

# Evaluating the outcomes of psychological interventions



*Chris Evans (chris@psyctc.org)*  
*Finnish Psychological Association,*  
*Psychologist days: "With knowledge, skill and heart"*  
*Helsinki, Finland, 22.iii.23*



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**Availability** Once finalised, this will be made available at <https://www.psyctc.org/psyctc/presentations-and-talks-by-cc/>.

#### Declaration of interests:

- This is entirely my own work and views.
- However, the CORE system in its current state has come about through the work of many hundreds of people from the 1990s. Without them and the much larger number, probably hundreds of thousands now of clients research participants and thousands of researchers and practitioners, it would not be what it is now. This has been a hugely collective enterprise.
- I am acknowledging the main sponsors of the event, the Finnish Psychological Association, who invited me and from whom I received a generous honorarium. They have made no attempt to influence what I say whatsoever.
- I am one of the three trustees of CORE System Trust which holds the copyright on the CORE instruments. As we have never charged for their reproduction I receive no remuneration from that. My co-trustees have not had any input into this presentation.
- I am also acknowledging my honorary, i.e. unpaid, chairs. Neither organisation has made any attempt to influence what I say.
  - UDLA (Universidad de Las Américas), Quito, Ecuador. UDLA kindly provide some worker input and some funding for the costs of running the CORE website and updating CORE documents and they support research relating to CORE (under the direction of Professor Clara Paz)
  - University of Roehampton UK who provide me with some access to software and online library facilities (as UDLA do too).

What the programme for the event said:

KEYNOTE Evaluating the outcomes of psychological interventions / Chris Evans / 22.3.2023 klo 9.00–10.00

Voiko psykologisten interventioiden vaikuttavuutta ylipäättään mitata? Huippuutkija, klinikko ja professori Chris Evans on yksi CORE-mittarin alkuperäisistä kehittäjistä, ja hän on tehnyt pitkän kansainvälisen uran psykoterapian tutkimuksen saralla.

Piet Hein, a grooky physicist wrote "Problems worthy of attack, prove their worth by hitting back". Evaluating the outcomes of psychological interventions is just such a problem!

I've been reflecting on my 30 years thinking about and working on this, with the CORE system but also other things, work that led to our book "Outcome measures and evaluation in counselling and psychotherapy" (Evans & Carlyle, 2021). I think there has been real progress in these 30 years but it is a hard problem. I will spell out some of gains but also how I think the sheer complexity of the problem is hitting back and my concerns that the psychotherapy research profession is retreating in complacency rather than facing the challenges.

But that means there are many lifetime careers to be in the area for at least the next 300 years!

**Chris Evans**, Honorary Professor, Universities of UDLA, Quito, Ecuador and Roehampton, London, UK. He trained in medicine and psychiatry, specializing in psychotherapy with trainings in individual analytic therapy, group analysis and family/systemic therapy. He always combined research with clinical work which has driven a wide exploration of research and assessment methods, led him to co-create the CORE system ([www.coresystemtrust.org.uk](http://www.coresystemtrust.org.uk)) and to co-lead over 30 translations of the CORE instruments for measuring treatment outcomes. He is now a full-time freelance researcher.

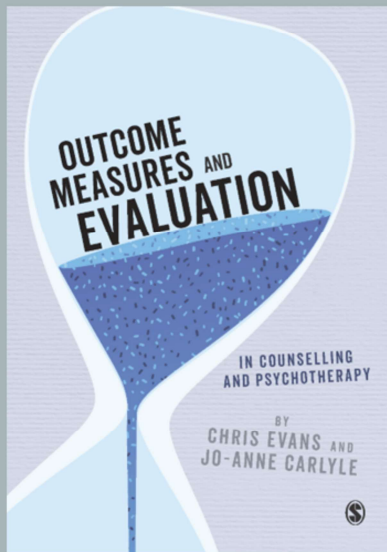


Sorry I don't speak Finnish (in fairly formal Finnish I think)



But actually I have one word of Finnish: thankyou. Thanks for inviting me to be here and talk with you, I hope it's going to be critical but constructively so!

## *The talk in one slide*



- ▲ Read this book!
- ▲ It addresses:
  - ▲ The future of MH work
  - ▲ Tools for psychologists' and psychotherapists' work
  - ▲ Prerequisites for a psychologists' and psychotherapists' work
- ▲ Fortunate coincidence!

Those were the three themes of the conference.

## *Why read it?! Spoiler*

- ▲ *The future of mental health work*  
Never going to be “one size fits all” but needs evaluations (N.B. Evaluations: plural)
- ▲ *Tools for MH, work*  
Should include ROM, but only if we think about that wisely and own that as a personal responsibility
- ▲ *Prerequisites for a psychologist’s work*  
Collaboration and support to collaborate and think wisely about ROM



This took the three themes of the conference.

