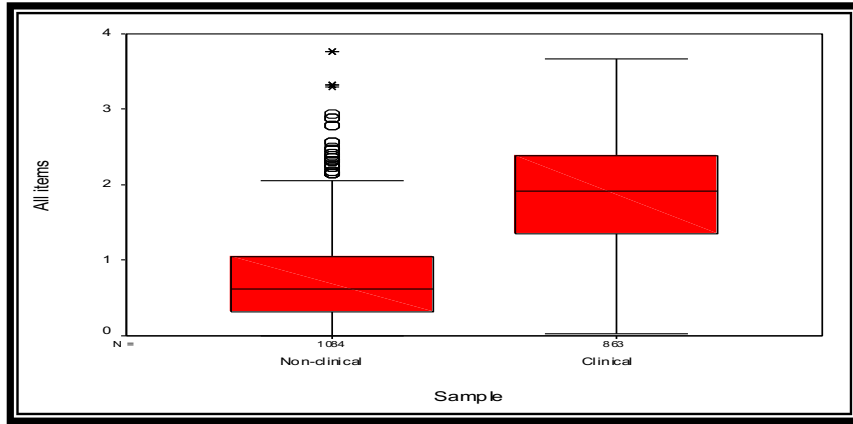
CORE-OM is a 34-item questionnaire designed to measure a client's global distress across 4 domains:

- ✓ Subjective well-being (4)
- ✓ Commonly experienced problems or symptoms (12)
- ✓ Life and social functioning (12)
- ✓ Risk to self and others (6)

Source (1): 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.

Source (2): 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.

# \* Understanding the CORE Outcome Measure Scoring Scientifically

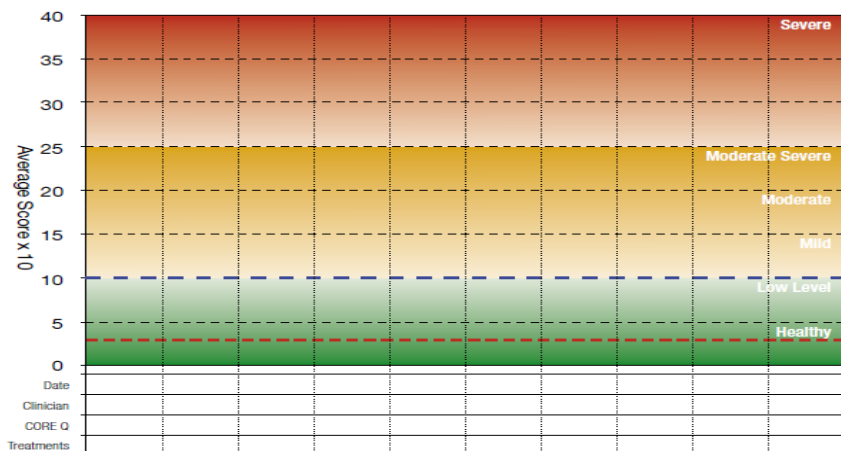


## Statistical Concepts

- ✓ Normative Data
- ✓ Cut-offs
- ✓ Reliable Change (a.k.a. improvement)
- ✓ Clinical Change (a.k.a. recovery)



## \* Understanding the CORE Outcome Measure Scoring Practically



Pre Post	Healthy	Low Level	Mild	Moderate	Moderate-Severe	Severe
Severe						
Moderate-Severe						
Moderate						
Mild						
Low Level						
Healthy						

