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Publisher: Routledge

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Pastoral Care in Education: An International Journal of Personal, Social and Emotional Development

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/rped20>

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Available online: 20 Feb 2012

To cite this article: Aaron Sefi & Terry Hanley (2012): Examining the complexities of measuring effectiveness of online counselling for young people using routine evaluation data, *Pastoral Care in Education: An International Journal of Personal, Social and Emotional Development*, 30:1, 49-64

To link to this article: <http://dx.doi.org/10.1080/02643944.2011.651224>

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Examining the complexities of measuring effectiveness of online counselling for young people using routine evaluation data

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(Received 24 May 2011; final version received 30 July 2011)

As mental health services for young people develop, the need for evaluation and audit to justify expenditure follows suit. Counselling is being provided in more and more schools and community settings across the country, and there is an increasing focus on evidence-based funding. Practice-based evidence has an important role to play in fulfilling this requirement, and there are calls for a single outcome measure to be utilised across services. The emerging frontier of online support is receiving steadily greater attention, but as yet it has had little attention with regards to its effectiveness. An existing routine evaluation and outcome measure (Young Person's Clinical Outcome Measures in Routine Evaluation) was incorporated within other routine evaluation systems within an online support service for young people (Kooth). The findings have been examined, with a view to recommending most suitable evaluation tools for this medium. Initial data suggest that the online service, when compared with equivalent face-to-face data, attracts a wide range of needs and levels of distress, with a high proportion of complex needs presented. Such findings may also reflect the complex nature of the support needs for the client group in question. Capturing appropriately rich data using a range of qualitative and quantitative measures that account for the complex online environment and client group needs to be carefully considered.

Keywords: *online counselling; adolescent mental health; practice-based evidence; outcome measures; case studies*

Literature review

The wider economic costs of mental illness in England have been estimated at £105.2 billion each year (Centre for Mental Health, 2010). This accounts for

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23% of the total burden of ill health in the United Kingdom—the largest single cause of disability (World Health Organisation, 2008). The economically driven impetus for a ‘positive commitment to continued evaluation and audit’ (Department of Health, 2009, p. 10) of mental health services has been steadily increasing over recent years. This trend has since been reflected most recently in the government pledge to earmark £400 million to ‘re-engineer’ mental health services to deliver talking therapies (Department of Health, 2011). The landscape is therefore one of matching increased funding with evidence-based practice.

This trend has been even more present in adolescent services. Since the National Service Framework for Children, Young People and Maternity Services (Department of Health, 2004) was produced, there has been a continual growth in allocation and provision for young people, and there seems to be political will for that to continue amidst the backdrop of cuts in provision. Regional governments have taken the lead in committing to providing counselling to young people in schools in Wales, Scotland and Northern Ireland (Public Health Institute of Scotland, 2003; Northern Ireland Office, 2006; Welsh Assembly Government, 2008). A call from a ‘think-tank’ to follow suit in England (Sohda & Margo, 2008) has been reflected in the UK parliament decision to roll out the Improving Access to Psychological Therapies programme to children and young people (Department of Health, 2011). The British Association for Counselling and Psychotherapy has also formed a Practice Research Network looking into provision of counselling in schools (see www.bacp.co.uk/schools).

With the current reality of cuts in service provision, there is a growing need for providers to utilise a nationally-adopted outcome measure for young people (Twigg *et al.*, 2009) with the aim of providing evidence-based psychological treatments (EBTs). This call is echoed in the review of outcome measures conducted by Wolpert *et al.* (2008), which recommends development of a new measure to provide continuous evaluation and be readily accessible (i.e. free of copyright) for service providers. However, there are still many unanswered questions in the literature regarding what outcome measures are actually recording, and how they do it (Hanley *et al.*, 2011) and how these measures replicate, on a practice-based level, the flaws inherent in research feeding into the rush to determine EBTs and their superiority over the rest. There have been some dissenting voices arguing these flaws in EBT literature (Westen *et al.*, 2004), and one meta-analysis goes as far to challenge the very notion of EBT—that the ‘superior efficacy of EBTs for youths may be an artefact of confounded research designs’ (Spielmans, 2010, p. 234). This comprehensive study demands at least a certain level of caution, when attempting to draw conclusions about what constitutes an evidence-based practice. However, in the interest of not being drawn into conflict between evidence-based practice on the one hand, and ‘practice wisdom’ on the other, it is arguably in everyone’s interest to find common ground between the opposing arguments and employing research methods that integrate the need for evidence with this wisdom of experience (Mitchell, 2011). Arguably, the development of a standardised Goal-based Outcome Measure (GbOM) utilised across services could help create this common ground.

