



Client and therapist perspectives on using
outcome and alliance measures

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Background

- n Use of CORE-Net and ARM-5 for 22 months now.
- n Occupational Health Department in Acute District General Hospital
- n 6-7000 staff we service in the locality
- n In May 2007 as part of my doctoral thesis research project my small team undertook a CORE-Net trial and use of an alliance measure (ARM-5).
- n Post the trial we have continued to use it in the service
- n We use CORE-Net at the beginning of each session (pre and post CORE34 and in-between sessions 5,10 or 18) and ARM-5 (paper version) at the end of each session.



Aims of the Study

- n 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)
- n To elicit the perception of therapists in utilising feedback information in supervision
- n To elicit the perception of therapists in regards to the training elements required in the process of implementation of this type of routine measurement in clinical practice



Continuous Feedback System

- n Some studies show that providing ongoing feedback to clinicians can result in lower drop out rates and improved treatment outcomes (Lambert et al. 2001)
- n Measures of client progress and experience of the therapeutic alliance can be used to: determine the appropriateness of the current treatment; the need for further treatment; and prompt a clinical consultation for clients who are not progressing at expected rates (Howard et al. 1996 p.1063)
- n Whipple et al (2003) found that clients at risk for a negative or null outcome were less likely to deteriorate, more likely to stay longer, and twice as likely to achieve clinically significant change when their therapists had access to outcome and alliance information.
- n Hawkins et al (2004) found that providing feedback data on treatment progress to both clients and therapists were associated with statistically significant gains in treatment outcome.

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- n Miller et al. (2005) provided therapists with ongoing, real time feedback regarding the client's experience of the allegiance and progress (practice based evidence)
- n This resulted in higher retention rates and doubled the overall effect size of services offered (base line ES+.37. final phase ES+.79; $p < .001$).

Why Use an Alliance Measure?

- n The client's subjective experience of change early in the process the best predictor of success for any particular pairing.
- n Client's rating of the *alliance* the best predictor of engagement and outcome (Elkin, 1989; Shea, 1992)



The Therapeutic Alliance

- n Factors that clients perceive as helpful is the collaborative relationship ‘that deemphasises the power imbalance and in which both therapist and client are working together’ (Glass and Arnkoff, 2000:1469)
- n The more positive the therapeutic alliance, the less likely clients are to drop out and out of therapy (e.g. Piper et al. 1999)



The Measures

- n CORE System using web version totally online and used sessionally for session tracking and with CORE-OM34,18,10 and 5
- n ARM-5(Agnew Relationship Measure) being piloted for the first time as a 5-point. Previous validated measure is ARM-12.

What is ARM-5?

- n **ARM (Agnew Relationship Measure)**

It assess the four domains of the therapeutic relationship:

- n **Bond, which concerns the friendliness, acceptance, understanding and support for e.g. “My therapist is supportive”.**

- n **Partnership, concerning working jointly towards therapeutic goals for e.g. “My therapist and I agree about how to work together”.**

- n **Confidence, optimism and respect for the therapist’s professional competence for e.g. “I have confidence in my therapist and his/her techniques”.**

- n **Openness, the client’s felt freedom to disclose, without fear of embarrassment for e.g. “My therapist and I have difficult working jointly as a partnership”.**

ARM-5 Clients' Scale

Client ID:

Session:

Date:

- n Thinking about today's meeting, please indicate how strongly you agreed or disagreed with each statement by circling the appropriate number: 1 strongly disagree; 2 moderately disagree; 3 slightly disagree; 4 neutral; 5 slightly agree; 6 moderately agree; 7 strongly agree

- n My therapist is supportive - 1 2 3 4 5 6 7
- n My therapist and I agree about how to work together - 1 2 3 4 5 6 7
- n My therapist and I have difficulty working jointly as a partnership - 1 2 3 4 5 6 7
- n I have confidence in my therapist and his/her techniques - 1 2 3 4 5 6 7
- n My therapist is confident in him/herself and his/her techniques - 1 2 3 4 5 6 7

ARM-5 Therapist's Scale

Client ID:

Session:

Date:

Thinking about today's meeting, please indicate how strongly you agreed or disagreed with each statement by circling the appropriate number.

strongly disagree 1 moderately disagree2 slightly disagree3 neutral4 slightly agree4 moderately agree6 strongly agree 7.

