Advancing Practice through Tracking (AdaPT)

3 year summary report (2018 - 2021)

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Background and project aims

Research findings indicate that routine outcome measurement can benefit the therapeutic relationship (Unsworth, Cowie & Green, 2012), and that the provision of feedback to clients and therapists can enhance client outcomes (Boswell, Kraus, Miller & Lambert, 2015; Lambert, Whipple & Kleinstäuber, 2018). However, implementing outcome measures in routine practice poses a range of challenges, including therapist resistance (Unsworth et al., 2012) and beliefs that the measures may be used as contra-evidence for their efficacy as a practitioner (Hatfield & Ogles, 2007; Boswell et al., 2015). In addition, there are also practical considerations such as what measures to use, how and when they should be used, and what to do with the information gathered (Hatfield & Ogles, 2007).

The AdaPT project follows two previous unsuccessful attempts to make an online client management system available to members. However, crucially, AdaPT has attempted to systematically evaluate such a system which has not been implemented previously.

In short, the AdaPT project has three aims:

1) to evaluate the acceptability, benefits and barriers of using an online case management system (Pragmatic Tracker) in private practice, which also has the ability to capture routine outcome measures
2) to contribute to the evidence-base for the effectiveness of counselling and psychotherapy
3) to evaluate the feasibility of rolling out the system to all BACP members who want to use the system, based on staff resource required to deliver the project

Participants and data collection

Between July 2018 and July 2021, 656 members expressed an interest in being involved in the project and as of July 2021, 99 members were actively using a license for the online platform. However, considerable staffing and financial resources are required to build and maintain engagement in the project which continues to be a significant challenge to the project.

Data to support the first two aims of the project are collected through feedback surveys to practitioner participants (members) and anonymised client outcomes, which are collected and recorded by practitioners.

Practitioner feedback

The findings from the feedback surveys indicate that participants generally find the online platform and completion of outcome measures to be acceptable and useful to their practice. The benefits reported by practitioners are largely reflective of what has been found in the wider research literature, including facilitating the process of reviewing client feedback together. Similarly, the barriers and challenges associated with collecting routine outcome measures are largely reflective of the wider research literature such as being time consuming and concerns about confidentiality. However, there are some barriers which are unique to the Pragmatic Tracker platform (‘technical issues’) and this particular project (‘the dual consent process’). Some of these barriers could be adequately addressed through upgrades to the Pragmatic Tracker platform, but others are more complex because of ethical obligations.

Many of the reasons given for withdrawing from the project were down to changes in personal circumstances e.g., changing work, bereavement, taking a break from practice or

not having the time resource to commit to learning how to use a new system. However, there were also reasons given which are more reflective of what has been noted in previous research i.e., feeling that measures detract from the therapeutic work and/or are not reflective of how a client is feeling or experiencing the therapeutic work.

Client outcomes

983 clients were seen by 70 therapists between July 2018 and March 2021. A total of 10,018 therapeutic sessions were delivered over the same period and of these, 8,805 (87.9%) were attended. Clients attended an average of 9.0 sessions each.

As there are a wide variety of outcome measures being used by participants in the project, it is difficult to draw robust conclusions about client outcomes, particularly in relation to existing datasets, such as those from IAPT. However, outcomes on the CORE-10 measure, which includes pre-post data from 461 clients, is promising and suggests that 50.1% of participants receiving counselling and psychotherapy in private practice reliably improve and 33.7% also show clinical improvement. Data on other measures (e.g., PHQ-9, GAD-7 and ORS) is limited and should be interpreted with caution.

Project summary

Research findings indicate that routine outcome measurement can benefit the therapeutic relationship (Unsworth, Cowie & Green, 2012), and that the provision of feedback to clients and therapists can enhance client outcomes (Boswell, Kraus, Miller & Lambert, 2015; Lambert, Whipple & Kleinstäuber, 2018). However, implementing outcome measures in routine practice poses a range of challenges, including therapist resistance (Unsworth et al., 2012) and beliefs that the measures may be used as contra-evidence for their efficacy as a practitioner (Hatfield & Ogles, 2007; Boswell et al., 2015). In addition, there are also practical considerations such as what measures to use, how and when they should be used, and what to do with the information gathered (Hatfield & Ogles, 2007).

In our 2021 membership survey, over two-thirds of members who responded said that it was important that BACP *supports [them] with accessing, participating in and undertaking research*, but only a third thought that we did this well (over 50% weren't sure and 10% felt that we did not do this well). One way to involve members in research is to support them to use routine outcome measures in their practice, whilst also evaluating the acceptability, facilitators, and barriers to this way of working.

Project aims

The Advancing Practice through Tracking (AdaPT) project was conceived in 2017 with three aims:

1) to evaluate the acceptability, benefits, and barriers of using an online case management system in private practice, which also has the ability to capture routine outcome measures
2) to contribute to the evidence-base for the effectiveness of counselling and psychotherapy
3) to evaluate the feasibility of rolling out the system to all BACP members who want to use the system, based on staff resource required to deliver the project

Intended method(s) of evaluation

In line with the project aims set out above, it was intended that the AdaPT project would be evaluated by gathering data in the following ways:

1) Systematic feedback from members engaged in the project through two surveys: an eligibility survey (which included questions about experiences of using outcome measures and reason(s) for getting involved in the project) and a regular evaluation survey for members engaged in the project; asking for written feedback when a member withdraws from the project.
2) Collecting anonymised demographic and outcomes data from clients (who have provided consent for their data to be used in this way) and looking at pre-post change
3) Assessing the staff resource (time spent working on the project) against project costs, number of members engaged, and experiences of engaged members.

AdaPT followed two previous attempts in the past 8 years to make similar systems available to members. These systems were limited in their success for different reasons. One was a system which was designed as a bespoke client management system for BACP members but did not have the ability to store routine outcome data from clients. It was not a free-to-use system and uptake was limited. The other was an 'off the shelf' system which was used by some statutory child and adolescent mental health services (e.g., CAMHS and CYP IAPT) to flow data into the now retired 'NHS Digital: Children and Young People's Health Services Data Set'. This data could also be sent to the Child Outcomes Research Consortium (CORC) for analysis and comparison to other 'similar' services. As with the former, uptake of the latter system was limited, although free-to-use, and a member encountered a data protection breech while using the software. Hence, the decision was made to terminate the contract.

Crucially, the two previous attempts did not include any systematic evaluation and therefore it has been difficult to draw conclusions as to whether the difficulties experienced previously can realistically be addressed before offering a system to members on a larger scale.

Brief chronological history of project

Main changes and challenges between each project phase

July 2017 – July 2018

The project idea was conceived as a response to two previous attempts to make similar systems available to members, as well as requests from members to support them in their work. Following a tendering process, the contract was awarded to Manyother Ltd in August 2017 to provide a platform known as 'Pragmatic Tracker'. Crucially, the introduction of GDPR in May 2018 meant that external legal advice was sought to help draw up the contract which would reflect the change in the law and this took considerable time given the complexities around navigating this and the consent process. This process took around 6 months and explains the delay between project conception and the 'go live' date.

July 2018 – July 2019

In the first running year of the project, we made 20 licenses available to members, of which 17 were used by the end of the project year. Throughout the year, recruitment and retention to the project was an ongoing issue, with only a 9% conversion rate from expressions of interest to signing up for the live site. To address this, we relaxed the eligibility criteria to enable users to access a greater range of outcome measures (aside from the CORE-10, PHQ-9, GAD-7 and SRS) and to collect the measures at intervals which practitioners deemed to be feasible and clinically appropriate to their work (rather than

every session). By doing this, we felt that we re-focused the project on the primary aim of assessing the feasibility and acceptability of using an online system and met a wider aspiration to encourage and support members to use routine outcome measures in practice.

July 2019 – July 2020

In the second year of the project, we made an additional 20 licenses (40 in total) available to members. Despite conversion rates from expressions of interest to signing up to the live site only being around 20%, we made use of all the 40 licenses, including an additional 7 licenses. However, not all of these 47 licenses were 'active' (by 'active' here we mean that data from at least 1 client was entered onto the system by the member). Project management for the latter half of this year was taken over by a temporary member of staff whilst the original project manager was on maternity leave and therefore data is not available on the proportion of the 47 licenses that were active.

Recruitment strategies were shifted to focus on the benefits to practice (e.g., ability to store client notes, ability to send appointment reminders etc.), rather than on the research elements, despite this still being a large part of the project. Other changes made during this year were to automatically sign-up eligible participants to the play site (to enable them to get a feel for the system and explore it for themselves using fictitious client data), rather than waiting for them to watch the training videos and then asking them to contact us. This likely accounts for the doubling of the retention rate. However, on-going engagement with the live platform was an issue, with less than 50% of the users of the live site having used the platform within the final 3 months of the year. There was no formal process in place for collecting data on why people were withdrawing or disengaging from the project during this year.

July 2020 – July 2021

In the third year of the project, we made an additional 60 licenses (100 in total) available to members. Of these, 99 have actively been used (see above for definition of 'active') and 58 of these (59%) have used the system within the last 3 months. There was an intense recruitment drive in January and February 2021 which resulted in 315 expressions of interest over the year (more than double the number of expressions of interest from the previous year). From these, 52 have started using the live site (a conversion rate of 17%) whilst a further 167 have been signed up to the play site.

