YP-CORE USER MANUAL

Version 1.1

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SECTION A

INTRODUCTION
to
THE CORE SYSTEM

The CORE System: A Summary

The CORE System Group [CSG] have been working for over 15 years to develop, pilot and implement a co-ordinated quality evaluation, audit and outcome benchmarking system for psychological therapy services. This has involved working closely with a range of stakeholder groups representing psychiatry, psychotherapy, clinical psychology, and counselling.

The YP-CORE is a population-specific instrument within the CORE family of measures which, together with the CORE System, are briefly summarised in Appendix 3. The parent measure is the CORE-OM, the properties of which have been reported widely in the literature[1-10]. In addition it has been used widely in benchmarking applications within NHS settings.[11-14] The CORE-OM is part of a broader CORE System which has also been reported in the literature and provides a context within which to evaluate outcomes.[15,16]

Acknowledging that one outcome measure is not fit for all purposes, shorter versions derived from the CORE-OM have also been developed. These include CORE Short Forms A&B for session-by-session use in research settings[6, 8] and the CORE-10 and CORE-5 for session-by-session use in practice settings.[17] Other population-specific versions of CORE include the general population (GP-CORE)[18] and learning disabilities (LD-CORE).[19] A rapidly expanding range of translations are also available. Training and IT support for CORE is available and has been documented together with a resulting national research database.[20, 21]

CORE Assessment & End of Therapy Forms

Traditional evaluation methodologies are largely reliant on service administrators and practitioners ensuring that clients/patients (hereafter termed clients) receive questionnaires to complete throughout various stages of their contact with the service. The experience of CSG members is that services report considerable resource constraints in attempting to efficiently and effectively administer, process and utilise self-report questionnaires which lead to problems securing data which is representative of service provision. Consequently, the CSG worked closely with practitioners from health, education and voluntary sector services to devise two pragmatic practitioner-completed data capture forms which can be used for both treatment evaluation and service audit purposes. Currently the Assessment & End of Therapy forms used for young people consist of pared-down versions of the adult forms. However, with time population-specific versions will be developed.

The CSG believes such an approach has several advantages over client/patient-reliant methodologies:

- Completed for every client by every practitioner the forms help assure *comprehensive profiling* of service throughput

- The forms collect data on routine *audit items* (e.g. waiting times, appropriateness of referral, non-attendance rates) to help inform and enhance service efficiency

- The forms collect data on *presenting and emerging problems/concerns* via a categorisation framework to help profile service populations

- The forms collect data on *the benefits of therapy* (by monitoring changes in presenting problems) to help profile outcomes for those clients coming to unplanned endings

- The forms collect data *therapy descriptors* (e.g. therapy type, duration and frequency) to help profile services and contextualise client self-report and practitioner-rated outcomes

- Methodologically, the forms offer the opportunity to focus client-collected data specifically on therapy issues, which enhance assessment, therapy planning and discharge

The YP-CORE Outcome Measure

The YP-CORE Outcome Measure has been designed to be suitable for use across a wide variety of service types, for young people aged 11-16 (secondary school age). The measure taps into a pan-theoretical 'core' of clients' distress, including subjective well-being, commonly experienced problems or symptoms, and life/social functioning. In addition, a single item to monitor clients' risk to themselves is included.

The YP-CORE Outcome Measure addresses global distress and is therefore suitable for use as an initial screening tool and outcome measure; like most self report measures, it cannot be used to gain a diagnosis of a specific disorder. The total of all 10 items can be used as a global index of distress: the main design intention. The risk item is intended as a clinical flag and some services may wish to use it to trigger more discussion of risk at assessment.

The measure has been piloted and resultant data (Twigg et al, 2009) suggest the measure has considerable clinical face value, is valid and reliable and is sensitive to change. The CSG believe the CORE Outcome Measure has the following advantages over the range of client-completed protocols utilised in existing measurement practice:

- As the measure is both very *brief* (10-items) *& user-friendly* (measured reading ease), client compliance appears high

- The content of the measure addresses those *patient aspects* identified by practitioners as routine assessment domains

- As the measure can be *practitioner-scored*, information on the form can aid practitioners at assessment and discharge

- As the CSG are committed to the national implementation and support of the measure, our aim is to help it become both widely used and durable, quickly growing a substantial dataset of *comparative outcome data* to complement research efficacy data

- As the measure is designed to have *generic applicability* across all levels of service delivery, resultant data should be highly useful for comparing presentations and outcomes at different levels of service provision

