

Psychologists Protection Society
EST. 1974
PPS

Was it something I said?

Barry McInnes

Using measures to monitor progress and process, and ensure the client is getting what they came for.

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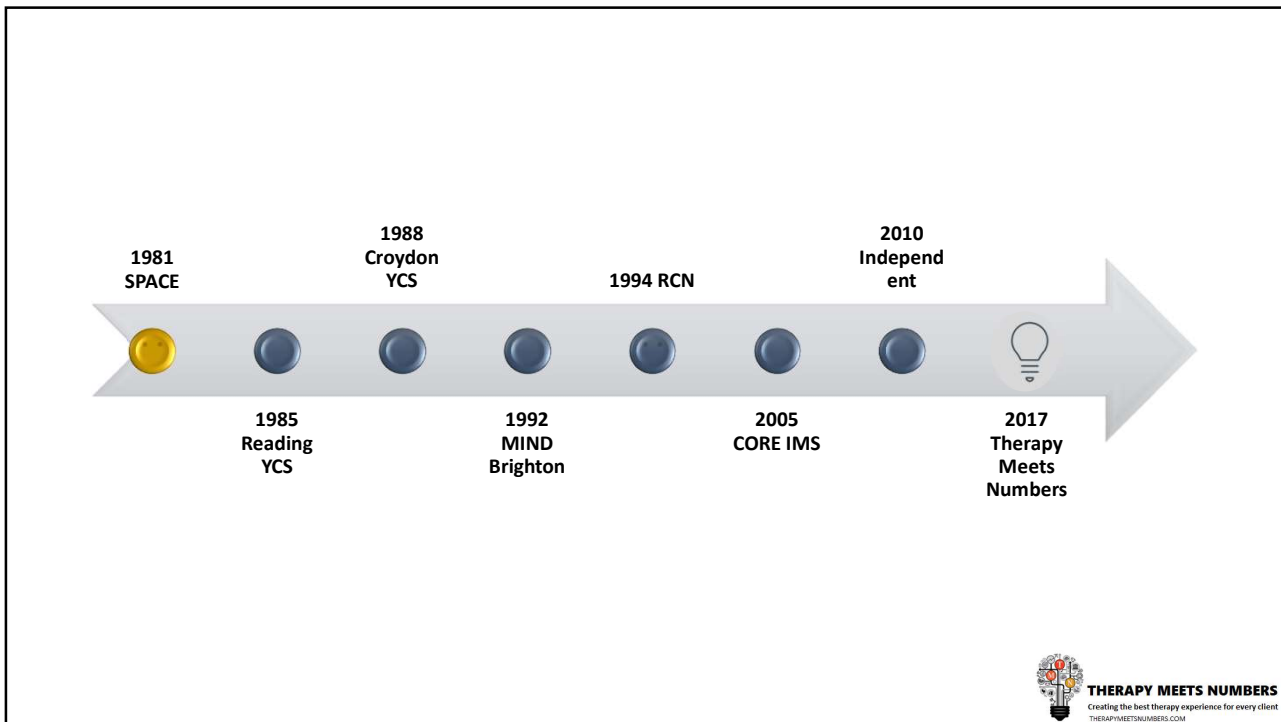
1

Outline

- A bit about me
- Completed surveys – thank you! (we'll profile through this presentation)
- Complaints: The fear, the true prevalence, and what leads clients to complain
- How therapy ends - the ideal world and the real world
- Dropout, alliance ruptures, and how we know the client is getting what they came for
- Securing client engagement and good outcomes, and reducing dropout and the likelihood of complaints, *and*.....
-What part different measures might play in giving us feedback toward those aims

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3

The screenshot shows the 'TMN BLOG' page. At the top left is the logo: a lightbulb with gears and a brain, with the text 'Creating the best therapy experience for every client.' and 'THERAPY MEETS NUMBERS'. Navigation links include WELCOME, ABOUT, TMN BLOG, and CONSULTANCY. A search bar is on the right. The main content area features three article cards:

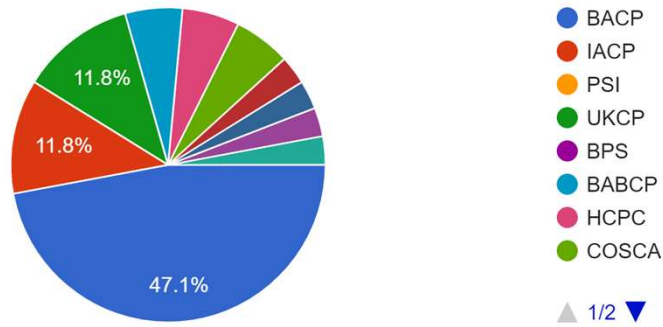
- Even 'super-shrink' has a weak spot. And you?** (Apr 11, 2018) | evidence, service and practitioner development. Text: Ongoing research is suggesting that expertise may be domain or disorder specific, rather than reflecting a core therapeutic attribute or...
- Is CBT losing its shine?** (Jan 13, 2023) | benchmarking, feedback, IAPT, therapy evaluation, using measures in practice. Text: The 2021 – 22 IAPT Annual Report delivered an unexpected surprise. Set against other therapy modalities, and its own past.
- When ideology meets reality** (Oct 30, 2022) | dropout, IAPT, manualised therapies. Text: What do the ex-Chancellor of the Exchequer Kwasi Kwarteng and the founding principles of the Improving Access to Psychological Therapies Programme

 On the right, there are sections for 'RECENT POSTS' (listing 'Is CBT losing its shine?', 'When ideology meets reality', 'Glimpses behind the therapy room door...', 'What actually makes therapy work?', 'Are You Any Good...as a Therapist?') and 'RECENT COMMENTS'. At the bottom, there is a URL: <https://therapymeetsnumbers.com/tmn-blog/> and the logo again.

4

What is your professional body?

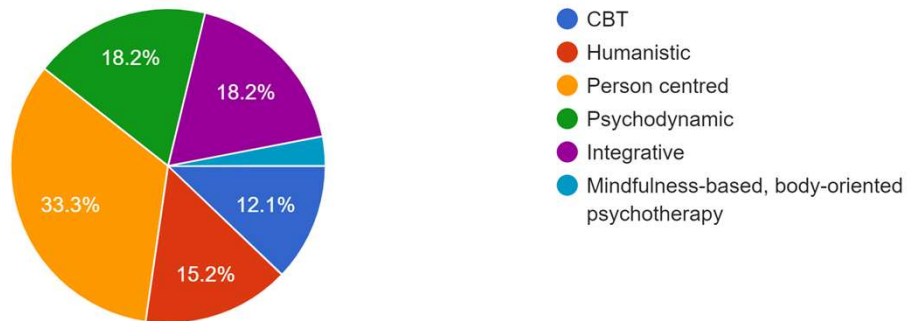
34 responses



5

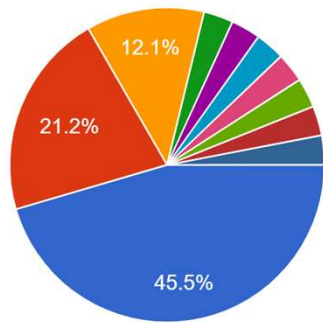
How would you describe your main theoretical orientation?

33 responses



6

In what sector is your therapeutic work primarily located?
33 responses



- Private practice
 - Voluntary/Third sector
 - NHS
 - Higher or further education
 - Private sector (including EAP's)
 - I divide my time between NHS, charity...
 - Self-employed, working in private sec...
 - High School
- ▲ 1/2 ▼



7

CLINICAL RECORDS & ROUTINE EVALUATION

CORE-10 Screening Measure

IMPORTANT! PLEASE READ THE FIRST PAGE FIRST

Please read and understand the CORE-10 and the CORE-10 LAST PAGE. Please do not tick any boxes unless you are sure you are sure.

Please tick the appropriate box for each item.

Over the last week...

1 I have felt tense, anxious or nervous 0 1 2 3 4

2 I have felt I have someone to turn to for support when needed 4 3 2 1 0

3 I have felt able to cope when things go wrong 4 3 2 1 0

4 Talking to people has felt too much for me 0 1 2 3 4

5 I have felt panic or terror 0 1 2 3 4

6 I made plans to end my life 0 1 2 3 4

7 I have had difficulty getting to sleep or staying asleep 0 1 2 3 4

8 I have felt despairing or hopeless 0 1 2 3 4

9 I have felt unhappy 0 1 2 3 4

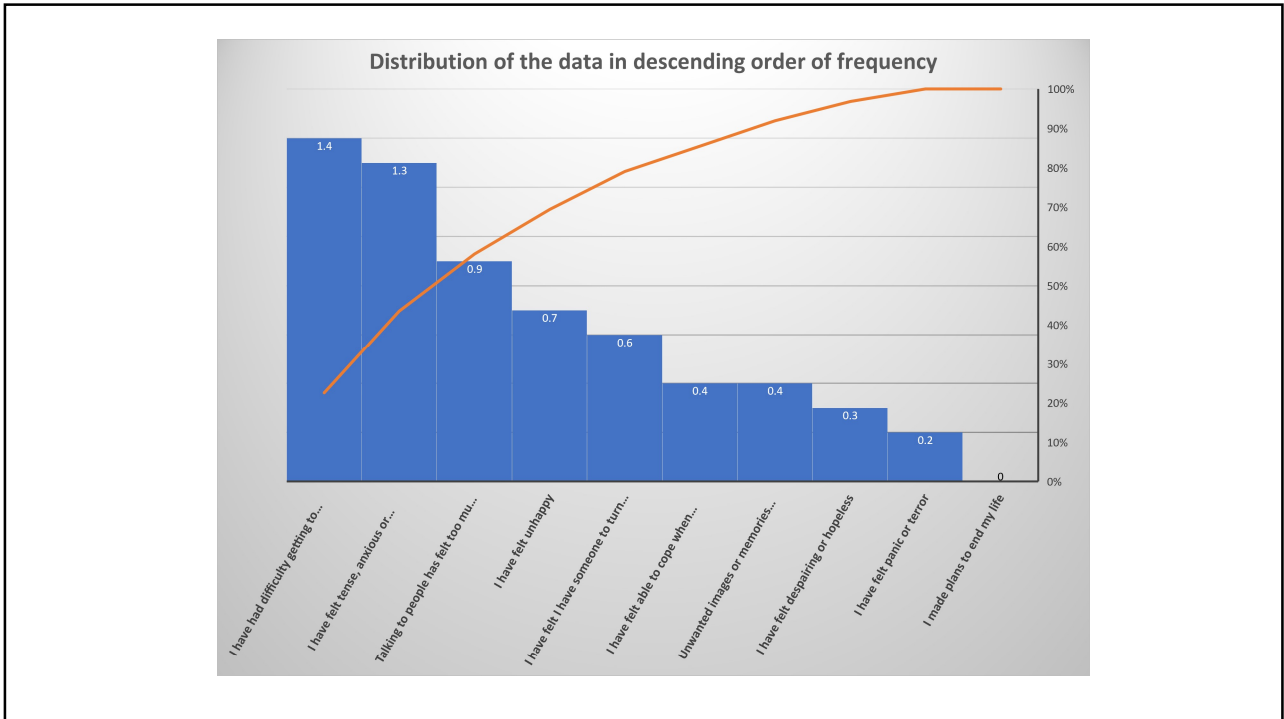
10 Unwanted images or memories have been distressing me 0 1 2 3 4

Total (Clinical Score)