- n I feel supportive - 1234567.
- n My client and I agree about how to work together - 1234567.
- n My client and I have difficulty working jointly as a partnership - 1234567.
- n My client has confidence in me and my techniques - 1234567.
- n I feel confident in myself and my techniques - 1234567



The Participants & Settings

- n Therapists in Occupational Health (OH) in acute hospital setting consisting of 3 qualified and 4 trainee psychotherapists
- n 12 therapists in a mental health trust offering counselling to primary care trust (PCC)
- n OH clients via normal referral pathways
- n All have various theoretical orientations and have used core system for a minimum of 6 months and clinical supervision of a minimum of 1.5 hours per month

Design of the Study

- n Qualitative Methods of data collection
- n Semi-structured qualitative interview questions
- n One to one face-to-face and one to one telephone interviews with PCC therapists (7) and one focus group (5)
- n Face-to-face interviews with clients in OH setting (10)
- n Focus group with OH therapists (5) and therapists diaries of 1st two clients using CORE-Net and ARM-5 (10)
- n OH therapist supervision sessions recorded (28)
- n Data collection was for approximately 6/7 months

Data Analysis

- n The data from all diaries/process journal was analysed using conventional 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 emerge (Hsie & Shannon, 2005). The data from the interviews and focus groups was analysed inductively using a general inductive approach for qualitative data analysis (Thomas, 2006).

FINDINGS for OH THERAPISTS – 6 Months Use

- q Therapists and clients “like visual representation of change”
- q Therapists feel they are more confident with “their own subjective measure of clients” and CORE-Net and ARM-5 only “confirm this”
- q Preoccupation with the physical logistics and technicalities of routine measuring are “intrusive in the sessions” and may impact on the “therapeutic relationship”
- q Anxiety of being “measured as therapists”
- q Essential to be “organic” in how you use these measures in regards to timing with each different client

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- .. Difficulty in “integrating them into clinical practice” so that it does not feel like “an add on or extra”
- .. Worries about “changing the way I work”
- .. Often found the CORE-Net score was “incongruent with how they felt the client presented”
- .. With ARM-5 clients and therapists seem to do it “perfunctorily/automatically”
- .. Therapists often “forget” to use ARM-5 at the end
- .. CORE-Net useful in “pinning down risk”
- .. Find ARM-5 “useless” and “meaningless” and given the choice would never use it again
- .. Motivation of use of measures – voluntary or not/resistance

PCC – CORE-Net users – 18–24 months use

- Visual feedback “validates” the client experience and progress and is liked by both therapists and clients
- “Danger of getting hung up with absolute scores”
- “Speeds up assessment”
- “Alerted sooner to risk” and client deterioration
- Through time feels more “natural” and integrated into clinical practice and “less worrying about the minutia of inputting data” as they were initially
- Liked the “flexibility and bird’s eye view” that CORE-Net gives
- “Slot it where it feels it flows”
- “visual feedback prompts lots of dialogue”



Overlap themes of both groups

- n Initially less appealing like “fledglings” lack of experience/success
- n Useful in “initial assessment” and “risk assessment”
- n Like “up to date visual picture for client” & “overview of what’s going on for therapist”
- n Worrying about the “minutia of inputting data” initially diminishes with time and practice
- n Use it “organically” or “slot it where it feels it flows”

OH Clients' views of CORE-Net & ARM5

- n All clients feel sessions should be routinely measured and counselling services monitored
- n Minority view was that clients can “hide” behind both questionnaires if they want to
- n All clients “like the visual representation” of CORE-Net
- n Mostly “no problem with it” to a minority saying “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”
- n Overall clients were much more positive about the use of both CORE-Net & ARM 5 than their therapists
- n Clients stressed that how they felt about the therapist was more important to them than any measures

How did the therapists feel about ARM-5?

