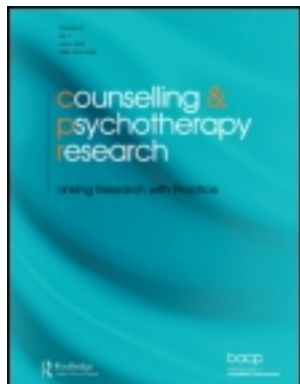




Counselling and Psychotherapy Research: Linking research with practice

Publication details, including instructions for authors and subscription information:
<http://www.tandfonline.com/loi/rcpr20>

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Available online: 15 Aug 2006

To cite this article: Christine Gardiner, John McLeod, Irene Hill & Andrea Wigglesworth (2003): A feasibility study of the systematic evaluation of client outcomes in a voluntary sector counselling agency, *Counselling and Psychotherapy Research: Linking research with practice*, 3:4, 285-290

To link to this article: <http://dx.doi.org/10.1080/14733140312331384283>

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A feasibility study of the systematic evaluation of client outcomes in a voluntary sector counselling agency

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There is an increasing demand on voluntary sector counselling agencies to evaluate the effectiveness of their work with clients. A pilot study was carried out in a voluntary sector counselling agency to assess the feasibility of adopting a well-established evaluation system (CORE) designed to measure client outcomes. The paper describes the issues and complexities involved in introducing such a system, and explores the impact of the evaluation on counsellors, staff and users of the service. It is suggested that evaluation can play an important role within voluntary organisations in enabling counsellors and staff to reflect on their work.

Key words: CORE system, counselling, evaluation, voluntary sector

Evaluation is becoming increasingly important within the field of counselling and psychotherapy. Mellor-Clark and Barkham (1996) have suggested that systematic evaluation may have a valid part to play in helping counsellors and organisations enhance the quality of the work that they carry out on a day-to-day basis. In the current climate of increased accountability to both service providers and users, evaluation can be seen as essential to organisational survival in an environment where money is often scarce, and human resources and time are in great demand (Billis and Harris, 1996). However, the application of evaluation techniques may itself require skills, resources and time, and be perceived as an additional burden to hard-pressed administrators and counsellors. The aim of the present study, therefore, was to examine the issues associated with the use of the CORE outcome evaluation system in one voluntary sector counselling agency over a trial period.

The project was based in the Dundee office of the National Counselling Service (NCS Dundee), which

is one of the counselling agencies managed under the direction of the Church of Scotland Board of Social Responsibility. NCS Dundee offers general counselling in areas ranging from bereavement to relationship difficulties. Between its opening in 1997, and the time of this project (2001), the service had seen over 750 clients and had offered over 4200 appointments. The agency serves a city that is under-provided in relation to counselling and psychotherapy, and has always operated at full capacity, with a substantial waiting list. NCS Dundee has a suite of comfortable and well-furnished counselling rooms, office and reception area, located in a voluntary sector centre in the heart of the city. Some counsellors also see clients in GP surgeries. At the time of the project the agency employed one part-time project co-ordinator, one part-time administrator, 13 volunteer receptionists and 19 volunteer counsellors. Clients were offered open-ended counselling using a range of therapeutic approaches, including person-centred, psychodynamic and integrative.

"...CORE evaluation tools have been widely adopted by a range of organisations"

The CORE system is a standardised quality evaluation system designed for the psychological therapies by a multi-disciplinary group of practitioners and researchers (Evans et al, 2000). The system comprises four components, some of which are completed by the client, some by the counsellor (CORE System Group, 1998; Mellor-Clark et al, 1999). They are:

- Administration Checklist — designed to assist in the day-to-day administration and distribution of the various CORE forms
- CORE Outcome Measure — a 34-item questionnaire completed by the client at the beginning and end of therapy
- Therapy Assessment Form — completed by the therapist (or intake counsellor), at the beginning of therapy
- End of Therapy Form — completed by the therapist at the end of therapy

In Britain within the last three years these CORE evaluation tools have been widely adopted by a range of organisations offering psychological therapies, including workplace counselling and EAP services, clinical psychology departments, and counsellors in primary care.

The main aim of the project reported here was to assess the usefulness and benefits, or otherwise, of introducing the CORE system within NCS Dundee. The objectives of the study included identifying the practical issues involved (both administratively and ethically) in implementing an evaluation system, and learning about the impact (beneficial or otherwise) of the system on counsellors, staff and users of the service.