Principal Advantage of the CORE System

- The CORE System links practitioners to a *national practice research network* providing comparative service delivery and outcome data for a range of provision domains (e.g. primary, secondary and specialist care) across a range of provider affiliations (e.g. counselling, clinical psychology, psychotherapy, art therapy)

CORE System Implementation
Guidelines for Best Practice

The CORE System Group would like to minimise the amount of 'organisational change' that CORE System implementation causes. However, we are aware that for many services and practitioners this is the first time that such routine evaluation has been undertaken, and therefore will be a challenging experience. Feedback from many CORE System users provides a wealth of experience to guide practitioners and services in implementing CORE. We offer the following purely as guidelines for 'best practice' but encourage practitioners to find their own 'comfort' with the System.

Preparing for Implementation:

• Read the YP-CORE System Guidelines thoroughly before starting to use the forms

• Understand the value of collecting CORE System information for enhancing your practice and your service

• If you are not sure of certain issues, talk to colleagues to get their views or contact the CORE System Group for support

• Meet regularly with colleagues to share individual experiences and encourage consistency in the administration and completion of CORE System Forms

• Prepare a Client Information Sheet which explains the use of the CORE System by you and your service (sample contained in Appendices)

Implementing the CORE System:

• **Please ensure that site ID, <u>client</u> and therapist ID numbers are on every form in the right boxes –** forms may be separated for processing and no number means no usable data.

• Try to ensure you specifically ask the client's **gender and age.**

• Minimally, the YP-CORE Outcome measures should be completed by clients prior to (or at) the first face-to-face contact with a practitioner, and immediately preceding their final therapy session (note that many services also use more frequent or session-by-session measures to monitor client progress)

• Don't be apologetic when introducing the YP-CORE System Outcome Measures to clients

• We strongly recommend that you use clients' responses to items within the YP-CORE System Outcome Measures to help understand some of the main problems/concerns that the client is experiencing

• To get the best possible return of questionnaires, it is better to administer the YP-CORE Outcome Measure to clients/patients in the service setting rather than sending them through the post

• Do offer help to clients who struggle with the YP-CORE Outcome Measure or any of the items

Completing the Therapy Assessment Forms and End of Therapy Forms:

- Complete the Therapy Assessment Form as fully as possible for each new client at the end of the session or day rather than during the session, but make sure the information is still fresh in your mind

- Where the information is available, fill in certain details before seeing the client (i.e. ID info, age, gender, referral reason)

- **And most importantly - remember to complete the End of Therapy Form for every client who enters therapy irrespective of whether their therapy ending is planned or unplanned**

Data Processing

CORE-IMS offers a range of services to support your use of the YP-CORE system. If you would like further details please contact admin@coreims.co.uk to discuss your needs and find the best option for your service.

SECTION B

YP-CORE
OUTCOME MEASURE
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GUIDELINES FOR COMPLETION

If forms are being completed manually, the grey area at the top of the YP-CORE Measure should be completed by the practitioner before the form is given to the client.

Site ID	Site ID is for the service to use as appropriate to denote departments, geographical locations etc. It is important to identify which Site IDs will be used before data collection commences
Client ID	Every client seen in your service should be allocated a unique client ID number (YP-CORE Net can automatically generate a unique client ID) and it essential that this ID is clearly indicated on all forms completed by/for clients. This ensures data can be correctly matched when it comes to data processing. Please do not use client names, NHS numbers, postcodes, GP numbers or other personally identifiable data.
Therapist ID	The first sub-code (labelled therapist ID) should be used to identify the therapist. Every therapist should be allocated a unique ID code by the service.
Sub-codes	These are entirely for your own use and can help you make comparisons between groups of clients/patients. It is very important to identify which sub-codes will be used and how before data collection commences.
Date form given	This is the date on which the form is given to the client and helps to distinguish between forms completed by the same client.
Stage completed	It is very important that this box is accurately completed, to ensure accurate matching of pre- and post-treatment measures. Although services may differ in their coding practice, you should agree within the service how measures will be coded before data collection commences and be consistent in coding within the service.
Episode	This box is used when a client is re-referred to your service. If this is the first time a client has been seen, write '1', if this is the second time (i.e. pre- and post-therapy measures are already available for the client) write '2' and so on. It does **not** related to the session number at which the measure is given to the client.
Assistance given	Please tick this box if the client required help in completing the YP-CORE measure.

STRUCTURE

The 10 items of the measure cover three dimensions:

1. subjective well-being (1 item)
2. problems/symptoms (4 items)
3. life functioning (4 items)

In addition, it contains:

4. risk/harm (1 item)

This item should be used as a clinical indicator of the patient being 'at risk' to them self.