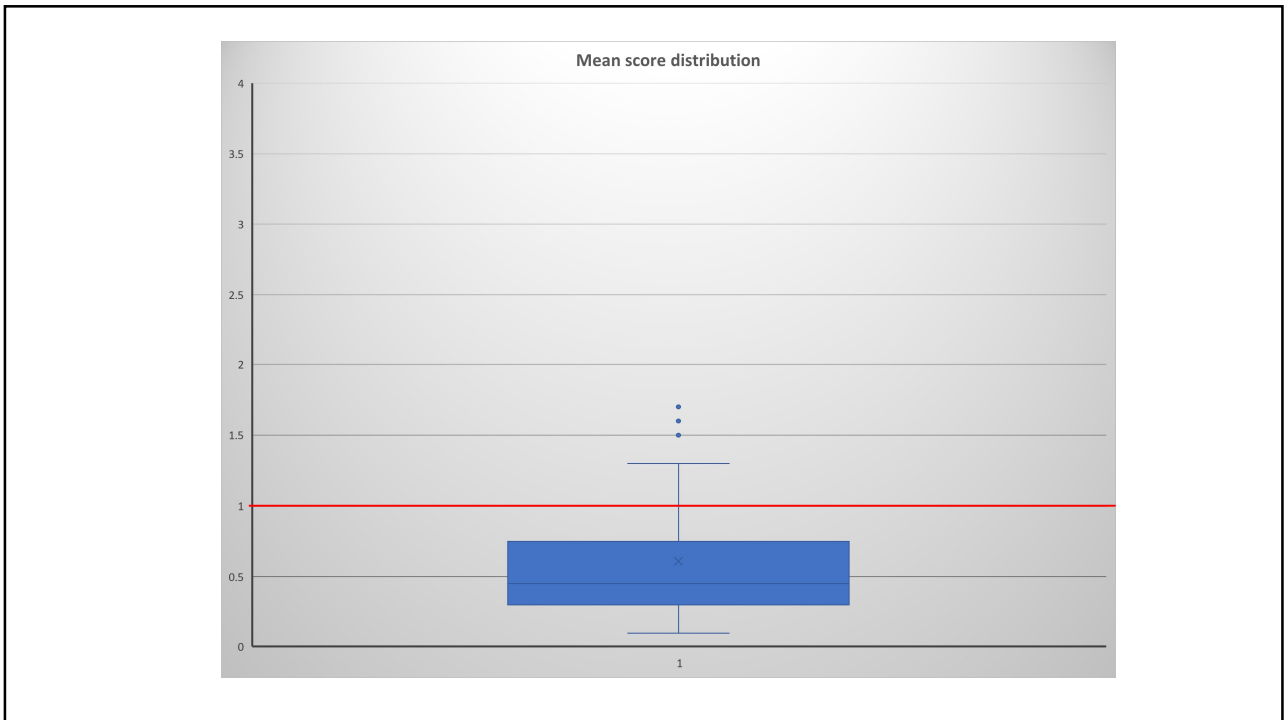
Thank you for your time in completing this questionnaire

| Over the last week... | Not at all | Only occasionally | Sometimes | Often | Most or all of the time |
|---|---------------------------------------|---------------------------------------|----------------------------|----------------------------|----------------------------|
| 1 I have felt tense, anxious or nervous | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 2 I have felt I have someone to turn to for support when needed | <input type="checkbox"/> 4 | <input type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 3 I have felt able to cope when things go wrong | <input checked="" type="checkbox"/> 4 | <input checked="" type="checkbox"/> 3 | <input type="checkbox"/> 2 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 |
| 4 Talking to people has felt too much for me | <input checked="" type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 5 I have felt panic or terror | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 6 I made plans to end my life | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 7 I have had difficulty getting to sleep or staying asleep | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 8 I have felt despairing or hopeless | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 9 I have felt unhappy | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 10 Unwanted images or memories have been distressing me | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

8

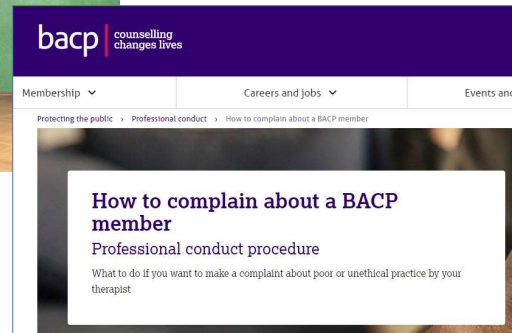
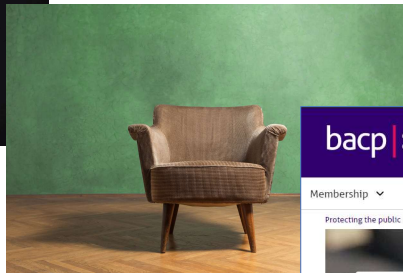


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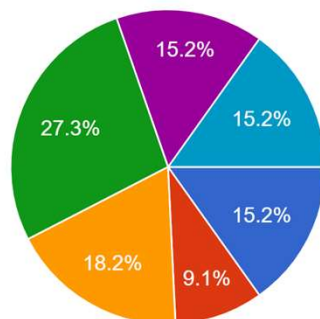
How does therapy end?



11

Across professional bodies, what would you estimate is the proportion of members that are complained against?

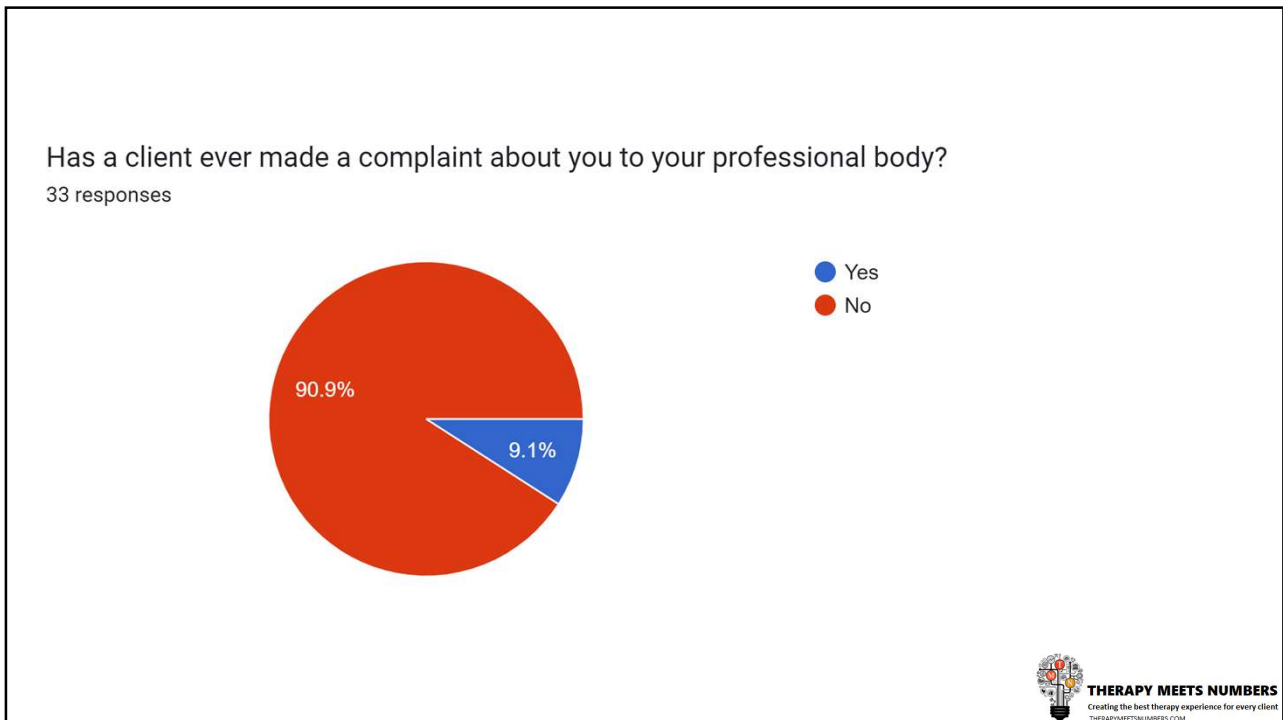
33 responses



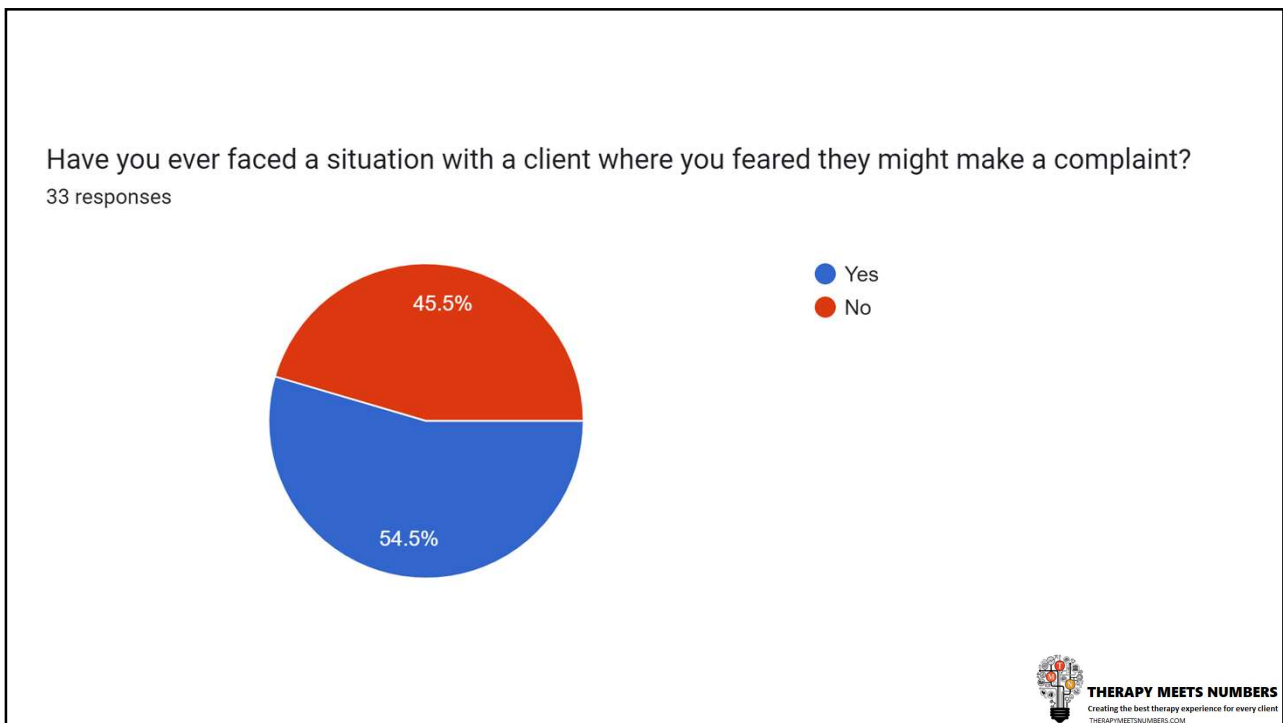
- Less than 0.2% (< two per thousand)
- 0.3% - 0.5% (three - five per thousand)
- 0.6% - 1% (6 - 10 per thousand)
- 1% - 2% (10 - 20 per thousand)
- 2% - 4% (20 - 40 per thousand)
- More than 4% (> 40 per thousand)



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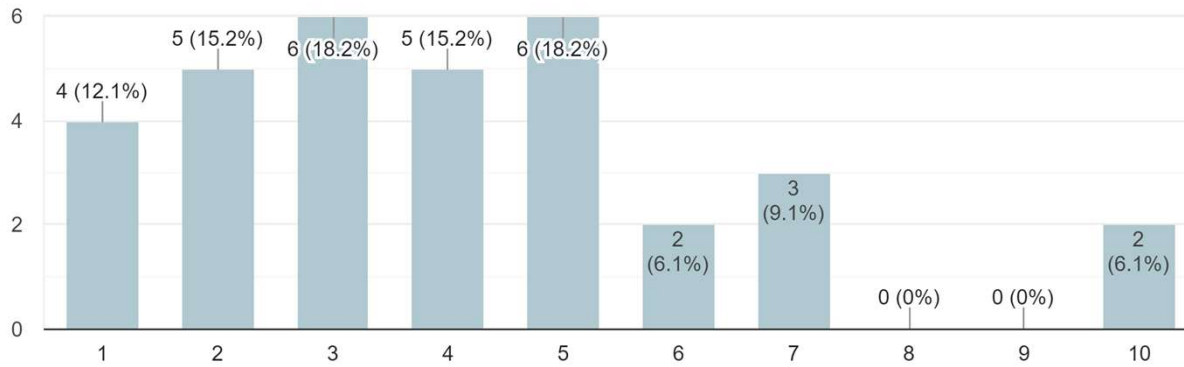
13



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On a scale of 1 – 10 (1 = unconcerned; 10 = very concerned) how worried are you about a complaint against you in the next three years?

