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Research & Development

An Evaluation of Using CORE-Net with Online Therapy

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Introduction/Abstract

As the popularity of online therapy and counselling increases, ACTO decided that it was essential that the effectiveness of online therapy be evidenced. To establish how best to do this, ACTO set up a small pilot of online therapists from a variety of modalities to work with clients using CORE-Net. CORE was selected as a measure to undertake this work as CORE-Net has a body of research literature into the efficacies of traditional therapies. CORE-Net also offered a digitalised version that could be used in the context of online therapy by sending clients remote invitations to complete CORE form measures priory to the therapy session and to then, when appropriate, screen-share the clients' responses and discuss the analyses provided by the software within the therapy itself. The clients were offered time-limited online therapy in a choice of formats including webcam, audio, live chat, email and Virtual Reality. The data presented in this evaluation was generated from the data derived from CORE-net, clients' anonymised feedback and therapists' feedback.

This study discusses the implications arising from this pilot. Although a small pilot, the implications were strong: using CORE-Net would provide a valuable research database for measuring the efficacy of online therapy and its formats; online therapy was highly effective from this small, limited study, with three-quarters of the clients showing some level of improvement in their psychological well-being and, crucially, half the clients that started the pilot in the clinical population, where CORE scores are above 10 points, ended the short-term therapy offered in the pilot within the non-clinical population; clients were highly positive about completing measures; both clients and therapists thought there were benefits from using CORE-Net for the therapeutic process itself, with several therapists believing it aided mentalization and affect regulation; the use of CORE-Net may have important additional safeguarding implications when working remotely.

There is an important caveat: this was a small experiential pilot, not a robust research project. The issues explored in this study lead us to the conclusion that CORE-Net would be a highly valuable tool for both research purposes and for the online therapeutic processes themselves

Our gratitude to John Mellor-Clark and Simone Mellor-Clark and CORE-IMS for allowing, supporting and encouraging this ACTO pilot and to all the therapists who gave their time and expertise to the pilot.

Aims of the pilot

As online therapy[1] increases in popularity, with commissioners such as the NHS turning to digitalised therapeutic services, ACTO decided that it was important that the effectiveness of online therapy be evidenced. To meet this purpose, ACTO chose Clinical Outcomes in Routine Evaluation (CORE)

[1] Online therapy refers to both online therapy and online counselling, but for brevity I refer to online therapy as encompassing both. I also include webcam, audio, live chat email and Virtual Reality formats as Online Therapy.

measures as the best outcome measure to use. This decision was based on CORE measures having been used over the decades as a means with which to test the outcomes of Face to Face (F2F) therapies and counselling, so would provide a body of research and databases that could then be compared to online therapy[2] CORE also provides pan-diagnostic measures of clients' psychological well-being, rather than single issues, so would make a good encompassing measure of clients' outcomes for psychological well-being using online therapy. (Appendix 1 below lists the 34 items asked on both CORE paper and digital forms).

An added, and vital, benefit for ACTO using CORE-Net for this trial is that the software includes digitalised forms which enables the online therapist to send out CORE forms to their clients remotely via email and then provide analyses of the clients' disaggregated data. (Appendix 2 has screen shots of how the results from administering digital CORE forms remotely are analysed by the CORE-Net software and presented on the site).

A further aim of the pilot was to evaluate the usefulness of using CORE-Net software within the online therapeutic relationship. CORE-Net has a tool, Tracking Responses to Items in Measures TRIM which is explained in this link and also in Appendix 2, that would enable the client and therapist to screen share at the start of each session. The client's scores and responses to each item could then be discussed in the online therapy session. We wanted to gauge how this impacted the therapeutic experience and relationship from both clients' and therapists' perspectives.

A concurrent aim was to see whether CORE-net provided a tool with which to enhance the safeguarding aspect of working with the clients. The CORE measures include risk items, so the therapist could track and monitor the clients' risk levels from week to week. Given the remote nature of online therapeutic work, the pilot aimed at determining whether CORE-Net could enhance the management of safeguarding.

Setting-Up the Pilot

After deciding to use CORE-Net, there was a discussion amongst ACTO's Research and Development working group and with CORE-IMS Managing Director, John Mellor-Clark, regarding the nature of the pilot. This discussion revolved around whether the trial of CORE-Net around online therapy was to be a robust research project or an experiential pilot. It was decided that an experiential pilot that provided an evaluation of using CORE-Net around online therapy in private practice would best meet the aims above. Thus, ACTO set up a practice-based pilot to gauge the experiences of using CORE-Net around short-term online therapy/counselling. Part of this evaluation would be to determine whether CORE-Net around online therapy would provide the basis for further, more robust research projects into the efficacy of online therapy.

It was also decided that the pilot would involve a small group of trained online therapists, six in total, all of whom would be ACTO members. As ACTO members, all the pilot therapists had previous training in working as online therapists.

[2] See Evans, C., J Mellor-Clark, F. Margison, M. Barkham, K. Audin, J. Connell and G. McGrath (2000) for an introduction to using CORE and its validity as a measure in therapy

Table 1 The Pilot Therapists and their modalities

Therapist	Modality	Number of Clients	How long used CORE measures before Pilot	New/Existing clients
Therapist 1	Integrative	5	< 3 months	All Existing
Therapist 2	CBT	4	> 5 years	1 new/3 existing
Therapist 3	Integrative	1	> 5 years	new
Therapist 4	Psychodynamic	7	3-6 months	6 new/1 existing
Therapist 5	Integrative	2	3-6 months	All existing
Therapist 6	Psychodynamic	1	> 5 years	New

The therapist pilot group comprised a variety of modalities as shown in table 1. As ACTO professional membership encompasses online therapists and counsellors from a wide range of modalities, it was decided that the pilot should reflect this.

The therapist group also had differing experiences of using CORE measures at the start of the pilot. Three of the pilot therapists had used CORE measures for more than three years, including one of the therapists who had taught the use of CORE measures. Two of the pilot therapists had used CORE measures for 3-6 months and one therapist had used them for less than 3 months. Of those pilot therapists with more experience of using CORE measures, some had been trained to use them in a service setting they worked for, with set protocols about administering them to clients in the service.

The site that was used for the ACTO pilot was provided by CORE-IMS and was a site used by service providers, a site called SILC. ACTO was granted permission by CORE-IMS to use an area on this SILC site for the sole purposes of this pilot.

The CORE-IMS team, John Mellor-Clark and Simone Mellor-Clark provided training for the pilot therapists in using CORE-Net before the clinical work of the pilot commenced. The pilot therapists were able to access the SILC ACTO pilot site during training. The ACTO therapists were taught how to achieve high data quality so that they met the standards of the SILC site. The Lead for the ACTO pilot provided further support and training to ensure high quality data was attained.

The training stipulated that the therapists administer the full 34 question CORE measures at the start and end of therapy, but then short CORE 10 questions or the longer CORE-34 forms on a weekly sessional basis. In this way, the outcomes could be measured using the CORE-34 responses at the start of therapy and at the end. Also, the sessional use of CORE-Net and its impact on the therapeutic relationship could then be ascertained using the weekly administration of CORE-10 or CORE-34 forms.

All clients involved in the pilot were sent agreements to sign, along with explanations of CORE-Net and the pilot. The pilot therapists with John Mellor-Clark of CORE-IMS decided that the client base

for the pilot would be composed of existing clients, along with newly recruited clients for the purposes of the pilot. This mix of existing and newly recruited clients was felt to best reflect the nature of private work online, which would enable us to investigate further the effect on the therapeutic relationship of introducing outcome measures into therapy sessions. In total, there were 9 existing clients recruited into the pilot and 11 new clients; 20 clients in total. The new clients were recruited in response to an advert placed on LinkedIn. The pilot client base was also composed of 16 females and 4 males.

ACTO provided a supervisor for the pilot. Supervision was held on monthly with meetings in two groups of three therapists online with the supervisor.

The online formats offered to clients were: webcam, audio, live chat, email and virtual reality. All webcam sessions were held in zoom.us as this was felt to be the most secure and reliable video conferencing platform for therapeutic purposes. Of the different formats offered clients, 16 chose webcam, 2 worked in audio only and 2 worked in Virtual Reality. The Virtual Reality software used was ProReal.

The pilot ran for a total of 172 session hours, with an average of 8.6 session hours per client.

Pre-therapy, the client base was comprised of 50% starting therapy with a CORE measure below 10. CORE uses a total CORE score of 10 and above as a measure of the clinical population, therefore half the total pilot client base was categorised as non-clinical as measured by CORE. Of the clients in the clinical range, 4 were in the 'moderate' level of severity; 3 started in the 'moderate-to-severe' level and 3 were 'mild'.