Method

Over a seven-month period (January-August 2002), CORE data were collected on all clients attending NCS Dundee. Clients entering the service routinely received an initial assessment interview, usually conducted by the project co-ordinator (IH) or an experienced counsellor. Toward the end of this meeting, they were invited to complete the 34-item CORE questionnaire and indicate their consent to participate in the project. Following the assessment interview, the assessor completed the CORE Therapy Assessment Form. At the end of counselling, the counsellor who had worked with the client completed the CORE End of Therapy Form. The CORE questionnaire was then sent to the client by post, along with the existing NCS Dundee user satisfaction questionnaire. If the client did not return the questionnaire within two weeks, a reminder and further copy was sent. The CORE Administration Checklist was used by counsellors and office staff to check that all relevant forms had been completed and placed on file. CORE data were analysed using SPSS, a standard

statistical package.

In advance of carrying out the project, the researcher (Christine Gardiner) completed a research module at the University of Abertay Dundee, and visited a number of other agencies that were using, or had considered using, the CORE system. At the start of the NCS Dundee study, CG and JMCL (John McLeod) held a briefing and consultation session for counsellors and office staff.

The experiences and views of counsellors and office staff were recorded by CG through individual interviews conducted throughout the duration of the project, and a questionnaire circulated to all staff at the end. Counsellors were informed of the research through various means — written protocol, memos and meetings — and were invited to approach the researcher at any time. A draft feedback report was prepared for NCS and discussed at an open meeting of counsellors, managers and administration staff.

Ethical issues

The issue of informed consent was particularly important during this research (Drummond, 1996; Robson, 2000). Clients were invited to indicate their willingness to participate in the research by way of a letter of consent. This ensured that clients knew the reasons for the research, what it intended to investigate and why they were being asked to participate. All respondents had the option of withdrawing at any time should they so wish. Clients were informed that their counsellor would not see what they had written. However, it was pointed out that the CORE questionnaire might help clients to identify certain issues that they might find helpful to explore with their counsellor.

The authors

The study was primarily carried out by Christine Gardiner, under the supervision of John McLeod. Christine is a person-centred counsellor, who works as a volunteer at a Church of Scotland counselling service in Edinburgh. Irene Hill was the project co-ordinator of NCS Dundee. Andrea Wigglesworth is employed by the Church of Scotland as overall NCS project manager. John McLeod is a counselling researcher based at University of Abertay Dundee. At the outset of the study, all of the authors were committed to the idea that evaluation was important, and were curious about how it might be integrated into the day-to-day activities of a hard-pressed local service.

Results

The findings of the project are briefly summarised below. A more detailed account of the results can be found in Gardiner (2003).

CORE form return rates

Therapy Assessment Forms were completed for 60

clients during the period of the project. This number represents around 90 per cent of new clients who attended initial assessment interviews. Of these clients, 52 were willing to complete and return the CORE outcome questionnaire. The End of Therapy Form was filled in, by counsellors, for 24 clients. Only 11 (21 per cent) of these clients completed and returned a CORE questionnaire at the end of therapy. In practice, some clients may not have returned after initial assessment, or they may not have finished counselling during the period of the research. Keeping track of the various CORE forms for each client who agreed to participate in the research, through every stage of therapy, proved a complex and demanding process. Twenty-one of the forms received could not be included in the analysis, due to significant missing or incomplete data.

Client characteristics

The age range of clients participating in the study for whom demographic data were available was from 16 to 82 with a mean age of 37, of whom 63 per cent were women and 37 per cent men. The main referral route into NCS Dundee was through the client's GP (48 per cent) or other NHS source (6 per cent) or self-referral (24 per cent). Over half (56 per cent) of the clients were on medication, mainly antidepressants, with some clients using minor or major tranquillisers. The main categories of presenting problem were depression, anxiety/stress, self-esteem, relationship difficulties, and bereavement. The average number of sessions attended by clients was 5 (minimum 1 session; maximum 18).

How severe are clients' problems? CORE Outcome Measure domains at assessment

The 34 statements given on the CORE client questionnaire reflect four different domains: subjective *well-being*, *problems/symptoms*, *life functioning* and *risk*. In addition a total score can be obtained by including all 34 statements. A client's score on each of these domains is summarised using a scale of 1 through 4 (the higher the score the more severe the problem). Information provided by the CORE System Handbook (1998) makes it possible to determine whether a client's score is in the *clinical*

range (i.e. the level of difficulty or distress being experienced by the person is equivalent to that of a patient diagnosed with a psychiatric problem) or is *non-clinical* (i.e. within the 'normal' range of functioning). Table 1 shows the non-clinical and clinical scores for clients at assessment. These figures suggest that there is a high degree of similarity, in terms of severity of problems, between clients of NCS Dundee, and users of NHS clinical psychology and psychiatric services.

How much are clients helped? Analysis of counselling outcomes

After a client had completed therapy, counsellors were asked to revisit any problems/concerns identified at assessment on the End of Therapy form. These counsellor ratings suggested that, from the counsellor's perspective, the majority of those clients for whom data were available had made significant gains as a result of counselling.