- n Therapists introduce ARM-5 to clients in different ways, but all ask the client to complete it at the end of the session
- n Therapists engage with and use ARM-5 to different degree
- n Therapists can see some benefits to using ARM-5 in sessions
- n Therapists question the value and validity of ARM-5 and whether clients 'can be honest' in their ratings
- n Therapists perceive that clients are not engaging with ARM-5 but come to expect it

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- n Therapists perceive that clients feel 'anxious' completing ARM-5 and refusing to complete it might be 'therapeutic' in itself
- n Therapists perceive that clients do not engage with ARM-5
- n Therapists would prefer to 'ask clients directly about the relationship'
- n Therapists will generally not continue using ARM
- n Therapists may continue using ARM-5 'as another tool to help us look at what's going wrong in the relationship'

How Did the Clients Find ARM-5?

Most clients liked it because they really liked their therapist and highlights the quality of the therapist relationship and alliance as being important in the process

- n **Cl. Amy: But I thought it was quite a direct way of measuring the relationship you have with your therapist definitely.**
- n **Cl. Bernadette: Using that was fine and obviously all my, all the answers I gave were always very positive...Top, I did actually give her top marks because you know because I couldn't have given her anything else because it really was you know she was fantastic so top marks for all of it... Spot on for me and I was happy to obviously you know fill in that form so its fine.**
- n **Cl. Vanessa: Yeah because I mean the section addresses I was able to build confidence talking to her. Initially I wasn't very sure what I was going to get and how it was going to I mean come out at the end so and I wasn't very sure if I mean every, I mean detail was going to be passed on to manager or whatever I wasn't very sure I mean she reassured me... Yeah and with time I was able build this relationship with her. I relaxed more and I was able to really tell her how I really felt, it was good**

Final overarching themes of the research project

- n Therapists experience initial anxiety/resistance when using CORE-Net and ARM-5
- n Therapists develop difficult new skills by using 'creative' survival strategies to adapt
- n Therapists and clients agree that outcome measurements help the client-counsellor relationship
- n Clients perceive measures as helpful, particularly those that use visuals
- n Regular Clinical supervision is key
- n Proper and ongoing training/support of therapists is necessary

Possible implications for training and clinical practice

n Key elements of training:

- Theory of outcome measurement
- Practical skills like inputting data
- Role play of how it may be introduced into a session organically
- Continuous experiential learning via e-learning/e-mail forum/face to face group or one to one
- Time frame: depending on number of clients seen, a minimum of six months and up to 18mths to truly integrate meaningfully into clinical practice

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- n The training side is essential and needs to be comprehensive especially with continuous forums for support during the learning curves
- n Supervision is key to discussing actual case examples and the meanings of CORE-Net scores with each client
- n Use of CORE-Net in multi-disciplinary for e.g. by nurses, doctors in our team to track the same patient for possible team case management throughout their journey in the OH department
- n The possibility merging of CORE-Net with ARM5 or any other chosen alliance measure in one software for ease of use



Changes in our service

- n Changed job descriptions and advertising information to include routine outcome measurement with the philosophy of the service which is Client Directed Outcome Informed (CDOI)
- n Changes to interviews now requesting a presentation on outcome measurement
- n Clinical supervision using CORE-Net and ARM-5 both therapist and client scales used now routinely

Conclusions

- n Initially intrusive but with time and practice more integrated into practice
- n Useful for initial assessment and risk assessment
- n Clients and therapists like the instant and visual feedback to see the progress
- n Therapists need to use it organically
- n ARM-5 not as useful to therapists
- n Clients overall happier with both measures than therapists