The types of issues in the total client base were predominantly mild to moderate anxiety and depression. Using the items measure anxiety and depression on the CORE scores, the average score for both anxiety and depression items was 6.

The Data

During the pilot, data was collected from a variety of sources. All data was anonymised.

First, we collected and analysed data from CORE-Net itself. This was the clinical data derived from the clients' responses to the items asked across the therapy sessions. This was based on the implementation of CORE-34 forms at the start and end of therapy/counselling and the use of either CORE-10 or CORE-34 session-by-session.

Second, we asked the clients for their feedback at the end of the pilot which included a table of responses, along with space for the clients to provide a written feedback report on how they experienced the use of CORE-net around online therapy.

Third, the therapists were asked for their feedback using Likert scale value measures in response to questions about: a) how they perceived their clients valued outcome measures; b) how the therapists perceived the role of outcomes measures sessionally in the therapeutic relationship and; c) also questions about how using outcome measures may be used for self-development. There were

also concurrent informal interviews with each of the therapists as part of the evaluation to provide a space for therapists to provide verbal feedback.

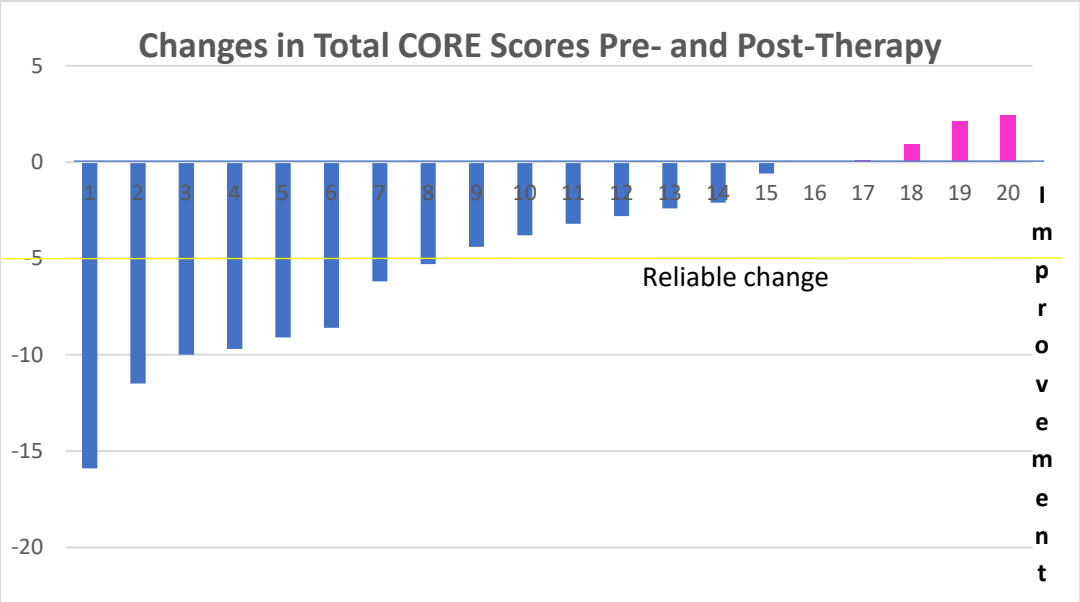
The Pilot Findings

1. Client Outcomes from the CORE-Net Data

To evaluate the change in clients' measures pre- and post- therapy during the pilot, the total CORE scores were compared. **Chart 1** below shows that **75% of the clients showed some level of improvement in their overall psychological well-being by the end of the pilot**.

The CORE definition of reliable change is a change of five points or more, that would indicate meaningful improvement in the clients' psychological well-being. Of the clients that showed improvement, 8 showed reliable change; that is **40% of the total clients in the pilot showed reliable improvement** during this short-term online therapy. Of these eight clients who reliably improved, 5 were 'new' clients, that is, clients who had not worked with their pilot therapist prior to the start of the pilot, and the other 3 were existing clients.

Chart 1: Client Outcomes from the CORE data

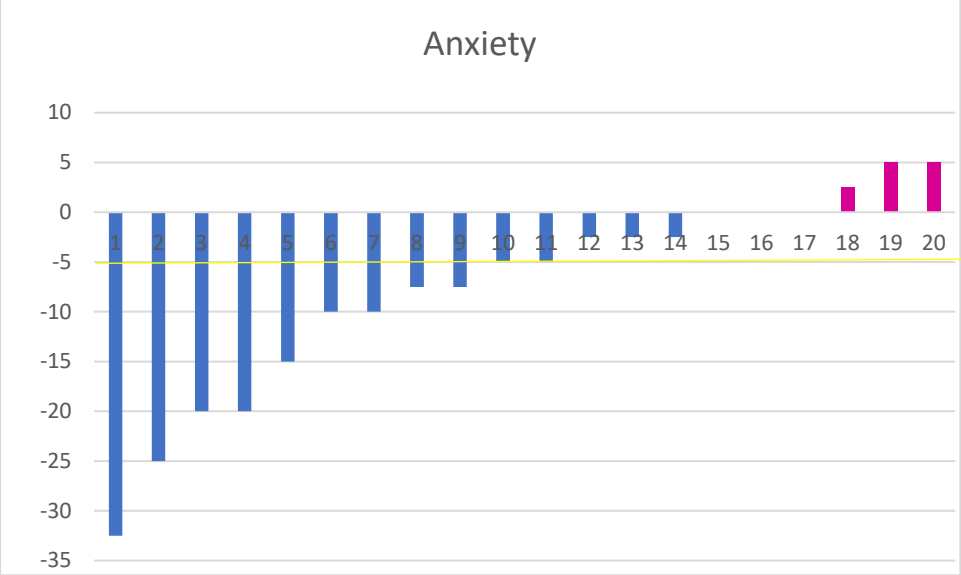


Of the clients who were categorised as being in the 'clinical population' at the start of therapy, **50% showed clinical improvement** as they ended this short-term therapy in the non-clinical range scoring below 10. This means that of the 10 clients who started the pilot therapy scoring ten or above in total CORE measures, 5 clients improved to the extent where they ended therapy scoring below 10 and so were classed as being in the 'healthy, non-clinical' population according to CORE measures. Of these 5 clients showing clinical change, 3 were new clients, with 2 were existing clients.

Anxiety and Depression

As the pilot client population was identified with having mild to moderate scores pre-therapy in the items for anxiety and depression, these were compared for 20 of the clients. 4 items are used in CORE-34 to measure anxiety and they are: 2,11,15,20 (see Appendix 1). Four clients returned CORE-10 forms at the end of therapy so there is only comparison for two items for anxiety measures which are items, 2,15.

Chart 2: Changes Pre- and Post- Online Therapy in Anxiety Items

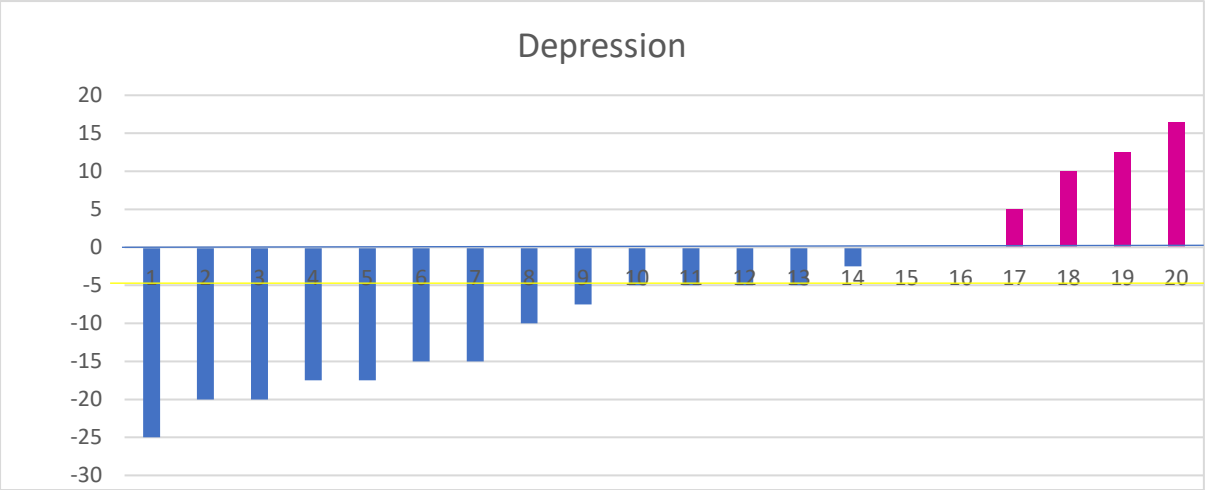


Clients' scores pre-and post- therapy for items for anxiety improved for 14 of the clients, that is **70% of the clients experienced an improvement in their scores for anxiety**. 11 clients showed an improvement that was reliable for anxiety, that is **55% showed reliable improvement in their scores for anxiety**. 3 clients showed deterioration in anxiety scores; 2 reliably.