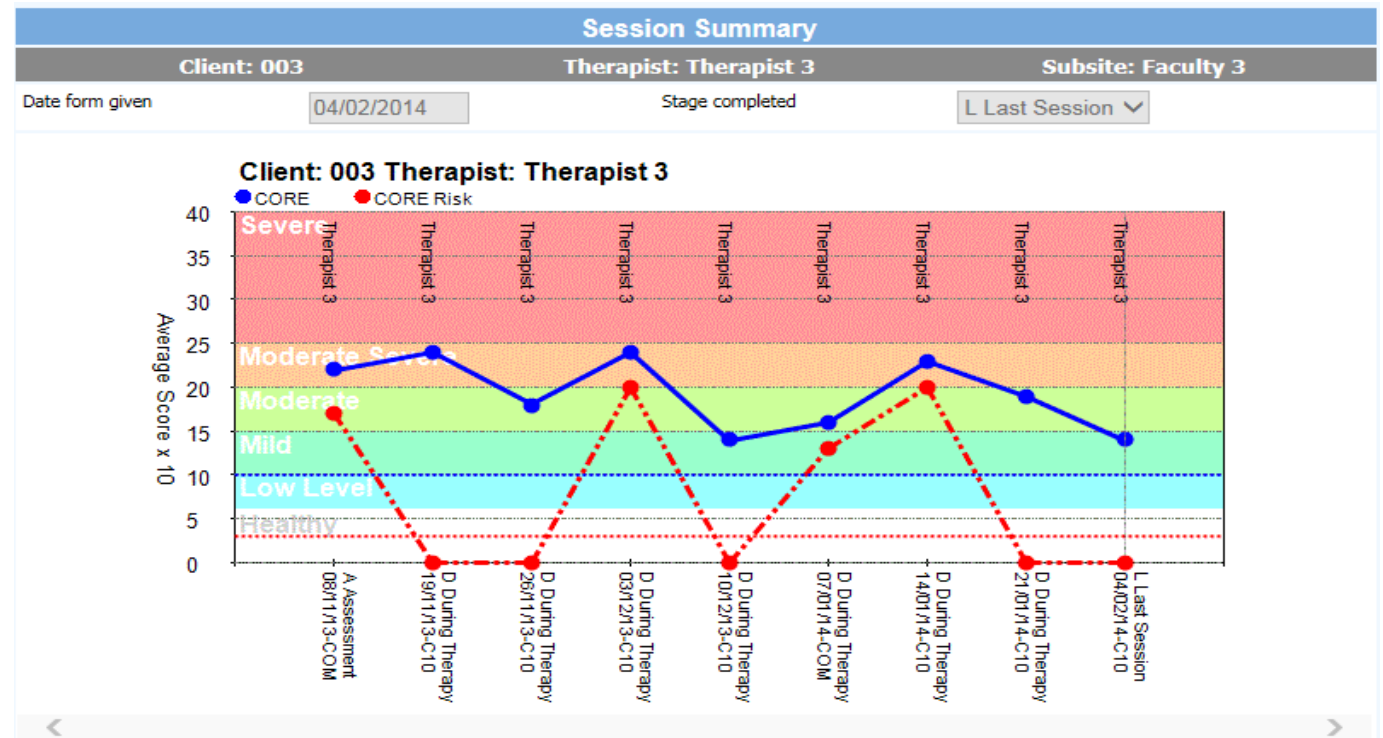
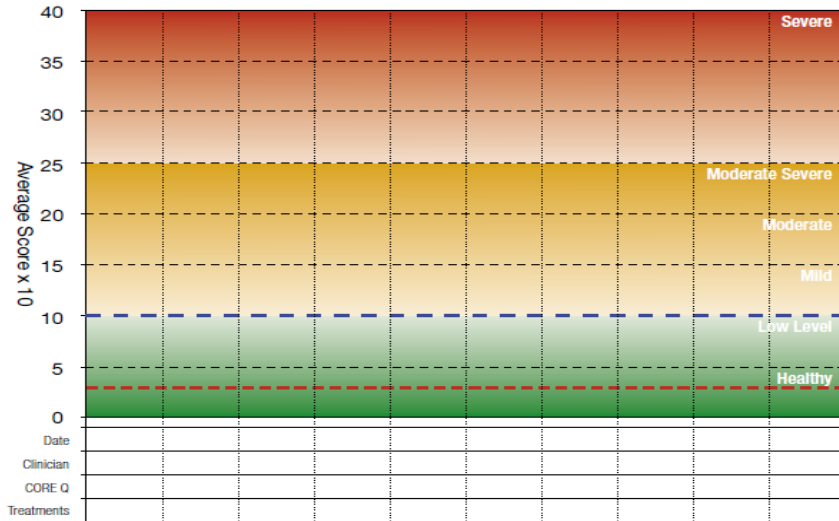
Box 2: Look-up table of CORE-OM scores and severity levels