## *Definitions*

- ▲ ROM = Routine Outcome Measurement.
- ▲ ECM = Embedded Change Management.

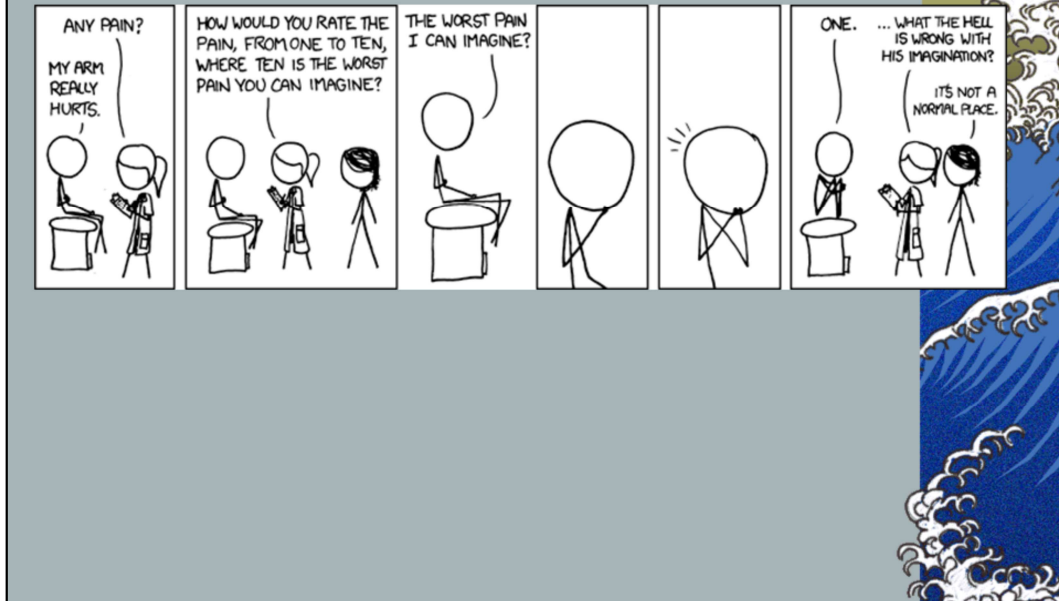


The acronym ROM has been used for all sorts of routine change management. We're moving into an era when we will need to be more specific as comparing data from rather different forms of ROM could be extremely misleading.

In the OMbook Jo-anne and I distinguish firmly between “embedded” use of measures, i.e. where the scores are used within the session or between sessions to try to shape that particular therapy *versus* all other use of change measurement. We believe that expectancy effects on answering when measures are embedded mean that such scores should never be compared with non-embedded scores.

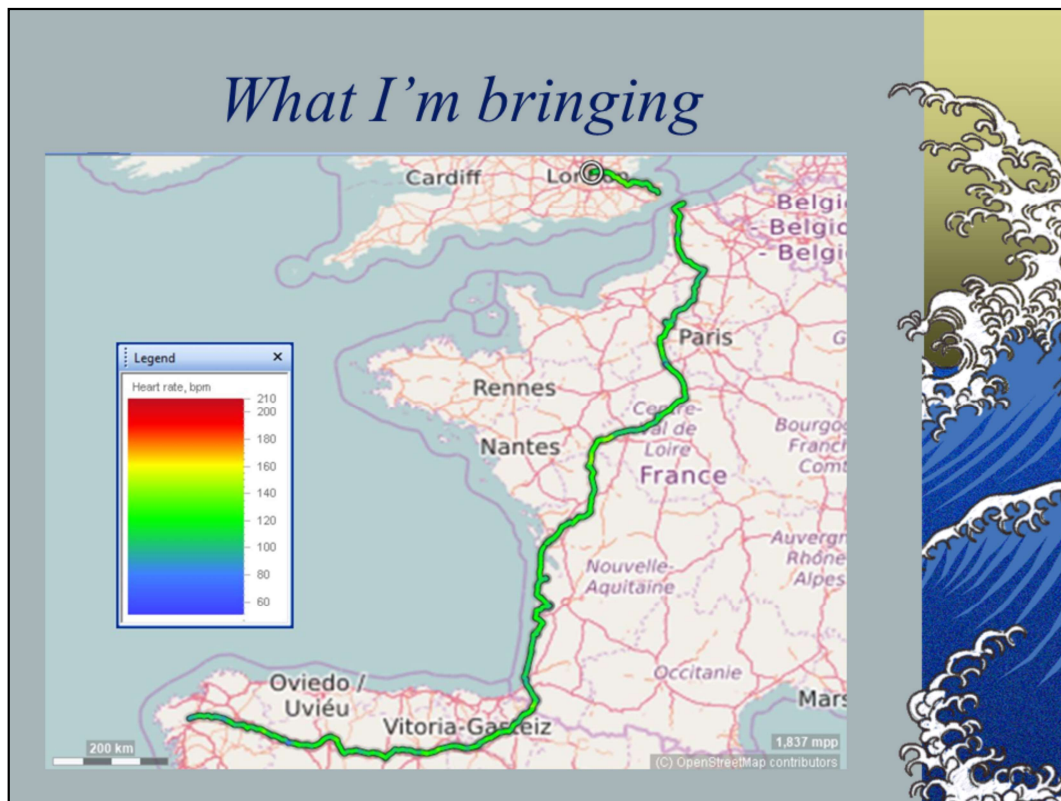
The term “Feedback Informed Treatment” FIT, is increasingly used for what we call ECM.