Depression

Four items on the CORE-34 forms are used to measure depression; these are items 5,23,27,30 (see Appendix 1) Four clients returned CORE-10 forms at the end of therapy and these items for measuring depression are 23,27.

Chart 3: Changes Pre- and Post-Online Therapy in Depression Items



The clients' scores for depression were more variable. 14 clients showed an improvement in their scores for items for depression, that is **70% improved in depression measures**. Of these, 13 clients showed reliable improvement in their scores for depression, that is **65% reliably improved on depression scores**. However, there was a greater range of deterioration in depression scores, albeit with only 4 clients deteriorating in depression scores, but these deteriorations were in all **4 reliable deteriorations in depression scores**.

Interestingly, not all clients who showed a level of deterioration in either anxiety or depression were the same clients with deterioration in both anxiety and in depression scores. Only one client deteriorated for both anxiety and depression scores, with reliable deterioration in only the scores for depression, scoring +5 points, and scores for anxiety deteriorating at +2.5, which is not reliable. For three of the clients who showed a level of deterioration in either anxiety or depression scores, the score for the other issue (ie anxiety or depression) showed no change. For two clients with deterioration in one of the issues, the other improved; for example, for one client there was a large deterioration in depression, +16.5 points, there was a slight improvement in anxiety scores, -2.5, with other issues areas also improving.

How may we explain these few reliable deteriorations?

There were no reliable deteriorations in total CORE scores pre- and post-therapy; all deteriorations in total pre- and post-therapy were below five points. However, as we have just seen, there were reliable deteriorations in issue (anxiety or depression) scores, particularly in depression, which were offset by improvements in other areas of their psychological wellbeing. In the case of one client who reliably deteriorated in her score for depression, this pilot client had started to disclose an abusive past and this client's CORE scores, after having fallen, rose again. There is further discussion about these findings in the section on the therapists' feedback, suffice it to say for now that it should be

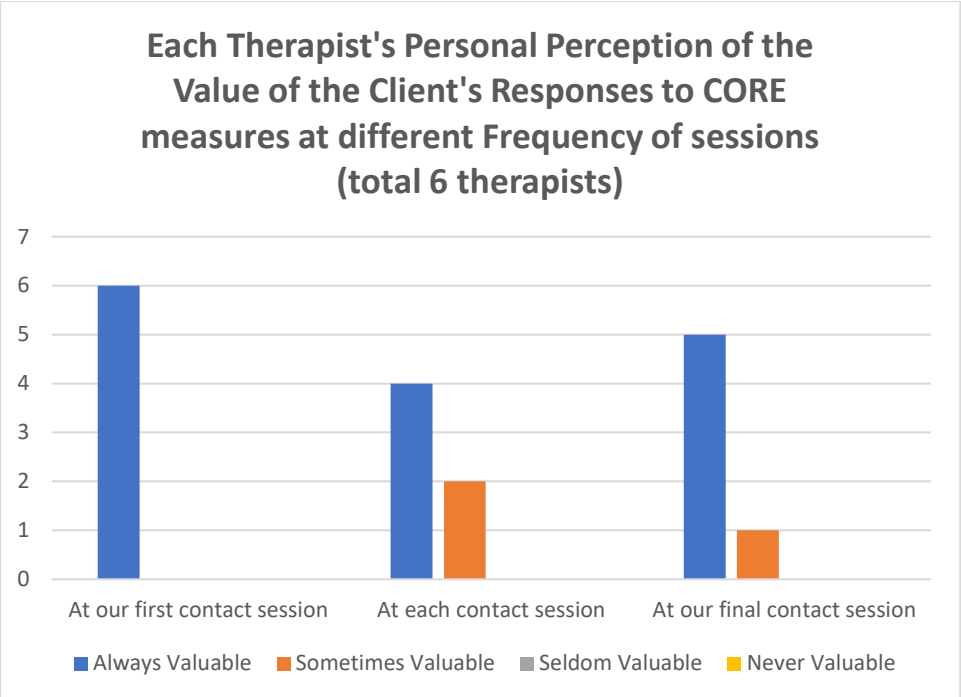
born in mind that pre- and post- therapy covers just an average of 8.6 weeks of therapy for many clients (including the one referred to here).

2. Therapist Feedback

To evaluate the therapists' experience of using CORE-Net, the therapists were provided with a questionnaire at the end of the pilot therapy work. The following data analysis is derived from both the application of these questionnaire forms and from individual discussions between the pilot Lead and the pilot therapists. The questionnaire asked questions about the therapists' relationship with the CORE measures and rated the therapists' responses on a Likert scale.

In the questionnaire, the therapist pilot group were asked to rate their own perception of the value of the CORE measures for their clients at different points in the therapy.

Chart 4: How the therapists perceived the value to the clients of sessional measures



From chart 4, **all** the therapists thought the clients 'always valued' the CORE measures at the start of therapy. Five out of six of the therapists thought their clients found CORE measure were 'always valuable' at the final session, with one therapist perceiving their clients as finding them 'sometimes valuable' at this last session. Regarding weekly session-by-session outcome measure, **all** therapists

thought their clients valued sessional measures to some extent; 4 therapists thought their clients 'always valued' sessional measures, with 2 therapists perceiving their clients as 'sometimes valuing' weekly measures.

None of the therapists thought their clients saw CORE measures as 'seldom value' or 'never valuable' at any of the frequencies of administration. In other words, **the pilot therapist group all saw their clients as finding the CORE measures valuable at all frequencies of application**, with a slight variation between 'always' and 'sometimes' valuable.

Table 2: The Pilot Therapists Use of CORE in the Online Therapy Sessions with Their Clients

Number of therapists responding to each of the following questions about the uses of CORE outcome measures with their clients. (Total 6 therapists in pilot group)

How often did the pilot therapists do each of the following?

	Always	Sometimes	Seldom	Never
1. Ask clients how it feels to fill in the measure	4	2	0	0
2. Look at clients' responses to specific questions on the measure	3	3	0	0
3. Integrate clients' responses into your therapy sessions to support treatment planning	3	3	0	0
4. Help clients to reflect on any changes in their responses on each occasion they complete a measure	3	3	0	0
5. Compare final change scores for individual clients for your personal interest	3	2	1	0
6. Use clients' outcome data for reflective self-appraisal	3	2	1	0
7. Use clients' responses in supervision	3	3	0	0

Table 2 looks at how the therapists implemented the measures sessionally during the pilot. There was a degree of variation within the therapist group in how measures were used sessionally, questions 1-4, even though the therapists had all had the same initial training in using CORE-Net before the start of the pilot therapy work.

Four of the six therapists 'always' asked the clients how they felt filling in the measures. Half of the therapists 'always' looked at the clients' responses to specific questions during therapy, the other half of the therapists group saying that they 'sometimes' did this. Half the therapists 'always integrated the clients' responses into the therapy sessions and half 'always' helped their clients reflect on changes in their responses each session.

Questions 5-7 focuses on how the therapists used the CORE measures for their own self-appraisal and personal interest and the feedback here was more mixed. Whilst half the therapists said they did use the clients' responses to the CORE measures for self-reflection and the final scores for personal interest, two of the therapists, 'sometimes' used them for these purposes and one therapist 'seldom' used them for self-appraisal and personal interest.

The use of the clients' responses in supervision was also mixed, with half the therapists 'always' using the clients' CORE data, with half saying they 'sometimes' used it in supervision.

The therapists were also asked to rate the sessional measures as a clinical process. The highest score, 3 points, was given when the therapists found the sessional measures 'invaluable', through to a score of 0 where they were seen to be 'valueless'. **Chart 4** shows the total ratings for the therapists' responses to a variety of questions about the clinical process of using outcomes measures sessionally.

As the highest possible score for each question was 18, the **therapists as a group all rated CORE sessional measures highly as a clinical process**. The highest score, 16 points, was in response to the question about using outcome measures to demonstrate to the client the overall direction of change of their psychological well-being, with four of the therapists finding this aspect of CORE measures 'invaluable' and two therapists thinking they were 'of some value'. The lowest score, 12 points, was in response to being asked if they provided the therapists with a way of monitoring their clients' progress in therapy to aid the decision to discharge; 3 of the therapists answered that this aspect of using CORE sessional measures was 'invaluable' and 3 saw it as having 'little value'.