For those clients who completed CORE questionnaires at the beginning and end of counselling, scores were analysed in terms of whether the client had recorded clinically significant change (i.e. had shifted from the clinical to the non-clinical range of scores). The percentages of clients reporting clinically significant change in each of the CORE domains were: well-being 57 per cent, problems 60 per cent, functioning 60 per cent and risk 38 per cent (fewer clients had elevated risk scores at assessment). These figures are based on small numbers of clients (8-10) and need to be interpreted with caution. Nevertheless, they reflect levels of clinically significant change that are comparable to those found in studies of professional psychotherapy.

In the feedback report to NCS Dundee, material on the small number (six) of clients for whom a complete data set had been collected was presented in the form of a series of case vignettes. This method allowed the extensive range of information yielded by CORE to be brought together within each case, and provided a valuable means for NCS staff to reflect on the different types of clients with whom they worked, and the complexity of patterns of outcome. For example, the two most successful of these cases (as assessed by change on CORE) were both women who reported long-standing,

"...Keeping track of the various CORE forms for each client ... proved a complex and demanding process"

Table 1. Clients showing non-clinical and clinical scores for all domains at assessment.

Domain	Non-clinical scores		Clinical scores		Total number of clients
	Number of clients	Percentage of clients	Number of clients	Percentage of clients	
Well-being	7	14	42	86	49
Problems	6	13	41	87	47
Functioning	8	17	39	83	47
Risk	20	40	30	60	50
Total (all statements)	5	11	39	89	44

"From the counsellors' perspective, the additional burden of paperwork emerged as a key issue"

complex difficulties of a high level of severity, and had waited for several weeks to be seen at NCS Dundee, but who achieved clinically significant change within seven sessions of counselling.

Counsellors' experiences of using the CORE system

Informal interviews/discussions were held with counsellors approximately halfway through the test evaluation to gain views, opinions and understanding of the project, and the CORE forms, from the viewpoint of the counsellors. Six counsellors (out of a possible 19) were available for interview. A questionnaire was also distributed to all counsellors. Eight questionnaires were received. Other counsellors expressed their views at open meetings, or in email correspondence with the researcher.

Most counsellors reported that they were informed about the research from the NCS project co-ordinator. Although counsellors were given copies of the research protocol prior to the research, there was indication that this was 'only glanced at'. Others heard about it through the initial briefing meeting held on NCS premises. When counsellors were asked if they had felt sufficiently informed about the project, the answers came out on the whole as 'no'. One counsellor indicated that they found the initial meeting of benefit but still felt as if they were not 'terribly well prepared'. Counsellors seemed to feel the need for someone to be on-hand and available when implementing the day-to-day practicalities of the evaluation, someone on-site who was able to answer immediate concerns and deal with their uncertainty and anxiety. These comments highlighted the importance of ensuring that one person should be charged with the role of managing the day-to-day collection of evaluation data, to act as a central point of reference.

Generally, the counsellors reported a positive attitude towards the general goal of evaluation of counselling services. Words like 'vital', 'necessary', 'benefit', 'essential' were used. Others stated that the evaluation was useful 'to assist funding applications', 'to ensure that we are not wasting human and financial resources', 'to identify good practice', in finding out where 'we are going wrong' and to 'ensure that no harm comes to clients'. One counsellor reported hesitant concerns around the implementation of evaluation — reporting that although it may be seen as essential it 'leads me to questions'. Several other counsellors also made statements that suggested that involvement in the evaluation project had stimulated reflection on their own role and practice.

A number of specific benefits of the CORE system were mentioned by counsellors. These included the value of assessing risk, and the sense that some clients were helped to focus more clearly on their reasons for attending counselling. The negative aspects

of the evaluation system were: the amount of paperwork, the forms being a diversion from actual therapeutic work, the use of diagnostic categories in the counsellor forms, the lack of ability (through literacy difficulties) on the part of some clients to complete the questionnaire, and the fact that a few clients responded with a 'look of horror'.

From the counsellors' perspective, the additional burden of paperwork emerged as a key issue. The immediate reaction of counsellors to the CORE system was expressed in phrases such as 'more paperwork', 'too many forms' and 'one more hurdle'. These views give an indication that paperwork may be seen as a chore or an anxiety for counsellors and that evaluation only adds to it, one counsellor reporting that it was 'something else to worry about'. Some counsellors, particularly those involved in fundraising, were sensitive of the cost to the organisation of implementing CORE, in terms of the use of administrative staff time and photocopying costs.

Counsellors were asked if they had referred to the CORE materials, and the evaluation project, in their supervisory sessions. The overall response was that counsellors very seldom referred to it in supervision and in that sense their view seemed to be that it was 'not relevant'. If counsellors did approach the subject with their supervisor it was generally with regard to the practicalities of working with it. None of the counsellors referred to it with regard to actual client work and remarked that the materials had 'no impact' in this area.