Non-clinical range				Clinical range							
				Mild, Moderate, Moderate-to-severe				Severe			
Total score	Clinical Score	Simple score	Severity Level	Total score	Clinical Score	Simple score	Severity Level	Total score	Clinical Score	Simple score	Severity Level
1	0.3	0	Healthy	Clinical cut-off level				85	25.0	25	Severe level
2	0.6			10	34	10.0	86	25.3			
3	0.9				35	10.3	87	25.6			
4	1.2	11			36	10.6	88	25.9			
5	1.5			12	37	10.9	89	26.2			
6	1.8				38	11.2	90	26.5			
7	2.1	13			39	11.5	91	26.8			
8	2.4			14	40	11.8	92	27.1			
9	2.6				15	41	12.1	93	27.4		
10	2.9	16				42	12.4	94	27.6		
11	3.2			17		43	12.6	95	27.9		
12	3.5				18	44	12.9	96	28.2		
13	3.8	19				45	13.2	97	28.5		
14	4.1			20		46	13.5	98	28.8		
15	4.4				21	47	13.8	99	29.1		
16	4.7	22				48	14.1	100	29.4		
17	5.0		23	49		14.4	101	29.7			
18	5.3			24	50	14.7	102	30.0			
19	5.6	25			51	15.0	103	30.3			
20	5.9		26		52	15.3	104	30.6			
21	6.2			27	53	15.6	105	30.9			
22	6.5	28			54	15.9	106	31.2			
23	6.8		29		55	16.2	107	31.5			
24	7.1			30	56	16.5	108	31.8			
25	7.4	31			57	16.8	109	32.1			
26	7.6		32		58	17.1	110	32.4			
27	7.9			33	59	17.4	111	32.6			
28	8.2	34			60	17.6	112	32.9			
29	8.5		35		61	17.9	113	33.2			
30	8.8			36	62	18.2	114	33.5			
31	9.1	37			63	18.5	115	33.8			
32	9.4		38		64	18.8	116	34.1			
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## Practical Tools

- ✓ Look-up Table
- ✓ Change Tracking Graph
- ✓ Change Matrix

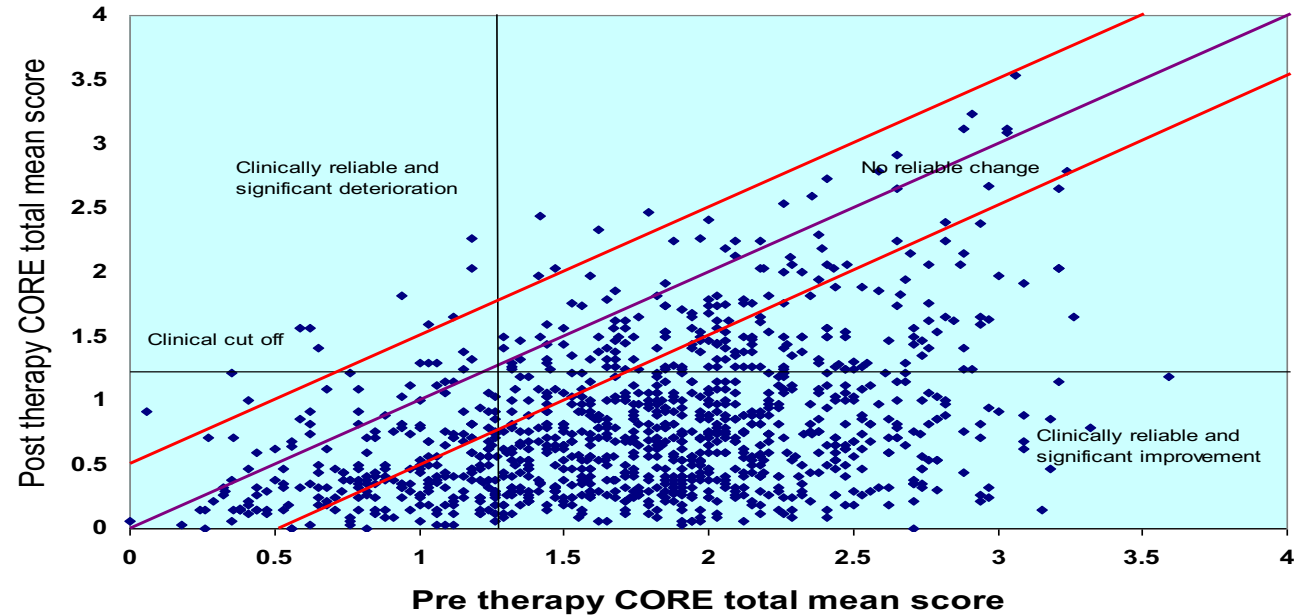
## \* Understanding the CORE Outcome Measure Tracking Change for Single Clients



