

Editorial

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Asking clients to complete outcome measures is an everyday occurrence for most practitioners working in healthcare. As the requirement to provide evidence of therapy's quality, effectiveness and efficiency grows, collecting outcome measures is increasingly a service requirement. When I began as a practitioner, I asked clients to complete measures at the beginning, middle and end of therapy; now it is every session, and, on top of the minimum requirements, I can also choose from a range of disorder-specific questionnaires.

It is increasingly necessary to use outcome measures, so how can we make them work for us and, more importantly, for our clients? Nic Streatfield's article asks – *how do you use yours?* He takes us through the three broad categories we can fall into – *ignore* (pretend they don't exist and don't use them), *append* (tag them on to the beginning or end of the session) or *integrate* (use them actively and collaboratively to aid therapy). Nic puts forward a persuasive case to us all to try the latter, showing us how measures can enhance the work we do and sharing his own personal journey from being someone who gave in nameless statistics to the administrator to someone who uses measures for, as he puts it, 'the dialogical possibilities they contain'. If, spurred on by Nic's article, you want to breathe life into your testing procedures, and ensure you keep within recommended benchmarks and competencies, Tina Thomas outlines how.

Elsewhere on the subject, Alex Mitchell's research group asks whether clinical skills in diagnosis are adequate without screening questionnaires; outcome measures find a supporter in GP John Hague; and our brief guide takes you through some of the most widely used outcome measures for depression and anxiety.

On a service-related, but different subject, Brian Rock and Helen Brindley examine the impact of record-keeping on the therapeutic relationship, particularly in light of the increasing use of electronic patient records (EPRs). Adding a consideration of the issues from a psychoanalytic perspective, this thought-provoking article recounts some of the clinical dilemmas that arise in the context of the continuing implementation of systems.

Collecting data is integral to continued commissioning of services, and non-IAPT counselling and psychotherapy services are increasingly seeing the value in proving their worth to commissioners by proving their effectiveness. Southwark Counselling and Psychotherapy Services (PCCPS) is a superb example of good practice in this area. As Peter Thomas outlines, by valuing the practitioners, collecting outcome data, and celebrating their work publicly, the PCCPS has secured its place in psychological services in Southwark.

Away from service issues, Maxine Aston provides valuable guidance in approaching work with people with Asperger syndrome. Depression, as Maxine writes, has a high incidence in this section of the population, so it's likely that many of you will have seen people with AS. In a further anecdote to a service-based issue, Ewan Davidson takes us on a personal journey through the patch where he lives and works, giving words to experiences which will resonate with many of us.

As ever, we welcome contributions from readers, whether through correspondence, or ideas for articles. Perhaps you have a personal practitioner's perspective to share? Or are engaged in work or study-based research which could be of interest to others? Please do get in touch with me at the email below if you'd like to submit a letter or idea.

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