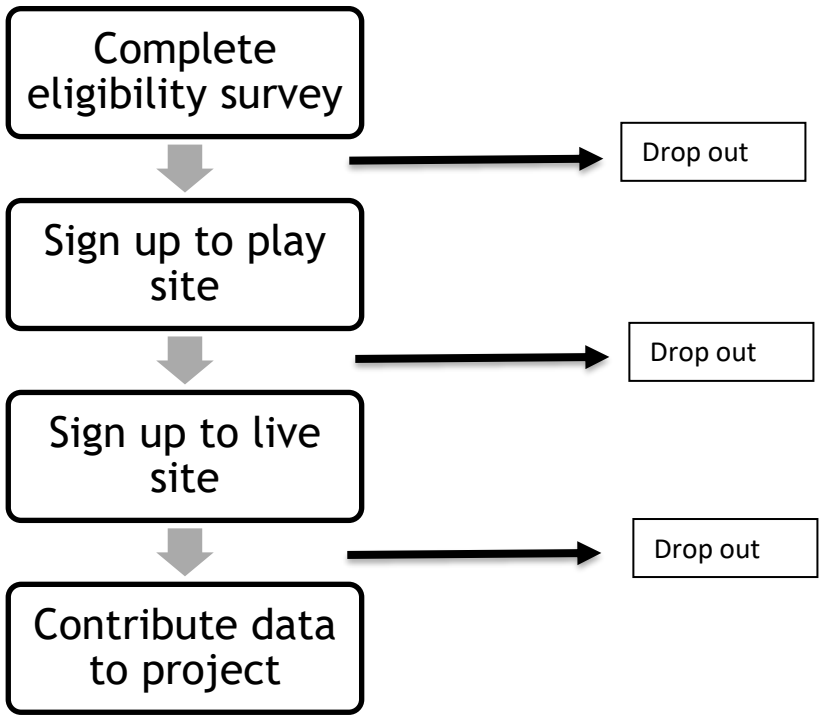
During this year, the most substantial changes to the project were made. In January 2021, the project was assessed and received approval from an independent ethical review panel.

A systematic process for following up with members who had been inactive in the project for at least 3 months was also implemented from February of this year, in order to comply with GDPR. This serves to support those who wish to, to move through the various stages of the project, whilst also giving members regular opportunities to formally withdraw their involvement and have their personally identifiable data deleted.

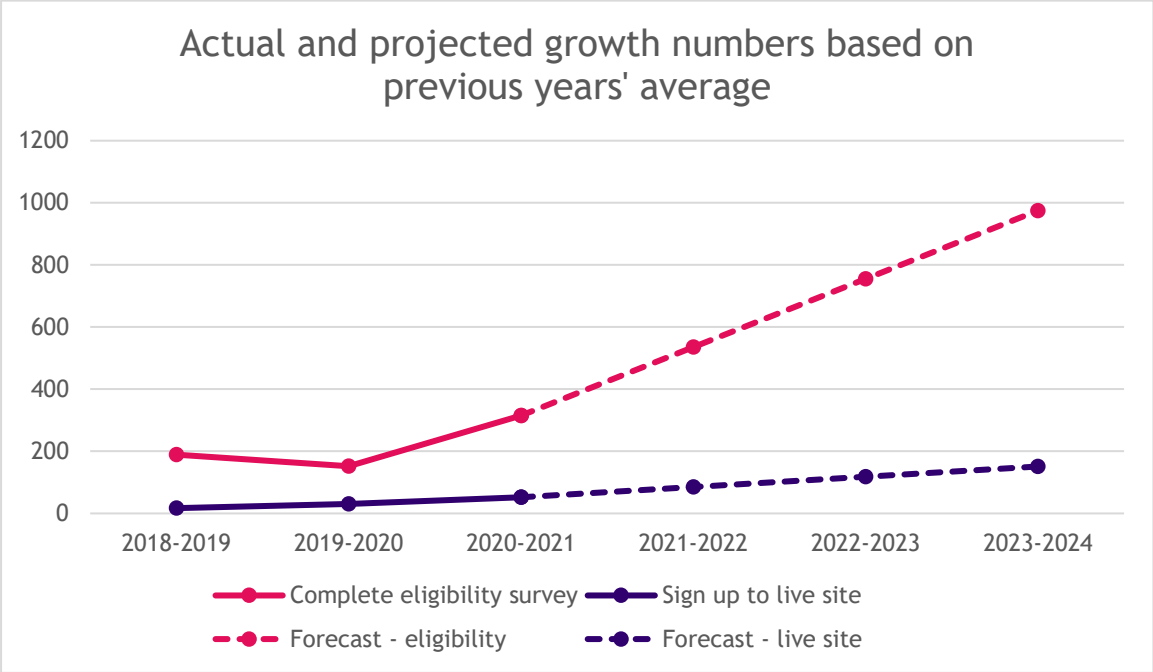
During this year, we also published some 'frequently asked questions' on our website and reviewed our ethical processes. This resulted in an updated contract between BACP and Manyother Ltd to clarify the roles of the two organisations and the information that will be shared between them, and an updated privacy notice on the website.

Recruitment

The diagram below sets out the general flow of participants through the project:



The graph below provides an overview of the actual and predicted number of members completing the eligibility survey year-on-year, as well as the number of members signing up to the live site. These figures are cumulative (i.e., they represent the total recruitment to the project) and are based on the average year-on-year growth for eligibility survey completions (n=220) and sign ups to the live site (n=33). As can be seen, if we assume that growth continues on the average trajectory, we could see up to around 1,000 expressions of interest and around 150 members signed up to the live site by 2023-2024. However, this would only be attainable if considerable additional financial and staff resource was put into developing and executing an intense advertising/recruitment campaign for the study and following up with potential participants on a regular basis.



Recruitment/advertising streams and success of each

1.1 Advertising at events e.g., Connecting Together – these have been fairly well-utilised over the course of the project as the events are something that we'd usually attend as part of our wider work and therefore this does not involve any additional effort. However, and generally, interest at these events is low (around 5 members). Whilst the gains are low, advertising at events does have the benefit of allowing members to ask more in-depth questions about the project, which isn't always immediately possible through the other advertising channels.

1.2 Therapy Today – both large feature pieces and smaller news articles. These have been used extensively over the 3 years of the project with limited success (usually around 20-25 expressions of interest). Generally, interest in the project following articles in Therapy Today has been low. Feature pieces are quite resource intensive in terms of time commitments, whereas news pieces are relatively quick to create, but can more easily get overlooked amongst all the other content. There are also inconveniences when it comes to lead times for Therapy Today which tend to be around 3 months in advance of the publication and things can change relatively quickly with the project meaning that articles can quickly become outdated.

1.3 Private Practice divisional journal – as above. Proportionally, these generate more interest than Therapy Today articles, potentially linked to them being targeted at the appropriate audience, although this still usually only results in 20-25 expressions of interest.

1.4 E-bulletin to all members – short news pieces with direct links to the project webpage. These have also been used extensively throughout the project and they generate more interest than pieces in Therapy Today or a divisional journal (usually 40-50 expressions of interest) and are relatively quick to create. However, the information can easily get overlooked amongst all the other content in the e-bulletins.

1.5 Dedicated emails to members – these have been the most successful ways that we have found to generate interest in the project, typically resulting in 200-250 expressions of interest; however, we have only sent out one such email over the course of the project. They benefit from not appearing with lots of other

information and therefore are more readily seen by members. It is relatively quick to put the content together for these emails, however, scheduling can sometimes be an issue as we do not want to inundate members with communications, and this is just one project amongst everything else that is going on at BACP. In addition, managing the volume of responses to dedicated emails is very resource intensive in terms of staffing and training/support.

Reflections on recruitment and recommendations

Recruitment and retention to the project has, and continues to be, the biggest challenge to the success of the project. In and of itself, generating interest in the project can be done easily through our existing recruitment avenues, however, high levels of resourcing to support newcomers to the project in terms of staff time is also required. It is recommended that any future phase of the project which aims to recruit new members to the project use direct email advertising twice a year at 6 monthly intervals, interspersed with e-bulletins and Therapy Today news pieces at 2 monthly intervals. This should be planned up to 12 months in advance and communicated with Pragmatic Tracker to ensure enough support is available to members.

However, it is also important to note that Pragmatic Tracker would not be able to support these levels of recruitment and training needs in the longer-term and therefore group training sessions (i.e., opportunities for multiple members to be trained at once) and peer support opportunities (e.g. online forums to share best practice and advice) would need to be prioritised and made available for any future phase of the project. Group training sessions would need to be delivered by Manyother Ltd but could be advertised and scheduled by BACP. An online peer support forum would need to be facilitated and managed by BACP, with some input from Manyother Ltd on an ad-hoc basis. However, both of these offerings would need to be developed and the resource implications (both financial and staffing) would need to be considered and prioritised to ensure that they can be delivered on.

Member (participant) feedback

Over the past three years, six participant feedback surveys have been distributed. These were distributed in: February 2019, June 2019, October 2019, February 2020, July 2020, and June 2021. In 2019, whilst the actual number of responses to the feedback surveys appears to be low (approx. 10 responses), this represented around 50% of the live site users. The number of respondents per feedback survey in 2020 was consistent with numbers in 2019, however, as the number of active live site users increased during this year, the proportion of participants completing the feedback surveys was lower (25-33%). However, response rates increased to around 50% again in 2021 and this represents a much greater number of participants (n=48), due to the increased number of active live site users.

As only one participant has completed all six feedback surveys, and the consideration that there is a relatively high rate of withdrawals from the project, it is not possible to draw conclusions from the data about trends over time. With this is mind, the results presented below are from the most recent feedback survey in June 2021. However, an overview of the combined quantitative findings from the 2019 and 2020 surveys can be found in Appendix A. Qualitative findings have remained similar over the three year period and therefore have been omitted from Appendix A.

Which measure(s) in Pragmatic Tracker have you used with your clients?

Participants identified that they have used the following measures with clients:

- 66.7% (n=32) have used the Session Rating Scale (SRS)
- 85.4% (n=41) have used the CORE-10/YP-CORE
- 45.8% (n=22) have used the PHQ-9
- 54.2% (n=26) have used the GAD-7
- 33.3% (n=16) have used the 'problems' tool
- 43.8% (n=21) have used the 'goals' tool
- 22.4% (n=11) have used 'other' measures including: Outcomes Rating Scale (ORS), PRN-14 (a bespoke, unvalidated measure developed by Pragmatic Tracker to track 'well-being'), Impact of Events Scale (IES), Revised Child Anxiety and Depression Scales (RCADS), CORE-34/CORE-OM, PTSD Checklist for DSM-5 (PCL-5).

Only 2 (4.2%) of the 48 participants were not using at least one of the recommended measures (SRS, CORE-10/YP-CORE, PHQ-9 or GAD-7) and reasons given were that they were felt to be more '*negatively framed/worded*' and '*pathologising*' than other available measures. The higher proportion of participants using SRS and CORE-10/YP-CORE suggests that these measures are more acceptable and/or clinically useful to these practitioners than PHQ-9 and GAD-7.

Are there any other measures that you would like to have available to use with your clients?