The measure's structure reflects that of the 34-item CORE-OM (ref). Features of the measure include high and low intensity items to increase sensitivity, with just over 25% of the items being 'positively' framed. The items are presented in Table 1.

Table 1. Dimensional breakdown of the YP-CORE Outcome Measure

Dimension	Item		Severity/ Intensity	Item Nº
Subjective Well Being	My problems have felt too much for me		Hi	7
Symptoms - anxiety	I've felt edgy or nervous		Lo	1
Symptoms - depression	I've felt unhappy		Lo	9
Symptoms - physical	It's been hard to go to sleep or stay asleep		Lo	8
Symptoms - trauma	My thoughts and feelings distressed me		Hi	6
Functioning - general	I've felt able to cope when things go wrong	Pos	Hi	3
Functioning - general	I've done all the things I wanted to	Pos	Hi	10
Functioning - close rel.	There's been someone I felt able to ask for help	Pos	Lo	5
Functioning - social rel.	I haven't felt like talking to anyone		Hi	2
Risk/Harm to self	I've thought of hurting myself		Lo	4

(Pos = Positively phrased item)

<div align="center">**SCORING**</div>

Total score and total clinical score

Key points in the scoring of the YP-CORE Outcome Measure are as follows:

- Each item within the YP-CORE is scored on a 5-point scale ranging from 0 (not at all) to 4 (most or all the time) for negatively-framed items and 4 (not at all) to 0 (most or all of the time) for positively-framed items.
- The **total score** is calculated by adding the response values of all 10 items.
- The minimum score that can be achieved is 0 and the maximum 40.
- The **total clinical score** is calculated by dividing the total score by the number of *completed* item responses (normally 10) and multiplying by 10. So for a client with all 10 items completed, the total clinical score is equal to the total score.
- The measure is problem scored, that is, the higher the score the more problems the individual is reporting and/or the more distressed they are. This makes scores on the "well-being" dimension a bit counter-intuitive but they are kept this way for consistency with the other dimensions.
- Due to the brevity of the measure, and the degree of overlap between items, we do not recommend scoring the YP-CORE Outcome Measure by domain.

Risk item

This item covers harm to self. Where an individual scores more than '0' on Item 4, this should be flagged for further attention by the clinician. .

Reliable change and clinically significant change

CORE-IMS and research colleagues are currently working to determine a clinical cut-off (i.e. a threshold score above which a client can be deemed to fall in a 'clinical' population) and a reliable change index (i.e. by how much a client's score needs to change for the change to be unlikely to have been down to measurement unreliability).

Analysis to date suggests that the YP-CORE is a robust measure which is highly sensitive to change. However, there is a strong suggestion that there may be differences in scoring by age and gender, which is currently being investigated via collection of a much larger clinical data set. In addition, non-clinical data is being collected to allow production of norms and cut-off(s).

SECTION C

ASSESSMENT
&
END OF THERAPY
FORMS

YP-THERAPY ASSESSMENT FORM

Site ID	A Site ID will be pre-allocated to your service. All practitioners within one service should use the same Site ID. To differentiate between sectors or practitioners within a service, the sub-codes should be used (see below).
Client ID	It is imperative that each client within your service has a unique ID number and that this is written clearly within the boxes on all measures completed by/for that client. This ensures that the correct forms are linked up. Ideally, please use the 'numbers only' part of the Client ID section as it is much easier to match up ID numbers than letters.
Therapist ID	The first sub-code (labelled therapist ID) should be used to identify the therapist who carries out the assessment. This code should be repeated on the 'End of Therapy' form if the practitioner carrying out the assessment subsequently delivers therapy.
SC2 and SC3 sub-codes	As all services are different, it may be necessary to audit aspects of your service which are not covered on the Assessment/End of Therapy forms. The sub-codes are therefore used to customise the form to fit your service. For example, one set of codes could be used to identify data for 'sub-sites' within your service or groups of clients attending a specific clinic. Sub-codes may also be used where you have a substantial number of clients who do not comfortably fall within the categories for any of the sub-sections of the Assessment/End of Therapy forms. **It is important that the use of sub-codes are agreed within your site before data collection commences.**
Age	Age, in years, at the first appointment. Age is used rather than date of birth for confidentiality reasons.
Male/Female	Tick the relevant box
Ethnic Origin	Two boxes are available to indicated mixed or dual origin. From the list below, enter the number next to the appropriate ethnic origin(s), in the box(es) provided. If only one category is needed use the left-hand box. For example, if the person's ethnic origin is white (British) enter '1' in the left hand box 1 ☐ **1 White British** **10 Bangladeshi/British Bangladeshi** **2 White Irish** **11 Any other Asian background** **3 Any other White background** **12 Black Caribbean** **4 White and Black Caribbean** **13 Black African** **5 White and Black African** **14 Any other Black background** **6 White and Asian** **15 Chinese** **7 Any other mixed White background** **16 Any other ethnic group** **8 Indian/British Indian** **17 Not stated** **9 Pakistani/British Pakistani**