## *Psychological interventions?*



Just to remind us that we need to be careful: how one person uses a measure or rating system may not be the same as another person's internal processes.

The cartoons in the presentation are ones we used in the book.



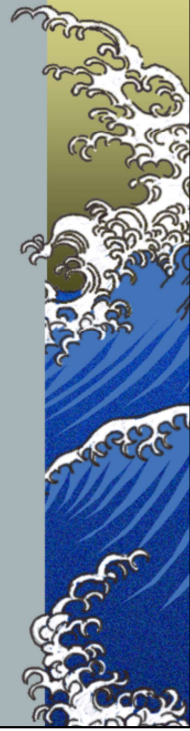
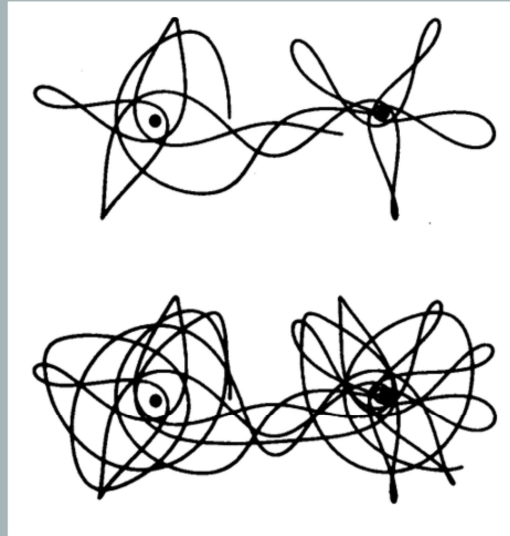
One theme through the talk, one that in some ways echoes the message in the last slide that we should never assume that clients are clones, is that we as clinicians, managers and researchers need to take personal responsibility for what we say, and carefully. There is a dangerous tendency in quantitative psychology to assume that the facts speak for themselves and that we don't have impacts on how we present things.

So as well as taking personal responsibility for what I was bringing (expanded a bit orally in the talk) I also need to acknowledge that I've worked with hundreds of colleagues and collaborators, co-authors without whom I would have achieved little. Were I starting again now, I'd need more collaborations but I think none of us can evade taking some personal, moral responsibility for the views we share and these can never boil down to "the right answer for ... is this ... because the numbers say so. We also have to work out how to share responsibilities and declare differences and that will never condense into statements of influences.

That slightly surreal map shows probably the enterprise of mine that has dependent most simply on me: when I stopped clinical work in 2016, I cycled from London to Santiago de Compostella in Spain. That was something I had told myself I would do when I was in my 20s. The route is what GPs recorded and shows some real squiggles. The colour is the heart rate map and believe me, that went up and down a lot though never up to 210 as the legend might suggest. Though route squiggles are visible, if simplified, you can see that heart rate changes are essentially lost. I don't think it's an entirely mad analogy for people's mental health and wellbeing trajectories through lives or through longer therapies!



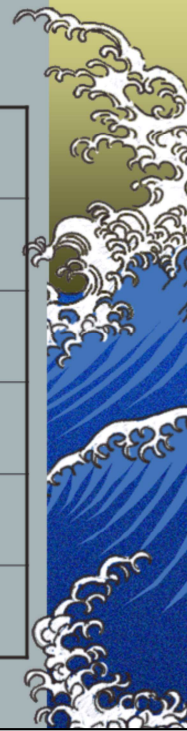
## *General personal experience*



That illustrates what physicists call the “three body problem”: that the trajectories of even very simple systems of only three bodies, here to two fairly massive and essentially stationary ones and one smaller one in motion around them, can be, generally will be highly “chaotic” despite obeying gravity and Newton’s laws of motion. We’re a bit more complicated than that!