The majority of counsellors believed that the CORE system had had very little impact on the actual therapeutic relationship. However two respondents reported that it 'has got right to the problem often at once' and that it 'allowed the relationship to grow'. The majority also indicated that the client had not referred to the CORE questionnaire at all during their counselling.

One counsellor reported that one client thought it was 'a bit over the top' and 'felt that the questions were too much to face early in counselling'. However, the counsellor did go on to report that the questions helped the client 'identify underlying problems'. It is interesting to note that the completion of the CORE forms did not deter this particular client from attending further counselling sessions.

Discussion

The results of this feasibility study suggest that the CORE system has a great deal to offer within voluntary sector counselling agencies. The Assessment and End of Therapy forms completed by counsellors and/or assessors provide a standardised format for the collection of important information about client characteristics and outcomes. The client questionnaire appears to be acceptable and comprehensible to almost all clients. Analysis of intake and outcome

data suggests that a typical local voluntary sector counselling agency works with clients experiencing longstanding, severe emotional and psychological difficulties, who are similar to the clients seen in NHS clinical psychology and psychotherapy services, and that for most clients, counselling is effective in helping to alleviate symptoms.

Nevertheless, the study also identified a number of specific issues that need to be taken into account by any voluntary sector agency intending to implement the CORE system. Volunteer counsellors have a limited amount of time to devote to the agency in which they practise, and there are practical difficulties in disseminating information, and developing awareness and competence, in relation to a new set of procedures. It was perhaps significant at NCS Dundee that the components of the evaluation that operated most smoothly — the Assessment and initial CORE client questionnaire — were handled mainly by a professionally trained project co-ordinator, who was closely involved in the project from the start, and who was required to use the CORE system on a regular basis. Many of the counsellors, by contrast, completed only two or three End of Therapy questionnaires over the period of the project. For volunteer counsellors, 'paperwork' may be seen as a burden, and evaluation as a potential threat to the values that inform their practice. These findings suggest that perhaps evaluation within voluntary organisations needs to be treated with 'kid gloves', and with a particular sensitivity, remembering all the while that the people who are working there are giving their spare time. Extra tasks given to volunteers need to be thought through carefully and respectfully if their co-operation is to be guaranteed, and the evaluation to be welcomed. It may be important for voluntary sector organisations adopting CORE to ensure that there is a trained member of staff, with specific responsibilities for operating the evaluation system, routinely on hand to facilitate the collection and submission of data.

Participants found the CORE system to be complex and demanding. Even with access to the User Manual, some areas of the forms and the implementation of the system seem somewhat confusing or unclear, or perceived as lacking in relevance to the work of a voluntary sector counselling agency. Because the non-return of CORE forms is highly detrimental to obtaining useable evaluation findings, it is clearly important to achieve as high a response rate as possible. However, at least within this agency, the system appeared to need somewhat heavy policing to be run at its maximum potential. Analysing and interpreting the completed forms is a difficult and time-consuming task. Using the CORE-PC database would have helped, but cost constraints made this impossible. These factors suggest that it may be important for volun-

tary sector counselling agencies considering adopting the CORE system to have access to consultants or advisors with specialist research knowledge, or to make arrangements to train their own staff in these skills.

There was evidence that using the CORE system can help voluntary sector counsellors reflect on their work, and that as counsellors gain more experience with the system, they become more confident and competent, and better able to deal with the interface between data collection and clinical practice. It was apparent, however, that it takes a considerable amount of time for evaluation data to have any impact on counsellors' actual work with clients, or on what they discuss in supervision.

The limitations of this study need to be acknowledged. It is based on one agency, and on the implementation of one evaluation tool over a limited period. The time span of the study did not make it possible to observe the way that evaluation data were used by the organisation as a whole (e.g. in its annual report, or in developing new policies and procedures), or how counsellors moved on in their relationship to the system. In addition, space considerations have made it impossible to report here on many detailed results that emerged from the analysis of data.

Hopefully, the results of this study will be of value to colleagues in other voluntary agencies that are considering adopting the CORE system. Our findings suggest that voluntary counselling agencies have nothing to fear, and much to gain, from systematic evaluation. On the other hand, it is by no means a straightforward matter to integrate CORE into the workings of agencies that are under-resourced, and which depend on the efforts of a relatively large number of volunteer workers, each of whom works for only a few hours each week. It may be helpful to develop a training and procedural manual and materials, and perhaps a central pool of expertise, which would facilitate this process.

Acknowledgements

Our grateful thanks go to all counsellors, staff and clients at NCS Dundee for their co-operation and patience throughout the research project, and the numerous people who have helped along the way. The project was partially supported by funding from the Church of Scotland Board of Social Responsibility.

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