

CORE Net and ARM-5 – are they worth using?

Gisela Unsworth summarises her ongoing doctoral research into therapists' and clients' perceptions of using CORE Net and ARM-5 in the NHS

This qualitative study aims to elicit the perceptions of therapists and clients in the use of outcome measurement (CORE Net) where instant visual feedback is given on a computer, and the use of an alliance measure (ARM-5) at each therapy session for session tracking. It will also elicit how therapists view its potential value in supervision and their suggestions for improving training in it. Some research evidence suggests that when this is used with clients it may increase their motivation in therapy which may improve attendance rates, clinical outcomes and increased efficiency of services.

Context of the study

The location of the study is a comprehensive psychological wellbeing staff support service in an occupational health department within an NHS acute hospital setting. The service started outcome measurement several years ago with CORE data inputted manually and then CORE PC and now CORE Net use since spring 2007 and is the 'research project' part of my doctorate of clinical practice degree which began in January 2005. Department of Health¹ recommendations for routine measurement of psychological therapy services and NHS clinical governance requirements for accountability of clinical practice set the scene. The service contributes to the CORE national database.

What is already known?

- There are two important, complementary efficacy studies of outcome measurement based mainly on randomised controlled trials (RCTs) and effectiveness studies from practice-based evidence (PBE) gathered in naturalistic/routine clinical settings. They support a model of professional self-management (PBE) which is widely applicable in psychiatry and medicine^{2,3}.
- Whipple and colleagues⁴ found that clients at risk from a negative outcome were less likely to deteriorate and twice as likely to achieve a clinically

significant change when their therapists had access to outcome and alliance information. In a study of the Partners for Change Outcome Management Systems (PCOMS) they found that the overall effect size of treatment more than doubled from the baseline to the final evaluation phase, and that client retention also improved for service users⁵.

■ Lambert et al⁶ and Lutz^{7,8} discuss the predicted trajectory and its use for triage or comparison with clients' actual progress as a basis for clinical decisions during treatment.

■ The beneficial effects of simply giving therapists feedback on their clients' progress relative to predicted trajectories have been demonstrated in studies^{6,9}.

Why CORE?

CORE has the attention of the Department of Health; it allows benchmarking; it is well developed; it is standardised; it is empirically validated; and it allows us to talk the same language as decision makers.

Why use CORE Net and ARM-5 together?

The client's subjective experience of change early in the process is the best predictor of success for any particular pairing. Also the client's rating of the alliance is the best predictor of engagement and outcome^{10,11}.

Aims of the study

- to elicit the perceptions of therapists (both experienced and trainees) and clients in relation to their use of a system of continuous monitoring of their therapy via a feedback system that includes regular outcome measuring (CORE Net) and therapeutic alliance measure (ARM-5)
- to elicit the perception of therapists in utilising feedback information in supervision
- to elicit the perception of therapists regarding the training required to implement this type of routine measurement in clinical practice.

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The measures

- CORE System using the online version called CORE Net at each session for session tracking and with CORE OM 34, 18, 10 and 5.
- ARM-5 (Agnew Relationship Measure¹²) which was being piloted for the first time as a five-point scale and which was taken from a previously validated measure ARM-12. A paper version was used – ARM-5 Client's Scale (see example below).

ARM-5 – Scaling is from Strongly Disagree (1) to Strongly Agree (7)

My therapist is supportive
 My therapist and I agree about how to work together
 My therapist and I have difficulty working jointly as a partnership
 I have confidence in my therapist and his/her techniques
 My therapist is confident in him/herself and his/her techniques

The participants and settings

Seven therapists operated out of the occupational health (OH) department in an acute hospital setting consisting of three qualified and four trainee psychotherapists. A further 12 therapists practised in a mental health trust as primary care counsellors (PCC). All therapists had a range of theoretical orientations and had used CORE for a minimum of six months. They received clinical supervision for at least one and a half hours a month. Occupational health clients presented via normal referral pathways.