The scores for using CORE sessional measures for the therapists' own personal development, **chart 5**, was slightly lower, implying that the therapists did not rate this aspect of using CORE as highly as they did for using it in the clinical process. This concurs with the therapists more mixed responses to questions about using CORE measures for personal development in table 4 above. The highest score for the personal development aspect of using CORE measures was in response to being asked if the measures would help detect clients with whom the therapist works least effectively, with a score of 14 points. For helping to focus CPD, assembling a personal database of both outcomes, and competency, the scores were 12 for each item. Although these are slightly lower scores than the for the questions in chart 4 on sessional measures used clinically, they are still high; with either 3 or 4 therapists believing each aspect of using CORE measures for their own professional development was 'invaluable'.

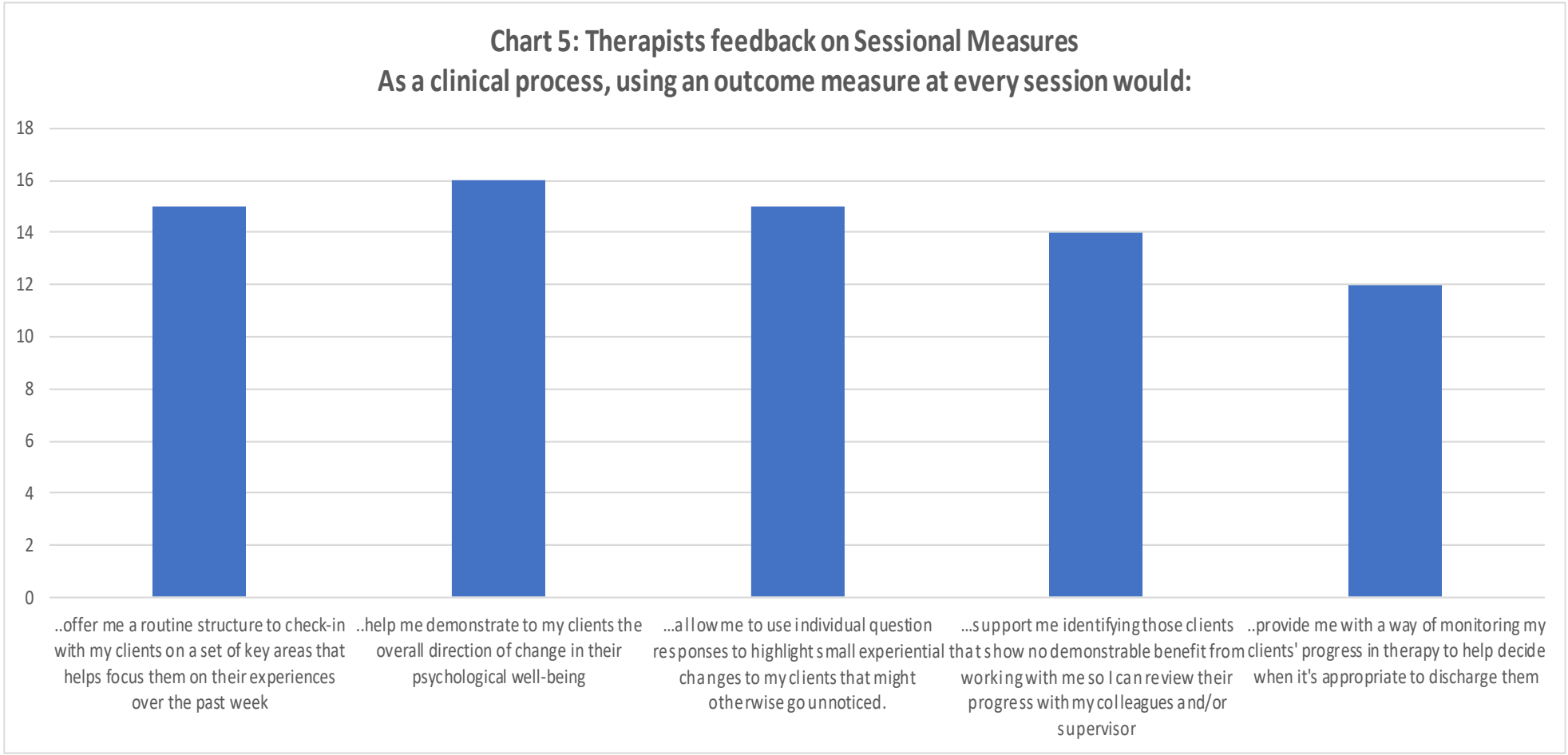


Chart 5: Therapists feedback on Sessional Measures
As a clinical process, using an outcome measure at every session would:
18
16
14
12
10
8
6
4
2
0
..offer me a routine structure to check-in with my clients on a set of key areas that helps focus them on their experiences over the past week
..help me demonstrate to my clients the overall direction of change in their psychological well-being
...allow me to use individual question responses to highlight small experiential changes to my clients that might otherwise go unnoticed.
...support me identifying those clients that show no demonstrable benefit from working with me so I can review their progress with my colleagues and/or supervisor
..provide me with a way of monitoring my clients' progress in therapy to help decide when it's appropriate to discharge them

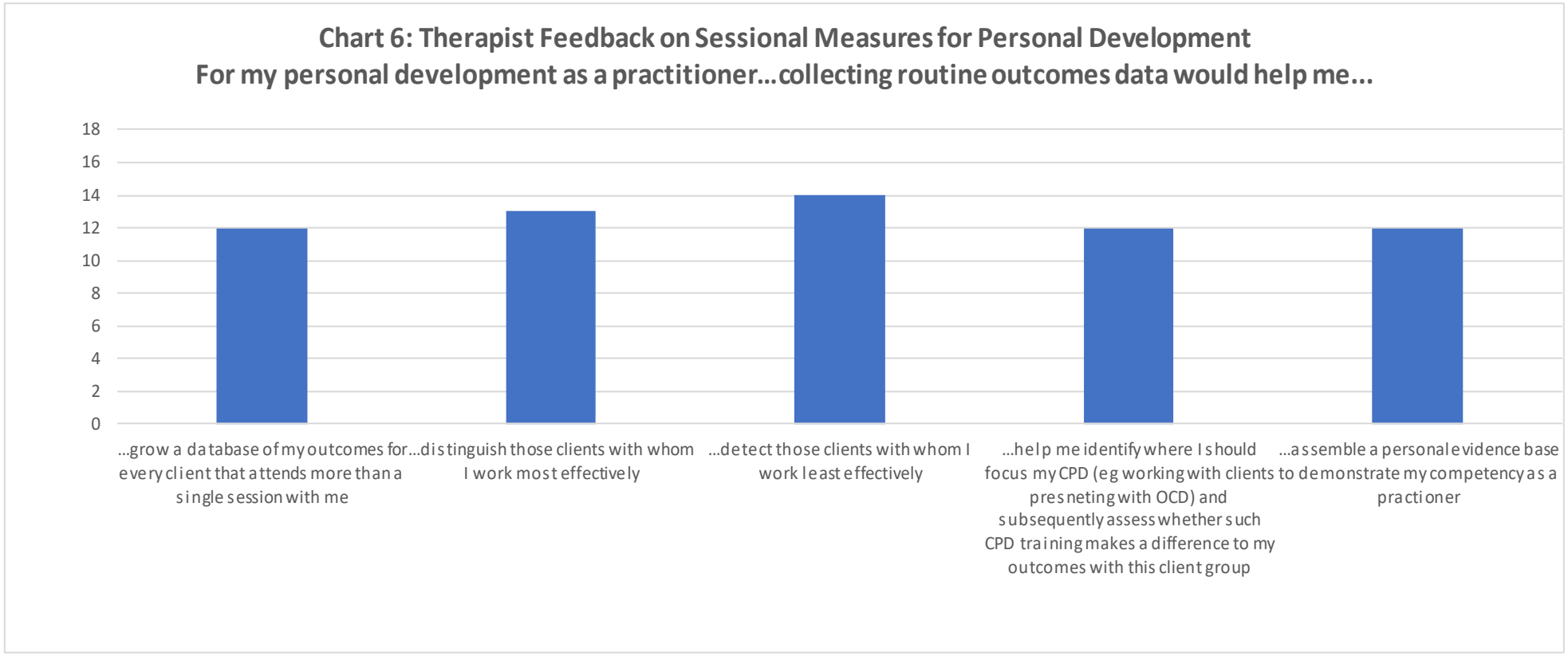


Chart 6: Therapist Feedback on Sessional Measures for Personal Development
For my personal development as a practitioner...collecting routine outcomes data would help me...
18
16
14
12
10
8
6
4
2
0
...grow a database of my outcomes for every client that attends more than a single session with me
...distinguish those clients with whom I work most effectively
...detect those clients with whom I work least effectively
...help me identify where I should focus my CPD (eg working with clients presneting with OCD) and subsequently assess whether such CPD training makes a difference to my outcomes with this client group
...assemble a personal evidence base to demonstrate my competency as a practioner

What the therapists said about using CORE-Net

The verbal feedback from the therapists during individual discussions about the pilot was also very positive.