## *Psychotherapy experience*

n	$n = 1$	$n = 2$	$n = 3$	Total
6	6	30	120	156
7	7	42	210	259
8	8	56	336	400
9	9	72	504	585
10	10	90	720	820



This is just another reminder of how complicated our phenomena are: that's assuming (my own view, out of Freud and Rickman) that the unconscious can only count to three so simplifies our encounters into monadic/narcissistic, dyadic (attachment) and triadic (Oedipal/jealousies). Then if you are in a group with six to ten members the numbers of constructions the Ucs can take from it is in that last column: the sum of the second column (self-relationships), the third column (directed dyad relationships) and the fourth column: the permutations of any three of the participants. The number goes up fast as the size of the group increases even if the Ucs can't count beyond three!

# Research experience



Código del centro:   
Código del cliente:   
Fecha:   
A  A  A  A  M  U  D  D

Edad:    
Sexo:  Hombres  Mujeres  
Fase actual:  
1) Ingreso  
2) Diagnóstico  
3) Evaluación  
4) Inicio sesión de terapia  
5) Fase activa  
6) Último sesión de terapia  
7) Seguimiento 1  
8) Seguimiento 2

**IMPORTANTE. POR FAVOR LEA ESTO ANTES DE EMPEZAR EL TEST.**  
A continuación encontrará 34 frases. Lea cada frase y piense con qué frecuencia usted se ha sentido así durante los últimos siete días.  
Después marque la casilla que mejor lo refleje.

**Durante los últimos siete días...**

	Nunca	Muy pocas veces	Algunas veces	Muchas veces	Siempre
1 Me he sentido muy sola y aislada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Me he sentido tensa, ansiosa o nerviosa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 He sentido que tenía a alguien en quien apoyarme cuando lo he necesitado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Me he sentido bien conmigo misma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Me he sentido totalmente sin energía ni entusiasmo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 He sido violenta físicamente hacia los demás	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Me he sentido capaz de afrontar las cosas cuando han ido mal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 He tenido molestias, dolores y otros problemas físicos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 He pensado en hacirme daño a mí misma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Me ha costado mucho hablar con la gente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 La tensión y la ansiedad me han impedido hacer cosas importantes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Me he sentido satisfecha con las cosas que he hecho	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Me han inquietado pensamientos y sentimientos no deseados	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 He tenido ganas de forar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Por favor continúe en la página siguiente



I had been thinking of how we look at change and outcomes before I even came into the mental health realm, my earlier research work was in “public health medicine” but CORE started with a research meeting a few weeks after our daughter was born. (The we of “our” there is Jo-anne’s and I, our first book together was to come much, much later!) The official launch came in 1998.

## *Why all this narcissistic stuff?*

- ▲ Because Jo-anne and I believe that useful knowledge in MH is never purely abstract but embedded and personal: evaluate the evidence partly on someone owning it
- ▲ Evidence is never purely quantitative and there are always some things that are countable in even the most qualitative work



*Jo-anne Carlyle*



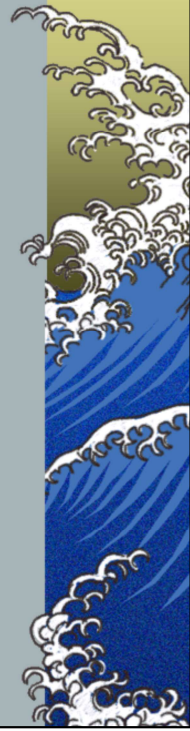
[www.psychtc.com](http://www.psychtc.com)



My better half and co-author!

## *Together!*

- ▲ We share a conviction that research and evaluation are essential, but that when they become reductionist they fail the patient, the treatment process and fail our capacity to make significant shifts in practice going forward.



Summary of our position



So let's go forward with the themes of the conference.

## *ROM must be SMART(ER)*



[Richard Chapman, 2021](#)



Lovely cartoon.

SMART is business jargon of course, but we thought it was useful:

**Specific**

**Measurable**

**Action achievable**

**Realistic**

**Time-bound**

There is also the nicer, more positive, extension:

**Specific**

**Measurable**

**Action achievable**

**Realistic**

**Time-bound**

*Extending*

*Rewarding*



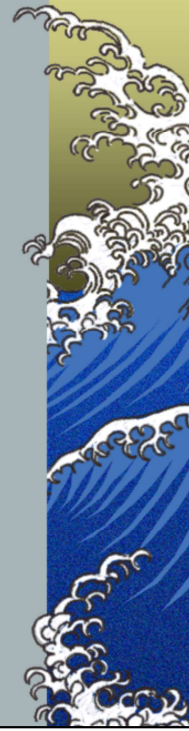
## *SMARTER and designed*



Benchmarks = sensible marks that for work that doesn't need to be super accurate, are quick and to hand. (These belong to our local carpenter up in the French Alps. He built his own workbench with those benchmarks inlaid into it.)

