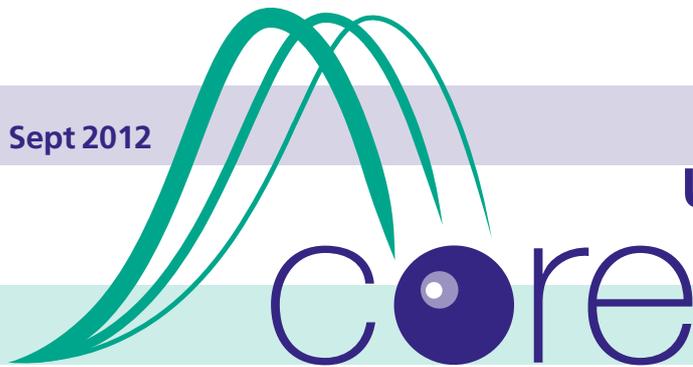


Sept 2012



A Study of Excellence: Use of the CORE System in My Sister's Place Counselling Service

My Sister's Place (MSP) is based in the North of England and provides a 'one stop shop', in partnership with a range of external agencies, to women who have experienced or are experiencing the effects of domestic violence. They have been using the CORE System since 2006 and in 2011 were awarded the prestigious BACP Award for Commitment to Excellence in Counselling and Psychotherapy. I spoke to Ejaye Moran, the Service Manager at MSP, about their experience and use of the CORE System.

MSP was established in 2004 and Ejaye says that from its inception they recognised "a need and a responsibility to our clients to build, improve and develop a service which was specific to their needs and was able to deliver and effect good therapeutic outcomes". Initially the service used a combination of measurement forms and verbal feedback from clients. However, they soon concluded that what they needed was a recognised system which not only allowed them to evaluate therapeutic outcomes but also to identify possible areas where their service could be improved. Ejaye tells me that after considering various outcome monitoring methods "the decision to implement CORE was unanimous across the management team". They launched the CORE System in 2005 and by 2006 were actively collating CORE data using CORE PC.

In Ejaye's words:

"We feel that the implementation of (sic) and use of CORE as a measurement tool, both in terms of performance and outcomes, has shown our commitment to building up solid evidence-based practice, which remains robust, consistent and reliable. We believe in order to improve practice and demonstrate professionalism in all areas of our practice we must be accountable in terms of our service provision both to our clients and our profession. We wanted to define our service as a professional and dedicated therapeutic provider and change the view of voluntary sector organisations by building up a strong evidence base."

MSP's success in achieving the aims they set out with was recognised by the BACP in 2011 with the award of the Commitment to Excellence in Counselling and Psychotherapy Award which "is designed to recognise an organisation which demonstrates their long term commitment to improving quality of life within a community, group of individuals or organisation. It recognises a counselling and psychotherapy service which consistently demonstrates high standards and excellence in

counselling and psychotherapy practice". Ejaye believes that this is due in no small part to their active use of the data collected using the CORE System to improve and provide consistent therapeutic outcomes for their clients.



Receiving the BACP Award for Excellence in Counselling and Psychotherapy. Becky Rogerson (Service Director, left), Ejaye Moran (Counselling Service Manager, middle), Professor Cary Cooper CBE (right)

Support for the use of CORE

I am very interested in how much support there was among practitioners in the service for the adoption of the CORE System and Ejaye explains that, as their main goal was to improve service quality for clients, "it was enthusiastically embraced by all members of the counselling team". Therapists were also made aware from the start how data would be collated and used, and of the value of that data. In the early days therapists were provided with as much support as necessary to ensure they were using the system correctly: each therapist had a one-to-one training session to ensure familiarity with the CORE forms and address questions or uncertainties that they had. Taking the time to do this during implementation has meant that from the outset the service has demonstrated good CORE data completion rates, and thus collected reliable and robust data. As Ejaye says, "practitioners are aware that it (CORE) is not used as a performance measure for them individually, but is a useful self-development tool". Therapists accept that it is a necessary part of the therapeutic provision.