33 responses



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What complaints tell us

Information and support based on recent complaints

As part of our work to protect the public and promote high standards of practice, we're committed to capturing learning from the queries or complaints we receive from clients who are dissatisfied with their therapy or therapist.



While complaints may be stressful for all parties, they are a valuable source of learning and information to support and improve client work and enhance client experience and safety.

These resources draw on complaints upheld in 2022 and identify some common themes to inform and support members in their practice. They are also available for the public, to inform their understanding of good practice and what to expect from counselling and psychotherapy.

Sharing this learning online with our practitioners and the public is part of our upstream complaint prevention strategy.

Each resource gives an overview of the type of complaints received and thoughts on how these might have been prevented in the first place. We hope practitioners find these useful as reflective pieces to help you identify any areas of your work where the potential for complaint could arise.

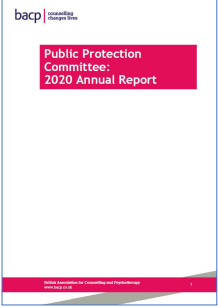
Current resources

- [Boundaries](#)
- [Competence and fitness to practise](#)
- [Confidentiality](#)
- [Contracting](#)
- [Endings](#)
- [Therapeutic interventions](#)

<https://www.bacp.co.uk/about-us/protecting-the-public/professional-conduct/what-complaints-tell-us/>




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In 2020 we received 191 complaints of which 129 became cases. The proportion of BACP members who had concerns raised about their conduct remained low at 0.34%. 22 further complaints were received and were not taken forward. (The table below shows why they were not processed.)

In 2021 we received 228 complaints under the Professional Conduct Procedure. The proportion of BACP members/registrants who had concerns raised about their conduct remained low at 0.38%. 53 complaints were received and were not taken forward.

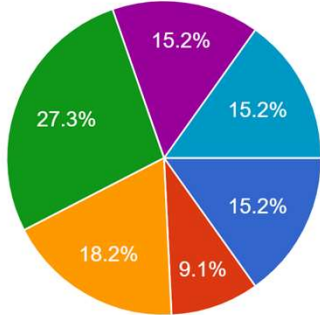
| | 2020 | 2021 |
|-----------------------|-------|-------|
| Complaints | 191 | 228 |
| % of membership | 0.34% | 0.38% |
| Complaints per member | 298 | 250 |




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Across professional bodies, what would you estimate is the proportion of members that are complained against?
33 responses



- Less than 0.2% (< two per thousand)
- 0.3% - 0.5% (three - five per thousand)
- 0.6% - 1% (6 - 10 per thousand)
- 1% - 2% (10 - 20 per thousand)
- 2% - 4% (20 - 40 per thousand)
- More than 4% (> 40 per thousand)

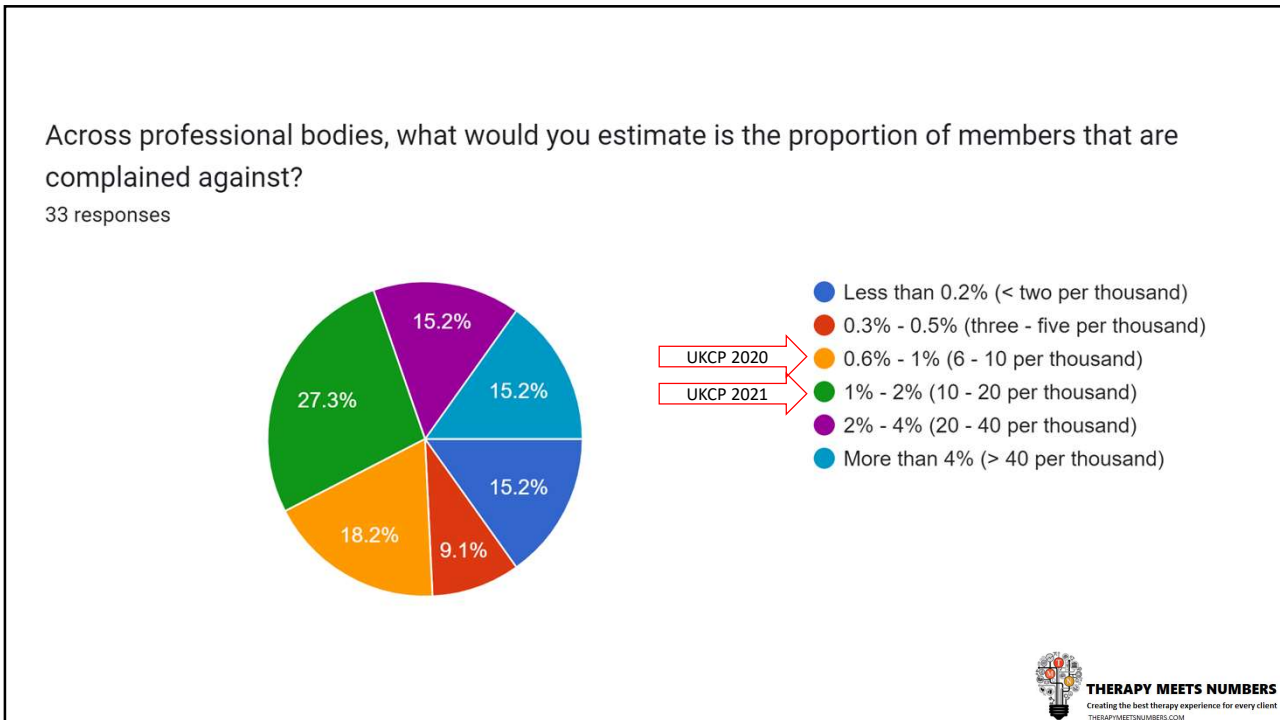


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Statistically, our chances of being complained against are very low.

But are those chances equal? Of course not...

We conducted a root cause analysis on 37 cases in 2021. Of those cases, the causes of the complaints were:

| | |
|--|----|
| 1. Failure to set and maintain professional boundaries with a client | 11 |
| 2. Breach of client confidentiality | 6 |
| 3. Dissatisfaction with delivery of therapy | 5 |
| 4. Conditional discharge/caution/conviction | 3 |
| 5. Poor management of therapy endings | 3 |
| 6. Sexual exploitation | 2 |
| 7. Adverse health | 2 |
| 8. Failure to explain terms and conditions of therapy | 2 |
| 9. Financial exploitation | 1 |
| 10. Decision of another body | 1 |
| 11. Dual relationship | 1 |



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Research has demonstrated three things that should make us all a little humble about our therapeutic impact.

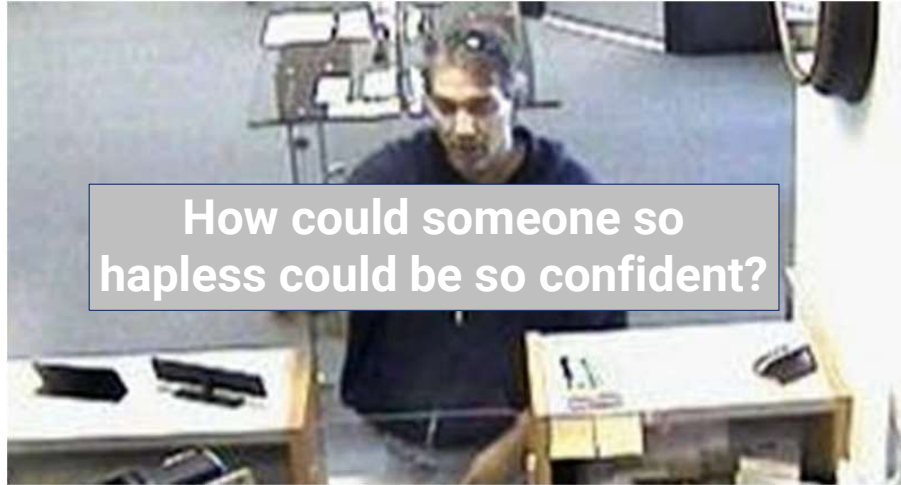
1. We're as likely as any profession to have an over-inflated sense of our professional ability and impact.
2. We struggle early on to predict which clients are likely to drop out.
3. Therapists with higher levels of professional humility get better outcomes.



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#1. Self-assessment bias

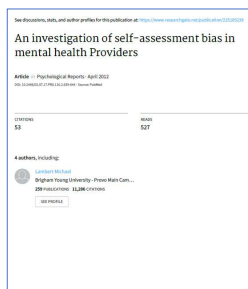


How could someone so hapless could be so confident?

<https://therapymeetsnumbers.com/self-assessment-bias-in-psychotherapy/>



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Question 1

Compared to other mental health professionals within your field (with similar credentials), how would you rate your overall clinical skills and performance in terms of a percentile (out of 0–100% : e.g., 25% = below average, 50% = average, 75% = above average)?



In response to question 1, on average respondents rated themselves at the 80th percentile. In other words, better than 79% of their peers. Twenty-five percent rated themselves at or above the 90th percentile. The most common rating was the 75th percentile. Just 8.4% percent rated themselves below the 75th percentile. None rated themselves below the 50th percentile, or, in other words, below average.

Walfish S, McAlister B, O'Donnell P, Lambert MJ. 2012. An investigation of self-assessment bias in mental health providers. Psychological Reports - April 2012

<http://therapymeetsnumbers.com/self-assessment-bias-in-psychotherapy/>



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An investigation of self-assessment bias in mental health Providers

WALFISH S, McALISTER B, O'DONNELL P, LAMBERT MJ. 2012. An investigation of self-assessment bias in mental health providers. Psychological Reports - April 2012

<http://therapymeetsnumbers.com/self-assessment-bias-in-psychotherapy/>

Question 2


? What percentage (0–100%) of your clients get better (i.e., experience significant symptom reduction during treatment? What percentage stays the same? What percentage gets worse?)

» On average, these practitioners believed that 77% of their clients improved significantly as a result of therapy. Fifty-eight percent believed that 80% or more of their clients improved, and just over one in five (21%) that 90% or more of their clients showed improvement. Almost half of practitioners (47.7%) believed that none of their clients deteriorated.