The therapists all felt their clients had been 'happy' to complete weekly outcome measures.

All therapists involved in the project saw that CORE-Net could provide a database to demonstrate the effectiveness of online therapy.

'I love using CORE-Net…what differentiates it from other outcome measures are the measures for clinical and reliable change.'

The therapists also discussed how CORE-Net was used in the clinical process:

On the effect of using CORE-Net on the therapeutic relationship, several therapists mentioned that they thought it gave the clients more '*ownership'* of both the data and the process. Being able to discuss the data in the sessions seemed to make therapy more '*transparent*', and so '*empowered*' the clients, making the therapeutic alliance feel more '*equal*'. However, one of the therapists voiced concerns that using CORE-Net may *'interfere'* with the therapeutic process if it was used in a rigid way, possibly detracting from the more uncomfortable feelings that can occur in the therapeutic relationship with too much focus on symptoms. However, this same therapist did also find that the therapeutic work undertaken in the pilot using CORE-Net had been very successful and there had not been any experiences of interference from using CORE-Net during the pilot.

The question of whether screen sharing the responses to CORE-Net during the therapy sessions with the client was useful or not was discussed. Whilst overall the therapists found it useful to screen share the responses, there were some circumstances where the therapists felt it did not suit. These circumstances arose where the clients' scores were low and the therapist in this instance felt it was *'irrelevant'*, or the client themselves did not wish to screen share (see below).

On the issue of when in the therapy session to screen share, this varied amongst the therapists. Some liked to screen share with their client at the start of the session, others towards the end. Overall, it was felt that this should be flexible and reflect the therapist's own practice.

Several therapists noted the importance of the visual aspect of using CORE-net with the sessional change measure, TRIM, and screen sharing in the online session. *"People gain a lot by looking at something."*

Several therapists also discussed the notion that using CORE-Net during screen sharing in online therapy sessions could be a tool for enhancing mentalization processes for clients. As one therapist very eloquently suggested, for the clients who come into therapy as in a '*storm*' of issues, they come immersed in their feelings and issues, and are at a loss in '*self-obsession'*. What CORE-Net provided was a means to develop the ability to '*watch from above'*. This more observational position enabled clients to generate a *'window of tolerance'*. So, they started therapy overwhelmed and dysregulated, and then by using the screen to share their itemised responses to questions each week about their feelings and issues, and by tracking their responses each week, they began to develop the capacity to regulate. By talking with the therapist, they gained meaning about their issues, and a *'helicopter view'* of what had been disturbing them. This, it was thought, enhanced mentalization processes.

Therapists also reported that the benefits from the '*smoothness*' of using CORE-Net around online therapy, where invitations were sent by email and client responses reported in the software to be screen shared in the online sessions. It meant that for both client and therapist, they started the sessions feeling more focussed, having some idea of the issues from the outset of each session.

Several of the therapists urged caution when using CORE-Net to gauge when to discharge clients. It was noted by these therapists that when the CORE scores lowered, many clients then began to raise in therapy the underlying issues that had triggered their symptoms. This enabled a more in-depth exploration within the online therapy sessions of the underlying causes of these symptoms. If CORE-Net had been used to discharge the clients when they had reliably improved and were in the non-clinical population, this more in-depth work may not have taken place. This has implications for service providers and commissioners, as well as for the private practioner. These findings also explained some of the deteriorations in the CORE scores that were discussed in the section above where CORE scores may improve and then the clients began to disclose difficult childhood trauma that then led to a deterioration in the CORE scores. Where this was the case, therapists felt that this was an indication of successful engagement in the therapeutic process and increased confidence on the part of the client in their relationship to their therapist.

One of the more negative feedback areas concerned the suitability of the CORE questions to their clients, with many therapists saying that they wished the questions themselves could be more '*tailor-made'* for each client. However, it was also acknowledged that for outcome measures to demonstrate the effectiveness of online therapy, these questions would provide an invaluable research database.

The training program used for CORE-Net was acknowledged as highly important by all therapists. All therapists felt that providing sufficient training before using CORE-Net was essential. Most therapists felt that it was important to make the aims of the training program clear. There had been a degree of confusion over what was meant by 'high data quality', but all therapists found the discussion in the training about what this entailed had been vital in clarifying this issue. Some therapists suggested a check list be provided at the start of the training, so they could tick off their progress. It was also noted that some therapists with prior experience of using CORE measures found it challenging to see the relevance of the training. **However, it was also acknowledged that to attain consistent data quality for any future research databases, training of all therapists regardless of their experience, would be necessary.**

Regarding supervision, there was some confusion voiced about the aims of the supervision provided as part of the pilot, although there was general recognition of the value of having supervision with the highly experienced and supportive supervisor that we had. Many of the pilot online therapists already had online supervision outside the pilot. Hence, it was unclear if the clinical materials be discussed in the pilot supervision, or their own online supervision, or whether the pilot supervision was aimed at supporting the CORE-Net software. The pilot supervisor herself concurred with this, as she also thought that therapists were using their own online supervision for the clinical material and using the pilot supervision to discuss the use of CORE-Net itself.

Several of the therapists also noted that using CORE-Net may raise vulnerabilities for the therapist. Outcome measures are regularly used by service providers to gauge therapist performance. Therapists reported that they may feel *'judged'* if their clients deteriorate or do not improve within a certain time frame, although this was expressed more as a caution and not an experience of this

pilot. However, as the pilot involved private online practitioners, this '*pressure*' on therapists was much less relevant, giving a freer space to explore using CORE-Net with their clients. However, the therapist could still report vulnerabilities if they could see their clients deteriorate using CORE-Net and this was felt to underline the importance of supervision being a '*safe*' place to take these concerns. Being able to screen share and discuss the feelings in the therapist evoked by any client deterioration using CORE-Net was felt to be important, and this has implications for supervisor training in using CORE-Net.

One of the aims of using CORE-Net in the pilot was to assess the safeguarding aspect of being able to track the clients' risk levels. As there were very little risk issues amongst the pilot client population, it was difficult to feedback on the safeguarding aspect of using CORE-Net. However, therapists did feel that CORE-Net provided a way of checking in with clients about their risk levels. For example, for several clients who reported no risk, they also reported severe levels of hopelessness. Responding to this item enabled the therapists to use the clients' high scores for feelings of hopelessness to initiate very productive discussions about whether there was any suicidal ideation within the therapy sessions, even though the client had reported 'no' plans to end their lives.

Lastly, for one of the therapists the use of CORE-Net was more challenging as their private work came through insurance agencies. During the pilot, the agencies changed their data holding procedures and data controlling practices to reflect changes arising from GDPR. The therapist was no longer permitted to hold any client personal information, including email addresses, which made the application of CORE forms remotely very difficult. This has important implications for what we mean by a 'private' online therapist, especially as many ACTO professional members work in the so-called 'gig' economy, supplementing their own private online work with agency or app therapy work. (see below).

3. Client Feedback

The pilot clients were sent feedback forms at the end of the pilot therapy. There was also space at the end of the form for written, more open feedback and some of the clients' quotes are given below.

Of the twenty clients in the pilot, 15 returned the forms; of the five that did not return the forms, 3 were not administered by the therapist due to communication limitations (see below), one client could not complete the form due to cognitive impairment reasons and one did not return.