Given the uncertainties of what is going on in different client's minds when filling in measures, this seems a more apt way to see ROM in therapies than the analogy of "precision medicine" that has been pushed by some recently.

## *Always collaborations*



Always aim to weave things together.

Photo is of Peter Collingwood at work creating one of his woven tapestries from <http://www.lindahendrickson.com/remembering-peter-collingwood.htm>. See <https://www.theguardian.com/artanddesign/2008/oct/25/1> for more about Peter Collingwood and <https://www.petercollingwoodtextiles.com/>

*Tools for MH work*



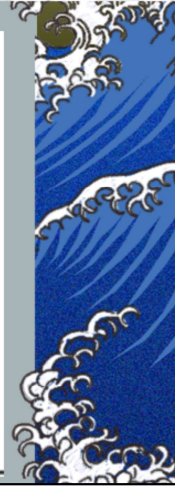
# Measures



Measure	Value
Measure 1	10
Measure 2	20
Measure 3	30
Measure 4	40
Measure 5	50
Measure 6	60
Measure 7	70
Measure 8	80
Measure 9	90
Measure 10	100



No 17  
have you felt really scared  
and frightened



## *What is CORE? History*

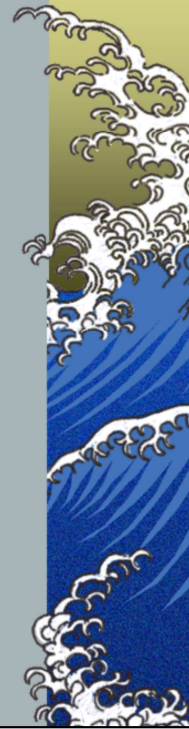
- ▲ “BCE” (Before CORE Evolved)
  - ▲ Psychoanalytic evaluations in the 1930s
  - ▲ Much debate but little evidence up to 1970s
  - ▲ Waskow & Parloff 1970
  - ▲ 1994 Strupp, Horowitz & Lambert
- ▲ “WC” (With CORE)
  - ▲ 1995 first work on CORE
  - ▲ 1998 launch
  - ▲ OQ, ORS and other systems simultaneous



Some epochs and punctuating years in the history.

## *What is CORE? A system*

- Principles & guidance
  - Not just a measure
  - “Bottom up”
  - PBE (Practice Based Evidence) &
  - PRN (Practice Research Networks)
- Measures
  - Copyright but free to reproduce
  - Translated: 35+ languages
  - In [Mapi Trust](#): can get “industry approved” translations
- Contextual data framework (CORE-A)
- Support



We never very precisely defined the whole approach and system but these were key ideas extracted from early papers and presentations and some updating to 2023.

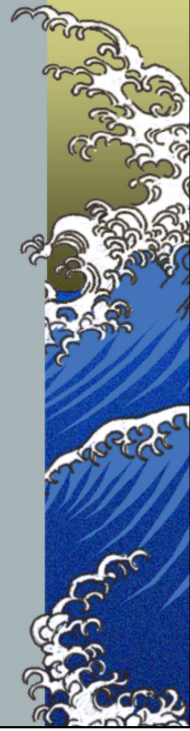
## *Back to the OMbook*

- ▲ Written for practitioners and managers but we think it should be read by researchers!
- ▲ Our focus is always:
  - ▲ What do you want from your data?
  - ▲ Who might find your findings useful?
    - ▲ Client group and practice realities
    - ▲ Audience: professions
- ▲ Keeping a balanced approach to psychometrics