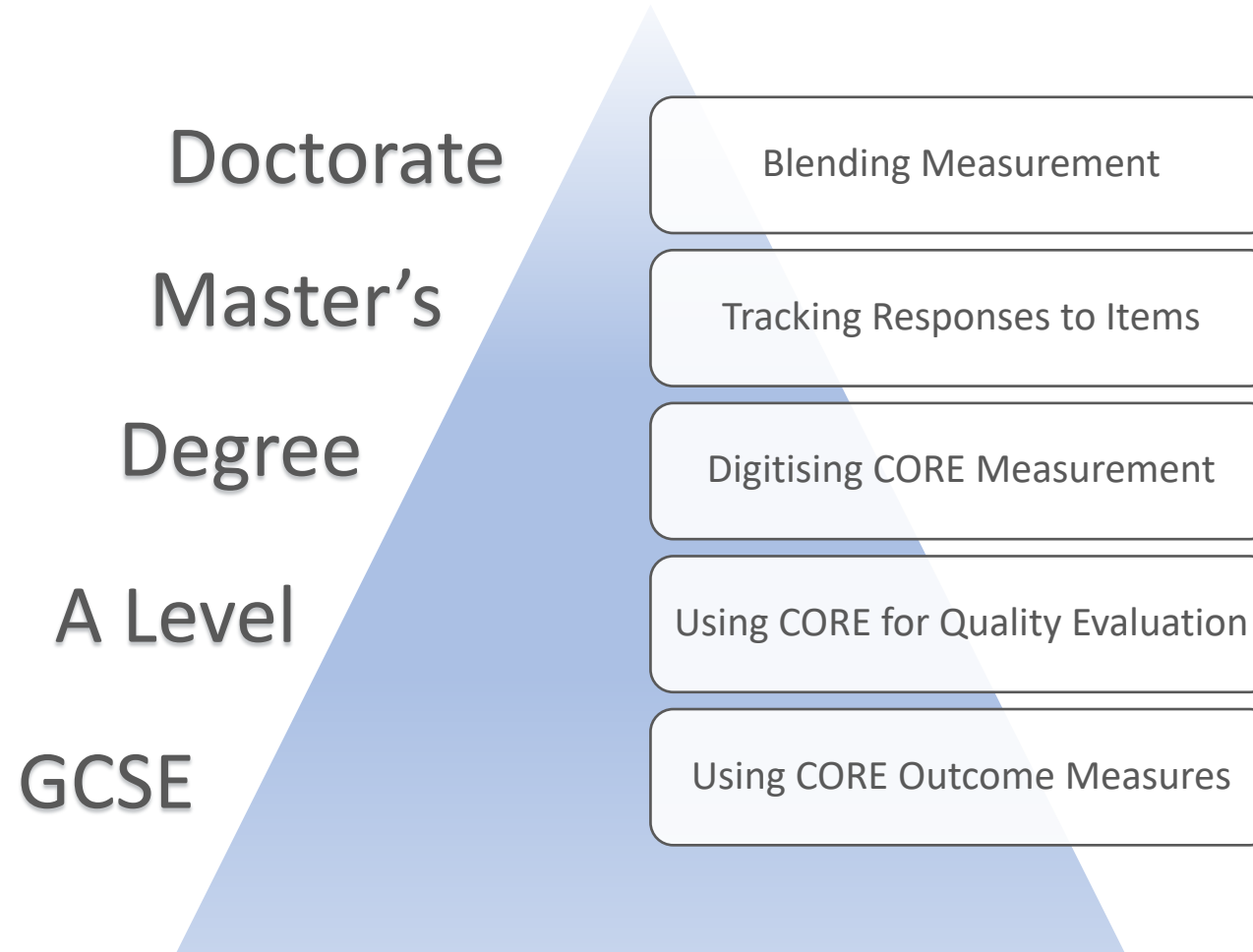
# \* Understanding the CORE Outcome Measure

## Tracking Change for Multiple Clients

Pre	Healthy	Low Level	Mild	Moderate	Moderate-Severe	Severe
Post						
Severe						
Moderate-Severe						
Moderate						
Mild						
Low Level						
Healthy						



# \* Understanding the CORE Outcome Measure Utilisation and Learning



# \* Using CORE Outcome Measures

<https://vimeo.com/album/3491332>

Coreims2015

1. Introducing James
2. Responding to Client Risk
3. Working with Self Harm Responses
4. Reviewing the Client Experience
5. Working with Higher Scores
6. Introducing Session Measurement
7. Introducing the Tracking Chart
8. Scoring Improvement
9. Scoring a Lack of Change





# \* Using CORE for Quality Evaluation (1)

**core**  
OUTCOME MEASURE

Site ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Client ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Therapist ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Sub codes: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Date form given: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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

**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	Occasionally	Sometimes	Often	Most or all the time
1 I have felt terribly alone and isolated	<input type="checkbox"/>	<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"/>	<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"/>
4 I have felt OK about myself	<input type="checkbox"/>	<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"/>	<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"/>
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"/>
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"/>
9 I have thought of hurting myself	<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"/>
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"/>
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"/>
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"/>
14 I have felt like crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn over

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**CLINICAL OUTCOMES in ROUTINE EVALUATION THERAPY ASSESSMENT FORM v1.2**