Despite these concerns, the goal of evidence-based practice and the role of clinical trials in achieving that goal continues to inform government agendas. There have been at least 1500 clinical trials examining whether therapeutic interventions work with young people (Kazdin, 2000) and a majority of this work focuses upon the more technical therapies such as cognitive behavioural therapy. These studies have led to four important meta-analyses, all of which suggest clinical parity to adult equivalents. From this work it can be concluded that those individuals within therapy were more likely to be functioning better after treatment than 75% of those in control groups (Weisz *et al.*, 2005).

In juxtaposition to the 'internal validity' or coherence of this work is the practice-based evidence or field research on the other end of the continuum. A meta-analysis (Baskin *et al.*, 2004) of a range of interventions (predominantly cognitive behavioural therapies) using a wide range of measures showed a significant effect with a mean weighted effect size of 0.45. The effect size is way of expressing the difference between two groups, or the same group before and after an intervention. More specifically, the mean scores for the two groups in question are collated and compared using a formula known as Cohen's *d*. This calculation divides the difference between the mean scores for the conditions in question by the pooled standard deviation. It produces a figure that can reflect the difference between the two sets of scores, and provides an indication of the impact the experimental condition has upon the group in question (for an introduction to effect sizes, see Cohen, 1988). A comprehensive review of 30 evaluation studies in youth provision carried out by Cooper (2009, p. 137) identified that 'counselling was associated with large improvements in mental health (mean weighted effect size = 0.81)'. Such an effect size can be interpreted as 'large' but there are perhaps more unanswered questions resulting from limitations in these studies: a lack of comparison groups to limit external factors as a confounding variable, many incomplete questionnaires, and a lack of follow-up scores to determine that change was maintained. These limitations were behind the motivation for a recent feasibility study for a randomised control trial in school-based counselling (Cooper *et al.*, 2010). Utilising a range of outcome measures, and randomising young people to a wait-list or humanistic counselling, the results were mixed and inconclusive, indicating little difference between these two phases, and therefore unable to recommend counselling as an alternative to cognitive behavioural therapy for treatment of depression in young people, as laid out in the National Institute for Clinical Excellence (2005) guidelines. Although limitations have been identified by the authors, the question as to whether psychometric outcome measures can effectively record what takes place in youth counselling remains unanswered.

When considering youth counselling outside the traditional settings, such as the emerging frontier of online support, there are even more areas that need further investigation before the efficacy of outcome measures can be established. In this relatively new area of research, there has been a substantial focus on the 'inner-workings' of online counselling around the world, such as the 'zone of reflection' and 'online disinhibition' in the Unites States (Suler, 2000); issues around devel-

oping trust online (Fletcher-Tomenius & Vossler, 2009); hypertextuality (Grohol, 2000); motivations of young people in Australia (KidsHelpLine) to seek out this medium (King *et al.*, 2006); session impact (Reynolds *et al.*, 2006); a greater sense of control and comfort for the young person (Beattie *et al.*, 2006); and the role of the therapeutic relationship (Hanley & Reynolds, 2009). The work of Rochlen *et al.* (2004) also provides a comprehensive and balanced summary of the challenges and benefits of working in this medium. The role of the therapeutic alliance online is worth closer investigation. The body of literature exploring the alliance in face-to-face encounters with adults indicate a rich history for this component of therapy. But research into alliance with young people is still in its infancy (for an overview, see Shirk *et al.*, 2011). Comparison between the two mediums has tentatively indicated that the alliance can be achieved as well online (King *et al.*, 2006; Hanley, 2011).

In examining the existing literature on mental health provision, services for young people, and focusing in on computer-mediated support, the aim of the present study is to try to find useful ways of measuring outcomes in the complicated and new territory of online support, and using inconclusive measures and how this might impact on any results achieved. As such, the following key research question is considered:

How might traditional face-to-face practice-based research methods fare when incorporated into routine online youth counselling monitoring systems?