Table 3: Clients' Feedback, number of responses (total 15 clients)	Quite happy	Didn't mind	Don't know	Not Keen	Disliked it
1. How did you feel about being asked to complete a questionnaire each week?	8	7	0	0	0
2. Overall, how did you feel about completing questionnaires during your therapy?	8	7	0	0	0
	Not at all	**A Little Bit**	**moderately**	**Quite a bit**	**Extremely**
3. Did you feel that the statements on the questionnaire were relevant to you and the issue(s) you were wanting to help with?	0	1	4	8	2
4. Was it helpful when/if you screen shared to view your weekly questionnaire scores displayed on a chart so that you and your therapist could track your progress from week to week? (out of 12 client responses)	0	1	2	3	6
5. Did you feel that your responses to the questionnaire were sufficiently explored/reviewed with you during your sessions?	0	0	1	3	11
6. Did you feel the questionnaire supported your discussions with your therapist?	0	0	2	8	5
7. Did you feel the questionnaire took up too much time in the session?	13	1	1	0	0
8. Overall, do you feel that how you answered the CORE questionnaire was an accurate reflection of how you felt during therapy?	0	0	2	7	6

The first two questions concerned the clients' experience of having CORE forms administered weekly. Before the pilot started, there was some concern expressed by the therapists that the clients may find weekly CORE form measurement onerous. **The feedback from all clients, new and existing, is that they were either 'quite happy' completing weekly forms, or 'didn't mind'**; **there was no negative responses to weekly form completion.**

Questions 3-8 aimed to look at how sessional monitoring using CORE influenced the therapy sessions themselves.

The responses to questions 3 and 4 showed a wider range of responses.

Question 3 looked at the relevancy of the questions to the clients' issues in therapy; 13% thought the CORE questions were 'extremely' relevant to them; the majority, **53% thought the questions were 'quite a bit' relevant** and 7% thought the questions were 'a little bit' relevant. No clients thought they were 'not at all' relevant.

Some therapists and clients would use screen sharing in the session to discuss the weekly CORE results. Again, there is a wider spread of answers to the question about how helpful this was to the clients. **The majority, 75%, of clients thought screen sharing was either 'extremely' or 'quite a bit' helpful;** 17% thought it was 'moderately' helpful and 8% thought it help 'a little bit'. Again, there were no negative responses, that it was 'not at all' helpful.

These responses to question 4 were from 12 clients; three of the fifteen clients did not respond to this item. The form suggested that this answer be left blank if screen sharing had not been used during the therapy sessions. It was felt to be important that clients were given the choice of screen sharing or not, as in several cases, clients may like the anonymity and protection conferred by the screen and may not like to screen share.

Question 5 asked whether the clients thought the therapists sufficiently reviewed the clients' CORE responses. **73% of clients thought that their responses were 'extremely' sufficiently reviewed in therapy,** 20% 'quite a bit' with one client answering that it was 'moderately' explored. Again, there were no negative answers.

87% of the clients thought that using CORE supported therapy either 'extremely' so or 'quite a bit', with 13% saying it 'moderately' supported therapy. There were no negative responses.

When **asked if the form took up too much time in the session, 86% responded 'not at all'**. This high percentage may be explained by the forms being completed by email invitation before the therapy session; an advantage using online therapy and remote measure applications.

Whether the clients' felt that their answers to the CORE questionnaire accurately reflected how they felt in therapy was a critical question for it indicated the value of CORE as a monitoring system. **87% of the clients thought that the CORE questionnaire provided an accurate reflection of how they felt during therapy either 'extremely' or 'quite a bit'**. 13% thought it 'moderately' reflected how they felt, with no negative answers.

Clients' voices:

The clients' written feedback was also important, and there was an open box for them to write their comments on how they had found the pilot. Fourteen clients returned written feedback and one gave feedback via a telephone call to their therapist.

In five of these written feedbacks, five clients (out of 15) used the word **reflect** (I have put this in bold):

*"The CORE seemed to reliably **reflect** changes in my mood."*

*"It was interesting in the sessions to **reflect** on the changes and even the scores to identify/check what was happening for me."*

*"The CORE questionnaire each week helped me to **reflect** on my emotions and feelings, feeding into some of the discussions we had relating to my therapy."*

*"It gave me something tangible, something to track my progress throughout therapy. It allowed **reflectio**n."*

*"It definitely aided **reflection**."*

This seemed to be an important experience for many of the clients; that CORE-Net seemed to aid their reflection and was said to be useful within the therapy for this reason.

Two of the clients used their feedback to highlight the use of CORE-Net in aiding **focus** in therapy [my emphasis in bold]:

*"I found it helped reach a **focus** of my feelings…"*

*"Found the questions to help **focus** sessions at times and they helped to pin point how felt over last week…"*

One client emphasised **the visual** impact of using CORE-Net around therapy: [my emphasis]

*"Something as simple as being able to **see** your progress on a scatter graph was useful, and the way you could **look** at your first results compared to your latest was hugely beneficial."*

In the client feedback table above, it was noted that the clients were overwhelmingly positive about filling in the forms. In fact, one client reported:

"I was really happy to answer all the questions in the first session and was a little disappointed when these were reduced to only 10".

This would suggest that there may need to be some flexibility on the part of the therapist using CORE-Net around the decision to apply the longer CORE-34 or CORE-10 forms. There may be an assumption on the part of the therapist that longer forms are more onerous for the client, when the client may in fact prefer the longer forms with the wider variety of questions, as this client put it,

"I thought that there were more relevant questions in the beginning" (ie when there was CORE34)

Again, this issue of flexibility of form administration may have training implications and is discussed below. In the training given for the use of CORE-Net for the pilot therapists, they were instructed to use CORE-34 at the start and end of therapy and then use CORE-10 sessionally. Maybe a more flexible application would be beneficial, but then this has research implications as discussed below.

However, there were some more negative points in the feedback:

"…though during the course of each week there would be some days that would differ …The questions allowed for differentiating views but with no option of explanation, so therefore I questioned whether to go for the present state or the most extreme."

It was seen by therapists to be a common issue with clients that they may not know which state to report in the questionnaire if they have felt a variety of differing intensities over the week. The therapists suggested discussing with the clients how to average their feelings over the week. This has training implications which are discussed below.

There was one client who gave verbal negative feedback. This client's view is important as this client did not like on-going monitoring in general and also found the questionnaires difficult given some difficulties in cognitive functioning following a head injury. Once again, this has training implications for the therapists need to gauge with some sensitivity the usefulness of the on-going monitoring forms ,and even the suitability of online therapy, with their client.

Lastly, clients used the space for feedback on the pilot to comment on their experience of online therapy itself:

"Although I have never had therapy before, my thoughts were that one had to be in the same room as the therapist in order to 'connect'. In fact, my experience was just the opposite. I felt it was easy to relax in my own surroundings and the therapist offered to 'show me around' her room so that I could feel comfortable that no one else was present."

"I felt I was able to be very real in my sessions due to the relationship I had with my therapist…I got so much out of the sessions and felt I have gained some insight to where some of my behaviours come from."

"*Using the combination of CORE questionnaires and an environment such as ProReal is innovative. In developmental terms for prospective users/counsellors it also means you have a 'wow' factor to train from."*

Implications

- **The clients were overwhelmingly positive about using CORE-Net**

  The responses to the client feedback forms indicated that the clients were highly positive about being asked to complete sessional outcome measures. Many clients reported the benefits of using CORE-Net in aiding their focus and reflection.

  The majority of clients felt screen sharing the tracked responses to the item measures was highly beneficial, especially visually, aiding discussions about their issues in therapy. Some clients are more reticent about screen sharing and enabling the therapist to be flexible with the clients around screen sharing would be an important element of training programs for CORE-net.

- **Using CORE-Net around Online Therapy would be a valuable tool for researching the effectiveness of Online Therapy**

  The first purpose of this pilot was to ascertain whether CORE-Net could provide a means with which the effectiveness of online therapy and counselling could be measured. This pilot has indicated that it would, with the caveat of the requirement for robust training in data quality for the therapists.
  ACTO believes that using CORE-net would provide a body of evidence about the efficacy of online therapy and counselling that can then be compared to the databases existing for face-to-face therapies.
  Further, using CORE-Net could also provide a means to compare the relative effectiveness of different online formats. Currently, CORE-Net does not facilitate the means for the therapist to indicate which of the various formats each session was held in; webcam, live chat, audio, email or Virtual Reality. Provided CORE-Net is customised for online therapy users to include on the CORE-Net site a means with which therapists can indicate the format for each session, a database could be built to compare the relative effectiveness of each format.
  The effectiveness of different modalities working online could also be assessed as there is already the means with which to indicate which modality was used on the CORE-net site.
  With the ability to demonstrate the effectiveness of online therapy, ACTO believes this will have ramifications for service providers and commissioners who may be considering using online therapy whilst requiring evidence-based verification of its efficacy.