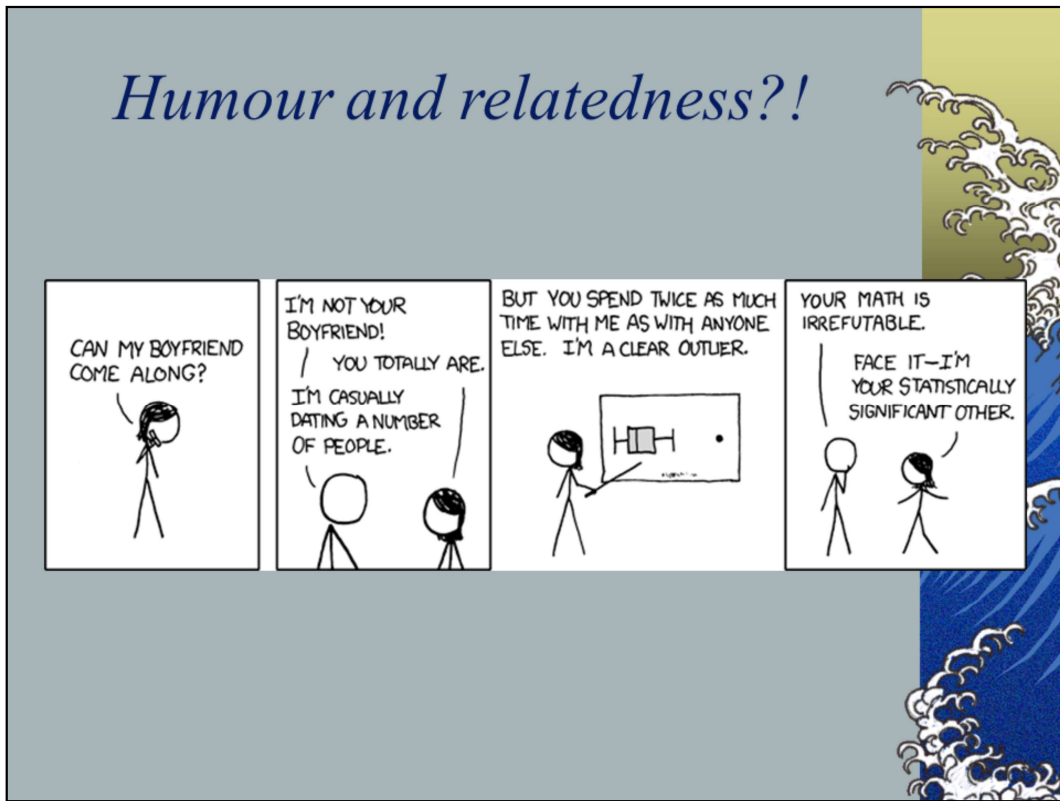
## *Ombook contents*

- ▲ 1. Introduction to OM and evaluation
- ▲ 2. A framework for OM
- ▲ 3. Judging the quality of an OM
- ▲ 4. Overview of current OMs
- ▲ 5. Analysing OM change data
- ▲ 6. Planning an OM work: design and be SMART
- ▲ 7. OM work for individual practitioners
- ▲ 8. Service-level OM work
- ▲ 9. OMs with clients and supervisors
- ▲ 10. Constructive critique as a core practitioner skill