Methodology

An online support and counselling service for young people (Kooth) worked alongside researchers from the University of Manchester to examine existing routine evaluation strategies with a view to reviewing and potentially improving them. In the section below we outline the different data collection points and outline the participant inclusion criteria for this reflective study. Following this we describe the way in which the data have been analysed for the purposes of this study and the ethical considerations to the work.

Data collection

As part of its routine evaluation, Kooth has been piloting the Young Person's Clinical Outcome Measures in Routine Evaluation (YP-CORE), YP-CORE is a brief 10-question self-report well-being measure. It has been successfully used in youth therapy settings (for example, Cooper, 2009; Hanley *et al.*, 2011) and emerged from the longer adult version of the measure. Presently, it is in the process of being further validated through the collection of normative data (Twigg *et al.*, 2009).

Kooth offers an online service, and uses a team of professional counsellors to work with its service users. The counsellors record routine data on the content of each session in individualised case notes. As part of its case notes system, counsellors also record outcomes and goals, which are co-created with the service users. Counsellors also record presenting and emerging issues using the Common

Assessment Framework. The Common Assessment Framework was brought in as part of the Every Child Matters Agenda (Boateng, 2004) as a standardised approach for assessing the needs for services for young people to support earlier intervention and improved multi-agency working.

As the collection of YP-CORE data has been piloted by the service, its use has been adapted to achieve data more consistently, and is now used more regularly—at the beginning of each session. For the present study, the YP-CORE scores have been collated since their initial use on the site (September 2010) for a period of six months, to indicate onset scores of young people when they have first used the service to seek out support.

Participant inclusion criteria

For the purposes of distinguishing between young people who have used the service for brief or sporadic interventions and those who have engaged with ongoing counselling and support, the following criteria were implemented:

- Fourteen years old or over.
- Three or more episodes filled out of YP-CORE.
- Engaged with single counsellor weekly during the trial period.
- First contact with counsellor was after first CORE form filled out (some might have exchanged messages with counsellor, or ‘dropped in’ to speak to other counsellors).
- No aliases being used with another counsellor (some users have aliases they use for forums and other aspects of site).

These criteria were chosen to indicate significant therapeutic interventions for young people using the service for a consistent period of time. As the service changed its use of YP-CORE mid data collection (from monthly to at the beginning of every session), three episodes were needed to show consistent contact. The limits of these criteria are detailed in the discussion section.

Data analysis

For the purposes of the present study, onset scores have been collated since the site first started using YP-CORE. It has been possible to present two sets of onset scores—those of all users of the site filling in YP-CORE forms before the onset of counselling ($n = 143$), and the onset scores of a clinical online sample using the criteria set out above ($n = 12$; ages range from 14 to 21 years old; nine were female, three were male—for more on the low sample size and limitations of criteria, see Discussion). The YP-CORE onset data were also compared with face-to-face settings: a clinical sample ($n = 235$) of 11–16 year olds (Twigg *et al.*, 2009); and data collected from 16 studies of onset scores of young people in schools (Cooper, 2009).

Figure 1. Presenting and emerging issues

Presenting and emerging issues were collected from the sample, and the 10 most common have been presented in Figure 1. The case notes for the young people selected for this sample were investigated in order to draw out the presenting and emerging issues, and to elicit key themes in the experiences of young people seeking support online. These themes were examined in relation to the YP-CORE scores that were achieved by the individuals evaluated. Thus it was possible to formulate composite case studies, which have been anonymised and are anecdotal and empirical, in order to present emerging patterns between the quantitative data and the qualitative data (drawn from counsellors' case notes and anecdotal evidence). From these data, it was possible to extract common examples of co-created outcomes that are used within the online therapeutic process.

Ethical considerations

This project makes use of a snapshot of routine service evaluation data. All information related to the clients in question was removed prior to analysis for this paper. Permission has been granted by the service in question to utilise this data.

Findings

Figure 2 shows the mean average onset YP-CORE scores taken from various samples. These are:

- Kooth sample: the participant sample for this study ($n = 12$).
- Kooth population: the user population of the online service as a whole during the collection period ($n = 143$).

And face-to-face settings:

- Schools: taken from 16 studies of counselling young people in schools (Cooper, 2009).
- Clinical Sample: ($n = 235$) of 11–16 year olds (Twigg *et al.*, 2009).