- **Tentative Implications that Online Therapy is Highly Effective**

  Although this pilot was not set up as a research project, but rather as a small, experiential trial, there are some indicators from this pilot about the effectiveness of online therapy using CORE-Net measures.
  That **three-quarters of the pilot clients showed some level of improvement, with 40% showing reliable improvement during the average pilot period of just over eight weeks of**

online therapy, is, we believe, very significant. Half the clients categorised as being in the clinical population at the start of this pilot ended the pilot in the non-clinical population.

For a time-limited small study, these findings are a delightful taster of what future research could show to be the substantial effectiveness of online therapy.

- **Caution over discharging clients when their CORE scores reduce**

  Therapists found that whilst many of their clients saw significant reduction in their symptoms during the time-limited pilot period, with resulting lower CORE scores, the clients often embarked on deeper therapeutic work concerning the underlying causes once their CORE scores had lowered. Many of the pilot therapists expressed a concern about using CORE-Net as a guide to discharge clients as it seemed that as the CORE scores lowered, the in-depth therapeutic work began. Perhaps the clients felt more confident in the therapeutic alliance as their CORE scores lessened, perhaps they felt more contained. Certainly, the ability to track the clients' CORE scores seemed to aid this process for both the clients and the therapists alike. In some cases, there were deteriorations following a period of improved scores that reflect this exploration of deeper, underlying issues, and where this occurred, it was seen as a positive indicator of therapeutic engagement.
  As this was a pilot using private practitioners, training programs could also serve to emphasis the generally held psychotherapeutic view that treating the causes, not just the symptoms, are the longer-term goals and that CORE-net should be used flexibly for the purpose of gauging when to discharge clients. CORE scores should be used alongside the material discussed in therapy sessions to make this decision.

- **CORE-Net provides containment and a visual impact of tracking symptoms on the screen – this is possibly an aid to improved mentalization processes**

  Several of the therapists reported the benefits of enhancing capacities for improved affect regulation using CORE-Net around online therapy. Therapists and clients emphasised the impact of using CORE-Net as an aid to reflection during therapy and some therapists suggested that this may have implications for enhancing mentalization processes.

  Therapists wondered if using screen share in online therapy to discuss the weekly changes in item responses to CORE measures enhanced the development of connections between feelings and meaningfulness. Could the relatively rapid improvement of CORE scores for our clients arise from the greater connection to the meanings of one's emotions or 'mentalized affectivity' generated by the use of CORE-Net sessionally? Again, this is a rich area for further research and whilst beyond the scope of this limited pilot, perhaps points to developing the theoretical aspect of using sessional measures in an online context.

- **The Combination of Using CORE-Net around Virtual Reality Online Therapy was Innovative and Very Positive**

  Two of the clients had used ProReal Virtual Reality sessions, each for 5 sessions, with CORE-Net used at the start of each session. The combination of ProReal and CORE-Net was seen by one of the clients as having a 'wow' factor from its innovativeness. Rapid improvements in psychological well-being were seen in this trial for one of the clients; the other clients scores being so low at the start.

  It is thought that this combination may have a significant role in enhancing mentalization processes, with CORE-Net aiding the affect regulation aspect with ProReal enhancing the empathic aspect along with development of meaning connected to affects. Again, this would be an area for further research but would seem to be a very fruitful development from this pilot.

- **Training Needs to be Robust and clear about the aims for data quality and use of sessional measures**

  The feedback from the therapists emphasised the need for robust and clear training programs before using CORE-Net. These training programs could ensure that both data quality using CORE-net is understood, as well as how measures can be used sessionally.

  As the pilot therapists came into training program with differing experiences of using CORE outcome measures, it was felt that any training programs needed to be responsive to take these differing experiences into account. If therapists have previous experience of using CORE with protocols from other service-providers, this should be reviewed at the outset to ensure continuity across the CORE-Net site. This was felt to be particularly relevant where CORE-net was to be used for building a robust database for research purposes.

  The aim of the training program for using CORE-Net around online therapy would need to establish agreed frequencies of application of forms, along with assessment and ending outcomes so that agreed data is generated. Again, for developing a database for research purposes, longer CORE-34 forms should be implemented at the assessment and ending of therapy, with some flexibility over the length of forms administered during therapy.

  Therapists felt that a clear framework for the training at the start of the program would be an aid to clarity, perhaps with the addition of a handbook for reference. This framework should include the objectives for the training, so that the meaning and importance of data quality be made clear from the start of training.

  All therapists embarking on CORE-Net training programs for using CORE-Net in ACTO must have passed the required online therapy training beforehand.

  Flexibility about when, and if, to screen share should also be emphasised in the training programs.

The training programs should also include how CORE-Net could be best utilised to further self-development for the therapist practitioners, and guides for CPD.

As part of the training, therapists would need to develop a 'filter system' for those clients who would benefit from using CORE-Net. This includes an acknowledgement that some clients may not be suited to using on-going measures, or even online therapy; perhaps this can be decided in conjunction with online supervisors.

- **Supervisors need training in using CORE-Net**

There should be a concurrent training program for supervisors in using CORE-Net in online supervision. This training would include the use of screen share in the supervision sessions and understanding the TRIM CORE-Net system.

Supervisor's training should also aim to develop online supervision as a space to contain therapists' vulnerabilities around using CORE measures, as well as supporting the therapists' assessment of suitability of clients suing CORE-net as well as how to use CORE-Net to manage safeguarding issues.

- **What do we mean by a private therapist?**

One of the pilot therapists referred to the practice of many private online therapists and counsellors as being in the '*gig*' economy (Weitz, 2018). Online therapists can now work for a variety of organisations including apps, such as Dr Julian, and agencies that include insurers. The experience from the pilot suggested that this had important implications for using CORE-Net.

If an online therapist is working for an agency or an app, then the likelihood is that they are unable to hold clients' personal data, **and this may have implications for using CORE-Net**. Contractual obligations between ACTO and CORE-IMS would also need checking for this type of work, which is on the increase. **It would be a terrible shame if this group could not use CORE as part of their work**. Those ACTO members who work in private practice (which is a small business) do not necessarily have these issues as they are the clients' data holders and have private agreements between therapist and client that include privacy agreements stating what personal information they hold and their security procedures. **The issue regarding agency work is that some therapists are not given access to client contact information such as an email address**

The suggestion here is that ACTO's CORE-net administrator should be consulted when there is doubt about the suitability of using CORE-Net.

- **CORE-Net would be a useful tool to aid self-appraisal and self-development**

As the majority of the therapists involved in the pilot thought that they would either 'always' or 'sometimes' use outcome data for self-reflection, developing the use of outcome measures for self-appraisal should be included in training programs for using CORE-Net for both therapists and supervisors.

Rousmainiere (2017) suggests that outcome measure data can be used for therapists to identify which clients are deteriorating or have 'stalled' in therapy. Having identified these clients, Rousmaniere goes on to suggest the use of 'deliberate' practice to improve clinical effectiveness. The important point for this report, is that the use of CORE-Net can provide the means with which therapists can select clients with which they can use for either self-reflection, taken to supervision, or some form of CPD.

Not all therapists are comfortable with using outcome measures for personal development, with chart 5 demonstrating some of this ambivalence. Using CORE outcome measures for self-development and CPD is a bit like 'marmite' for many therapists; you either love using it or dislike it quite intensely. Training programs would need to acknowledge and work with this ambivalence. Perhaps as outcome measures are more widely used in online therapy, some of this ambivalence may be lessened, but for now, it is important that it is recognised.

- **Further work needed to gauge risk and safeguarding as risk was low in client population**

It is difficult to draw any firm implications for risk management and safeguarding from this pilot as the risk levels were low for the client population. However, as has already been noted, there were occasions when using the tracking measures on CORE-Net enabled discussions of risk within therapy sessions that may have not occurred if items such as increase scores in hopelessness had not been flagged up.

Even though there were few safeguarding issues in the pilot, ACTO believes it would be a valuable tool in helping detect and monitor changes in risk working with clients. The Tracking Item system uses red flags to highlight clients whose risk items are elevating. Red flags can then be used to trigger safeguarding procedures.

Understanding how to best use the monitoring system for risk items and the red flag system should be incorporated into the training programs for both therapists and supervisors to use CORE-net.