Design of the study

Purely qualitative methods of data collection were used, including semi-structured qualitative interviews:

- one-to-one face-to-face and one-to-one telephone interviews with PCC therapists who had not previously used CORE Net and one focus group with therapists who had used CORE Net for one and a half to two years
- face-to-face interviews with clients in OH setting one month after completion of their therapy
- focus group with OH therapists and therapists' diaries of first two clients using CORE Net and ARM-5
- researcher diary/journal of process of implementation of such a system into service
- data collection was for approximately six months.

Data analysis

It was an enormous challenge to learn the Nvivo 7 instrument of data analysis. Because of the limited time available, I compromised in learning to use the basics rather than all the advanced features.

The data from all diaries/process journals is being analysed using content analysis. Conventional

content analysis is where the researcher avoids using preconceived categories but rather immerses themselves in the data to allow new insights to emerge¹³. The data from the interviews and focus groups is being analysed inductively using a general inductive approach for qualitative data analysis¹⁴.

Criticisms/limitations

Challenges included the dual role of the researcher both managing the team and working as a practitioner alongside the team. Using CORE Net and ARM-5 for the trial poses further challenges. Additionally, no independent external researcher has verified the themes, which would add credibility to the study.

Preliminary findings

Therapists were asked to start the focus group by describing the use of CORE Net as a metaphor such as an animal, bird, flower or other object.

OH group (six months of CORE Net and ARM-5) – three examples of CORE Net metaphors

Sally: Well it took some thinking; however, I thought at the end it reminded me of a rose. A rose is perfect and it has a lot of meaning as soon as you see it: it's about love, it's about appreciation, it's about a lot of things so the connotations are already there. It immediately explains a lot of things that don't need to be said when you give the rose.

However, it also has got a lot of thorns. And some of those thorns, if they get stuck in your finger, are very painful and you may have difficulty in getting them out and the finger might bleed and actually when that happens you immediately throw away the rose and never want to have anything to do with it. So that's how I feel about CORE – it gives the illusion of perfection but it isn't.

Well these are the thorns to the rose, I mean human beings are not predictable, their emotions are messy. What happens in people's lives is messy and that's exactly how it's reflected and assuming that six sessions will do this perfect graph and make it go down and send them merrily on their way is unrealistic. It can happen, of course it can, but assuming this is all it is, I think it's unrealistic.

Tamsin: I thought it was like an elephant because it was right in the way for me and I wanted to say, Can you stand over there? I guess that's how it feels – too big. I like elephants but I'm not sure I want one in my room.

Sometimes I used it halfway through, sometimes at the end and occasionally at the beginning, but I tried to make it as organic as I possibly could and sometimes it worked organically and sometimes it was a bit of an elephant.

Selaye: My immediate thought was in fact an elephant because it takes up a lot of room in the session I find, but that doesn't mean there aren't useful parts of it.

With some, I think at various stages with all my clients, I've found that it was getting towards the end of the session when I thought oh I haven't actually managed to slot it in organically which is what I was trying to do, better hurry up and get it in there and that is, I think, where my sense of the elephant comes from.

OH therapists, CORE Net and ARM-5 users – six months

Therapists and clients 'like visual representation of change' when they look at the computer screen together. Therapists feel they are more confident with 'their own subjective measure of clients' and CORE Net and ARM-5 only 'confirms this'. There seems to be a 'felt sense' that this is more valuable and trustworthy than any measures. However, there is a preoccupation with the physical logistics and technicalities of routine measuring as being both 'intrusive in the sessions' and it may impact on the 'therapeutic relationship' as a result. A certain anxiety was expressed about being 'measured as therapists' as to their worth by the clinical outcomes of their client work. They agreed that it is essential to be 'organic' when these measures are used when appreciating the needs of each client. The therapists expressed difficulty 'integrating the tools into clinical practice' so that it does not feel like 'an add-on or extra' to the sessions. Some worries were expressed about 'changing the way I work' so that they may not be giving of their best as therapists to the client. It was felt that they found the CORE Net score was often incongruent with how they felt the client presented in the session. A consensus expressed was that with ARM-5 clients, therapists seem to do it 'perfunctorily/automatically' and not with much care or thought. Therapists often 'forget' to use ARM-5 at the end of their sessions. CORE Net was seen as being useful in 'pinning down risk' and informing the work. All therapists claimed ARM-5 to be 'useless' or 'meaningless' and given the choice would never use it again. There was a further concern about therapists' motivation to use measures and whether it was voluntary (ideal) and if not, then resistance was to be expected.