“It is common to think of ourselves as somewhat remarkable compared to others”

Walfish S, McAlister B, O'Donnell P, Lambert MJ. 2012. An investigation of self-assessment bias in mental health providers. Psychological Reports - April 2012

<http://therapymeetsnumbers.com/self-assessment-bias-in-psychotherapy/>



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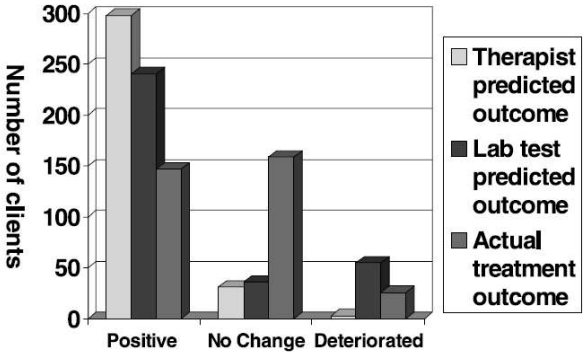
25

A Lab Test and Algorithms for Identifying Clients at Risk for Treatment Failure

HANNAN C ET AL. 2006. A lab test and algorithms for identifying clients at risk for treatment failure. Journal of Clinical Psychology 2006; 61(2): 155–163.


#2. Can we predict drop out?

- Of 550 clients attending at least one session, only 3 were predicted by therapists to deteriorate.
- Outcome data, however, showed that 40 clients deteriorated by the end of therapy, and only one those predicted to deteriorate actually had.
- The test somewhat over-predicted potential treatment failure, but proved to be far more accurate than the therapists' judgements.



| Outcome Category | Therapist predicted outcome | Lab test predicted outcome | Actual treatment outcome |
|------------------|-----------------------------|----------------------------|--------------------------|
| Positive | ~300 | ~240 | ~150 |
| No Change | ~30 | ~40 | ~160 |
| Deteriorated | ~5 | ~60 | ~30 |

Hannan C et al. A lab test and algorithms for identifying clients at risk for treatment failure. Journal of Clinical Psychology 2006; 61(2): 155–163.



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#3 - Humility

tion between PSD and self-affiliation predicted change significantly. Therapists who reported more self-doubt in their work facilitated change in patient interpersonal distress to a greater extent if they also reported to have a self-affiliative introject. Incidentally, those who combined low scores on PSD with higher scores of self-affiliation contributed to the *least* change. The findings imply that a

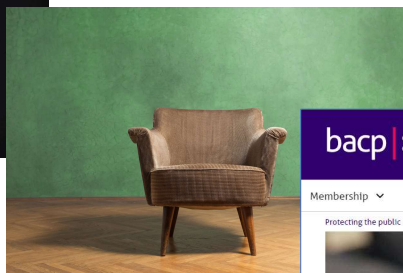
Rønnestad & Skovholt, 2013).

A contrast to professional self-doubt may be a sense of exaggerated self-confidence, which likely arises as a defense against feelings of incompetence or lacking in therapeutic mastery; feelings most therapists encounter in their professional work. The concept of 'premature

1.Nissen-Lie HA et al. Love Yourself as a Person, Doubt Yourself as a Therapist? Clinical Psychology and Psychotherapy 2015; 24(1): 48–60.

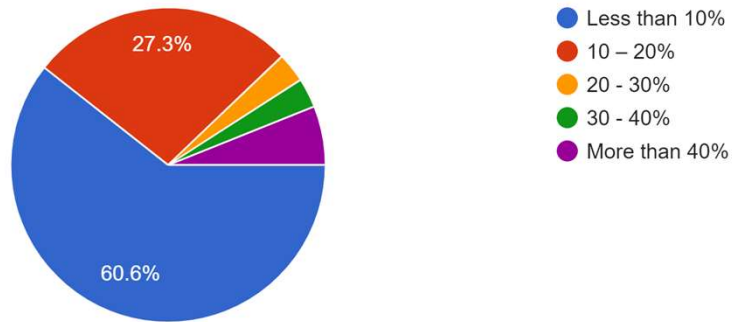


Dropout, alliance ruptures and how we know our client is getting what they came for



Thinking back over the past couple of years, what proportion of your clients would you estimate dropped out of therapy each year?

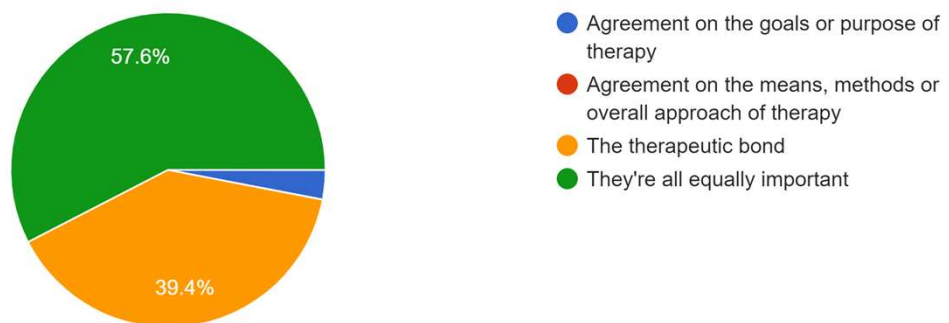
33 responses



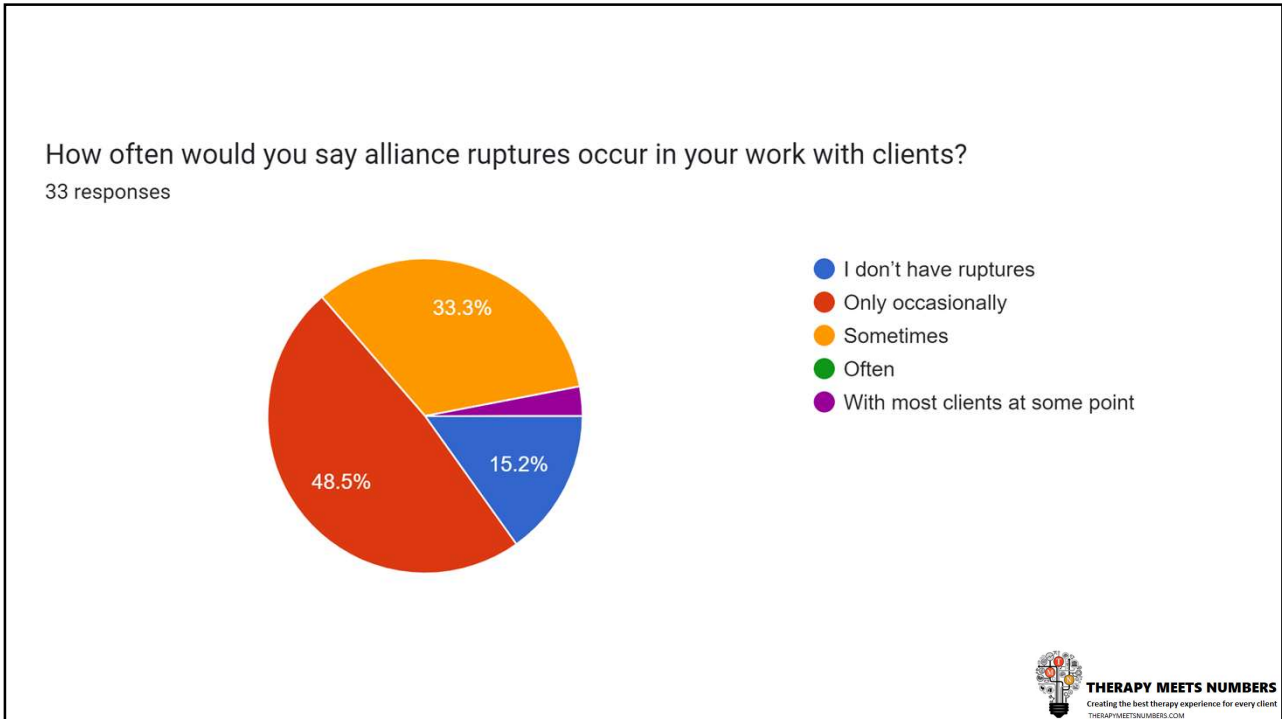
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Which is the most important component of securing client engagement?

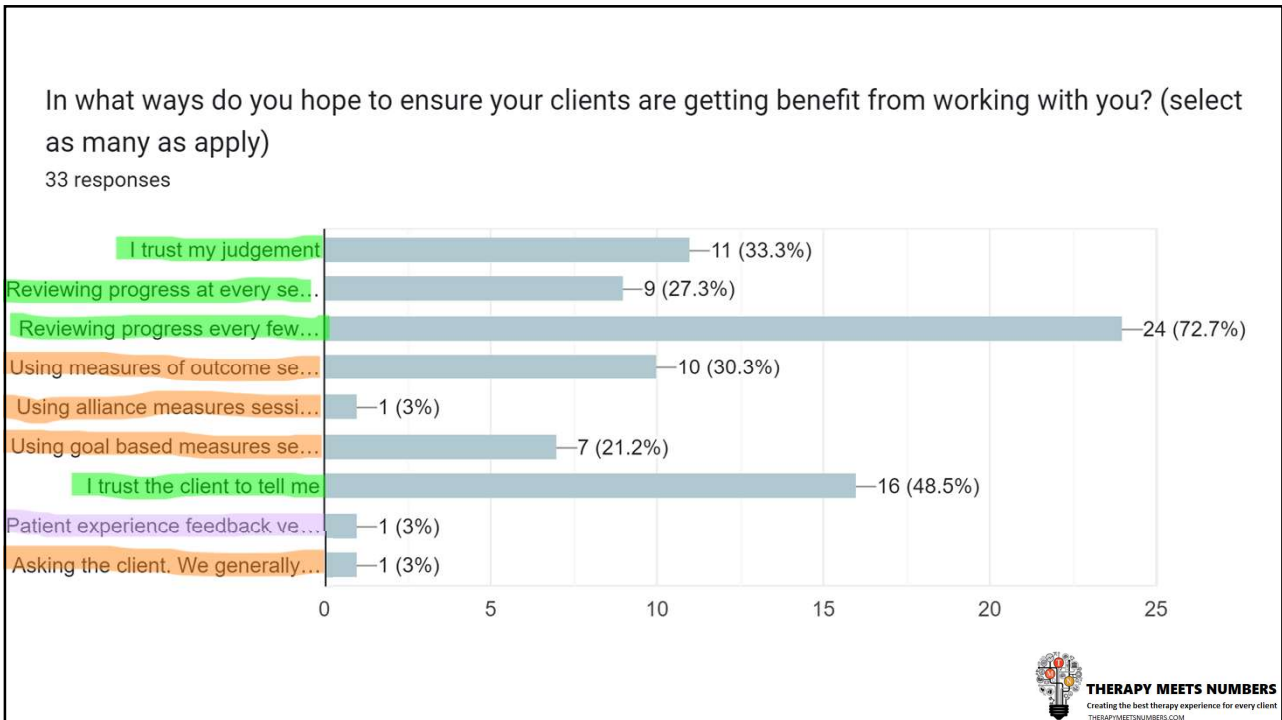
33 responses



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31



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To summarise

- 50% of you estimate that fewer than 10% of clients drop out
- 4 in 10 estimate that between 10% – 20% drop out
- 1 in 10, that more than 20% drop out
- Ways we ensure clients benefit – those based on trust and judgement outnumber those based on some form of measure by a factor of 4:1

What level of dropout is OK?