Referral date	Enter the date on which the client was referred to your service and began to wait for an assessment/ therapy appointment.
Date first seen (this episode)	The date on which the client first attended an assessment or other appointment with you.

Previously seen for therapy in this service	If client has previously undertaken a course of therapy provided by your service, tick yes. If they are new to the service, or have previously been seen for an assessment only, tick no.
Episode	Write in the number of episodes of therapy undertaken by this client within your service. For example if this is the first time the person has been seen write '1'. If it is the second time they have been (i.e. pre- and post-therapy measures are already available for the client) seen write '2' and so on. Please note, 'Episode' does **not** related to the session number at which the measure is given to the client.
Months since last episode	How long is it since the client was last seen in your service? Round up or down to the nearest whole month.

Referrer(s)	Please indicate referral source(s) by ticking the appropriate box(es), or specifying referrer in the 'Other' box.

Assessment Outcome
This section identifies what happened to the client after the assessment session

Assessment only	The client attended the assessment session only. They may be suitable for therapy but decided not to take it up or only an assessment session was required. There is no need to complete end of therapy form.
Accepted for therapy	As a result of your assessment, therapy sessions were offered.
Accepted for trial period of therapy	As a result of your assessment the client was identified as suitable for a trial period of therapy, and a number of sessions were offered.
Long consultation	The client was seen for an extended assessment (more than one consultation) in order to be referred on appropriately. No therapeutic intervention took place.
*Referred to other service	As a result of your assessment, the client was referred elsewhere for help.
*Unsuitable for therapy at this time	As a result of your assessment, the client was identified as not currently suitable for therapy (e.g. in denial, not psychologically minded, unwilling to do the work etc.).
*If client is not entering therapy, give brief reason	In the box provided, briefly describe the reasons why the client is not entering therapy with your service. This includes referral back to the GP, other psychological services (not identified by your Site ID), helping agencies or voluntary organisations.

Brief description of reason for referral	This section complements the quantitative data in the next section and should be used to record the formal reason for referral (i.e. the problem for which the client is referred), or where the client is self-referred their description of the main problems/concerns.

Identified Problems/Concerns

Please note, there is no maximum or minimum number of identified problems/concerns.

Fuller details on each of each of the problem/concern areas can be found overleaf.

The profile of the identified clients problems and/or concerns should be recorded after the end of the formal assessment period. Where you do not undertake formal assessment, problems and concerns should be recorded at the end of the first session. In order to profile the problems/concerns two pieces of information are needed:

a) In the box to the left-hand side of the category indicate the severity of any identified problem by using the severity rating below which rates severity in terms of the impact of the problem/concern on the client's day to day functioning. Day to day functioning relates to work/study, interpersonal, and the social functioning of the client. Problems/concerns not identified should be left blank.

b) For each of the problems identified, tick the appropriate box to indicate how long the client/patient has been troubled by this/these problem(s).

It is recognised that some therapists find it unhelpful to focus on problems or use diagnostic terms. However, for the purpose of audit and evaluation it is important to have some record of the problems that brought a person into therapy

	Severity	
1	**causing minimal difficulty**	problem reported as present, but only causing minor difficulty which does not affect day to day functioning.
2	**causing mild difficulty**	problem present and causing difficulty in one area of functioning but does not affect overall day to day functioning.
3	**causing moderate difficulty**	problem is causing significant difficulty in one or more areas of day to day functioning, and/or is moderately affecting overall functioning.
4	**causing severe difficulty**	problem causing severe impairment in all areas of functioning.

Identified Problems/Concerns – Categorisation

If you are unsure of where to categorise a problem/concern, please outline the problem in the box marked 'other'.

Anger
Include bullying of others, problems managing anger, feeling anger a lot of the time

Interpersonal/Relationship problems
Include specific relationship problems (e.g. with teachers/friends) and non-specific interpersonal problems (e.g. shyness, inability to form relationships). Do not include bullying directed at client.