The criteria around the measures offered and recommended to participants has been relaxed over the duration of the project as a way of providing an offering which feels less prescriptive and allowing for some flexibility for participants to use measures which are more appropriate to their work and preferences.

Additional measures that were requested by participants included:

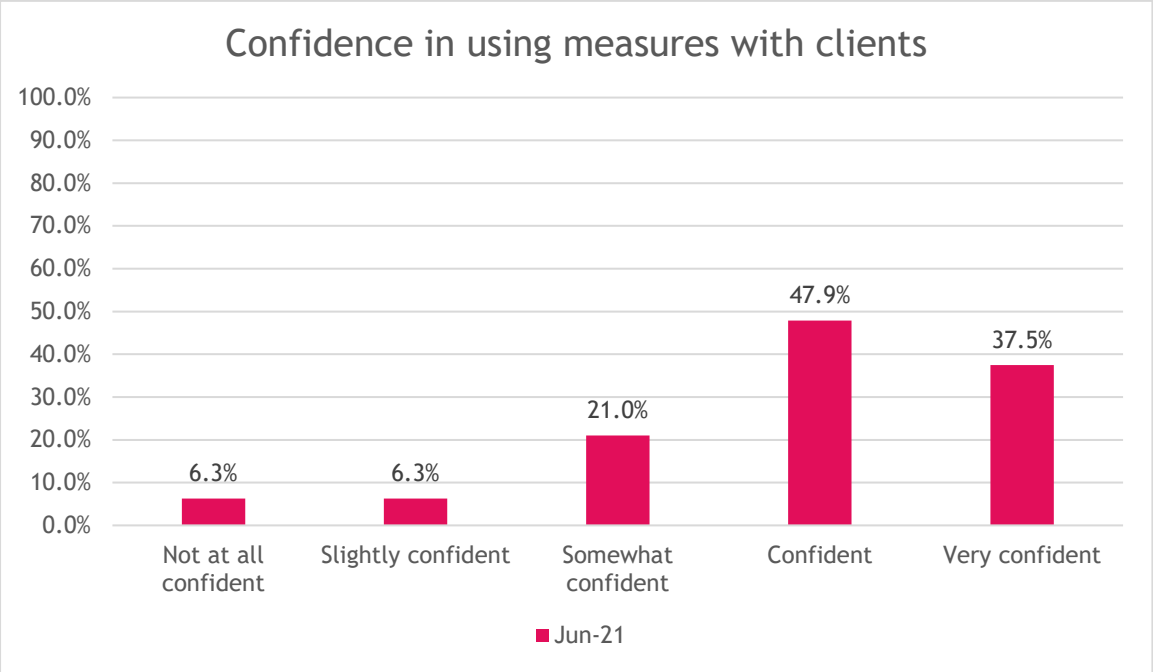
- CORE-34
- Social Phobia Inventory (SPIN)
- Work and Social Adjustment Scale (WSAS)
- Outcome Rating Scale (ORS)
- Warwick-Edinburgh Mental Wellbeing Survey (WEMWBS)
- Impact of Events Scale (IES)
- SCORE-15
- Strength and Difficulties Questionnaire (SDQ)
- Cooper-Norcross Inventory of Preferences (C-NIP)
- PTSD measures (not specified)
- Depression, Anxiety and Stress Scale (DASS-21)

Many of these measures (e.g., CORE-34, SPIN, WSAS, ORS, WEMWBS and IES) are already available to participants on request so it is recommended that it is made clear that additional measures are available on request. The current process for responding to requests for additional measures tends to be on an ad hoc basis, as and when individual participants make a request through BACP or Manyother Ltd. There are several factors that are considered when deciding whether to make an additional measure available. These factors include:

- whether the measure is already (freely) available on the platform – some measures require a license, which has financial implications
- whether there are additional copyright restrictions on a measure – some are only available in paper format and cannot be reproduced electronically
- whether the tool has good evidence of reliability and validity.

How confident are you in using outcome measures with your clients?

The graph below outlines the proportion of participants indicating whether they felt 'not at all confident', 'slightly confident', 'somewhat confident', 'confident' and 'very confident' using outcome measures with clients.



Generally, levels of confidence appear high, which is not surprising given that participants have high levels of confidence using outcome measures when they enter the project; 63.8% of members who completed the eligibility survey indicated that they are 'confident' or 'very confident' in using measures with clients prior to participating in the project. Furthermore, 81.3% of members who complete the eligibility survey have previous experience of using at least one of the following measures: SRS, CORE-10/YP-CORE, PHQ-9 and GAD-7.

Participants who indicated that they were 'somewhat confident', 'slightly confident' or 'not at all' confident were asked 'what training or support would help [them] to feel more confident using outcome measures with [their] clients' and the following were identified:

- Interpreting results
- How and when to show client's their charts/provide clients with feedback
- Understanding the psychometric properties (i.e. reliability and validity) of the measures
- The evidence-base underpinning the usefulness of outcome measures in private practice

Video training materials on interpreting charts, using Pragmatic Tracker with clients, and the evidence-base underpinning the use of routine outcome measures are made available to all participants prior to sign up to the live site so it is recommended that these are highlighted to participants on an on-going basis as resources which can be referred back to. It may also be helpful to provide participants with access to further information on the psychometric properties and interpretation of outcome measures. These additional training/guidance materials would need to be developed which would have financial and staffing implications. However, if an online peer support platform were to be developed,

resources such as these could be regularly promoted and stored there for participants to access.

How frequently do you use outcome measures with your clients?

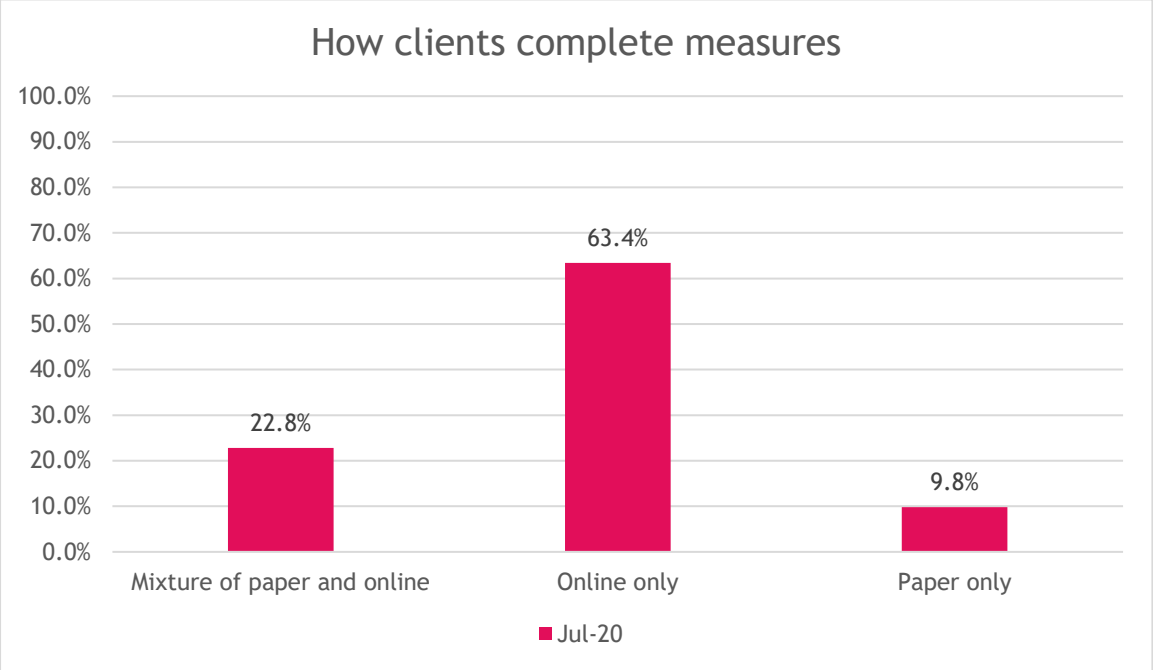
Criteria around the recommended frequency of using outcome measures with clients has been relaxed over the duration of the project. Initially, it was recommended that measures be collected at each session however, this is not always appropriate, clinically useful, or acceptable to practitioners and/or clients. However, it is now recommended that measures are used at intervals that are deemed appropriate, useful, and acceptable to practitioners and clients.

- 12.5% (n=6) do not use outcome measures at all
- 2.1% (n=1) use them at the start and end of therapy, but not in any other sessions
- 39.6% (n=19) use them periodically throughout the therapeutic relationship, but less frequently than every session
- 45.8% (n=22) use them during every session, including the start and end of therapy

It is interesting that there are some participants who are not using outcome measures at all in their practice, despite volunteering for a project that is largely focused on this. Future feedback surveys should ask a follow-up question to those who indicate that 'they do not use measures at all' to understand more about why this might be.

How do your clients' complete measures?

These analyses do not include data from those who indicated that they are not currently using outcome measures with clients (n=6).



Unsurprisingly given the lockdown and social distancing restrictions in the UK and many other parts of the world, there has been a greater proportion of participants using outcome measures in an 'online only' format. It is encouraging that participants are using a range of different mediums to collect outcome measures, which reflects the aspiration for participants to use the platform and outcome measures in ways that best fits with theirs, and their clients', needs.

When are the measures collected?

These analyses do not include data from those who indicated that they are not currently using outcome measures with clients (n=6).

- 38.1% (n=16) collect measures 'outside of the therapy session'
- 11.9% (n=5) collect measures 'during the therapy session (at any point between the start and end of the session)'
- 50.0% (n=21) said that 'it varies – sometimes during sessions and sometimes outside of sessions'

It is encouraging that participants are using the Pragmatic Tracker platform flexibly to allow for the completion of measures both within and outside of the therapy in ways which best fit with therapist and client need.

How do the measures fit with your therapeutic style?

Criteria around the measures offered and recommended to members have been relaxed over the duration of the project. These analyses do not include data from those who indicated that they are not currently using outcome measures with clients (n=6).

- 2.4% (n=1) said 'not very well at all – I've made lots of changes to the way I work'
- 26.2% (n=11) said 'fairly well – I've made some changes to the way I work'
- 69.0% (n=29) said 'very well – I've made very few or no changes to the way I work'
- 2.4% (n=1) did not answer this question.