References

Cross,S. John Mellor-Clark and James Macdonald, "*Tracking Responses to Items in Measures as a Means of Increasing Therapeutic Engagement in Clients: A Complementary Clinical Approach to Tracking Outcomes",* CORE Information Management Systems, Rugby, UK

Evans, C., J Mellor-Clark, F. Margison, M. Barkham, K. Audin, J. Connell and G. McGrath (2000) "CORE: Clinical Outcomes in Routine Evaluation", *Journal of Mental Health*, **9,3**,247-255

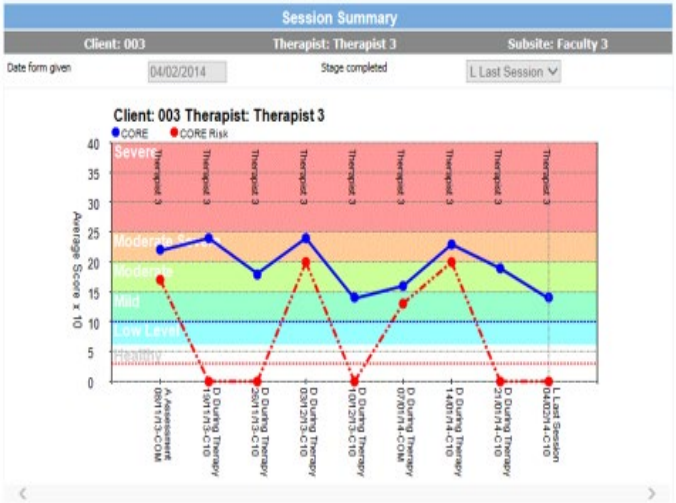
Fonagy P., G. Gergeley, E. Jurist and M. Target (2002) *"Affect Regulation, Mentalization and the Development of the Self"* Routledge, Oxford, UK

Rousmaniere T., (2017) *"Deliberate Practice for Psychotherapists: A Guide to Improving Clinical Effectiveness"* Routledge, Oxford, UK

Appendix 1 CORE 34 Questions

1 I have felt terribly alone and isolated	F
2 I have felt tense, anxious or nervous	P
3 I have felt I have someone to turn to for support when needed	F
4 I have felt O.K. about myself	W
5 I have felt totally lacking in energy and enthusiasm	P
6 I have been physically violent to others	R
7 I have felt able to cope when things go wrong	F
8 I have been troubled by aches, pains or other physical problems	P
9 I have thought of hurting myself	R
10 Talking to people has felt too much for me	F
11 Tension and anxiety have prevented me doing important things	P
12 I have been happy with the things I have done.	F
13 I have been disturbed by unwanted thoughts and feelings	P
14 I have felt like crying	W
15 I have felt panic or terror	P
16 I made plans to end my life	R
17 I have felt overwhelmed by my problems	W
18 I have had difficulty getting to sleep or staying asleep	P
19 I have felt warmth or affection for someone	F
20 My problems have been impossible to put to one side	P
21 I have been able to do most things I needed to	F
22 I have threatened or intimidated another person	R
23 I have felt despairing or hopeless	P
24 I have thought it would be better if I were dead	R
25 I have felt criticised by other people	F
26 I have thought I have no friends	F
27 I have felt unhappy	P
28 Unwanted images or memories have been distressing me	P
29 I have been irritable when with other people	F
30 I have thought I am to blame for my problems and difficulties	P
31 I have felt optimistic about my future	W
32 I have achieved the things I wanted to	F
33 I have felt humiliated or shamed by other people	F
34 I have hurt myself physically or taken dangerous risks with my health	R

Appendix 2 Screen Shots from CORE-Net and from TRIM function

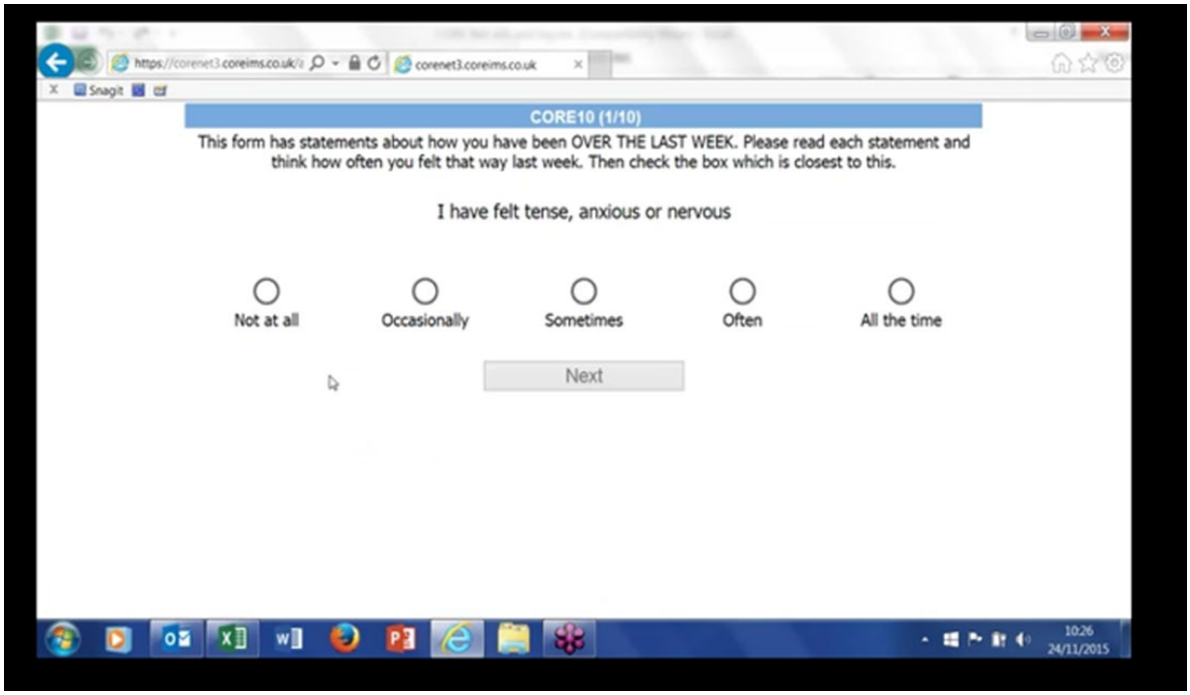


T.R.I.M (Tracking Responses to Items in Measures)

Choose Measure: CORE ▾ Select: ▾

	#	Change	History	Item	27/02/2014	03/03/2014
Life/Social Functioning (12 items)						
Close relationships (4 items)						
☐	1			I have felt terribly alone and isolated	Occasionally	Not at all
☐	3			I have felt I have someone to turn to for support when needed	Sometimes	Occasionally
☐	19			I have felt warmth or affection for someone	Sometimes	Not at all
☐	26			I have thought I have no friends	Sometimes	Sometimes
General (4 items)						
☑	7			I have felt able to cope when things go wrong	Not at all	Not at all
☐	12			I have been happy with the things I have done	Often	All the time
☑	21			I have been able to do most things I needed to	Sometimes	Sometimes
☐	32			I have achieved the things I wanted to	Sometimes	Often
Social relationships (4 items)						
☐	10			Talking to people has felt too much for me	Occasionally	Sometimes
☐	25			I have felt criticised by other people	Sometimes	Sometimes
☐	29			I have been irritable when with other people	Sometimes	Occasionally
☐	33			I have felt humiliated or shamed by other people	Occasionally	All the time
Commonly Experienced Problems or Symptoms (12 items)						
Anxiety (4 items)						
☑	2			I have felt tense, anxious or nervous	Often	Occasionally
☐	11			Tension and anxiety have prevented me from doing important things	Sometimes	Often
☐	15			I have felt panic or terror	Often	Sometimes
☐	20			My problems have been impossible to put to one side	Sometimes	Occasionally

Appendix 3: Screen Shot of Digitalised CORE Invitation Sent to Client to Complete CORE Measures



Appendix on SILC

From the SILC website at: http://silcuk.org/

About SILC

SILC has been created to provide voluntary sector counselling and psychotherapy services using CORE the opportunity to learn, share and connect with one another and pool their skills and experience for mutual benefit.

About the SILC Initiative

SILC will provide a structured programme of learning designed to assess and explore best practice to help resource improvements in service delivery across all member services.

Membership

All members will benefit greatly from each SILC membership category. Associate and Beneficent Members will share access to a wide range of resources, have considerable opportunities for networking with other members and enjoy structured learning from external experts. Full Collaborative Members will be selected to take part in a unique and innovative pilot project for improving service provision.

Timeline

The SILC initiative started with infrastructure and team development in 2015, culminating in the selection of a pilot group of collaborative learners in March 2017.

During the first phase of the programme, pilot group sites are exploring and sharing their experiences of service quality development by focusing on 4 key areas: Data Quality, DNAs, Unplanned Endings and Improvement and Recovery. These services are producing enhanced service delivery methods and developing the outcome management techniques to define a model of best practice.

Associate and Beneficent Members are invited to take part in a series of learning modules and consultation process relating to improving service performance.