Anxiety/Stress
Include generalised anxiety, stress, adjustment, irritability, phobia, panic, obsessive-compulsive behaviour, dissociation.

School/Academic
Include motivation, concentration, performance, attendance(study related *only*).

Bullying
Include physical and emotional bullying directed at client. Bullying by client should be entered under anger or interpersonal/relationship.

Self & identity
Include issues around sexual orientation, religion, "Who **am I?"**

Behaviour problems
Include behaviour problems including eating be disorders. Exclude self-harm & anger which should coded in the appropriate sections.

Self-esteem
Include loss of confidence in any area.

Bereavement/Loss
Include death of significant other, problems managing grief, unresolved grief.

Self-harm
Include cutting, self-poisoning and other deliberate damage to self.

Depression
Include problems with mood, emotional problems, hopelessness.

Trauma/ Abuse
Include ongoing and previous abuse. Do not include abuse of others as these issues should be entered as bullying, behaviour problems &/or interpersonal problems

Family
Include relationship problems/breakdown, neglect, mental health problems in other family members, poor/no communication.

Other
Problems which cannot be placed confidently in the categories indicated.

Health
Include sleep problems, psychosomatic.

Risk

Please rate the severity for each of the identified risk areas. Client's responses on the CORE Outcome Measure should help as a guide to their risk of suicide, self-harm and harm to others. Legal/Forensic issues relate to criminal damage to property (e.g. arson, criminal damage etc.)

YP- END OF THERAPY FORM

Site ID	See guidelines for the 'Therapy Assessment Form'. Please make sure your site ID is written on all forms.
Client ID	See guidelines for the 'Therapy Assessment Form'. Please ensure Client ID numbers from the therapy assessment form and End of Therapy form match to ensure pre- and post-therapy data are matched correctly.
Sub-Codes	See guidelines for the Therapy Assessment Form. These offer a further opportunity to customise the forms to your own service requirements. An example of a sub-code on the post therapy form could be 'form of discharge' (e.g. referred for group/individual therapy with codes for type of service). **Therapist ID:** please ensure that the therapist ID is entered on this form as well as the assessment form. This will differ where the practitioner undertaking the assessment differs from the person delivering therapy.
Date therapy commenced	This should be the date of the first **therapy** session with the client.
Date therapy completed	This should be the date of the last therapy session attended by the client. Do not include follow-up sessions - *for these please do another TAF and YP-CORE and indicate it is a follow-up.*
N^o of sessions planned	Only complete if appropriate. Do not include the assessment.
N^o of sessions attended	This should be number of appointments kept. Do not include the assessment.
N^o of sessions unattended	This should be the number of appointments arranged but not kept, for any reason.

Orientation of therapy	Tick the box(es) which you consider is to have been the approach(es) you have undertaken with this client. Where your approach is not catered for by the categories indicated, please tick 'Other' and describe in the box provided.

Modality of therapy	Tick the appropriate box.

Frequency of therapy	Tick appropriate box. If attendance has varied over the treatment period, please select 'non-fixed frequency.

Ending of therapy - unplanned If the therapy ending is unplanned, tick the box next to 'unplanned' <u>and then tick the reason</u>	**Unplanned due to crisis.** e.g. an event prevents the client from attending any more appointments. **Unplanned due to loss of contact.** e.g. client just doesn't return for any more appointments, with no reason given. **Client did not wish to continue.** e.g. client does not feel therapy is helping and terminates future sessions planned. **Other** Outline reason in box provided
Ending of therapy - planned If the therapy ending is planned tick the box next to planned <u>and then tick the reason</u>	**Planned from outset** Therapy continues up to the point agreed with the client from the start. **Agreed during therapy** Ending was agreed at any point after the start of therapy. **Agreed at end of therapy** Ending was agreed during the last therapy session. **Other** Outline reason in box provided.

Review of Presenting Problems	Firstly, indicate whether each of the identified problems/concerns listed was a therapy issue for the client, i.e. was addressed in therapy, by ticking the left-hand box if appropriate.
	Secondly, for each problem/concern identified as being a therapy issue, state the severity of the problem **at the end of therapy** in the right-hand box using the scale below. This applies even for problems which arose (emerged), or became clear after the assessment or first therapy session.
	0 causing no difficulty 3 causing moderate difficulty 1 causing minimal difficulty 4 causing severe difficulty 2 causing mild difficulty

Risk	Please re-rate the severity for each of the identified risk areas

Contextual factors	**Motivation** Rate what you consider to have been the level motivation of the client to engage with the therapy process (i.e. commitment to treatment, readiness to change). **Working alliance** Rate what you consider to have been the strength of the alliance with the client (include the bond established with the client, agreement on goals, tasks and methods). **Psychological Mindedness** Rate how psychologically minded the client was (i.e. the ability of the client to understand their own, and empathise with others', feelings and use these to change their behaviour).