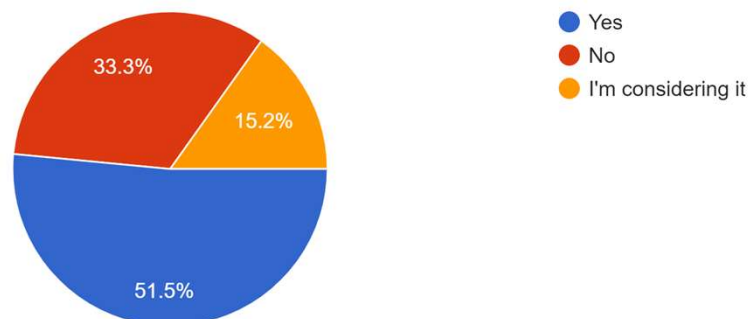
- What do we consider acceptable?
- What is it costing?
- Is dropout an inevitable consequence of the therapy endeavour?
- Can we do anything to reduce it?
- What part might measures play in that process?



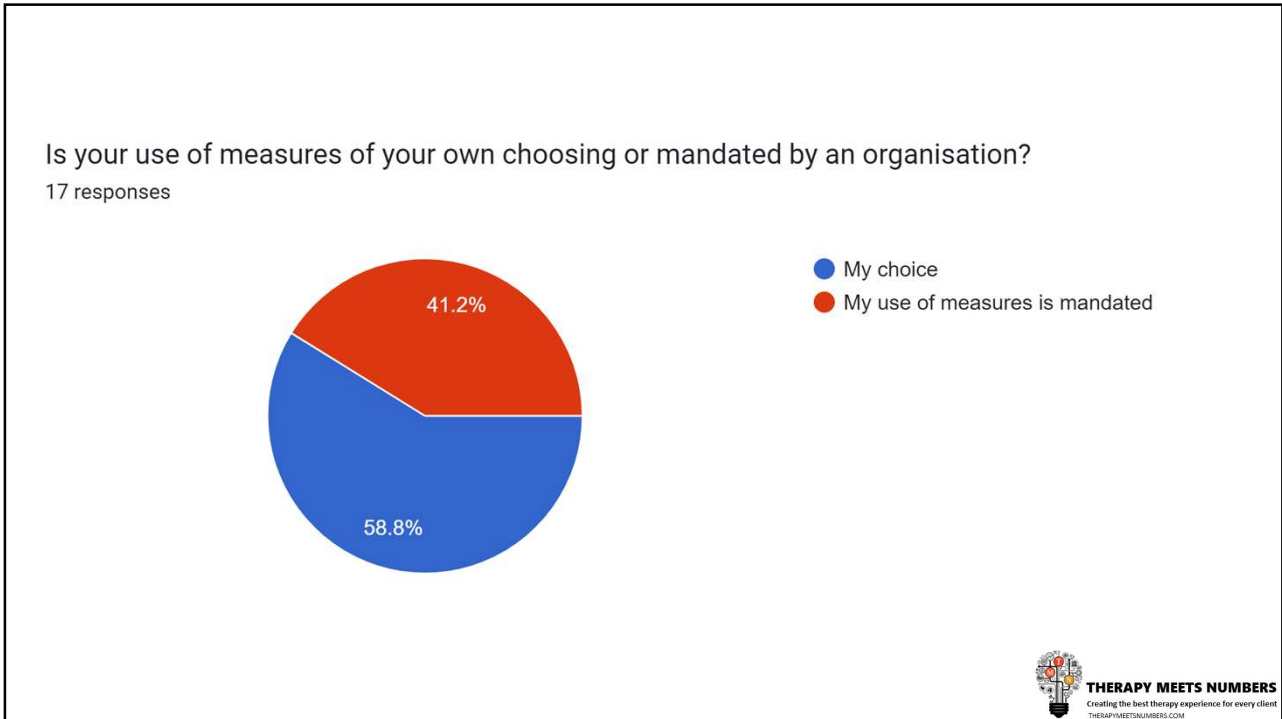
33

In your therapeutic role do you use measures that assess the outcome or impact of your work (e.g. improved psychological health, therapeutic alliance, goals)?

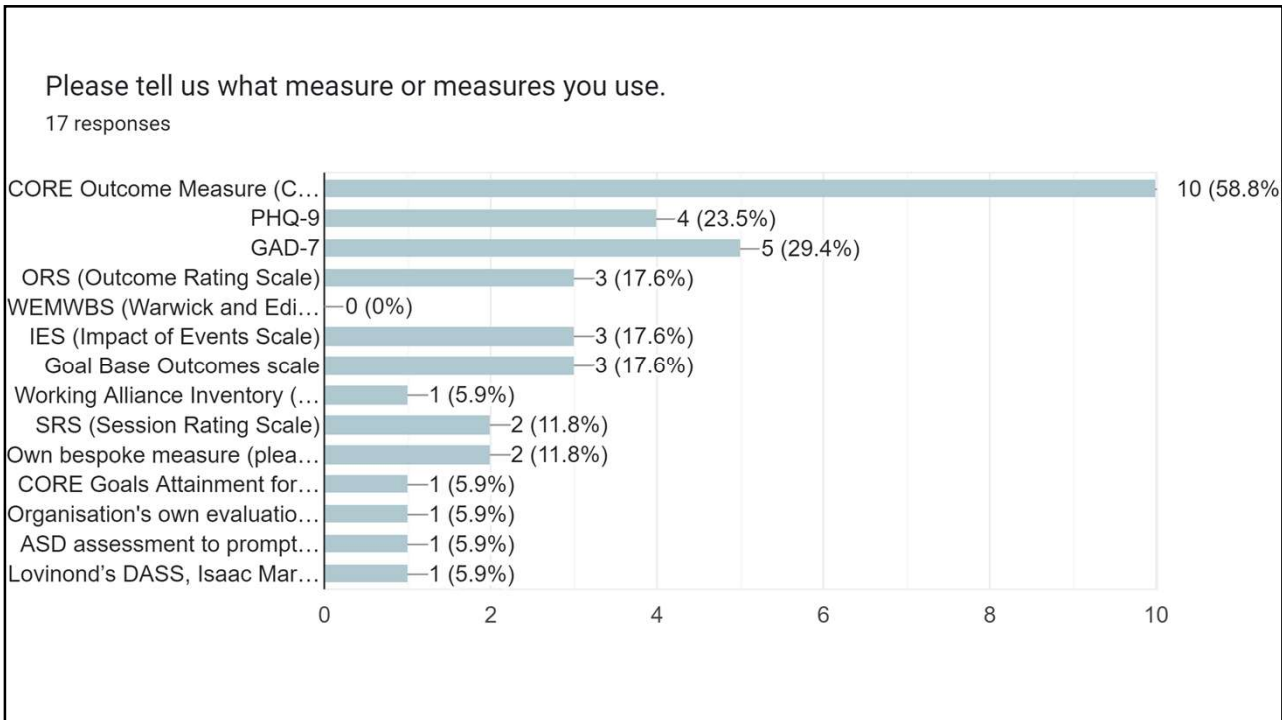
33 responses



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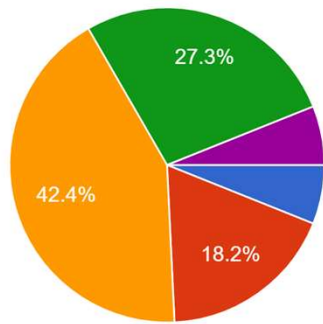
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Overall, what best describes your attitude to using measures of outcome or impact in your practice?

33 responses



- Highly or largely negative
- Generally sceptical about their value
- No strong views for or against
- Generally positive about their value
- Highly or largely positive

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Measures of outcome

- Global measures of distress (e.g. CORE, OQ-45)
 - Wellbeing, problems and symptoms, functioning, risk
- Symptom specific measures (e.g. GAD-7 and PHQ-9)
 - Anxiety and depressive symptoms respectively
- Others
 - Ultra brief measures (e.g. Outcome Rating Scale)
 - Humanistic and person-centred focused e.g. Strathclyde Inventory, WEMWEBS
 - Diagnostic tools (e.g. IES, Rosenberg SES)



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Process measures

- Working alliance measures e.g. Agnew Relationship Measure (ARM), Working Alliance Inventory (WAI) and Session Rating Scale (SRS)
 - Goals, methods or tasks, bond + other aspects such as confidence and general feedback on session
- Experiential measures
 - Helpful Aspects of Therapy Form (during therapy)
 - IAPT Patient Experience Questionnaire: PEQ (post therapy)
 - Bespoke client feedback forms (generally post therapy)

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HELPFUL ASPECTS OF THERAPY FORM (H.A.T.)

7. Did anything happen during the session which might have been hindering?
YES NO

(a. If yes, please rate how hindering the event was: _____

1. Extremely hindering
2. Greatly hindering
3. Moderately hindering
4. Slightly hindering

(b. Please describe this event briefly:

Questions: TMN-SE

PDF ? Current total score:

1. How was our session today?

Not so good It was great

0 10
0.0

2. What stood out?

Please highlight anything that stood out for you, whether positive or negative. Please be honest, rather than polite. If nothing comes to mind, leave blank.

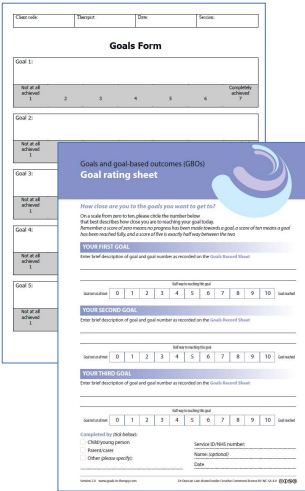
3. For our next session?

Feel free to share anything you think we should cover when we next speak, if we haven't flagged it already.

[\[back to top\]](#)

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The image shows two overlapping forms. The top one is a 'Goals Form' with columns for Client, Therapist, Title, and Section, and rows for Goal 1, 2, 3, 4, and 5. The bottom one is a 'Goal rating sheet' with instructions and three goal sections, each with a 0-10 Likert scale and a space for a brief description.


Goal focused measures

- Goal based measures
 - Measuring sessional or periodic progress towards client-defined goals
 - Goal Form
 - https://www.researchgate.net/publication/286928866_Goals_Form
 - Goal Based Outcomes tool
 - <https://www.goals-in-therapy.com/>



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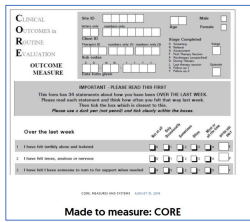
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RESEARCH AND PRACTICE: INTRODUCING MEASURES IN PRACTICE | JULY 13, 2023

Introducing measures into working with clients

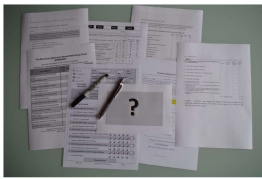
<https://therapymeetsnumbers.com/introducing-measures-into-working-with-clients/>



CORE MEASURE (REVISED) | 10/15/17 | 2023

Made to measure: CORE


<https://therapymeetsnumbers.com/made-to-measure-core/>



RESEARCH AND PRACTICE: HOW TO CHOOSE A THERAPY OUTCOME MEASURE | AUGUST 7, 2023

How to choose a therapy outcome measure

<https://therapymeetsnumbers.com/how-to-choose-a-therapy-outcome-measure/>



RESEARCH AND PRACTICE: TEACHER, CRAFTSPERSON OR GARDNER? WHICH THERAPIST ARE YOU? | JULY 13, 2023

Teacher, craftsperson or gardener? Which therapist are you?