It is very encouraging that over two-thirds of participants have only needed to make few or no changes to the way that they work in terms of using routine outcome measures. This suggests that the practitioners in the project find the measures to be acceptable to their way of working and that the changes they have needed to make have been manageable. It is, however, also important to note that over 80% of members who complete the eligibility survey have previous experience of using at least one of the following measures: SRS, CORE-10/YP-CORE, PHQ-9 and GAD-7.

What changes, if any, have you made to the way you work?

The following data provides an overview of the changes that participants indicated that they have made to their work as a result of using an online platform for collecting routine outcome measures. These have been paraphrased from the original quotes provided to ensure consistency and to maintain the confidentiality of participants.

Increased admin time due to: explaining the system, measures and/or project to clients; inputting scores from paper-based measures; sending measures to clients to complete

Changing the therapeutic contract to include information on outcome measures

Offering outcome measures to clients to complete more frequently

Proactively working with clients to set goals for therapy

Exploring with client's what changes, if any, can be made to the therapeutic work

Feeding back scores to clients/using graphs to track client progress together and to discuss progress/changes to scores

Shorter-term work

Using outcome measures from the outset of the therapeutic work

Stopping using outcome measures with clients due to concerns around the consent process, GDPR and/or the impact on the therapy itself

Sending client's appointment reminders

Providing more online therapy

Using measures online rather than paper-based measures

No longer keeping paper-based client notes

Understanding that outcome measures do not work well for all client's and tailoring the approach accordingly

A wide range of changes have been identified, some of which are reflected in the existing literature such as: increased administration time; using outcome measures as a way of providing feedback to practitioner and client; and not using measures because of the perceived impact on the therapeutic work (Boswell *et al,* 2015; Lambert *et al*., 2018). From our data, it is not possible to determine whether some of the changes made to participants' ways of working are a result of the on-going COVID-19 pandemic and/or due to using an online system to collect routine outcome measures. Therefore, it is difficult to assess the specific impact that the online platform has had on changes to practice.

It is also not always possible to determine whether these changes are perceived positively or negatively by participants. Some may be more obvious than others: for example, "*stopping using outcome measures with clients due to concerns around the consent process, GDPR and/or the impact on therapy itself*" suggests that the use of outcome measures and an online platform for collecting them is not acceptable to practitioners. However, "*understanding that outcome measures do not work well for all client's and tailoring the approach accordingly*" could be understood both as needing to make considerable changes to practice (and therefore limiting the 'acceptability' of the measures and/or online platform), and as a positive outcome in that it demonstrates a greater understanding of using outcome measures and more nuanced use.

It is clear, however, that using routine outcome measures, or indeed an online platform, is not acceptable or appropriate for every therapist, nor every client. It is, however, important to note where BACP may be able to better support members where using outcome measures is deemed to be acceptable, clinically useful and appropriate to practitioners and clients (i.e., guidance on interpreting measures and graphs to help with feeding back to clients, being open and receptive to queries and concerns regarding consent and GDPR etc.).

What challenges, if any, have you faced using outcome measures as part of your practice?

The following data provides an overview of the challenges that participants have faced as a result of using outcome measures as part of their practice. These have been paraphrased from the original quotes provided to ensure consistency and to maintain the confidentiality of participants.

Time taken to become familiar with the initial set up/system and/or setting up a new client for the first time

Therapists forgetting to administer outcome measures

Therapists reluctant to introduce measures to some clients e.g., highly distressed and/or chaotic clients

Clients forgetting/not wanting to complete measures at all/at every session

Measures not always reflecting the change experienced by clients/not always reflecting the nature of the therapeutic work

Dual consent process can feel cumbersome for therapists to explain

Using measures can introduce a 'clinical/unhelpful tone' to the therapeutic work

Clients can struggle with completing measures and/or the online environment e.g., poor literacy, unfamiliar with technology

Striking a balance between informed consent and overwhelming clients with information

Feeling that clients complete measures in such a way to 'please' the therapist

Measures not always arriving when being sent by email to clients and/or links expiring before being completed

Integrating measures into the therapeutic work

Verifying client contact details in the system can feel intrusive

Measures not being able to be added to Pragmatic Tracker for copyright reasons e.g., SDQ

Increased therapist anxiety in certain situations e.g., discussing 'poor' outcomes with clients, identification of 'at risk' clients

Therapist difficulty interpreting measures

Many of the challenges faced by participants are in line with the published literature on barriers to using routine outcome measures, including: '*taking too much time'*, '*measures not reflecting the change expressed by clients*', '*clients not wanting to complete measure*", and '*difficulty interpreting scores*' (Hatfield & Ogles, 2007).

However, there were some challenges which are somewhat unique to using outcome measures as part of a project. For example, challenges around the consent process ('*dual consent process feeling cumbersome*' and '*striking the balance between informed consent and overwhelming clients with information*') are quite specific to this project and reflect the issues that the project team spent much time considering in the early stages of the project, particularly balancing ethical obligations with practical implications. Related issues were also raised as part of the independent ethical review process; however, the ethical review recommendation was to include more information in the consent forms for practitioners and clients. This may mean that implementing this recommendation comes with additional challenges for participants to manage.

Finally, some of the challenges were specific to using Pragmatic Tracker as an online platform, such as '*verifying client contact details feeling intrusive*', '*measures not arriving/links expiring*' and '*measures not being able to be added to the system*'. More needs to be done to address some of the technical issues experienced and if the project

continues past February 2022, a system upgrade will be available which would tackle some of these issues.

Despite this, there are also some clear areas where more guidance could be made available to support members. For example, providing information and/or training on integrating measures into practice and interpreting measures would be a relatively easy and low resource way to continue to support members.

What benefits, if any, have you found using outcome measures?

The following data provides an overview of the benefits that participants have experienced as a result of using outcome measures as part of their practice. These have been paraphrased from the original quotes provided to ensure consistency and to maintain the confidentiality of members.

Can be used as a conversational tool/facilitator to explore issues/progress within the therapeutic space (including lack of progress and deterioration)

Some clients are interested in seeing their progress/find it helpful/validating

Using a process measure (e.g., SRS) provides feedback on practice to help improve/refine practice

Provides therapists with feedback on how the therapeutic work is progressing

Provides clients with an alternative medium to provide feedback to their therapist

Encourages clients to be reflective

Allows an additional opportunity for therapist to assess risk

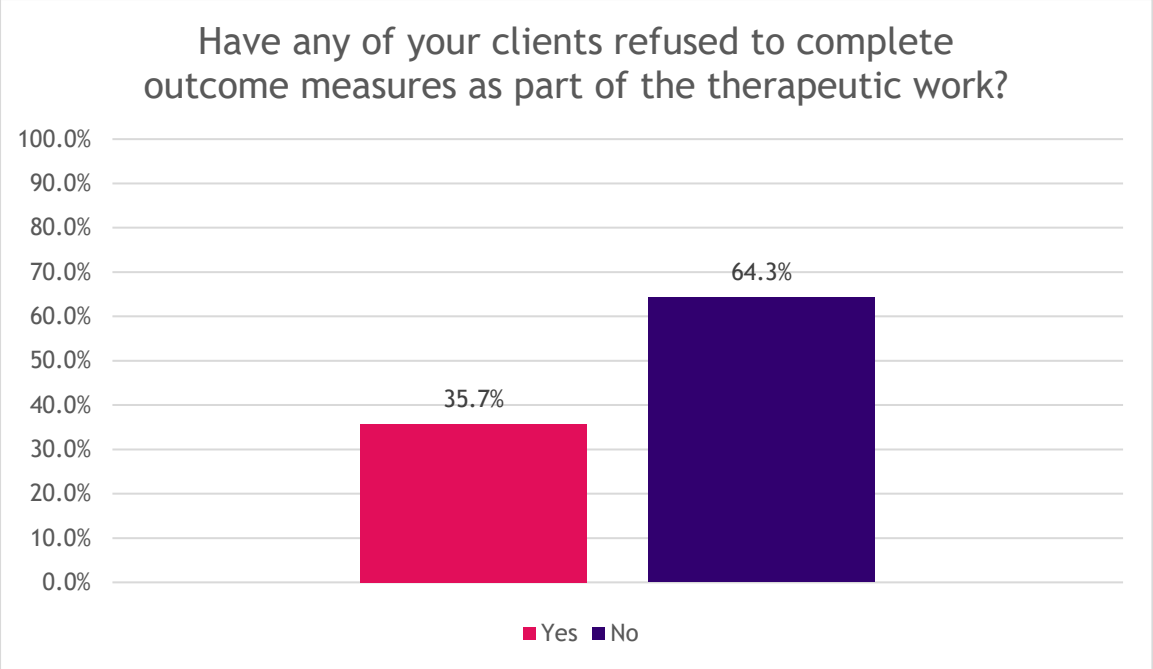
Easy to use and integrate into practice

Maintains focus in the therapeutic work

The vast majority of responses to this question focused on the usefulness of outcome measures as tools to facilitate and start conversations within the therapeutic space, as well as a way for clients and therapists to review progress together which is in line with wider research findings (e.g., Hatfield & Ogles, 2007; Boswell *et al.*, 2015). Some participants perceived benefits for some clients in terms of the visual representation that the progress charts provided as a quick, accessible way to review their 'journey'. Each of these benefits highlight the importance of embedding outcome measures into the therapy, as a therapeutic tool in their own right, rather than as a standalone 'activity' and, again, this has been reflected in the research literature (Thew *et al.*, 2015).

Have any of your clients refused to complete outcome measures as part of the therapeutic work?

These analyses do not include data from those who indicated that they are not currently using outcome measures with clients (n=6).



Approximately a third of members had at least one client who had refused to complete outcome measures as part of the therapeutic work. Reasons included: concerns about privacy and data protection, not finding the tools therapeutically useful, finding the tools 'too clinical' and generally not having an interest in completing the measures. As with many of the other findings, these are generally aligned with the wider research literature (e.g.., Boswell *et al.*, 2015; Thew *et al.*, 2015).

It is important to note here that the project team expects and encourages participants to allow clients autonomy to decide whether to be involved in the project and it is encouraging that the data suggests participants are exploring consent issues with clients.

It is recommended that future feedback surveys reframe this question to: "Have any of your clients declined to complete outcome measures as part of the therapeutic work". The connotations of the word 'refused' in the current survey suggest that there is an expectation from the project team that clients *should* complete the outcome measures, whereas using the word 'declined' would better reflect the autonomy that a client should have.