Site ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Client ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Sub Codes: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Referral: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Age: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Male: ☐ Female: ☐  
Employment: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Ethnic Origin: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Referral date: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
First assessment date attended: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Last assessment date: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Total number of assessments: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Previously seen for therapy in this service? Yes ☐ No ☐  
Months since last episode: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Is this a follow-up/review appointment? Yes ☐ No ☐

**Relationships/support** Please tick as many boxes as appropriate

Living alone (not including dependent) ☐ Full time carer (not dualistically and) ☐  
Living with partner ☐ Living in shared accommodation (eg flatshare) ☐  
Caring for children under 5 years ☐ Living in temporary accommodation (eg hostel) ☐  
Living with parents/guardian ☐ Living in institution/hospital ☐  
Living with other relatives/friends ☐ Other ☐

**Current/previous use of services for psychological problems?** Please tick as many boxes as appropriate

Primary: GP or other member of primary care team (eg practice nurse, counsellor) ☐  
Secondary: In primary care setting ☐  
In community setting ☐  
In hospital setting on sessional basis ☐  
Day care services (eg day hospital) ☐  
Hospital admission < 10 days ☐  
Hospital admission > 10 days ☐  
Specialist: Psychotherapy/psychological treatments from specialist team (sessional) ☐  
Attendance at day therapeutic programme ☐  
Inpatient treatment ☐  
Other: Counsellor in eg voluntary, religious, work, educational setting ☐

**Is the client currently prescribed medication to help with their psychological problems?** Yes ☐ No ☐

**If yes, please indicate type of medication:**

Anti-psychotics ☐ Anti-depressants ☐ Anxiolytics/Anxiotics ☐ Other ☐

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**core**  
OUTCOME MEASURE

Site ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Client ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Therapist ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Sub codes: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Date form given: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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

**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	Occasionally	Sometimes	Often	Most or all the time
1 I have felt terribly alone and isolated	<input type="checkbox"/>	<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"/>	<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"/>
4 I have felt OK about myself	<input type="checkbox"/>	<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"/>	<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"/>
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"/>
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"/>
9 I have thought of hurting myself	<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"/>
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"/>
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"/>
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"/>
14 I have felt like crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn over

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**CLINICAL OUTCOMES in ROUTINE EVALUATION THERAPY ASSESSMENT FORM v1.2**

Site ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Client ID: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Sub Codes: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Referral: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Age: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Male: ☐ Female: ☐  
Employment: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Ethnic Origin: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Referral date: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
First assessment date attended: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Last assessment date: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Total number of assessments: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Previously seen for therapy in this service? Yes ☐ No ☐  
Months since last episode: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Is this a follow-up/review appointment? Yes ☐ No ☐

**Relationships/support** Please tick as many boxes as appropriate

Living alone (not including dependent) ☐ Full time carer (not dualistically and) ☐  
Living with partner ☐ Living in shared accommodation (eg flatshare) ☐  
Caring for children under 5 years ☐ Living in temporary accommodation (eg hostel) ☐  
Living with parents/guardian ☐ Living in institution/hospital ☐  
Living with other relatives/friends ☐ Other ☐

**Current/previous use of services for psychological problems?** Please tick as many boxes as appropriate

Primary: GP or other member of primary care team (eg practice nurse, counsellor) ☐  
Secondary: In primary care setting ☐  
In community setting ☐  
In hospital setting on sessional basis ☐  
Day care services (eg day hospital) ☐  
Hospital admission < 10 days ☐  
Hospital admission > 10 days ☐  
Specialist: Psychotherapy/psychological treatments from specialist team (sessional) ☐  
Attendance at day therapeutic programme ☐  
Inpatient treatment ☐  
Other: Counsellor in eg voluntary, religious, work, educational setting ☐

**Is the client currently prescribed medication to help with their psychological problems?** Yes ☐ No ☐

**If yes, please indicate type of medication:**

Anti-psychotics ☐ Anti-depressants ☐ Anxiolytics/Anxiotics ☐ Other ☐

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Source: 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*. 3<sup>rd</sup> Edition. London: Sage Publications.