PCC Group (1.5-2 years' use of CORE Net) – two examples of CORE Net metaphors

David: Well I hadn't got a particular bird in mind but yes, I mean the metaphor of birds is useful because I think it gives you a bird's-eye view; it gives you more vision of what's going on, so I suppose yes I would,

I think a bird's a good view of what's going on. I think CORE-Net helps you in that regard.

Tom: I thought, oddly enough, about an octopus, because I mean they're the most amazing creatures that I've watched when I've been diving and stuff and they kind of change shape and they're really actually very, very clever and if you try to watch one move they seem to move in a way that defies physics. It's like they sort of expand themselves. I can't describe it really but it's very, very complex and at first not necessarily that appealing but actually when you start looking at that mirrored part that's fascinating stuff.

PCC therapists – 1.5-2 years

Visual feedback 'validates' the client's experience and progress seems to be made session by session. The process is liked by both therapists and clients. An observation reflects the 'danger of getting hung up with absolute scores' and the therapist needs to really get a sense of what is going on, not just taking the scores at face value. Therapists like how it 'speeds up assessment' saving doing manual calculations of scores and helps to ask a number of assessment-related questions in a few short minutes. Therapists liked being 'alerted sooner to risk' and client deterioration which enabled them to address it during the session as opposed to maybe only being alerted at the end of therapy. Once the therapist gets used to the measurements it feels more 'natural' and 'integrated into clinical practice' and 'less worrying about the minutiae of inputting data'. They like the 'flexibility and bird's-eye view' that CORE Net gives which enables the therapist to get an overview of various issues. Therapists felt that it was important to 'slot it in where it feels it flows' and so to use it in the session with each client organically. They felt that the 'visual feedback prompts lots of dialogue', so that the conversations around the scores are what is important but triggered by the visual stimulation.

Overlap themes of both groups

Initially using CORE Net is less appealing leading to some therapists feeling a sense of lack of experience and/or success with their client cases. All felt it was useful in 'initial assessment' and 'risk assessment'. They expressed liking the 'up-to-date visual picture for client' and 'overview of what's going on for therapist'. The worrying about the 'minutiae of inputting data' initially diminishes with time and practice as therapists gain in confidence. It seemed important for each client session to be seen as different as each client and therefore to use it 'organically' or 'slot it in where it feels it flows'.

OH clients' views of CORE Net and ARM-5

All clients feel sessions should be routinely measured and counselling services monitored for the benefit of both therapists and clients. The minority view was that clients can 'hide' behind both questionnaires if they want to. All clients 'like the visual representation' of CORE Net for session tracking. There were mixed views on the use of ARM-5 ranging from 'no problem with it' to 'difficult to tell the truth if you don't like the therapist' and unease about 'how to make a decision about the therapist when you are feeling vulnerable yourself'. Overall clients were much more positive than their therapists about the use of CORE Net and ARM-5. Clients stressed that how they felt about the therapist was more important to them than any measures.

Possible implications for training and clinical practice

The training of therapists is essential and needs to be comprehensive especially with continuous forums for support both during the early learning curves and beyond. The key elements of training include the theory of outcome measurement, practical skills such as inputting data, and role play of how it may be introduced into a session organically. The continuous experiential learning can be via

e-learning/email, forum/face-to-face group or one to one. The time frame for learning depends on the number of clients seen per week but on average requires six months to 18 months to truly integrate meaningfully into clinical practice. Supervision is key to discussing actual case examples and the meanings of CORE Net scores of each individual client. There is an opportunity to utilise CORE Net within multidisciplinary teams, so that nurses and doctors can track the same patient for possible team case management throughout their journey in the OH department. Another option might be to merge CORE Net with ARM-5 or other chosen alliance measure in one computer programme so that all data can be captured on computer rather than on paper.