Why did you want to get involved in this project?

The following data provides an overview of the reason's participants wanted to get involved in this project. These have been paraphrased from the original quotes provided to ensure consistency and to maintain the confidentiality of participants.

Curiosity around usefulness to practice

To be actively engaged in research/contributing to the evidence-base

To explore free/low-cost options for managing and recording client data effectively and/or safely, including moving from paper-based to an online system

To improve client outcomes

To support/enhance existing practice

To explore additional ways to 'evaluate' therapy

Whilst there are relatively few themes for this question compared to others, this does not reflect that there were fewer responses, rather that responses broadly fit into these categories.

Participants show a genuine curiosity in exploring if and how outcome measures may be appropriate for their work with clients, as well as a desire to contribute to the evidence-base. It is encouraging that participants highlighted wanting to improve client outcomes and support their practice as motivations for getting involved, which aligns with the some of the messages that the project team were keen to highlight as part of the recruitment process.

For many, the offering of a free system was an opportunity for them to trial a system which they may not otherwise have considered and/or been able to afford. Again, this is consistent with some of the communication about the project which focused on the 'member benefit' angle.

Interestingly, however, some of the communication from the project team has highlighted how using routine outcome measures and an online platform is *one* way to meet the Ethical Framework requirements for 'regularly reviewing client progress together' and 'keeping appropriate notes' and this has not been explicitly mentioned by participants.

Together, these findings suggest that the communication around the project in terms of highlighting the range of potential benefits has been largely successful. However, it is not clear that focusing on the potential ethical benefits is an area which motivates members to become involved.

Withdrawal from the project

Since early 2021, a more systematic process has been in place to collect data on participants withdrawing from the project, including information on the stage in the project at which participants withdrawn or disengage. Members withdrawing from the project are asked to provide their reason(s) for doing so, although it is made clear that providing this information is entirely voluntary.

Since July 2020, 57 participants have withdrawn from the project, which represents 18.1% of the members who completed the eligibility survey during this period. Of these 57:

- 2 (3.5%) withdrew after having used the 'live' Pragmatic Tracker site (i.e., had input data from at least one client into the platform)
- 15 (26.3%) withdrew after having signed up to the play site, but either did not sign up to the live site or did not input any data into the live site after signing up
- 40 (70.2%) withdrew before signing up to the play site.

Whilst the majority of members provided some feedback (n=42; 73.7%), there were some who were automatically withdrawn from the project after inactivity and disengagement in the project for a period of at least 6 months (n=12; 21.1%). This decision was made on the basis that it was not assumed that they were giving their on-going consent to be included in the project and therefore for ethical reasons it was felt to be preferable to withdraw them from the project. This decision was also taken to ensure that the licenses could be made available by other members who had shown interest in the project and who could make active use of them.

The following reasons for withdrawal were given and these have been paraphrased from the original quotes provided to ensure consistency and to maintain the confidentiality of participants.

Not having the time and/or ability to learn a new system and integrate it into practice

Not feeling that the data provided by the measures was an accurate reflection of how clients felt/the work together and/or feeling that the quantitative data was too reductionist

Already used another system as part of a different role and therefore did not want to use another system

Not having any eligible clients (e.g., clients being seen as part of a tripartite agreement and therefore not eligible for this project)

Clients not completing measures and/or not providing consent to take part in project

Feeling that the measures detracted from the therapeutic work

Measures usually used in therapeutic work not able to be made available on platform

Therapist no longer practising/no longer a BACP member

Losing the reflective process if not writing paper-based session notes

Platform not being integrated with other systems e.g., calendar

Not wanting to use outcome measures during every session

Dual consent process off-putting (for therapist and client)

Not willing to sign up to the terms and conditions of use

Many of the reasons given for withdrawing from the project were down to changes in personal circumstances e.g., changing work, bereavement, taking a break from practice or not having the time resource to commit to learning how to use a new system. However, there were also reasons given which are more reflective of what has been noted in the research literature i.e., feeling that measures detract from the therapeutic work and/or are not reflective of how a client is feeling or experiencing the therapeutic work (e.g., Boswell *et al.*, 2015; Thew *et al.*, 2015).

There were also some reasons given which are unique to this project and using the Pragmatic Tracker platform, such as the 'dual consent process being off-putting' and 'not willing to sign up to the terms and conditions of use'. Whilst these steps are a necessary part of the project and therefore there is little that the project team is able to do to address them further, it is clear that these are causing difficulties for some participants.

Client outcomes

The following data is an analysis of the client data collected between July 2018 and March 2021.

983 clients were seen by 70 therapists between July 2018 and March 2021. A total of 10,018 therapeutic sessions were delivered over the same period and of these, 8,805 (87.9%) were attended. Clients attended an average of 9.0 sessions each.

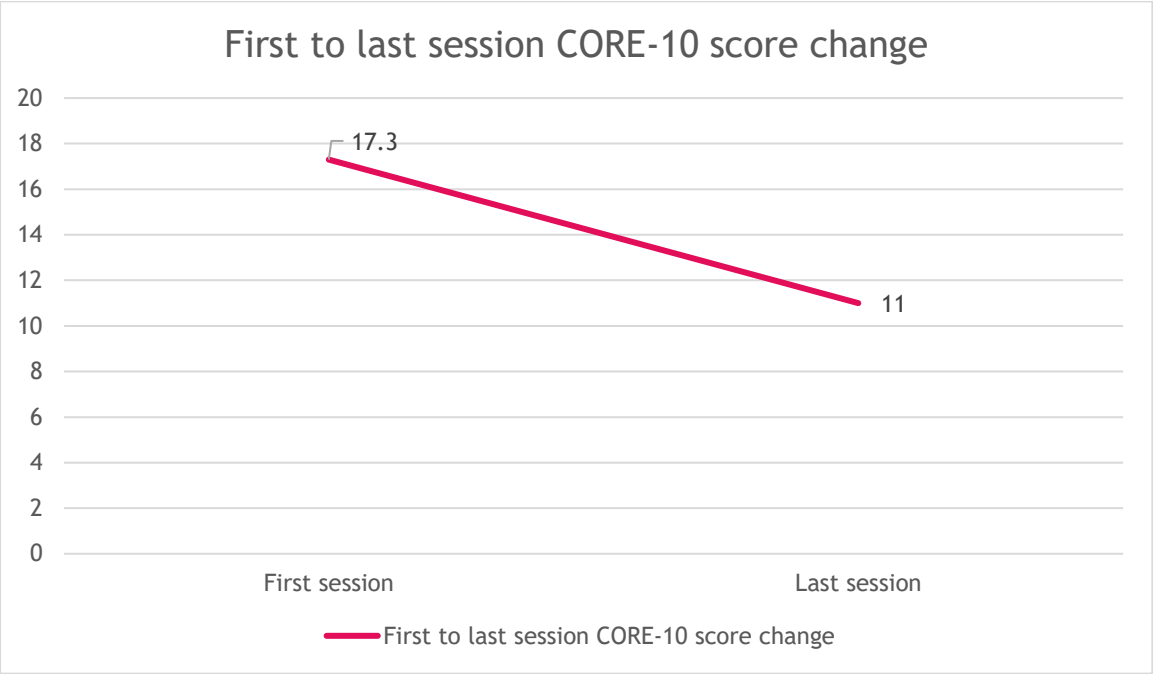
Outcome data analyses have only been undertaken on measures where at least 30 clients have completed a measure on at least 2 separate occasions. However, it is important to note that these analyses do not differentiate between clients who have been identified as being a 'closed case' and those that are identified as 'on-going'.

Client demographics

Of the 983 clients, 320 (32.6%) were reported by their therapist to be 'male' and 542 (55.1%) were reported to be female. Gender for the remaining 121 clients was unknown. The average age of clients was 31.8 years. Just under half the sample (48.9%, n=481) were described as white British, 1.6% (n=16) as African, 1.6% (n=16) as mixed ethnicity, 1.4% (n=14) as Indian, and 1.3% (n=13) as Pakistani. Less than 1% of clients were described as Bangladeshi, Caribbean, Chinese, white Irish, any other black ethnicity, or any other Asian ethnicity. Ethnicity data was missing for 40.8% of clients.

Client outcomes: CORE-10

588 (59.8%) clients completed the CORE-10 at least once and of these, 461 (78.4%) had a 'follow-up' score (i.e., had completed the CORE-10 on at least 1 other occasion).



On average, clients completing the CORE-10 scored an average of 17.3 (moderate levels of psychological distress) at intake and this reduced to 11.0 points (mild levels of psychological distress) by their last session. A repeated samples t-test showed this pre-post change to be statistically, significantly different, $t(460) = 18.0$, $p<.001$ and this represented a large effect size (d=.84), with clients reporting significantly lower levels of psychological distress at their last session compared to their first.

To provide further nuance, the proportion of clients meeting the criteria for reliable and/or clinical change can be calculated. Reliable change refers to change that is sufficient enough that it is unlikely to be due to measurement error (Jacobson & Truax,

1992). For the CORE-10, 'reliable change' has been calculated as any client moving 6 or more points in either direction (i.e., a decrease in scores by 6 or more points would represent reliable improvement and an increase in scores by 6 or more points would represent reliable deterioration; Barkham *et al.*, 2013). 'Clinical change' is determined as any client moving from a score which is at or above the cut-off for 'clinical caseness', to a score below this number. For the CORE-10 the clinical cut off for general psychological distress is 11 (Barkham *et al.*, 2013). Clients can also meet criteria for reliable *and* clinically significant change if they start therapy at or above the clinical cut-off, improve by 6 or more points *and* end therapy below the clinical cut-off.