<b>Clinical OUTCOMES in ROUTINE EVALUATION</b>  <b>THERAPY ASSESSMENT FORM v.2</b>	Site ID <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> letters <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> numbers	Age <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div>
	Client ID <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div>	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Therapist ID <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> SC2 numbers <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> SC3 numbers <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div>	Employment <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div>
	Sub Codes <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div>	Ethnic Origin <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div>
	Referrals(s) <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div>	

Referral date <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div>	Total number of assessments <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div>
First assessment date attended <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div>	Previously seen for therapy in this service?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Last assessment date <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div>	Months since last episode <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div> <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black;"></div>
	Is this a follow-up/review appointment?    Yes <input type="checkbox"/> No <input type="checkbox"/>

**Relationships/support** Please tick as many boxes as appropriate

Living alone (not including dependants) <input type="checkbox"/>	Full time carer (or disability/carer's req.) <input type="checkbox"/>
Living with partner <input type="checkbox"/>	Living in shared accommodation (ag lodgings) <input type="checkbox"/>
Caring for children under 5 years <input type="checkbox"/>	Living in temporary accommodation (ag hotel) <input type="checkbox"/>
Caring for children over 5 years <input type="checkbox"/>	Living in institution/hospital <input type="checkbox"/>
Living with parents/guardian <input type="checkbox"/>	Other <input type="checkbox"/> <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>
Living with other relatives/friends <input type="checkbox"/>	

**Current/previous use of services for psychological problems?**  
Please tick as appropriate

		<div style="writing-mode: vertical-rl; transform: rotate(180deg);">Document</div>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">&lt; 12 months</div>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">&gt; 12 months</div>
<b>Primary</b>	GP or other member of primary care team (ag practice nurse, counsellor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Secondary</b>	In primary care setting .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In community setting .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	In hospital setting on sessional basis .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Day care services (ag day hospital) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hospital admission < = 10 days .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Specialist</b>	Hospital admission > = 11 days .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Psychotherapy/psychological treatments from specialist team (sessional) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Attendance at day therapeutic programme .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>	Inpatient treatment .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Counsellor in eg voluntary, religious, work, educational setting .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Is the client currently prescribed medication to help with their psychological problem(s)?**    Yes ☐    No ☐

If yes, please indicate type of medication:

Anti-psychotics <input type="checkbox"/> <small>(neuroleptics/tranquilisers)</small>	Anti-depressants <input type="checkbox"/>	Anxiolytics/Hypnotics <input type="checkbox"/> <small>(order tranquillizers)</small>
		Other <input type="checkbox"/>

# CORE Therapy Assessment Form

[illegible]