<https://therapymeetsnumbers.com/teacher-craftsperson-or-gardner-which-therapist-are-you/>

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Measures are the instrument of control of an top-down, target driven management culture that values data over people, processes over relationships and is ruthless in pursuit of volume and efficiency.



Given that we are ultimately human, and our judgements fallible, can measures be another way that we can elicit feedback from clients that helps to support (and sometimes challenge) our felt sense of progress?




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Can we incorporate measures into our way of working in a way that will help us to improve our outcomes, reduce our level of dropouteven.... who knows, reduce the risk of a complaint being made against us?



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Wake up and smell the evidence


If counselling is to claim it is effective, it needs to provide the evidence, argues Barry McInnes

What's the evidence for using measures?

What we know about improvement trajectories

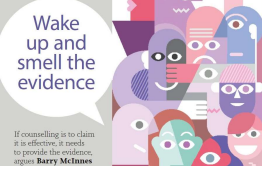
- Most improvement occurs in the early stages of therapy.
- Clients who don't show early improvement are significantly less likely to subsequently improve
- A large managed care study found that **clients showing no improvement by the third session didn't (on average) improve over the course of therapy.** Those showing **deterioration by the third session were twice as likely to drop out** as they were to progress
- Falkenström et al: Assessed relationship between early alliance strength and outcomes using the WAI and the CORE-OM at each session. **Working alliance, measured at session three, significantly predicted subsequent symptom change** across the rest of the treatment, even while controlling for prior symptom improvement

<https://therapymeetsnumbers.com/wake-up-and-smell-the-evidence/>
<https://therapymeetsnumbers.com/the-therapeutic-alliance-part-two/>



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Wake up and smell the evidence

If counselling is to claim it is effective, it needs to provide the evidence, argues Barry McInnes


What's the evidence for using measures?

What we know about the impact of using measures

- Lambert et al: Summarised the effects of providing feedback on clients at risk of treatment failure. The **highest rates of improvement were evident when progress feedback was given to both client and therapist.** They concluded:

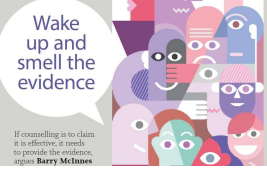
“It seems likely that therapists become more attentive to a patient when they receive a signal that the patient is not progressing.”
- De Jong et al: Meta analysis (58 studies) found a **small but significant effect in favour of progress feedback v. TAU control.** Effect for clients not on track marginally larger. Dropout in feedback groups was 20.9%, compared with 24.5% control groups. Corresponds to a **20% increased chance of dropout in the TAU groups.**

<https://therapymeetsnumbers.com/wake-up-and-smell-the-evidence/>
<https://therapymeetsnumbers.com/progress-feedback-how-much-difference-does-it-make/>



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Wake up and smell the evidence

If counselling is to claim it is effective, it needs to provide the evidence, argues Barry McInnes

What's the evidence for using measures?

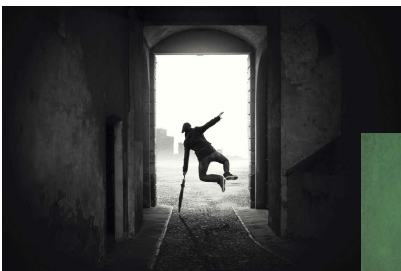
What we know about the impact of using measures

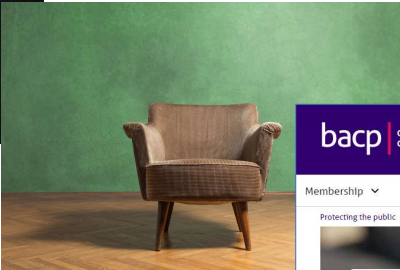
- Delgadillo et al: Comparison of existing (control) and enhanced system (OF group) for progress tracking in IAPT, including NOT alert for therapists. Results: **No difference in symptom change, RCSI or dropout** between the groups, but a **significantly higher rate of NOT clients** and session utilisation in the control group. **Clients in the OF group used just over one-third less sessions** than those in the control group
- Whipple et al: Clients at risk of a negative outcome were **less likely to deteriorate, more likely to stay in treatment longer**, and **twice as likely to achieve clinically significant change** when their therapists had **access to information on outcome and alliance**.
- Miller et al: Introduced **ORS and SRS** in an international EAP. At early phase, **20% of clients at intake had ORS but not SRS data**. They were **three times less likely to return for a 2nd session and have significantly poorer outcomes**. **Improving a poorly rated alliance early in therapy correlated with significantly better outcomes** by the end of therapy.


<https://therapymeetsnumbers.com/wake-up-and-smell-the-evidence/>
<https://therapymeetsnumbers.com/deliver-effective-therapy-efficiently-at-reduced-cost/>

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Improved outcomes, reduced dropout, no complaints. What role measures?







bacp counselling changes lives

Membership | Careers and Jobs | Events and

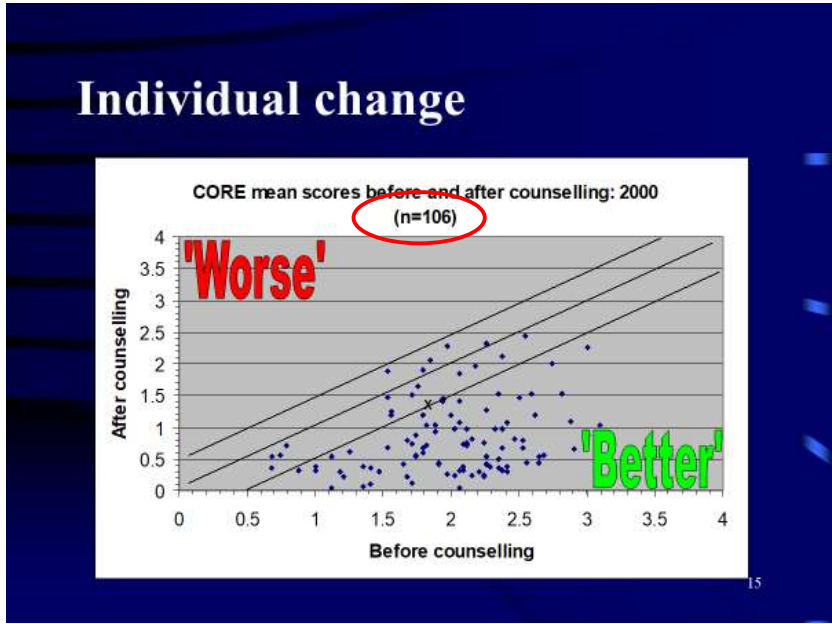
Protecting the public | Professional conduct | How to complain about a BACP member

How to complain about a BACP member

Professional conduct procedure

What to do if you want to make a complaint about poor or unethical practice by your therapist

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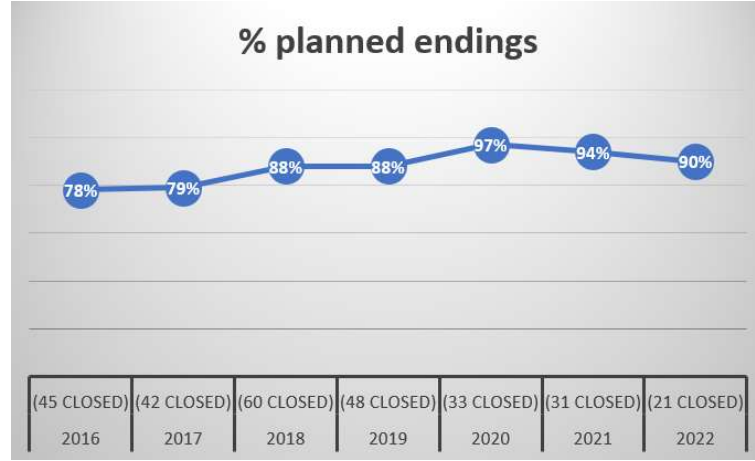


Is it making a difference?

| | | National Range | | | Service Range Avg | | |
|---------------------------|--------------------------------------|----------------|-----|-----|-------------------|-----------------|-----------------|
| | | Min | Max | Avg | 2002 (n=399) | 2003 (n=389) | 2004 (n=246) |
| Use of CORE | OM1 | 61 | 91 | 82 | 69 | 80 | 82 |
| | OM1 + 2 | 15 | 83 | 45 | 30 | 46 | 57 |
| KPIs | Clinical and/or Reliable Improvement | 52 | 88 | 70 | 79 | 80 | 85 |
| | Deterioration | 0 | 6 | 3 | 1 | 1 | 1 |
| | Unplanned Endings | 9 | 35 | 19 | 31 | 25 | 16 |
| | DNAs | 7 | 34 | 17 | 18 | 14 | 16 |
| First Sessions | Not Suitable for therapy | 0 | 8 | 1.5 | 1 | 1 | 0 |
| | Referred on | 0 | 5 | 1.5 | 2 | 0 | 1 |
| Sessions | Single Session | 0 | 7 | 4 | 14 | 14 | 15 |
| | Accepted for therapy | 74 | 98 | 87 | 81 | 85 | 84 |
| Below cutoff at Referrals | | 8 | 25 | 20 | 22 | 27 | 26 |
| Avg Waiting Times | | 22 | 90 | 54 | 9 | 8 | 8 |

RCN service performance data for years 2002 – 2004 contrasted with sample national benchmark data. Table shows relative year on year improvements across all KPI's with the exception of deterioration (unchanged) and DNAs (slight deterioration in 2004 relative to 2003)