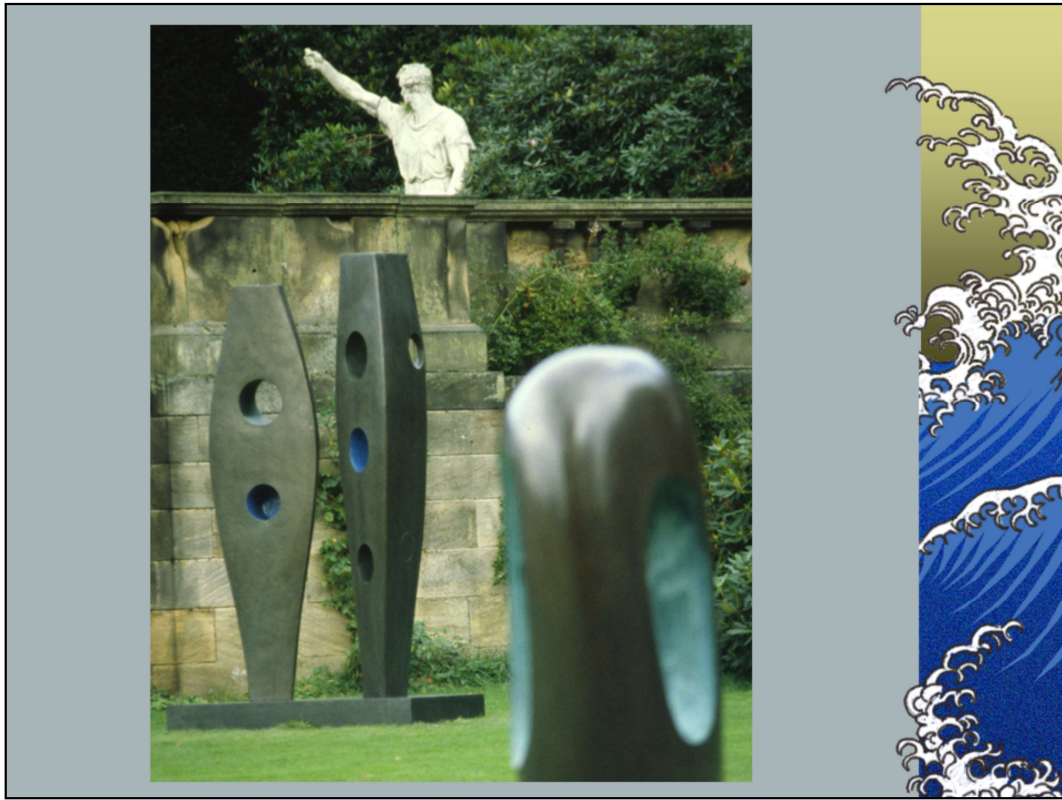
## *Humour and relatedness?!*



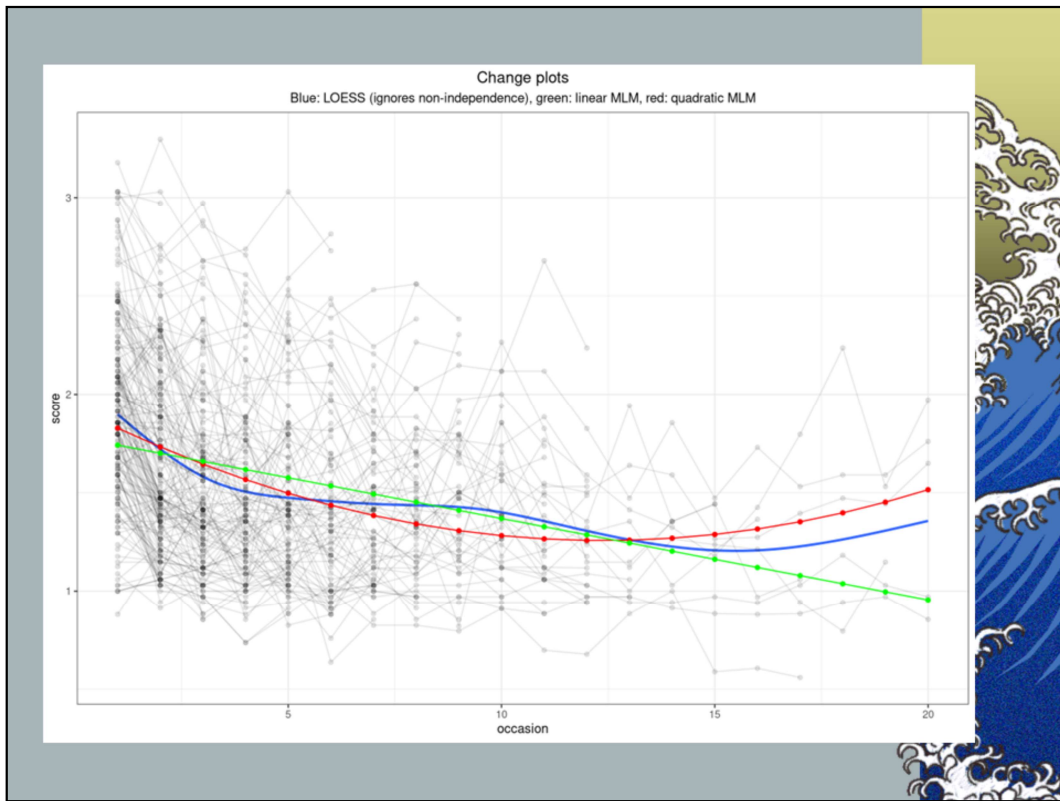
As you can see, we love xkcd cartoons!

*The future of MH work*





Barbara Hepworth sculptures in a temporary exhibition in the Yorkshire sculpture park many years ago. I liked the juxtaposition of her abstract shapes with that piece of UK Victorian (I would guess) grandiosity.



Change in real clinical services is complex and messy. See Valdiviezo-Oña, J., Montesano, A., Evans, C., & Paz, C. (2023). Fostering practice-based evidence through routine outcome monitoring in a university psychotherapy service for common mental health problems: A protocol for a naturalistic, observational study. *BMJ Open*, 13(5), e071875. <https://doi.org/10.1136/bmjopen-2023-071875> for more about this dataset.

## *My nostradamus bit!*

- ▲ Future of MH work never going to be easy
  - ▲ Always going to be politically exposed
  - ▲ Huge issues about confidentiality & GDPR
  - ▲ Always going to be biopsychosocial ...
  - ▲ ... but currently this is just bio *versus* psycho *versus* socio. We must transcend that!
- ▲ Need to transcend quantitative/qualitative wars