Data Collection

So, what data collection process does this highly successful service use? CORE paper forms are completed by therapists and clients and then audited. Forms with essential data omitted are returned to therapists for amendment but over time the need to return forms has become much less frequent. It is only once the data is of sufficiently high quality that it is entered onto CORE PC. New counsellors and trainees are made fully aware of the importance of the CORE forms and quality data completion is incorporated into Placement Contracts.

Clients independently complete a CORE-Outcome Measure (CORE-OM) at every session, immediately before their contact with the counsellor. Interim OMs are input to CORE PC and the therapist is provided with progress data for use in-session.

MSP also uses the optional, service-defined, subcodes to identify and collate information specific to the organisation which is not routinely entered on the therapist-completed forms. One example of how these have been used is in gathering information on the increase in numbers of clients attending the service with specific needs around childhood sexual abuse and sexual violence.

Risk

Assessment of client risk is important in every service, but a particular concern with MSP's vulnerable client group. CORE plays a key role in helping practitioners identify risk and respond appropriately. Although the Counselling Manager is responsible for monitoring CORE-OM data, individual therapists use CORE to monitor risk. In any case where the CORE-OM identifies risk this is explored within the session and outcomes are documented. This weekly risk-monitoring flags up concerns or emerging patterns, enables interventions to be implemented as early as possible and helps ensure client safety.

Ejaye is keen to explain the importance of congruent risk assessment: CORE is used pro-actively to identify levels of risk but most importantly to ensure that congruent risk assessment exists between client and therapist. Any discrepancies in risk rating between the two are highlighted by CORE and these are then explored with the client's therapist to ascertain whether the incongruence is a result of a process of clinical judgement.

The client experience of CORE

Ejaye tells me that clients complete their first CORE-OM prior to their assessment session:

"At this session the CORE System is explained to the client – reassurances are given regarding confidentiality of data and anonymity and an explanation is given regarding how CORE is utilized within therapy sessions and by the organisation in terms of sharing data. We have found that by taking this time to explain to clients this socialises the client to the CORE process and they accept it as a component of therapy. For clients who express difficulty completing the forms, individual arrangements are negotiated."

CORE-OM data is used therapeutically and shared with the client in the session, with the tracking graph being a particularly useful tool. Feedback from clients has been that the CORE-OM gives them an opportunity to focus on their own progress on a week-by-week basis. Ejaye feels that this "keeps the therapy immediate and focussed on recovery and is empowering for clients"

Getting the most from CORE data

As Service Manager, a useful tool for Ejaye is the therapist appraisal function: She can look at therapist outcomes and identify areas for training and address any incongruent risk assessment, which may need to be addressed within the context of supervision. Furthermore, when therapists leave the service they are provided with an appraisal report detailing their therapeutic outcomes. These reports have been used pro-actively for therapists securing further employment.

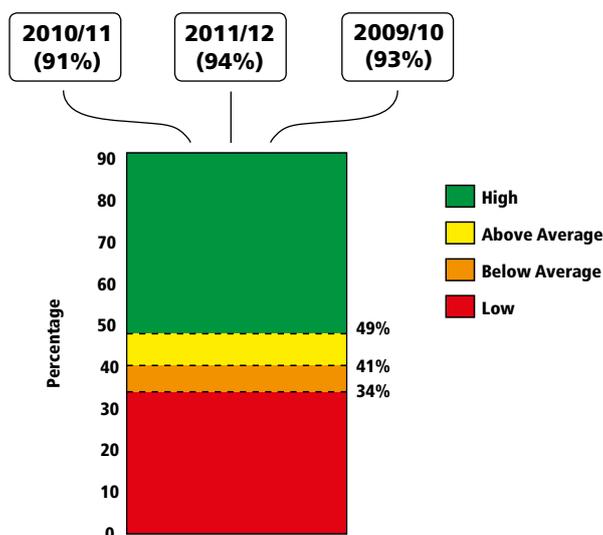
CORE data is entered into CORE PC and reviewed within the service on an on-going basis. Data is also independently validated by CORE IMS. Each year, CORE IMS produces a data report which compares data for MSP against a range of national performance indicators in Primary Care. From the outset, data on presenting problems/concerns identified a clear need from MSP clients to address very specific issues around trauma/abuse, self-esteem, anxiety, interpersonal problems and loss. In addition, analysing data across the service, and therapists, made it clear that integrative approaches achieved more effective outcomes than a single model approach, with effective therapists sharing good practice. This data has been used proactively to inform practice and has facilitated the development of a counselling model very specific to the client group which is predominantly trauma-focussed and enables therapists to effectively address the complex issues of the client group.

