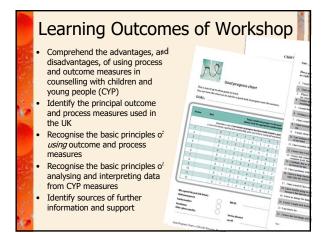




Background Recent years have seen a dramatic increase in the use of outcome and process measures in therapeutic work with children. Is now integral to many services and practices

Aims of Workshop Introduction to the use of process and outcome measures in counselling with children and young people



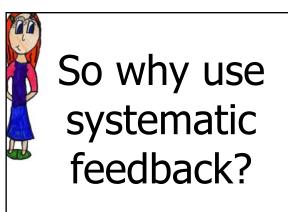






Concerns that...

- 1. Meaningless only articulates most superficial, symptom-level experiencing
- 2. Takes time away from 'deeper' therapeutic work
- 3. Clients will experience it as de-humanising -complex pain and life circumstances turned into numbers: Buber's I-It relationship rather than I-Thou
- 4. Sets external, normative expectations for the therapeutic work and change
- 5. Focus of the rapy becomes 'doing' rather than 'being'



1. Can help clients to express how they feel about therapy



Bypass deference

• Power dynamic in

therapeutic relationship can make it very difficult for clients to say to therapists things they may not be happy with

- Feedback tools may make that easier
- Provides opportunity for client's 'voice' to be heard
- Can give client sense that
 their views are important

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Enhancing outcomes

In adult therapy field, use of systematic monitoring has now been established as a proven means of improving clinical outcomes







3. Clients more likely to like it than not



4. Can help clients focus on what they want to change...



...and how much change they are making

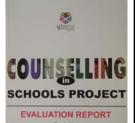


5. Can help clients to articulate how they feel



Accessing feelings

- 'The counsellor gave me a questionnaire of how I was feeling today...and that just made me think about what I was actually, like, feeling.'
- May also be easier to write down feelings than say them to someone
- Cf. creative/projective methods: a 'third space'



Funded by Greater Glasgow NHS Board Mick Cooper

6. Helps therapists adjust and improve their approach



7. Provides evidence for an approach or service



The need for evidence



If therapists do not gather evidence on the effectiveness of their work, these approaches may not be commissioned or available in years to come

Dimensions

- Self-completed vs. Parent-/carer or teachercompleted
- Age range: Children vs. Young people
- Timescale for rating: 2 weeks, 6 months, etc
- Long vs. Short vs. Ultra brief
- Good psychometric evidence vs. Poor psychometric evidence
- Digital capture vs. Hard copy
- Free vs. Paid for

Two main families of measures

- Outcome measures: feedback on changes in mental distress/ wellbeing
- Process measures: feedback on clients' experiences in therapy



Outcome Measures

- 1. General distress measures (e.g., YP-CORE, SDQ, CORS/ORS)
- 2. Disorder-specific measures (e.g., RCADS)
- 3. Wellbeing measures (e.g., WEMWBS)
- 4. Idiographic measures (e.g., Goal Based Outcome tools)
- 5. Satisfaction measures (e.g., ESQ)

What are the most popular measures in the UK (that are free, relatively easy to use, and have acceptable psychometric properties)?



Strengths and Difficulties Questionnaire (SDQ)

- Assesses general difficulties
- Most widely used measure in UK for CYP
- Very well respected in clinical/CAMHS settings as well as counselling
- Covers all CYP age range
- Parent and teacher versions
- Numerous translations



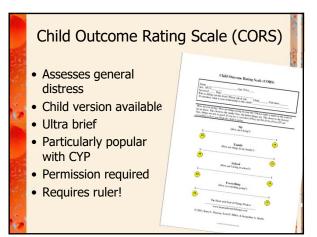
Young Person's CORE (YP-CORE)

- Assesses general distress
- 11+ and self-report only
- Less `clinical' language
 than SDQ
- Liked by CYP
- More 'grown up' language than SDQ
- More suited to weekly monitoring than SDQ



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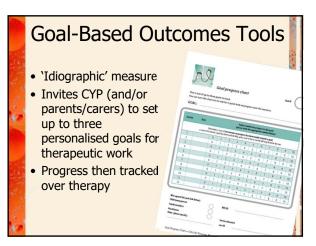




Revised Child Anxiety and Depression Scale (RCADS)

 Assesses symptoms associated with major depressive disorder and five prominent anxiety disorders in CYP

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Experience of Service Questionnaire (ESQ)

- Satisfaction with service measure
- Combines
 numerical and
 open-ended
 responses
- Generally for use at end of therapy

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'Scoring' Individual Clients

- Scoring procedures generally available on internet
- Usually fairly intuitive: add up numbers and look at change
- 'Benchmark' scores for clinical/non-clinical populations may be available
- `Reliable change indexes' may be available: how much change is needed to indicate improvement is not just due to measurement error

Evaluating Services

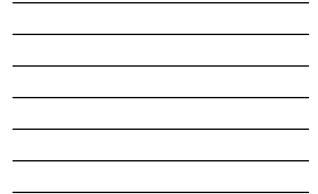
- Calculations can generally be done with Excel, though specialised software available (for a price)
- Compare averages ('means') at start against averages at end
 - Is it 'significant'? (i.e., not just random)How 'big' is it? ('effect size')
- What proportion of clients show reliable and clinical change (and deterioration?)
- Can compare against benchmarks, e.g., CAMHS: https://www.corc.uk.net/media/1543/05052017_corc-report.pdf

Principles of Good Practice

- Use measures with evidence of reliability and validity; i.e., *established* measures
- Use measures at start of session
- Integrate measure completion into therapy discuss transparently with CYP
- Use measures to inform supervision, esp. discussing clients who seem to be getting worse
- Use on weekly basis so no missing/biased data
 From 11+, self-report generally sufficient; parent-
- /teacher-report also for younger than 11
- For service evaluation: Work out how you are going to analyse the data before you collect it

Counselling MindEd Sessions on Using Outcome Measures

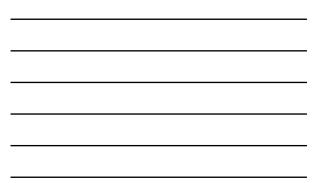


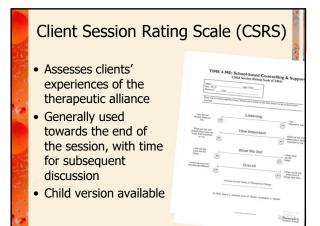












Principles of Good Practice

- Encourage clients to feel that they can give `negative' feedback
- Integrate measure completion into therapy discuss with your clients
- Use measures in supervision, esp. clients who are rating low levels of alliance (and also recognising where clients are positive about the work)

Counselling MindEd Sessions on Using Process Measures				
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Current View

Standardised demographic/ assessment measure