The CORE System Group recommends that clients/patients are informed of the reasons they are being asked to complete questionnaires, who has access to these questionnaires, and whether or not this will affect their therapy. Clients also need to be assured that completing the questionnaires is voluntary, and that the information they give is confidential.

We therefore suggest that the client be presented with an information sheet about the evaluation system when being asked to take part. Overleaf, you will find an example information sheet giving you guidelines as to what you should include for clients taking part in the current research data collection, there is also a sample information sheet for clients whose data will only be seen by people within your service. You may wish to alter this to be compatible with the details of your therapy/service, including an address for clients to contact if necessary.

Client
Information
Sheet

This practice uses a standard assessment system (YP-CORE). The system has been developed to help services providing counselling and other psychological therapies offer the best possible care to people coming to them for support. As part of this system, we ask everybody to fill in a short questionnaire before and after they are seen by the service. These questionnaires help us to understand your problems, and see how much we have helped you with those problems.

We hope you will agree to complete the questionnaires, but you do not have to do so - saying you don't want to will not change your counselling/therapy in any way.

About our evaluation:

◊ We would like you to complete a short questionnaire (the YP-CORE) the first time you are seen and at the end of your treatment here, you may also be asked to complete the form during your therapy.

◊ It is up to you whether you complete the form or not, and not doing so will not change how you are treated here. However, the more people who complete the questionnaire, the more information we can collect to help make the service we provide even better.

◊ Your answers to the questionnaires will help us understand more about what sort of problems people are coming to us with, the best ways to help people and ways our service could be improved.

◊ We are working with researchers in a national project. Although they will see your data, anything which would let them work out who you are will be taken out first. Results of this research will help us regularly report on how effective our service is - and improve things if we need to.

Text template for client explanation
(Your Service name)
Client Information Sheet

This (Service) uses a standard evaluation system (YP-CORE). This helps providers of counselling and other talking therapies to deliver and develop the best possible services to clients who have asked for help for their difficulties and concerns.

As part of the system, all clients are asked to fill out a short questionnaire at the beginning of their therapy sessions. These questionnaires help us in understanding your problems and how we can best help you with those problems.

We hope you will agree to fill out the questionnaires, but would like to stress that taking part is entirely up to you and saying you don't want to complete them will not affect your access to therapy in any way.

About our evaluation system:

We would like you to fill out a brief questionnaire at the beginning and at the end of your contact with the therapy service.

Your therapist will also ask you to complete the YP-CORE measure at the beginning of some or all of further sessions.

The purpose of these forms is:
- to help us better understand more about the problems that you wish to address in counselling,
- to help us directly in our work with you and to help us learn how best to improve our services.

The processing of completed forms is co-ordinated by (our service name) in order to assist us further in the development of our services.

The information from the forms will be treated as strictly confidential. **No names or personal details of any kind are used on any forms that leave your personal records.**

Research clearly shows that ongoing feedback from the client about how change is progressing in therapy assists in improving the outcome of therapy. However, we wish to emphasize that taking part in this feedback is entirely voluntary and should you, at any point, choose not to fill out the forms it will not affect your access to therapy.

Phase 1 pilot (Twigg et al, 2009)

Thus far, data have been collected on samples from a clinical population comprising young people waiting for or receiving a variety of psychological interventions in a variety of settings throughout England and Scotland (total *n* = 243) and from a limited non-clinical group (n=46) of young people in an educational setting.

The clinical data came from 6 sites. The majority (n=163) came from schools counselling services, with the remainder (n=80) being returned from voluntary youth counselling services. Theoretical orientation varied with few pure behavioural or cognitive-behavioural services but many eclectic services. The data used were the first data from each individual provided that this came from pre-treatment or from the first treatment session. Gender was recorded for 238 of the 243 (98%): 150 (61.7%) were female, 88 (39%) male. Age was recorded for all clients and ranged from 11 to 16. Valid pre-therapy data (with no missing items) was available for 235 clients.

The non-clinical sample came from 46 young people in a secondary school. Ages ranged from 11-15 (no age given for 2 young people) and the mean age was 13.1 (SD 1.07). 16 young people in the sample were male and 29 female (no gender given for 1 young person).