Figure 2. Onset scores

Figure 3. YP-CORE and service use: Jessi

Figure 1 indicates the most frequent presenting and emerging issues of the online sample participants using the online service during the data collection

Figure 4. YP-CORE and service use: Fazi

period. The figures displayed indicate the frequency of each issue being presented or emerging for the sample, in the collection period.

Figures 3 and 4 are anonymised examples of YP-CORE charts and service use breakdown tables that are utilised by the online service for counsellors to refer to, and for evaluation and reporting purposes. The bar charts on the right indicate the amount of time spent using each service the site offers (Chat = sessions; Messaging = with a counsellor; Blog = user's time writing own blog; Forum = time spent reading and writing moderated peer-support messages to other users). The dates marked correlate with the date that user filled out their YP-CORE form; the time spent is since the last time they filled out the YP-CORE.

Composite case studies

These case studies are a fictional construction of real-life occurrences, and have been devised to illustrate users' experiences of online support and counselling. Drawn from anecdotal evidence of counsellor feedback and personal experience, as well as exemplar case studies, they are an indication of how a real-life systematic case study (J. McLeod, 2011) might look in a future study (in the sense that there is a systematic inclusion of qualitative and quantitative data, and an examination of how these sets relate). They are designed to be a brief and fair representation of the participant sample. As mentioned, this sample does not reflect the breadth of pre-therapeutic support and advice that the service offers, particularly to younger users, not yet known to statutory services. The issue of how to utilise

measures to capture outcome data for this significant client group is discussed in the next section. It also cannot demonstrate the longer term counselling that has been taking place within the service, simply because these users registered before the site began its pilot of YP-CORE.

Jessi

Jessi is a 15 year old from Wigan. He was referred to use an online counselling service (Kooth), by his teacher at school, as he has been having problems with bullying.

He logged on to the site anonymously, and filled out a YP-CORE form, which indicated his state to be Moderate-Severe. He was picked up from the 'waiting-room' by a counsellor and offered a drop-in session. He talked a lot about his bullying problems at school, and was encouraged to come back again and use the 'roaming' facility—to drop in and talk to different counsellors on the site whenever he wanted. He came back and talked to three different counsellors about various issues in his life including problems with family relationships and issues with anxiety and confidence.

When he had begun to disclose more about his situation at home, it was suggested that he might pick a 'primary counsellor' who he would work with weekly to deepen the therapeutic relationship. By this time, he had filled out his second YP-CORE form indicating little change in his level of distress.

He had five hours of contact with his primary counsellor (after having had three hours of 'roaming'). In this time, he used the messaging facility (internal email), not just to arrange appointments but also as ongoing support between sessions. He also made extensive use of the moderated peer-support forums, on which he posted new messages and responded to others under various subject headings including family relationships, sexuality and bullying. In this time, his work progressed with his counsellor to a point where he was indicating complex issues in his relationship with his parents, one emerging issue being 'alcohol/other', indicating he was suffering from the alcoholism of a significant other. During this time co-created outcomes were agreed and established, including: talking to teachers and peer-mentor at school about bullying; making contact with a support group in the local area; and sharing concerns with a trusted family member about parent's alcohol problem.

It was suggested by his counsellor that he join a support group in his area. This group was indicated to the counsellor by the local pathways available on the site. He did join this group, and his final YP-CORE score showed a dramatic improvement, to a Mild state. When this was reflected upon by the counsellor in his final session, the user said it was due to his feeling supported for the first time. In this instance, it can be surmised, the service had performed its early intervention and prevention role for young people not known to statutory services (for more analysis of this case study, see Discussion).

Fazi

Fazi is a 23 year old from Blackburn. She was recommended to the service by her local doctor after she had been describing symptoms of depression, but had found it hard to say much more than that.

Within her first session with a counsellor, she had disclosed that she was currently experiencing a physically abusive relationship with her on-off boyfriend. She also self-harmed and used alcohol to excess. It was the counsellor's clinical judgement to suggest that they become this user's primary counsellor immediately (foregoing a roaming period) due to the severity of presenting issues.

The user's initial YP-CORE score was Moderate-Severe, and after an initial month of regular weekly sessions, this score showed 'reliable change' occurred (a drop of five points or more is considered reliable in the adult CORE) possibly due to her sense of developing a trusting relationship where she could talk for the first time about her complicated and abusive relationship with her boyfriend.