# CORE End of Therapy Form

# \* Using CORE for Quality Evaluation (3)

## 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

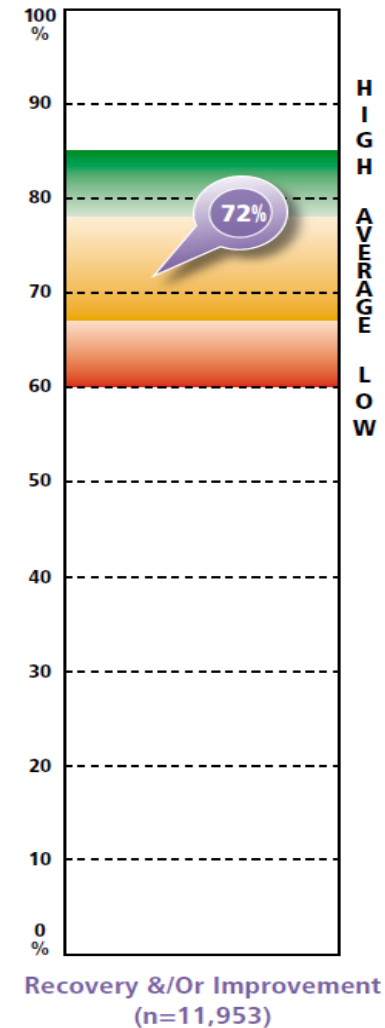
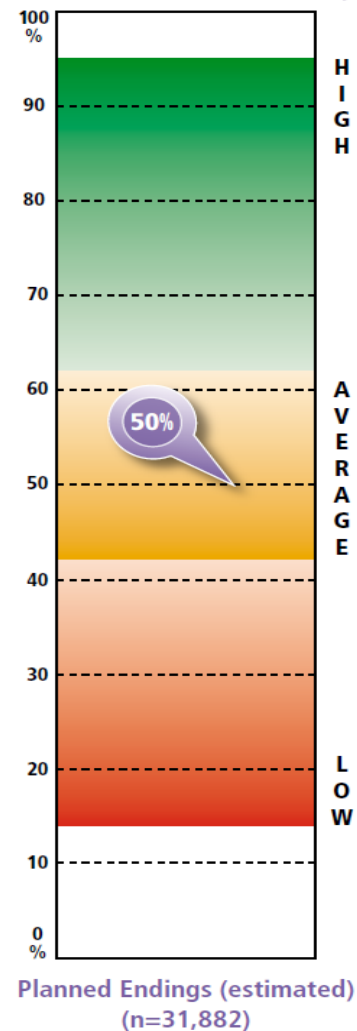
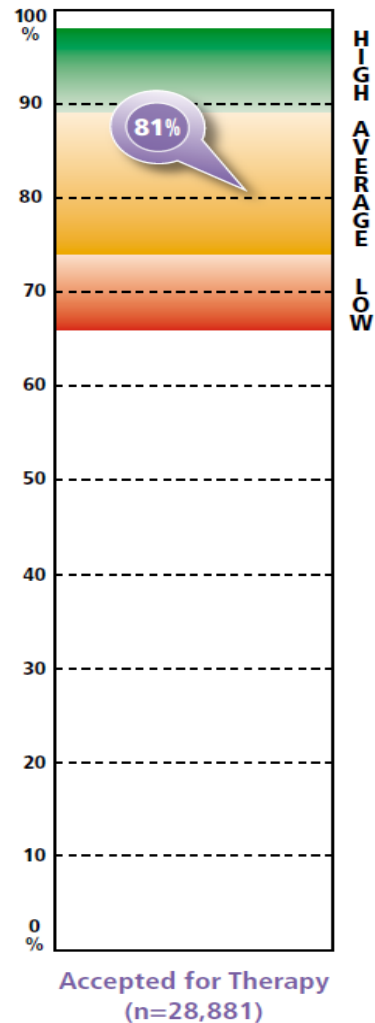
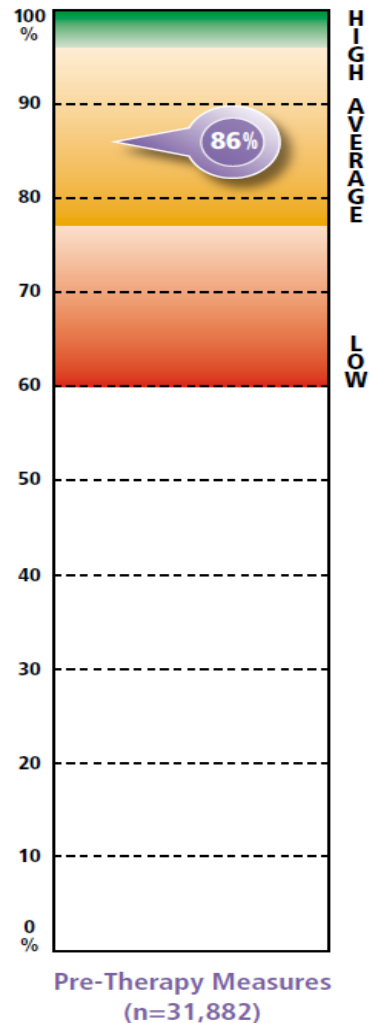
How **effective** is therapy?



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 CORE for Quality Evaluation (4)



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.

# \* Tracking Responses to Items in Measures

Use clients' responses to individual questions within the CORE Outcome Measure conversationally to:-

- Explore individual questions with a changed response from previous sessions (i.e. items that have **improved** or **worsened**)
- Assess overall trend of each item from the 1<sup>st</sup> session to the latest session

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

# \* Tracking Responses to Items in Measures

- Evaluate the pattern of response to each item over the duration of treatment
- Analyse specific sub-sets of question that can be saved to individualise the measure to items having individual importance or focus on specific clinical domains (e.g. social relationships).

Source: Cross, S., Mellor-Clark, J. and Macdonald, J. (2014). Tracking responses to items in measures as a means of increasing therapeutic engagement in clients. *Clinical Psychology and Psychotherapy*

