

# MEASURING OUTCOMES IN THE FOUR NATIONS

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## COUNSELLING IN THE FOUR NATIONS

As part of the BACP Healthcare Executive, I value hearing about counselling in the healthcare sector in the four nations. Historically, counselling has grown out of the third sector. One of the consequences of this is that our sector has forever been in search of the next grant to fund ongoing invaluable work. This can give our sector a particular frame of reference of there never being enough. While this is true at one level, I have found it more helpful to frame the work in terms of potency and potential within presence. Counselling has continued to hold a potent presence in the healthcare sector, predominantly through charities, social enterprises and individual counsellors bringing their full attention to every client and every challenge they meet. When I listen to our BACP Healthcare Executive colleague in Northern Ireland, where there is little funding in comparison with the other three nations, I am repeatedly impressed by how a little goes a long way to meeting the need for counselling in their communities.

Living near to Wales, I am aware of the desire of the Welsh Assembly to progress the mental health agenda there, and counselling plays a key role in that agenda. Counsellors in Wales used to cross the bridge to find work with us in Bristol. Now they can find work in their own country. Services with meagre resources are finding more through healthcare sector funding. In part, this is because counsellors have come to understand the value of measuring outcomes.

Primary care counselling services in Scotland played a role in pioneering the research that led to the development of the CORE outcome measure,<sup>1</sup> which is often the preferred measure for counselling outcome measurement outside of IAPT. Counselling in Scotland continues to receive funding because of the demonstration of its effectiveness through outcome measures.

## MEASURING OUTCOMES

Outcome measures are a part of every session in IAPT services in England. One of the many achievements of IAPT is that it now hosts the largest national mental health database in the world. There are many pitfalls to collecting such a huge dataset, and IAPT is learning and developing through those pitfalls. This is what I want to reflect on here.

*‘By being open to the culture of collecting data, and using this as an additional therapeutic opportunity, and by bringing our full presence to this in every session, we help to demonstrate the effectiveness of what we do’*

One of the early challenges was therapist resistance to collecting outcome measures at every session. However, by asking clients to fill in the questionnaires at home, no time is taken up in session. It is important that we respect the client’s efforts by looking at the questionnaires carefully with them at the start of the session, to explore what the answers represent for them. We need to understand what any changes in scores mean for the client. This can open up a conversation that may not have otherwise happened and may be very relevant to the presenting issues.

We live in a very measured society, where it can be a challenge to retain heart-centred practice. By working sensitively and respectfully with questionnaires, bringing our full presence to the conversation, there is no need to sacrifice compassion for measurement. When we work in this way,

outcome measures have the potential to enhance therapeutic presence and effectiveness. Clients often value the feedback that measures give; they can facilitate a conversation about what is and is not working for them in therapy. Many clients find it very encouraging to see the progress represented in their scores. This is also important for therapists to witness, as they want to know that the work is making a difference to the lives of their clients. When the therapy is not working for the client, it is helpful to explore that too.

Measuring scores at every session enhances therapeutic presence. It also offers a more complete database because, if a client drops out, we have a first and last score that can be used to reflect on what was helping or not helping them.

Being part of a profession that has grown out of the charitable sector, we can be encouraged by our ability to make a little go a long way for our clients and our organisations. By being open to the culture of collecting data, and using this as an additional therapeutic opportunity, and by bringing our full presence to this in every session, we help to demonstrate the effectiveness of what we do. This makes our profession more visible and valued in the healthcare sector in all four nations.

## REFERENCES

- 1 CORE Information Management Systems. CORE measurement tools. [Online.] CORE IMS; 2018. [http://www.coreims.co.uk/About\\_Measurement\\_CORE\\_Tools.html](http://www.coreims.co.uk/About_Measurement_CORE_Tools.html) (accessed 19 August 2018).

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