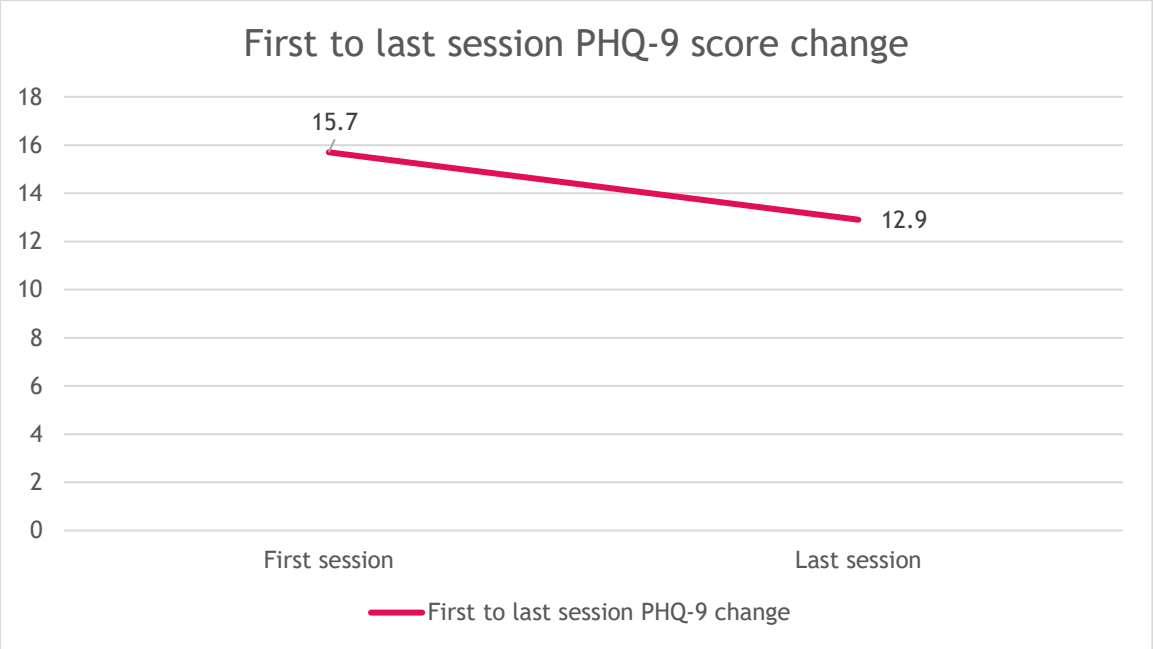
Of the 461 clients with 'first' and 'last' session scores on CORE-10, the following were observed:

- 231 (50.1%) met the criteria for reliable improvement
- 19 (4.1%) met the criteria for reliable deterioration
- 211 (45.8%) did not show any reliable change
- 174 (37.7%) met the criteria for clinical improvement
- 155 (33.6%) met the criteria for reliable *and* clinically significant improvement.

Most benchmarking data is available from CORE-OM data, rather than CORE-10. However, a recent study (Broglia *et al.*, 2021) of outcomes in clients accessing university counselling services found that reliable improvement rates ranged from 32-68%, with an average improvement rate of 44%.

Client outcomes: PHQ-9

124 (12.6%) clients completed the PHQ-9 at least once and of these, 79 (63.7%) had a 'follow-up score.



On average, clients completing the PHQ-9 scored an average of 15.7 (moderately severe levels of depression) at intake and this reduced to 12.9 points (moderate levels of depression) by their last session. A repeated samples t-test showed this pre-post change to be statistically, significantly different, $t(78) = 3.43$, $p=.001$ and this represented a small effect size ($d=.39$), with clients reporting significantly lower levels of depression at their last session compared to their first.

To provide further nuance, the proportion of clients meeting the criteria for reliable and/or clinical change was calculated. For the PHQ-9, 'reliable change' has been calculated as any client moving 6 or more points in either direction (Kroenke, Spitzer & Williams, 2001). The clinical cut off for the PHQ-9 is 10 (Kroenke *et al.*, 2001).

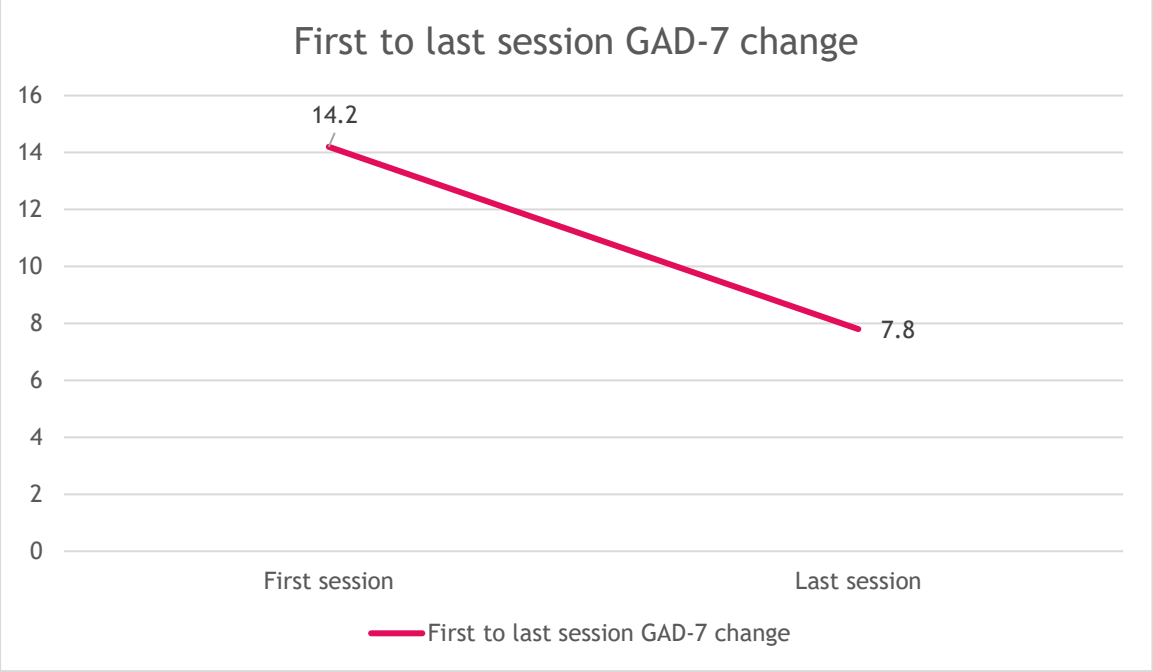
Of the 79 clients with 'first' and 'last' session scores on PHQ-9, the following were observed:

- 29 (36.7%) met the criteria for reliable improvement
- 11 (13.9%) met the criteria for reliable deterioration
- 39 (49.4%) did not show any reliable change
- 22 (24.4%) met the criteria for clinical improvement
- 18 (22.8%) met the criteria for reliable *and* clinically significant improvement.

Whilst there is benchmarking data available from the NHS Improving Access to Psychological Therapies (IAPT) programme, the relatively small number of paired cases from this project, combined with the fact that these analyses include open and closed client cases would suggest that a direct comparison at this timepoint would not be useful.

Client outcomes: GAD-7

120 (12.2%) clients completed the GAD-7 at least once and of these, 73 (60.8%) had a 'follow-up' score.



On average, clients completing the GAD-7 scored an average of 14.2 (moderate-severe levels of anxiety) at intake and this reduced to 7.8 points (mild levels of anxiety) by their last session. A repeated samples t-test showed this pre-post change to be statistically, significantly different, $t(72) = 4.8$, $p<.001$ and this represented a moderate effect size (d=.56), with clients reporting significantly lower levels of anxiety at their last session compared to their first.

To provide further nuance, the proportion of clients meeting the criteria for reliable and/or clinical change was calculated. For the GAD-7, 'reliable change' has been

calculated as any client moving 4 or more points in either direction (Löwe *et al.*, 2008). The clinical cut off for the GAD-7 is 8 (Kroenke *et al.*, 2007).

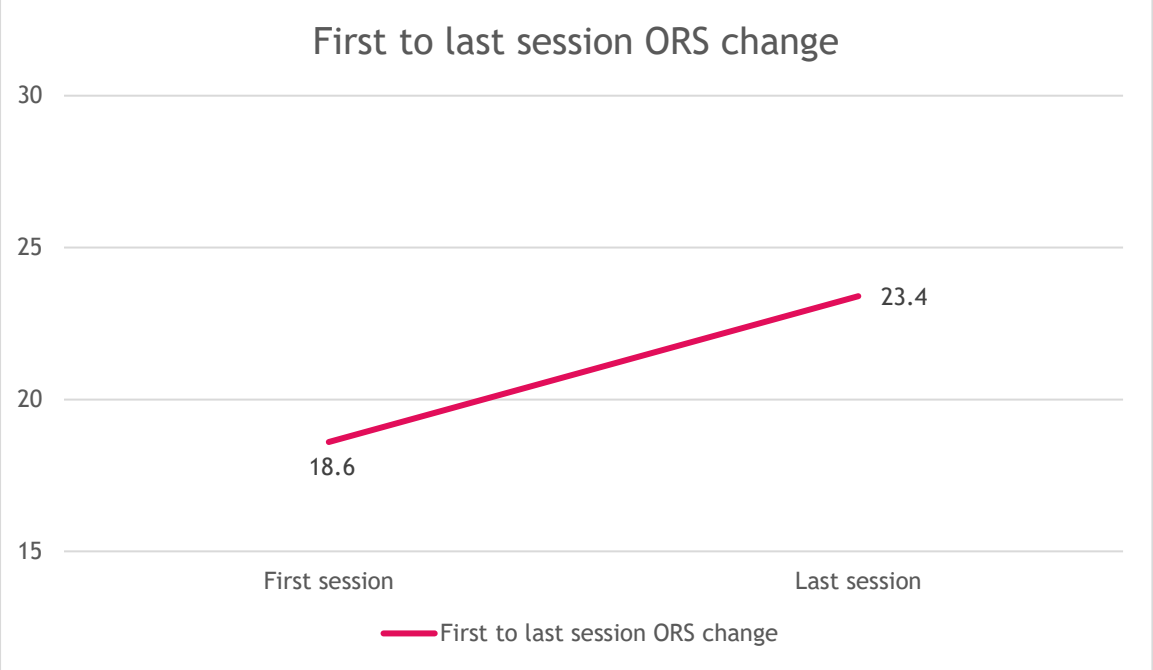
Of the 73 clients with 'first' and 'last' session scores on GAD-7, the following were observed:

- 41 (56.2%) met the criteria for reliable improvement
- 7 (9.6%) met the criteria for reliable deterioration
- 25 (34.2%) did not show any reliable change
- 27 (37.0%) met the criteria for clinical improvement
- 24 (32.9%) met the criteria for reliable *and* clinically significant improvement.