Differences between clinical and non-clinical samples

The primary requirement of any clinical measure of distress is that it should show differences between the clinical populations for which it has been designed and non-clinical samples. Table 3 illustrates that the differences between the clinical and non-clinical populations in these limited samples are large and highly significant both overall and excluding risk ($p \leq .0001$), i.e. less than a 1 in 10,000 chance differences as big as this occurred by chance.

Table 2 - Means and standard deviations for clinical and non-clinical YP samples

	Non-clinical (n = 46)			Clinical (n = 243)			Difference	
	n	Mean	S.D.	n	Mean	S.D.	95% C.I.	p*
11-13 years								
All non-risk items	26	5.6	3.95	100	16.9	7.42	8.3- 14.3	<.00001
All items	26	5.2	3.80	100	15.8	7.12	7.7 -13.5	<.00001
14-16 years								
All non-risk items	18	7.9	8.86	135	21.8	7.18	10.2 - 17.6	<.0001
All items	18	7.4	8.47	135	20.6	7.06	9.6 - 16.8	<.0001

*p values for Mann-Whitney test

Age and gender differences

In the clinical sample, there were significant differences observed in scoring patterns by age: hence the requirement to collect a larger dataset and investigate these differences more fully. Overall mean pre-therapy score was 16.5 (SD=8.7). Mean pre-therapy score for males (n=84) was 14.3 (SD=8.3) and for females (n=147) was 17.9 (SD=8.6). There was a positive statistically significant correlation (r=.30, p<.001) between pre-therapy score and age with mean scores ranging from 11.2 (SD=7.3) for 11 year olds to 20.4 (SD=6.9) for 16 year olds (Table 4).

Table 3 - Mean scores by age for YP clinical sample

Age	n	Mean	SD
11	11	11.2	7.3
12	46	13.6	7.3
13	43	15.0	9.1
14	64	16.9	9.2
15	39	19.1	8.7
16	32	20.4	6.9
11-16	235	16.5	8.7

Numbers were too small for analysis by all ages in the range but young people were grouped into 11-13 or 14-16 age bands. Independent samples t-tests on pre-therapy scores showed there to be statistically significant differences both by gender (t=-3.102, df=229,p=.002) and by age (using the 2 age bands) (t=-3.97, df=233, p<.0001). In general, scores were higher for females and older respondents.

Pre- to post-therapy clinical score change

For the pre- and post-therapy subsample (n=77) the mean pre-therapy score was 18.5 (SD=7.44) or 19.6 (SD=7.64) for non-risk items. The associated post-therapy score was 8.8 (SD=5.62) or 9.6 (SD=5.86) for non-risk items. The pre-post uncontrolled effect size for change (calculated by dividing the pre-post change score by the pre-therapy standard deviation) was 1.30. Tables 5 and 6 show the differences in scoring for the two age bands and for males and females.

Table 4 - Clinical score change pre- to post-therapy by age group and gender

Age group/ Gender	n	Pre-therapy YP-CORE score		Post-therapy YP-CORE score		Pre-post therapy difference score	
		Mean	SD	Mean	SD	Mean	SD
11-13	35	15.8	7.12	8.0	4.91	7.9	9.2
14-16	42	20.6	7.06	9.6	6.16	11.1	8.3
Male	28	14.4	7.24	8.7	6.36	5.7	7.8
Female	49	20.9	6.43	8.9	5.28	11.9	8.5

Table 5 - Clinical score change (excluding risk) pre- to post-therapy by age group and gender

Age group/ Gender	n	Pre-therapy YP-CORE score (excluding risk)		Post-therapy YP-CORE score (excluding risk)	
		Mean	SD	Mean	SD
11-13	35	16.9	7.42	8.7	5.30
14-16	42	21.8	7.18	103	6.33
Male	28	15.3	7.48	9.2	6.51
Female	49	22.1	6.51	9.8	5.58

Younger respondents and males had lower scores both pre- and post-therapy. Independent samples t-tests between the two age groups showed that the significant differences in pre-therapy scores were not replicated for post-therapy scores (t=-1.32, df=76, p=.192) or pre-post change (t=-.19, df = 76, p=.103). Similarly, females scored significantly higher for pre-therapy scores but not for post-therapy scores (t=-.19, df=75, p=.850). The difference in pre-post scores by gender was, however, statistically significant (t=-3.18, df=75, p=.002).

APPENDIX 3: THE CORE FAMILY OF OUTCOME MEASURES

The CORE family of outcome measures

The YP-CORE is one of a family of CORE outcome measures which have been developed to be used under different circumstances and for different populations. These measures are outlined below.