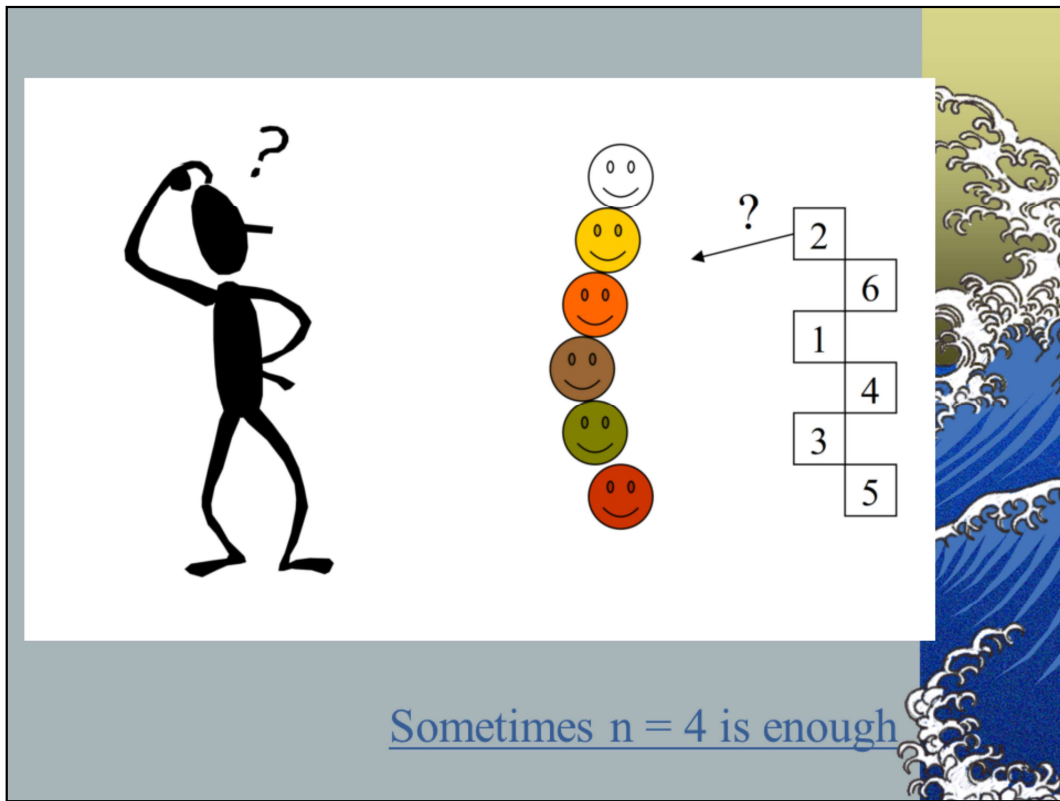
Trying to predict the future.

## *Quantitative/qualitative*

- ▲ Interdependent and interwoven
  - ▲ No-one can be expert in either
  - ▲ Certainly can't be expert in both
- ▲ Quantitative future will be collaboration with mathematicians and statisticians: not just employing them, not just being bullied by them
- ▲ Qualitative work needs to look more bravely at how we work from  $n = 1$  and small  $n$  data to implications
- ▲ “Constructive critique” (Ombook, 2021!)

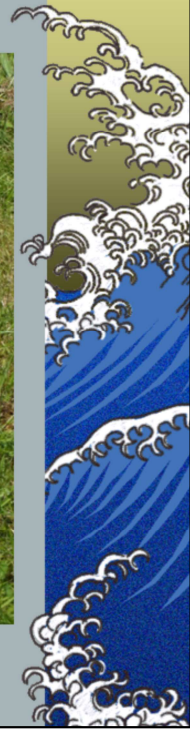


It's all about constructive critique and “only connect”?!



See <https://www.psych.org/psych/root/rigorous-idiography/>,  
<https://www.psych.org/Rblog/posts/2022-07-15-matching-scores/>,  
<https://www.psych.org/Rblog/posts/2022-07-23-derangements-2/> and  
<https://www.psych.org/psych/2022/07/23/sometimes-n4-is-enough/> for various online expansions  
of this and Evans, C., Carlyle, J., & Paz, C. (2023). Rigorous idiography: Exploring subjective and  
idiographic data with rigorous methods—The method of derangements. *Frontiers in Psychology*,  
13, 1007685. <https://doi.org/10.3389/fpsyg.2022.1007685> for a full development of the maths and  
logic of this.

*Need true biopsychosocial*



One of our arguments in the book is that a fully “outcome” of a therapy is always a post-mortem evaluation.



## *Reprise*

- ▶ *The future of mental health work*  
Never going to be “one size fits all” but needs evaluations (N.B. Evaluations: plural)
- ▶ *Tools for MH, work*  
Should include ROM, but only if we think about that wisely and own that as a personal responsibility
- ▶ *Prerequisites for a psychologist’s work*  
Collaboration and support to collaborate and think wisely about ROM





Kiitos!  
(to Jo-anne too)  
Questions,  
comments, ideas!

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Thanks again.

# *Kiitos!*

*(and thanks too to Jo-anne)*

## *Questions, comments, ideas!*

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