Possible conclusions

Use of CORE Net for session tracking is initially intrusive but with time and practice becomes more integrated into practice. It is useful for initial assessment and risk assessment. Clients and therapists like the instant and visual feedback to see the progress but therapists need to have the flexibility to decide on individual client needs to use it organically in sessions. ARM-5 does not appear to be useful to therapists as an alliance

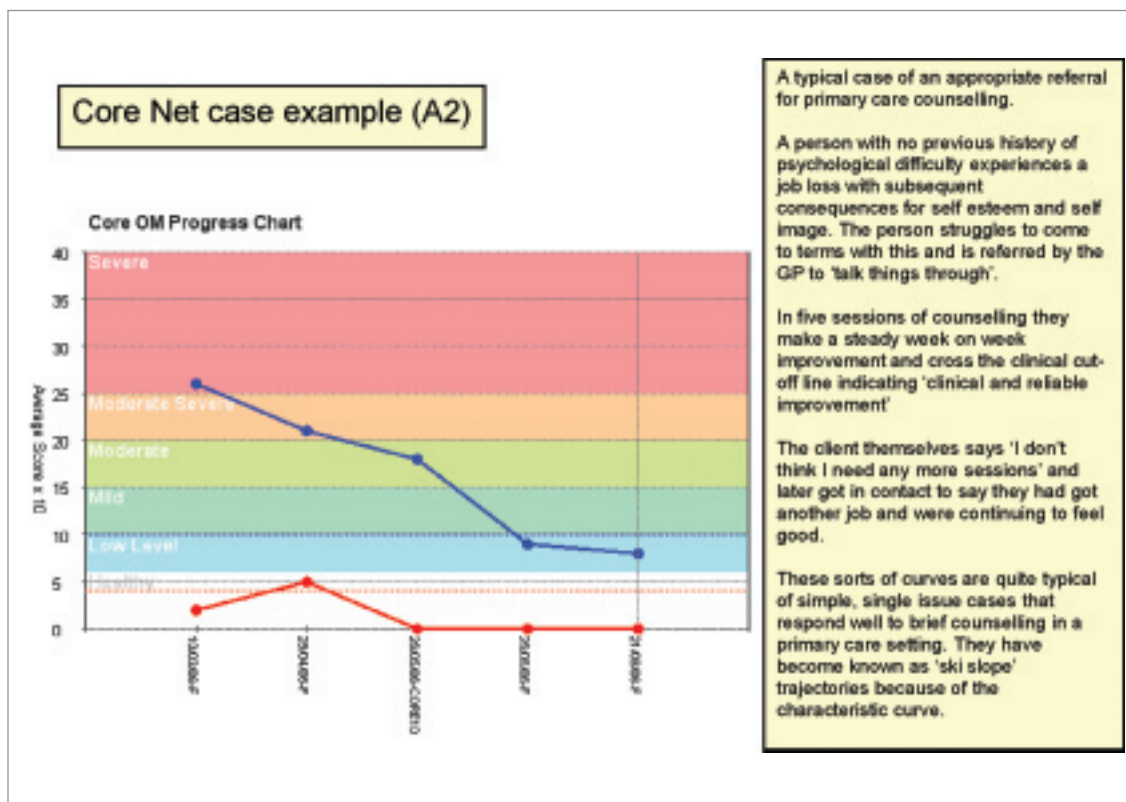


Figure 1: Anonymised case study from one of the PCC therapists

measure; they would prefer not to use any alliance measure at all but to ask the client how they feel the sessions are going and if their needs are being met adequately. Clients overall are happier than therapists with both measures. ■