Whilst there is benchmarking data available from the NHS Improving Access to Psychological Therapies (IAPT) programme, the relatively small number of paired cases from this project, combined with the fact that these analyses include open and closed client cases would suggest that a direct comparison at this timepoint would not be useful.

Client outcomes: Outcome Rating Scale (ORS)

75 (7.6%) clients completed the ORS at least once and of these, 44 (58.7%) had a follow-up score.



On average, clients completing the ORS scored an average of 18.6 at intake and this increased to 23.4 points by their last session. A repeated samples t-test showed this pre-post change to be statistically, significantly different, t(43) = -2.6, p=.012 although this represented a small effect size (*d*=.33), with clients reporting a significant improvement in their life functioning at their last session compared to their first.

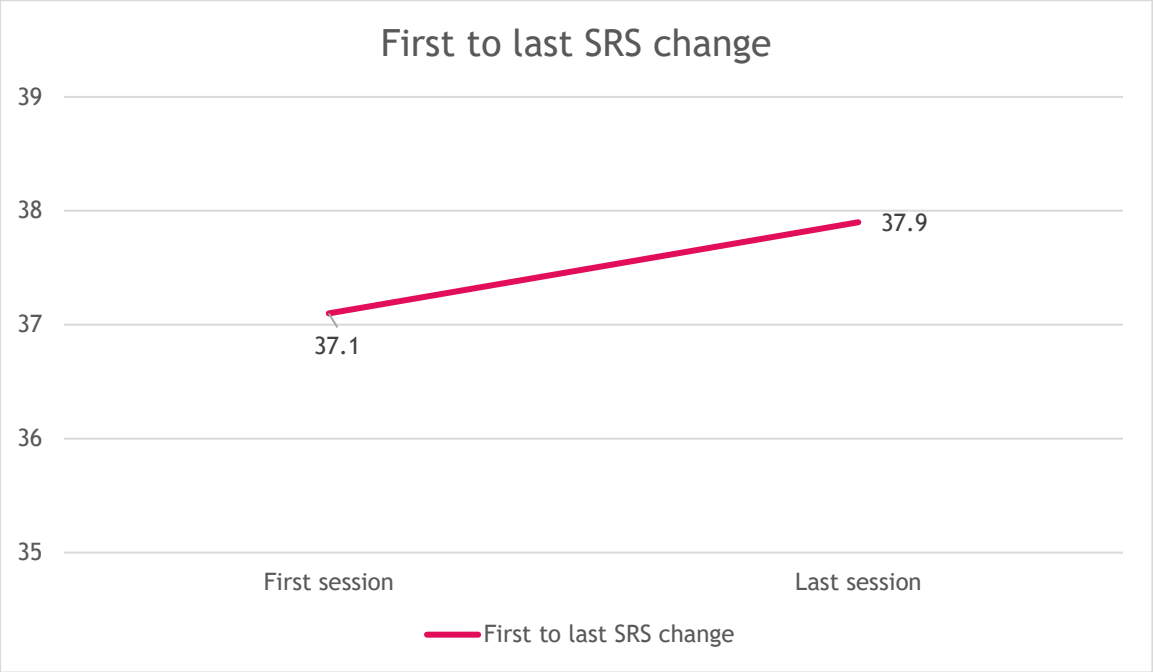
Unlike the other measures detailed in this report, to our knowledge a 'reliable change index' has not been determined for this measure, however, the authors advise that a clinical cut-off of 25 should be used for clients aged 18 and over (Miller *et al.*, 2003). Hence, a score of 25 or lower suggests clinically levels of life functioning and a score of more than 25 indicates 'normal' levels of life functioning. Of the 44 clients with 'first' and

'last' session scores on the ORS, 18 (40.9%) met the criteria for showing clinically significant improvement in their life functioning between their first and last session.

The relatively small number of paired cases from this project, combined with the fact that these analyses include open and closed client cases would suggest that a direct comparison with other existing datasets would not be useful.

Client outcomes: Session Rating Scale (SRS)

203 (20.7%) clients completed the SRS at least once and if these, 157 (77.3%) had a follow-up score.



On average, clients completing the SRS scored an average of 37.1 at intake and this increased to 37.9 points by their last session. A repeated samples t-test showed this pre-post change to be statistically, significantly different, t(156) = -2.3, p=.021 although this represented a negligible effect size (*d*=.19), with clients reporting a significantly stronger therapeutic alliance at their last session compared to their first (although clinically the change was less than 1 point).

Unlike the other measures detailed in this report, to our knowledge a 'reliable change index' nor a clinical cut-off has been determined for this measure, however, the authors advise that any score lower than 36 overall could be a source of concern (Duncan *et al.*, 2003). Of the 157 clients with 'first' and 'last' session scores on SRS, 34 (21.6%) reported a therapeutic alliance below the recommended level at intake, compared to 21 (13.4%) at their 'last' session.

Client outcomes: summary

The collection and analysis of client outcome data primarily attempts to meets the project aim 'to contribute to the evidence-base for the effectiveness of counselling and psychotherapy'. Whilst it is encouraging that data on almost 1,000 clients has been captured in the system, there is only a relatively small amount of consistent paired data, making it difficult to draw robust conclusions and comparisons with existing datasets. The most robust conclusions can be drawn from the CORE-10 data, which accounts for around

half of the paired outcomes data. Data from PHQ-9, GAD-7 and ORS should be interpreted with caution given that paired data for each measure represents less than 10% of clients.

Despite this, it is encouraging that there are 'last' session scores available for between approximately two-thirds and three-quarters of the outcomes data, suggesting relatively high levels of data completeness in cases where outcome measures have been used.

The extent to which the client outcomes data would be appropriate for write up into an academic peer reviewed journal paper is questionable given the inconsistencies in the data that has been collected, along with the lack of formal ethical review from a higher education institute. However, given the relatively high levels of acceptability of the platform to participants, it could be considered an appropriate data collection tool for formal research projects which require a consistent set of one or two measures are used by a group of practitioners.

Summary

Over the course of 3 years, the AdaPT project has collected data from almost 1,000 clients and over 10,000 therapeutic sessions across 99 practitioners. However, this has not been without its challenges and the resourcing required to maintain this level of engagement and on-going recruitment into the project is unsustainable given the current requirements in terms of staff time.

The participant feedback suggests that those who are actively engaged in the project generally find the platform to be acceptable, user-friendly and beneficial to their practice. However, it is not possible to generalise this finding to the wider membership. Furthermore, reasons for withdrawing from the project are largely due to changing personal circumstances or not having the time to learn a new system, rather than disagreement with the projects aims.

It is not clear from the data that the project aim around 'contributing to the evidence-base' has been adequately met due to the wide range of outcome measures being used; hence, the pooled client outcomes dataset does not allow for robust conclusions to be drawn. However, it is felt that the flexibility that allowing access to a broader range of outcome measures provides is more beneficial in terms of engaging members in the project and supporting their on-going use of a system which better fits with their existing ways of working.

The project has incurred a substantial financial outlay over the past 3 years, particularly when considered on a unit cost per license basis. However, there are several other factors which should be considered when assessing value for money, including: the wider impact on culture change in regard to routine outcome monitoring; the opportunity to equip members with additional skills and opportunities to develop and learn; and listening to, and learning from, members. These benefits are less tangible in financial terms but are important to consider.

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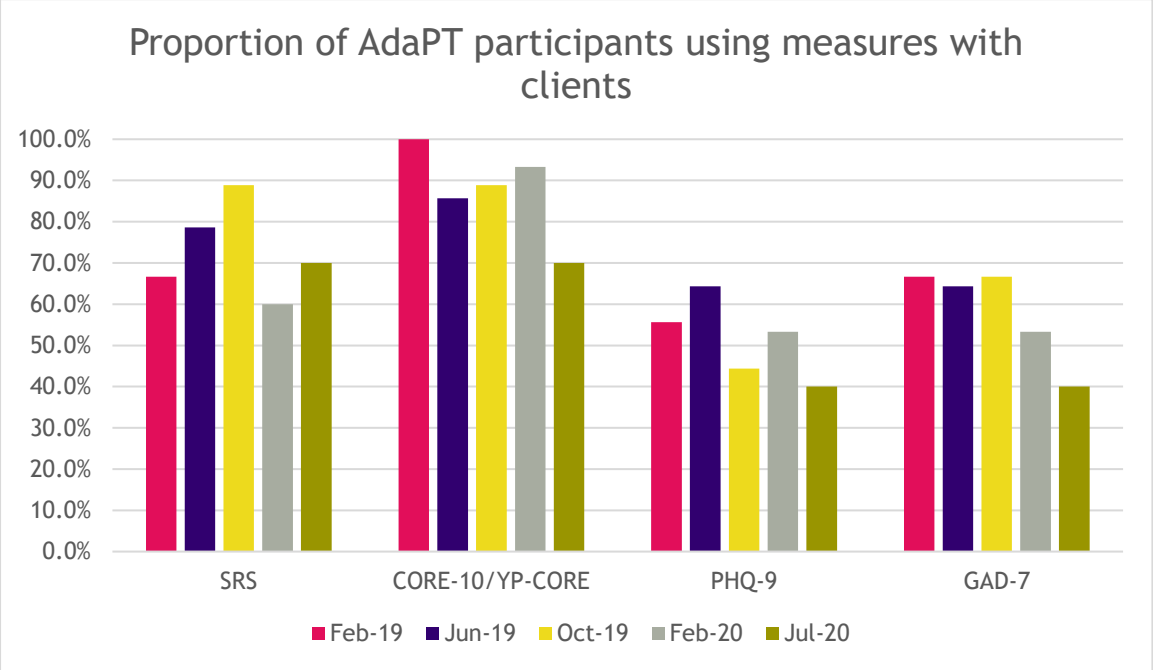
Appendix A