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



# \* Digitising CORE Measurement

## Stage 1

Pre and Post  
Measurement Using  
Paper Forms

## Stage 2

Measure Every Session  
Using Paper Forms

## Stage 3

Measure Every Session  
Using Tablet

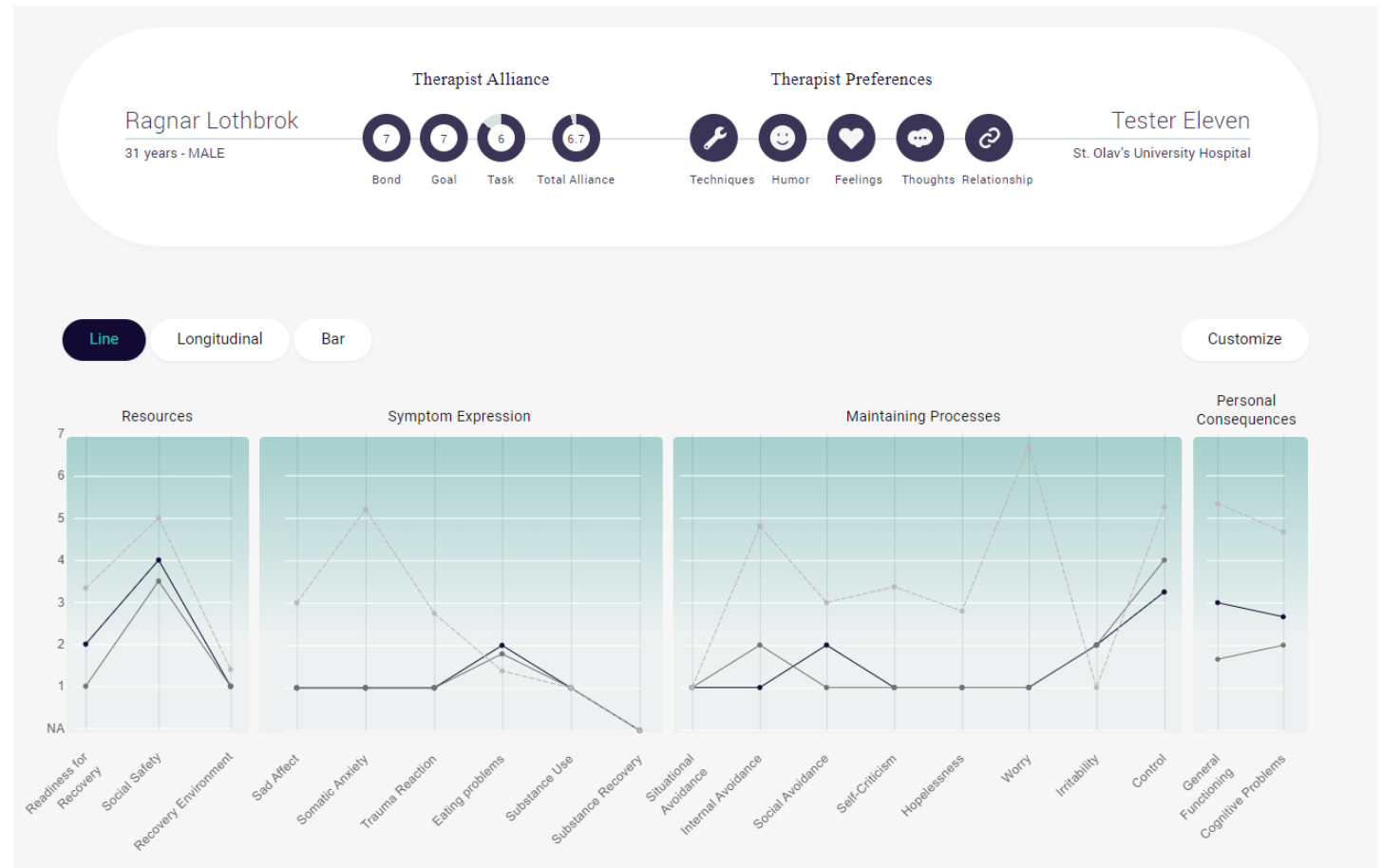
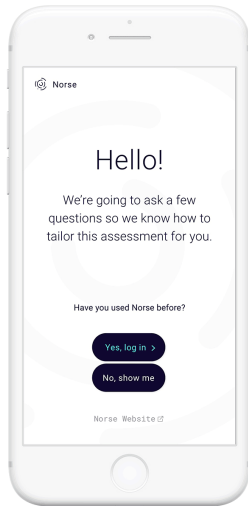
## Stage 4

Measure Every Session Using Tablet & Learn  
How to Share Results with Client

Source: Steen, M. and Mellor-Clark (2019). Evaluating the efficiency of a collaborative learning network in supporting Third Sector Organisations in the UK. <https://www.intechopen.com/books/evaluation-of-health-services/evaluating-the-efficiency-of-a-collaborative-learning-network-in-supporting-third-sector-organisatio>



# \* Blending Measurement





## \* **Conclusion: An Invitation for those new to measurement**

- ✓ Step 1: If you aren't using (or being asked to use) a specific measure already – download a common outcome measure of choice and print yourself two copies.
- ✓ Step 2: Complete your chosen outcome measure firstly for yourself to reflect on your well-being over the past week (or two), and then for a client that you've seen for the first time recently imagining how they would fill it in.
- ✓ Step 3: Reflect on the experience for potential value of both the sum of responses and individual responses and think about both the use of your responses in conversation with family and/or friends (for yourself), and the use of responses if you were to be using your chosen measure with your client going forward.

## \* Referenced Sources (excludes suggested further reading)

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## \* Referenced Sources (excludes suggested further reading)

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