Ejaye offers me a specific example of how the CORE System has helped their service: MSP originally offered open-ended therapy but analysis of CORE data showed that the majority of clients showed significant change between 7-10 sessions. This has remained steady over 5 years of data collection. Data clearly showed that clients attending for 20 or more sessions demonstrated little improvement, and even deteriorated. The session model was

subsequently re-evaluated based on this data and clients are now offered 12 sessions, with the option to negotiate up to 3 further sessions. More complex clients, particularly EMDR clients, can have up to 20 sessions. The changes to the number of sessions offered has enabled the service to optimally allocate resources and keep waiting times low, allowing the rapid intervention which is essential to their clients.

Letting the data tell the story

The chart below shows the rates of pre- and post-therapy CORE-OM completion for the service over the past 3 years, compared with the 2011 Primary Care Benchmarks. Completion rates have been consistently above 90%, while the average rate in Primary Care is 42%.



Improvement is defined as a statistically reliable change in clinical score (5 points or more) over the course of therapy whilst Recovery is a reliable change which also takes the client from above to below clinical cut-off (10). Such high rates of pre- and post-therapy measure completion could lead to lower reported levels of Recovery and Improvement than in other, similar services since a larger proportion of the clients have outcomes recorded and some of these clients had unplanned endings to therapy. In actual fact the service's level of Recovery and/or Improvement has been at or

above 75%, which is above the Primary Care average of 71%. Using routine outcome monitoring has allowed MSP to provide evidence of the excellence of the service they offer to clients and collecting outcome data for such a high proportion of their clients means that they can be sure that the data is robust.

Final thoughts

Finally, I ask Ejaye if there are any other aspects of the CORE System which they have found useful. Her reply is expansive and enthusiastic! She tells me that the CORE System is helpful in many ways both as a service-management tool and as a therapeutic tool.

As a manager it has helped her adapt the service to the changing needs of the clients, to expand the service and to increase service provision. It has also provided an evidence-base to support funding applications for the service. I am then furnished with a list of some of the developments to the service which CORE played a part in:

- ◆ Improved assessment procedures;
- ◆ Development of a domestic violence-specific therapeutic model;
- ◆ Data has been used to evidence the need for additional therapeutic provision: Analysis of data alerted us to an increase in the number of clients presenting with more complex trauma. A pilot programme was implemented and the CORE data from those clients evidence the effectiveness of EMDR which is now incorporated into our therapeutic framework;
- ◆ Referral information has been used to build working partnerships with external referral sources and promote the service to other referrers;
- ◆ Demographic data has been used to improve therapeutic provision to more marginal groups. For example, a Disabled Outreach Therapy Service has been established which offers therapy for disabled clients in their homes.

I finish our interview amazed by how much this service and its clients have benefitted from the decision which was made to implement routine outcome monitoring so wholeheartedly and with such enthusiasm.

Elspeth Twigg, Research Lead, CORE IMS Ltd



For all enquiries related to CORE and CORE System Benchmarks please contact admin@coreims.co.uk

www.coreims.co.uk
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