Combined findings from AdaPT member (participant) feedback surveys 2019 - 2020

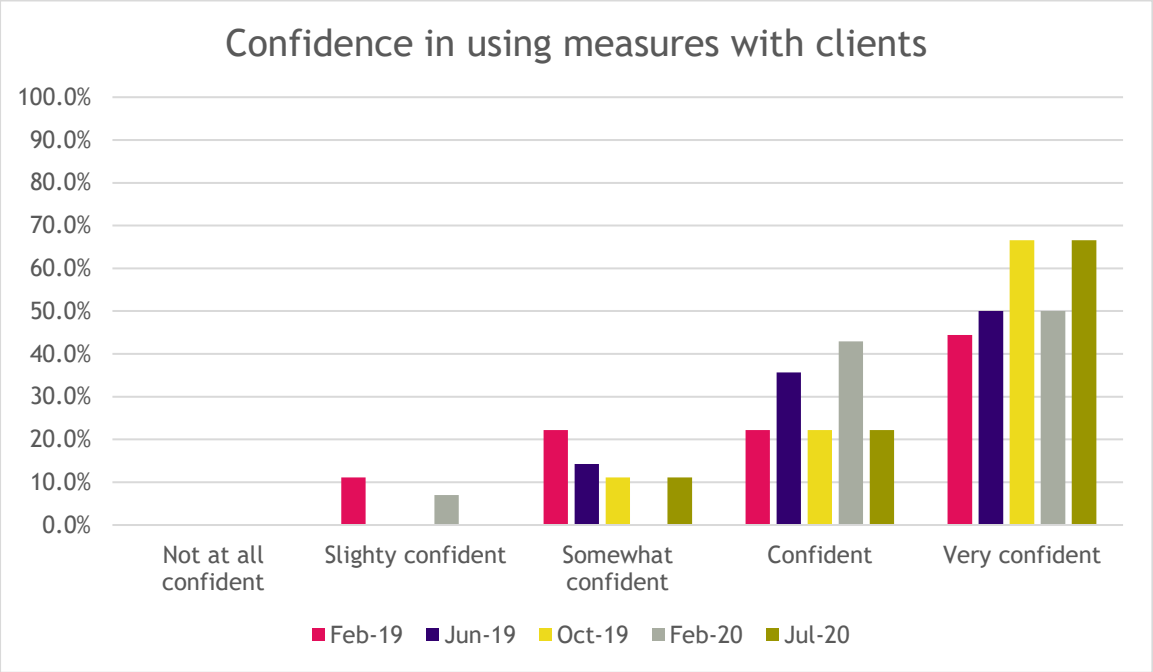
Which measure(s) in Pragmatic Tracker have you used with your clients?



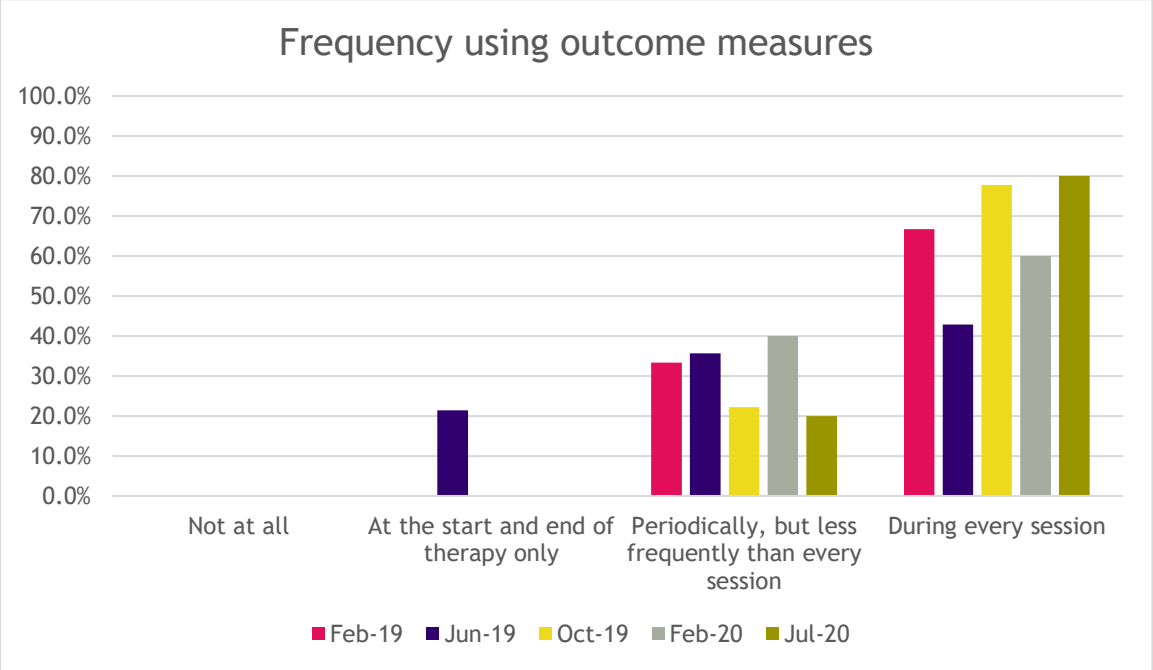
Are there any other measures that you would like to have available to use with your clients?

- Rosenberg Self Esteem Scale
- Problems
- Goals
- PRN-14
- CORE-34
- Cooper-Norcross Inventory of Preferences (C-NIP)
- Impact of Events Scale (IES)
- Dissociative Experiences Scale (DES-II)

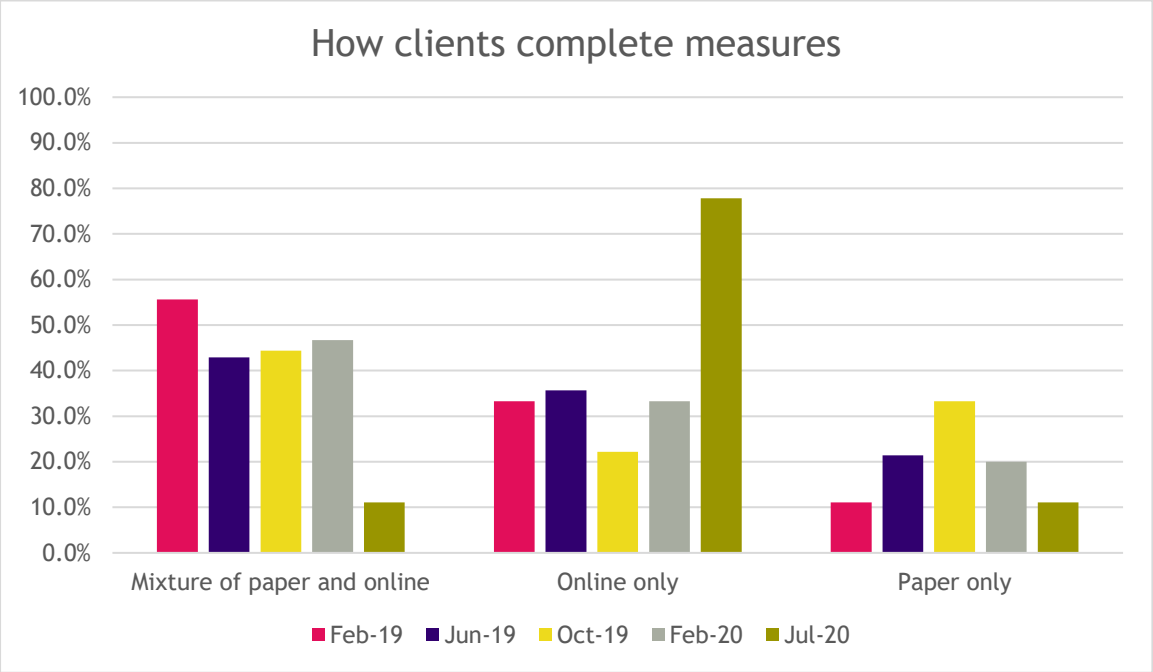
How confident are you in using outcome measures with your clients?



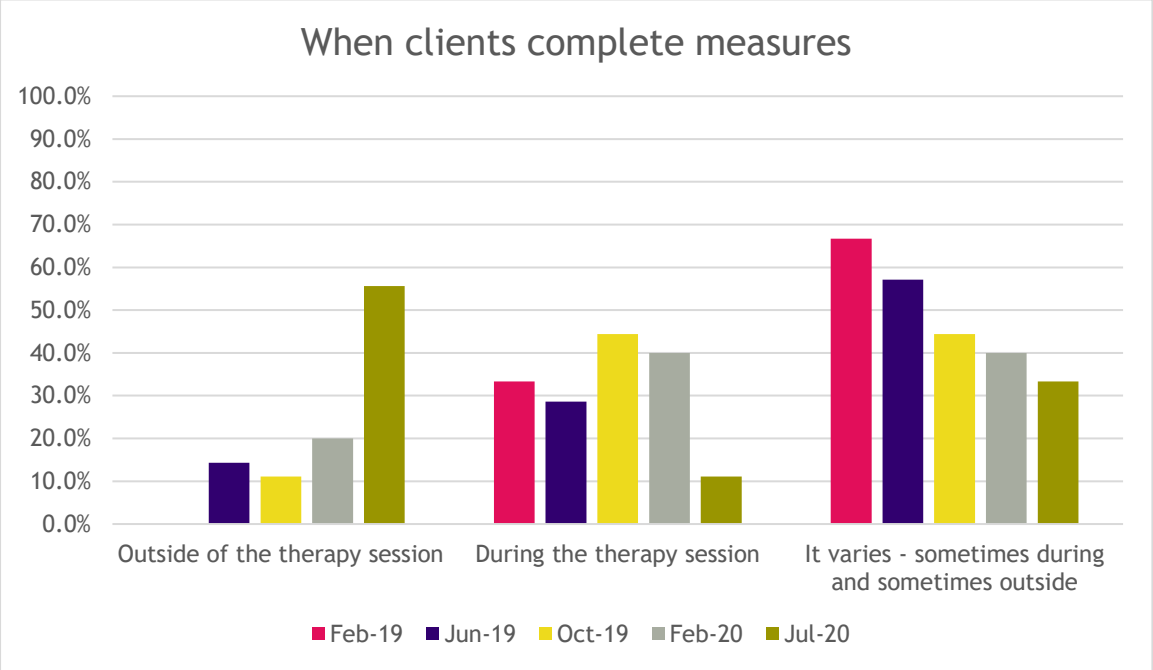
How frequently do you use outcome measures with your clients?



How do your clients' complete measures?



When are the measures collected?



How do the measures fit with your therapeutic style?