References

- 1 Department of Health. Organising and delivering psychological therapies. London: Department of Health; 2004.
- 2 Margison F, Barkham M, Evans C et al. Measurement and psychotherapy: evidence-based practice and practice-based evidence. *British Journal of Psychiatry*. 2000;177(123-30).
- 3 Mellor-Clark J, Barkham M. The CORE System: quality evaluation to develop practice-based evidence base, enhanced service delivery and best practice management. In: Feltham C, Horton I. (eds) *SAGE handbook of counselling and psychotherapy*. 2nd ed. London: Sage Publications; 2006.
- 4 Whipple JL, Lambert MJ, Vermeersch DA, Smart DW, Nielson SL, Hawkins EJ. Improving the effects of psychotherapy: the use of early identification of treatment and problem solving strategies in routine practice. *Journal of Counseling Psychology*. 2003;50:59-68.
- 5 Miller SD, Duncan BL, Sorrell R, Brown GS. The partners for change outcome management system. *JCLP/In Session*. 2005;61(2):199-208.
- 6 Lambert MJ, Whipple JL, Hawkins EJ, Vermeersch DA, Nielson SL, Smart DW. Is it time for clinicians to routinely track patient outcome? A meta-analysis. *Clinical Psychology*. 2003;10:288-301.
- 7 Lutz W, Martinovich Z, Howard KI, Leon SC. Outcomes management, expected treatment response, and severity adjusted provider profiling in outpatient psychotherapy. *Journal of Clinical Psychology*. 2002;58:1291-1304.
- 8 Lutz W, Rafaelli-Mor E, Howard KI, Martinovich Z. Adaptive modeling of progress in outpatient psychotherapy. *Psychotherapy Research*. 2002;12:427-43.
- 9 Finch AE, Lambert MJ, Schaalje BG. Psychotherapy quality control: the statistical generation of expected recovery curves for integration into an early warning system. *Clinical Psychology and Psychotherapy*. 2001;8:231-42.
- 10 Elkin I et al. The NIMH TDCRP (treatment of depression collaborative research project): general effectiveness of treatments. *Archives of General Psychiatry*. 1989;46:971-82.
- 11 Shea M et al. Course of depressive symptoms over follow up: the NIMH TDCRP. *Archives of General Psychiatry*. 1992;49(10):782-87.
- 12 Agnew-Davies R, Stiles WB, Hardy GE, Barkham M, Shapiro DA. Alliance structure assessed by the Agnew Relationship Measure (ARM). *British Journal of Clinical Psychology*. 1988;37:155-72.
- 13 Hsie H, Shannon S. Three approaches to qualitative content analysis. *Qualitative Health Research*. 2005;15:1277.
- 14 Thomas DR. A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation*. 2006;27(2):237-46.

A short aut living and

David Jackson takes us on a personal journey

I had joined the Royal Marines aged 16 years and one week old. I served in the Falklands war and on operational tours in Northern Ireland. This was my work for 21 years until in 1995 I was prematurely medically discharged with osteoarthritis in my hips and knees. Subsequently I was diagnosed with PTSD, mild depression and anxiety disorder from my experiences of war¹. For many years I had struggled with what I had described as nuances or irritations and what the medical model would call symptoms. These were sleepless nights, night sweats, nightmares and avoidance behaviour, to name but a few². However, they were all comfortably ignored for many years as I lay within the bosom of my therapeutic family – the Royal Marines, with whom I served with down south. ('Down south' is Royal Marines slang for the Falklands war.)

In 1995 when I was discharged, all this changed. I walked into an alien world and a different culture. With this came the loss of that unspoken connection I had with other Falklands veterans and the loss, because of my osteoarthritis, of the physical embodiment that had made me who I was. As I look back to 1995 I feel that this was a significant part of me acknowledging my trauma. Nonetheless this was the start of the long road to a kind of acceptance of my trauma and in turn this journey of acceptance has had a large impact on who I am and who I have become.

As I reflect on the last 13 years of living in this foreign land I recognise there is a void that lies between the life of being in the armed services and becoming a civilian, and crossing this space can be extremely tough. I now know this to be called adjustment disorder². Once you think you have successfully made that transition by finding a job, getting used to being home all the time and integrating yourself into the ways of being a civilian, you find that to integrate the damaged traumatised self is much more difficult.

Undoubtedly my training and experience as a counsellor has given me a rich array of tools and