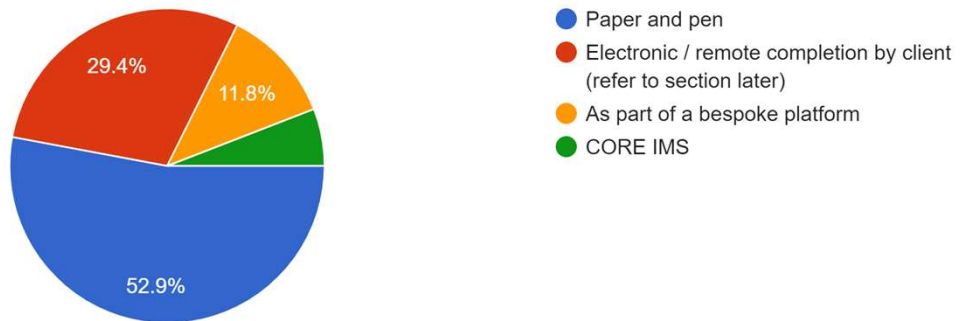
50



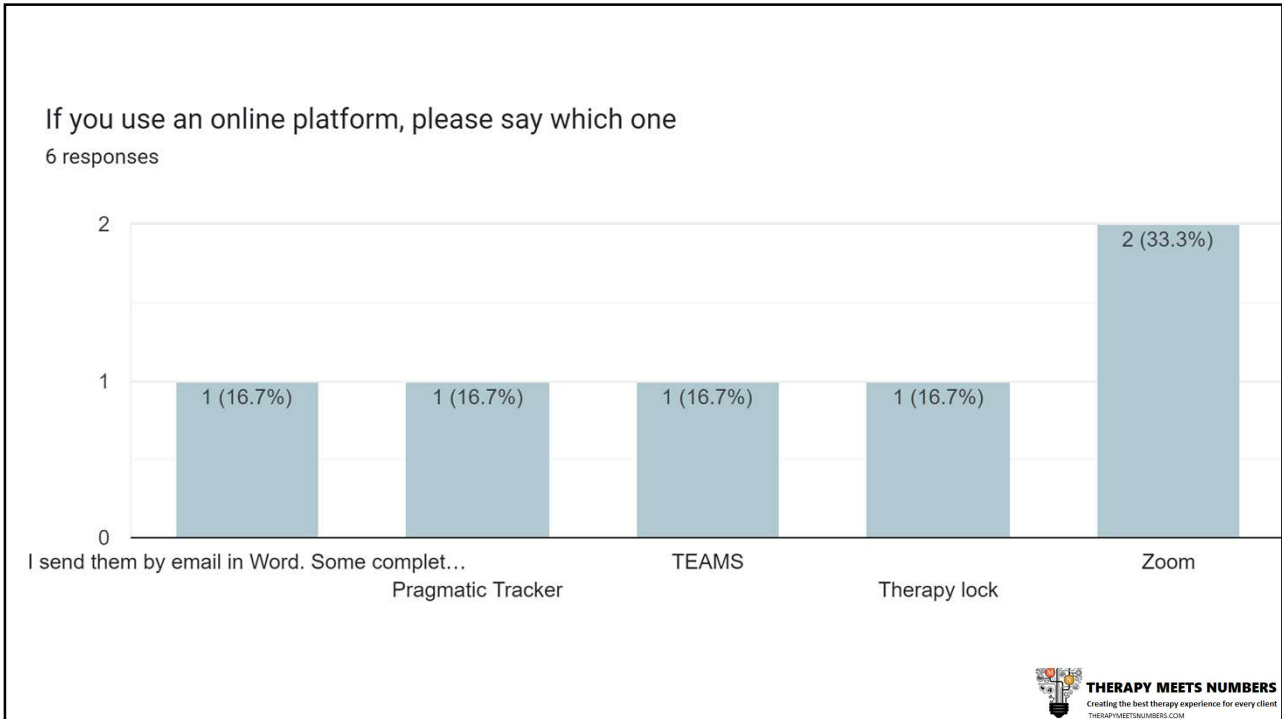
51

In what format do you administer these measures?

17 responses



52




53

clients calendar messages help support

server response

Hello barymcinnes logout

Pragmatic TRACKER



barymcinnes's open clients

Show these clients

Open: Mine:

Closed:

Deleted:

search

Client summary

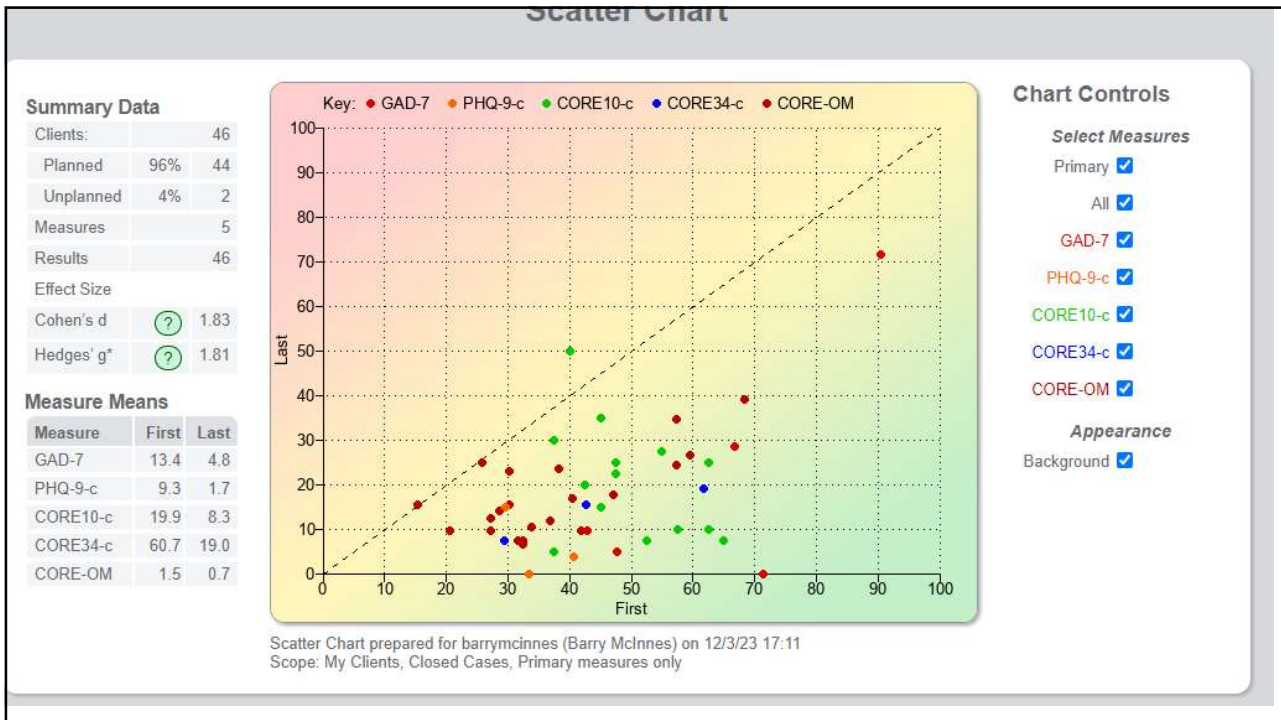
| | |
|--------------------|----|
| Clients: | 16 |
| In Treatment: | 16 |
| Not seen 10 days: | 5 |
| Not seen 30 days: | 4 |
| Improved: | 4 |
| Improved a little: | 1 |
| Not improved: | 10 |
| Cancelled Appts: | 13 |

Reports Scatter Chart

| Client ID | Stage | Appointments | | | Primary Measure | Latest Score | +/-% | + |
|-----------|------------|--------------|----------|-----|-----------------|--------------|------|---|
| | | Last | Next | Num | | | | |
| | In Therapy | 9/03/23 | 6/04/23 | 10 | CORE-OM | 1.02941 | - | X |
| | In Therapy | 28/02/23 | 15/03/23 | 36 | CORE10-c | 4 | +69 | X |
| | In Therapy | 17/01/23 | - | 26 | CORE-OM | - | - | X |
| | In Therapy | 8/03/23 | 5/04/23 | 14 | CORE10-c | 6 | +70 | X |
| | In Therapy | 17/02/23 | 7/03/23 | 11 | CORE-OM | 0.647059 | +59 | X |
| | In Therapy | 9/03/23 | 16/03/23 | 13 | CORE-OM | 1.41176 | - | X |
| | In Therapy | 7/12/22 | - | 6 | CORE-OM | 2.05882 | -19 | X |
| | In Therapy | 23/02/23 | 30/03/23 | 5 | CORE-OM | 2.5 | - | X |
| | In Therapy | 28/02/23 | 17/03/23 | 5 | CORE-OM | 1.5 | +11 | X |
| | In Therapy | 2/02/23 | - | 3 | CORE-OM | 1.26471 | - | X |
| | In Therapy | 24/02/23 | 10/03/23 | 9 | CORE-OM | 0.941176 | +40 | X |
| | In Therapy | 13/03/23 | 22/03/23 | 9 | CORE10-c | 19 | -19 | X |

Add a new client

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Measurement methodology

Is there a one size fits all?

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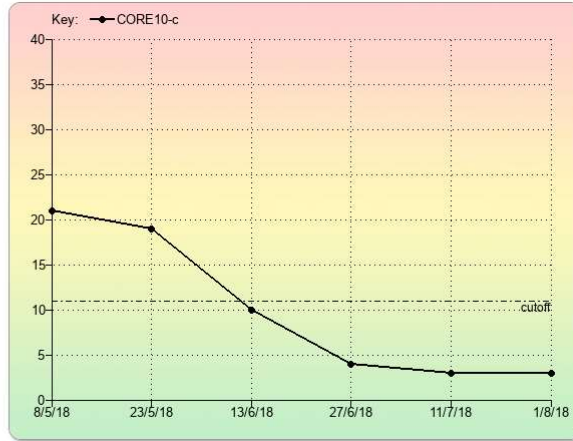
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Summary Data

Start Date 8/05/18
 Appointments 6
 Attended 6
 Cancelled 0
 DNA 0

| Measure | First | Last | +/-% |
|----------|-------|------|------|
| CORE10-c | 21 | 3 | +86 |



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Summary Data

Start Date 9/06/20
 Appointments 6
 Attended 6
 Cancelled 0
 DNA 0

| Measure | First | Last | +/-% |
|---------|-------|------|------|
| PHQ-9-c | 11 | 1 | +91 |
| GAD-7 | 14 | 4 | +71 |