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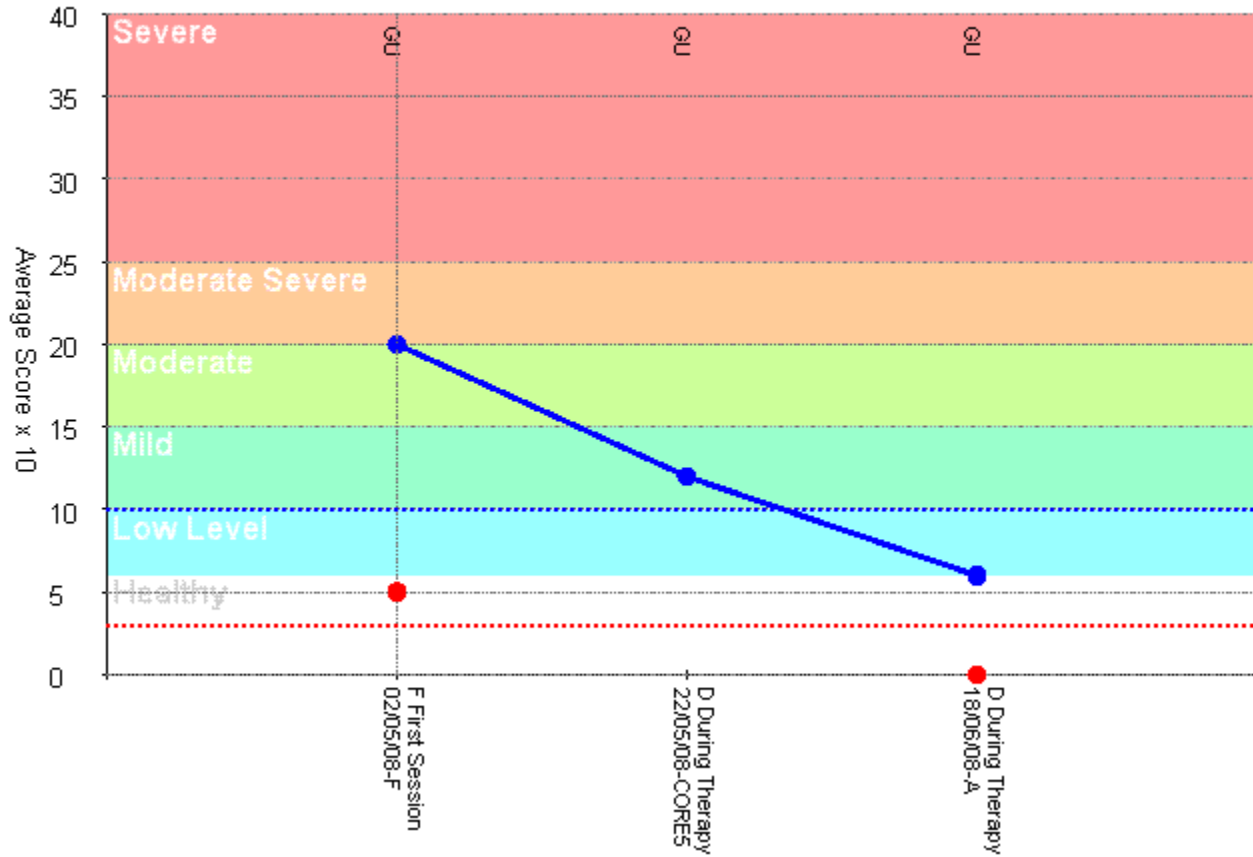
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Client: J236 Therapist: GU



3.Often	1. I have felt terribly alone and isolated
3.Often	10. Talking to people has felt too much for me
2.Sometimes	11. Tension and anxiety have prevented me from doing important things
2.Sometimes	12. I have been happy with the things I have done
3.Often	13. I have been disturbed by unwanted thoughts and feelings
3.Often	14. I have felt like crying
2.Sometimes	15. I have felt panic or terror
0.Not at all	16. I made plans to end my life
2.Sometimes	17. I have felt overwhelmed by my problems
2.Sometimes	18. I have had difficulty getting to sleep or staying asleep
1.Often	19. I have felt warmth or affection for someone
3.Often	2. I have felt tense, anxious or nervous
2.Sometimes	20. My problems have been impossible to put to one side
1.Often	21. I have been able to do most things I needed to
1.Occasionally	22. I have threatened or intimidated another person
2.Sometimes	23. I have felt despairing or hopeless
1.Occasionally	24. I have thought it would be better if I were dead
2.Sometimes	25. I have felt criticised by other people
2.Sometimes	26. I have thought I have no friends
4.All of the time	27. I have felt unhappy



Conversation Enhancers for therapists with clients

- n Explain the score in relation to the cut offs as seen on the screen
- n Relate the total score with where it is on the graph and alongside the darkest pink
- n Quite simply check out the “story board” they have ‘clicked’ and see if it resonates with them by looking at screen together
- n See what rapport ensues
- n Often a “secondary” effect begins right away and a deeper more meaningful engagement with their feelings and the meaning of the data on the screen



The End

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