CORE Measures	Thumbnail summary
CORE-OM: *'Parent' outcome measure*	The CORE-OM is a 34-item generic measure of psychological distress which is pan-theoretical (i.e., not associated with a school of therapy), pan-diagnosis (i.e., not focused on a single presenting problem), and draws upon the views of what practitioners considered to be the most important aspects of mental health to measure. The CORE-OM comprises 4 domains Well-being (4 items); Symptoms (12 items - depression x 4, anxiety x 4, trauma x 2 physical x 2); Functioning (12 items general x 4, social x 4, & close x 4); and Risk (6 items - to self x 4 or to others x 2). It takes between 5-10 minutes to complete.
Short Forms A&B: *Session-by-session repeated administration (research)*	Two parallel 18 item psychometrically balanced measures for use at alternate therapy sessions and which together make up the CORE-OM. The use of two short forms at alternate sessions rather than the CORE-OM measure at every session reduces memory effects. Due to administrative complexities, repeated administration of the two short forms is usually used only in research studies.
CORE-10: *Review or quick initial assessment*	A short 10 item version of the CORE-OM to be used as a screening tool and outcome measure when the CORE-OM is considered too long for routine use. Items cover anxiety (2 items), depression (2 items), trauma (1 item), physical problems (1 item) functioning (3 items – day to day, close relationships, social relationships) and risk to self (1 item). The measure has 6 high intensity/severity (e.g., and 4 low intensity/severity items.
CORE-5: *Session-by-session monitoring*	The CORE-5 comprises 5 items drawn from the CORE-OM and was designed to provide a brief tool for practitioners to monitor ongoing progress session by session. Items cover anxiety, depression, and functioning.

The CORE family of population-specific outcome measures

CORE Measures	Thumbnail summary
GP-CORE: *General Population* *For use with general or student populations*	A short 14 item measure derived from the CORE-OM suitable for use with general populations, including students. In contrast to the CORE-OM, the GP-CORE does not comprise items denoting high-intensity presenting problems or risk and over half the items are positively keyed. These aspects increase its acceptability in a non-clinical population.
YP-CORE: *Young Person's*	A 10-item measure derived from the CORE-OM and designed for use in the 11-16 age range. Structure is similar to that of the CORE-OM but with items rephrased to be more easily understood by the target age group.
LD-CORE: *Learning Disability*	LD-CORE is being developed by therapists and adults with LD in Scotland and England. The measure includes simplified items from the CORE-OM selected by therapists and adults with LD, and also includes new items designed to cover the major issues they face that are not in the CORE-OM.
CORE Translations	Approved translations now exist for Gujarati, Norwegian, Italian, Slovak, Swedish, Icelandic, Albanian and Greek. Kannada, Tamil and Welsh versions are nearing completion. Referential and psychometric data for the Slovak, Italian, Norwegian and Greek translations should be available in 2008. People seeking other translations or wishing to help produce them should contact core-trans@psyctc.org.

The CORE System

The CORE System was developed by a multidisciplinary group of practitioners and researchers and the content of the system was informed by extensive collaboration with practitioners, managers, and service commissioners.[15] The system comprises three tools, sharing the onus of evaluation data provision equally between clients completing a CORE outcome measure pre- and post-therapy and practitioners completing the CORE Assessment Form at pre-therapy and End of Therapy Form at post-therapy.

CORE System	Thumbnail summary
A CORE measure	See section above.
Therapy Assessment Form	The CORE Therapy Assessment Form captures a 'core' set of contextual information that aids the quality of both client assessment and overall service development. To enhance client assessment, the form collects important contextual information including client support, previous/concurrent attendance for psychological therapy, medication, as well as a categorisation system to record presenting difficulties, their impact on day-to-day functioning, and any associated risk. To aid the development of service quality, the form collects data on critical assessment audit items that profile the accessibility and appropriateness of service provision. These include client demographics, waiting times, and the suitability of referral.
End of Therapy Form	The CORE End of Therapy Form complements the other components and captures a 'core' set of treatment descriptors that aid the interpretation of CORE-OM scores to help contextualize therapy outcomes and inform service development. The form collects profile information that includes therapy length, type of intervention, modality, and frequency. To enhance the development of service quality, the form collects data on critical discharge audit items that profile the effectiveness and efficiency of service provision. These include problem and risk review, therapy benefits, session attendance rates, and therapy ending (i.e., planned or unplanned).

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