Chart Controls

Select Measures

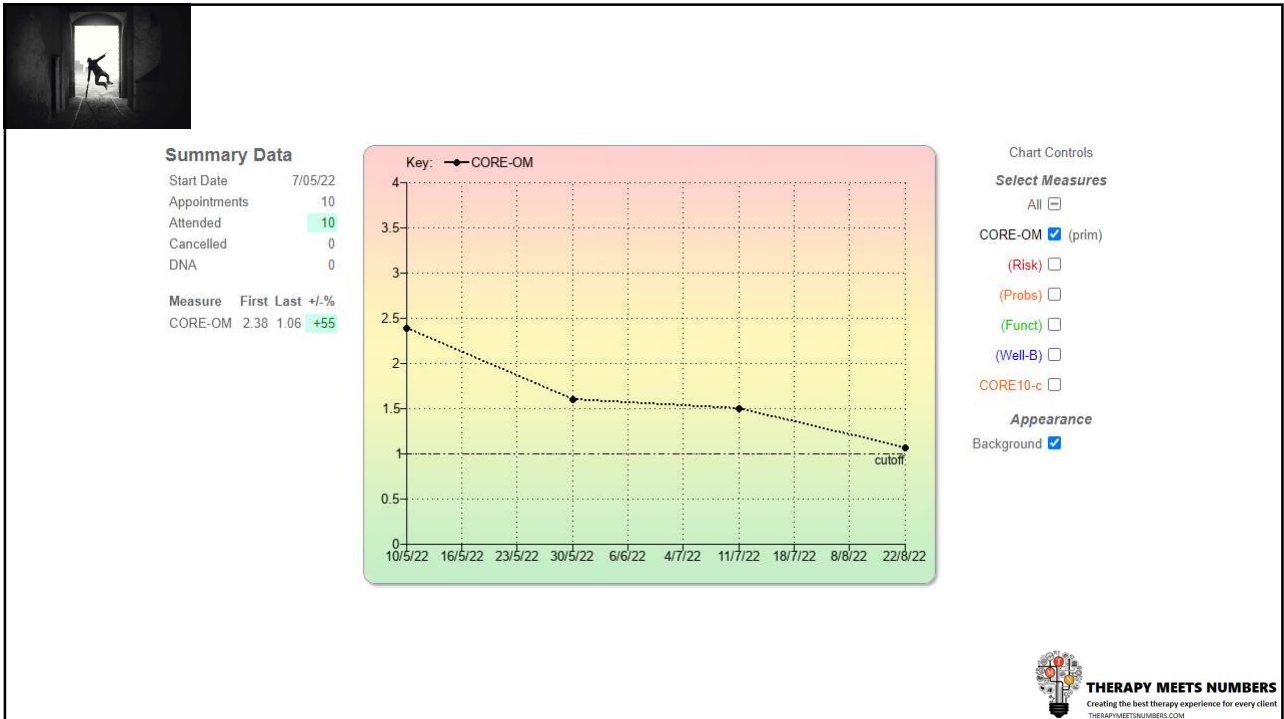
- All
- PHQ-9-c (prim)
- GAD-7

Appearance

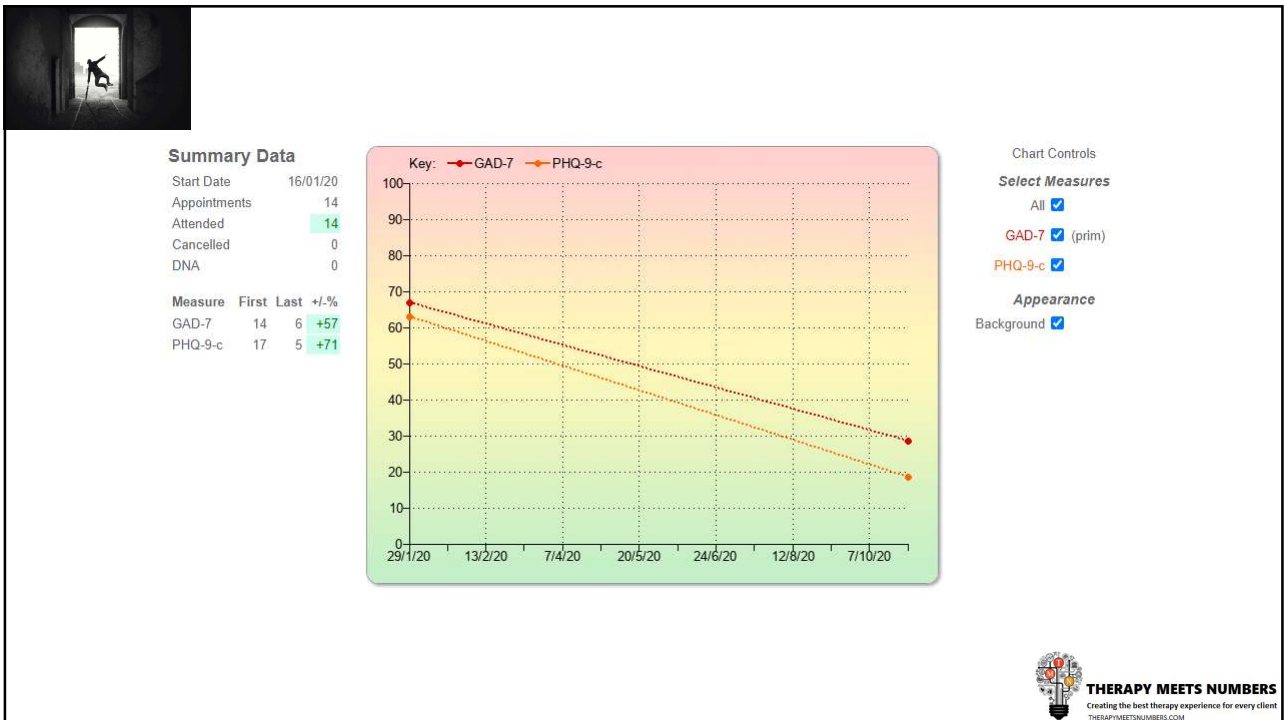
- Background



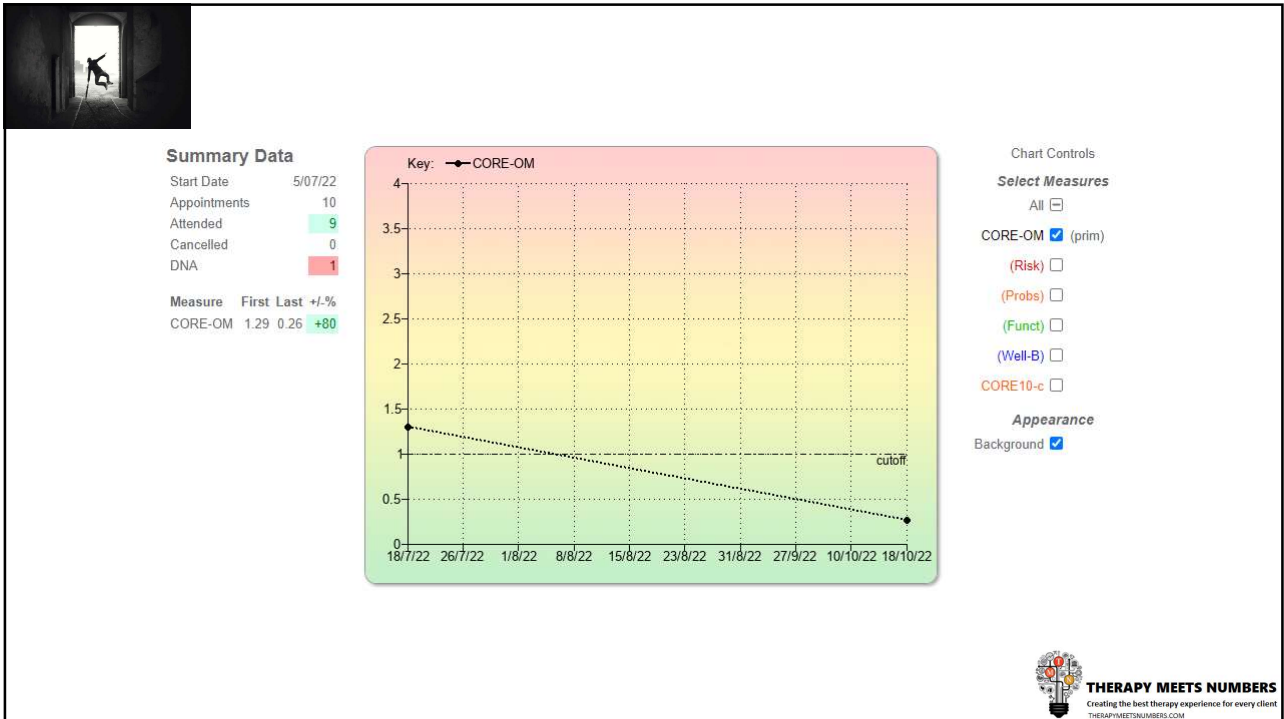
58



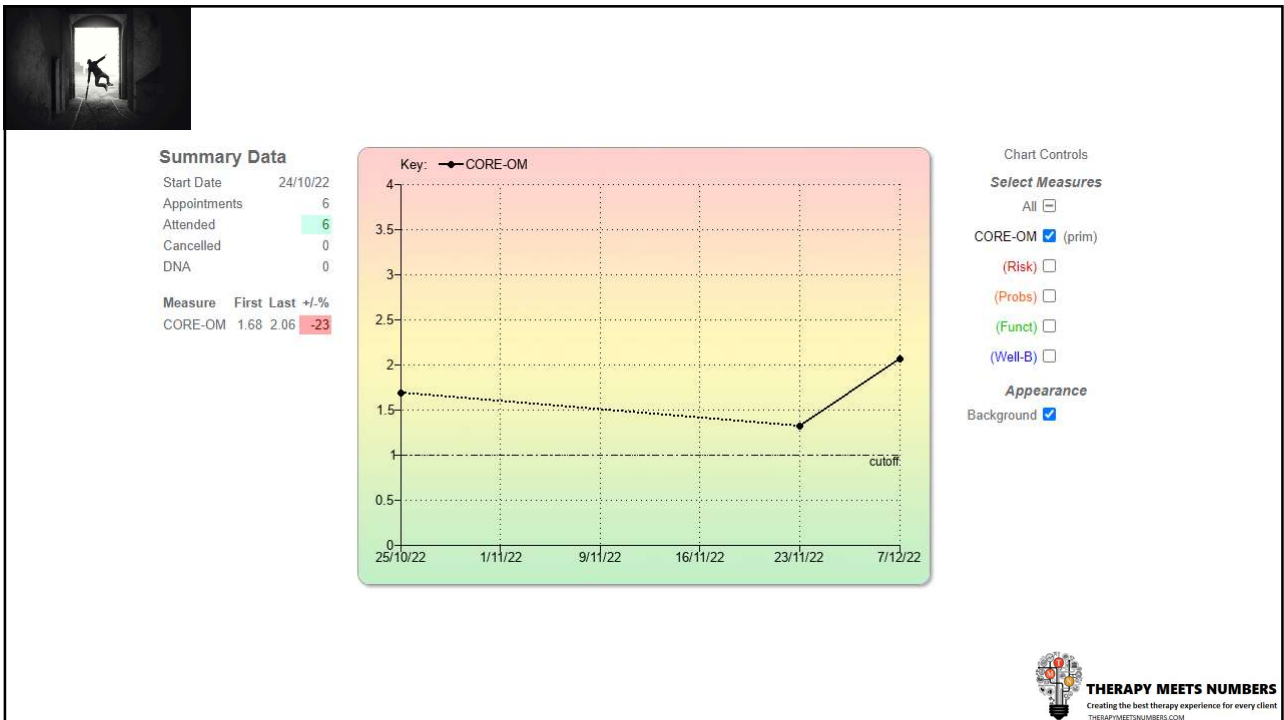
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60



61



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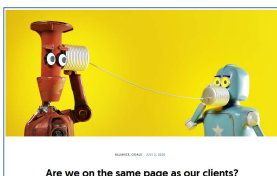


ALLIANCE, GOALS JULY 2, 2020

Are we on the same page as our clients?

<https://therapymeetsnumbers.com/are-we-on-the-same-page-as-clients/>

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Are we on the same page as our clients?

- ▶ Lack of goal clarity was significantly higher when initial treatment goals were discussed less frequently during therapy, and higher also when treatment progress was not evaluated on a regular basis.
- ▶ Lack of goal clarity was strongly linked to clients' views on the quality of the therapeutic alliance. In particular, greater lack of goal clarity was related to lower levels of client/therapist agreement on the treatment goals and task dimensions of the Working Alliance Inventory, as well as a lower level of bond with the therapist.
- ▶ Higher levels of perceived lack of goal clarity were related to higher levels psychological symptoms and problems in interpersonal relationships and functioning

<https://therapymeetsnumbers.com/are-we-on-the-same-page-as-clients/>

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Tony Rousmaniere, PsyD is Clinical Faculty at the University of Washington and has a private practice in Seattle. He hosts the clinical training website www.dpfortherapists.com, and is the author/editor of four books on clinical training: *Deliberate Practice for Psychotherapists*, *The Cycle of Excellence: Using Deliberate Practice to Improve Supervision and Training*, *Using Technology to*

"Of course I ask for feedback from my clients. I do it every session!" Every therapist believes they ask for client feedback. True for you too? Then tell me why your last three dropouts happened.

Another fruitless session had just ended with Anne, and I was pretty sure that she was about to drop out. I handed her a feedback form and asked her to complete it. She looked at the piece of paper, snorted and said, "Are you kidding me?" As a beginning therapist, I have a lot of practice hiding my nervousness. I replied, "I need your feedback in order to learn how to help you better, but also to become a better therapist overall, so I appreciate your time and candor in filling this out." Anne snorted again, rolled her eyes, and completed the Session Rating Scale, an ultra-brief tool that measures the working alliance along four dimensions. She handed the form back to me and I saw that our working alliance, as I would have guessed, was a sinking ship. I asked what specifically I could do to help her better. Anne replied, "You could listen."

She looked at the piece of paper, snorted and said, "Are you kidding me?"

<https://www.psychotherapy.net/article/psychotherapy-dropouts#section-anne--a-case-study>

65

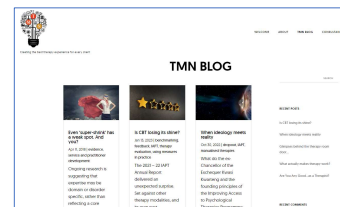


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barrymcinnes@virginmedia.com



<https://therapymeetsnumbers.com/tmn-blog/>



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