After this initial positive wave, her score spiked again the following week (at this actual point, the service had crossed over to the new system of recording YP-CORE weekly), after she had experienced a particularly difficult fight with her boyfriend and had binged on alcohol. The following two weeks, her score steadily decreased. This *could* be attributed to the fact that her boyfriend had been away during this time, and she had managed to control her alcohol consumption.

During this time, she had been dropping in for short sessions with her counsellor, being offered ongoing support, but not yet ready to engage in 'on-going and regular therapy'. She did not feel ready to agree any co-created outcomes with her counsellor, other than to drop-in when she could.

Discussion

This section discusses the themes and issues presented by the findings of the present study, and goes on to examine how this study sits within the context of practice-based research as a whole, and with young people in particular. With these aspects considered, it finishes by making suggestions for further research in this area.

Firstly, we explore the onset scores presented in Figure 2. These suggest that the young people who seek out online counselling and support have a significantly higher level of distress than those within face-to-face services. Factors to consider when making this suggestion are that this is a relatively small sample ($n = 12$), and the mean score is less when taking in the larger mean average of all the users of the service ($n = 143$)—although even this average is still significantly higher than face-to-face equivalents. A possible reason for the sample score to be higher is that the participants would have a higher score based on their needs of the service—that of ongoing therapeutic counselling—whereas the majority of usage of this service is for brief (three sessions or fewer) or sporadic use ('dropping in' to use the

service). The difference in these two online scores is also reflected by age (the score reduces when including a younger populous—11–14 year olds). This pattern is corroborated by larger studies (Hanley, 2011; Twigg et al., 2009).

The higher online onset scores could be attributed to the possibility that online services do attract young people with more complex needs. As has been borne out in other studies (Beattie *et al.*, 2006; King, 2008; Hanley, 2011), the online world offers an inclusive space which is emotionally safe for people who find face-to-face encounters too challenging, and as a result are often isolated and unknown to statutory services (Helpser, 2008). The higher onset scores could also be attributed to what is known as ‘online disinhibition’ (Suler, 2000). This phenomenon suggests how users might use the initial YP-CORE form as an *opportunity to shout*. However, this argument can be countered by the possibility that face-to-face counselling is simply *more* inhibiting for young people, and online services provide a very different power relationship (everything down to anonymity is in the hands of the young person), which arguably allows for greater honesty when answering psychometric questionnaires.

The presenting and emerging issues of the participant sample, shown in Figure 1, reveal some important distinctions in online work. Comparing with similar studies in face-to-face counselling (Cooper, 2009), there are similarities, in that family relationships typically feature the as the commonest issue. What is in contrast is the level of disclosure regarding sexual abuse and self-harm, which typically have been under 5% of issues presented (Cooper, 2009). In this instance, they feature as much more common issues—between 10 and 15% of all issues presented. This is corroborated by anecdotal evidence (from discussions with counsellors who work online) of the reporting of the frequency of these issues, and ties in with the notion of the online medium allowing greater transparency and disclosure. However, a much larger sample size than achieved by the present study is needed to corroborate such findings.

The composite case studies were designed by the authors to reflect some of the issues that come up when offering counselling and support to young people online. They also offer a fair reflection of the complexities of trying to evaluate outcomes of online interventions. Jessi’s story exemplifies a scenario where the main outcome was one of effective signposting to a face-to-face support service, its positive effect (possibly) reflected by the reliable change in his final YP-CORE score. Within this there is an important unanswered question regarding alliance—in that a young person may arguably only follow-up a recommendation from a counsellor, when the alliance is strong enough. This requires further analysis. The example of Fazi presents a story where the YP-CORE scores suggest initial improvement after developing an important bond with her counsellor. Following this, the change indicated by her scores more accurately reflects the effect of factors external to therapy (perhaps in line with the 40% of change due to external factors, as indicated by ‘Lambert’s Pie’; see Asay & Lambert, 1999), rather than any specific intervention within the therapeutic process. However, these are tentative hypotheses. It could be argued that her ongoing improvement

was due to feeling ‘in relationship’ with her counsellor, and this alliance was affecting the change (for an overview on alliance outcome research, see B.D. McLeod, 2011). Ultimately, there will arguably always be some level of ambiguity to this type of enquiry. However, as argued below, the inclusion of further ways of recording outcome (synchronising qualitative and quantitative data, and the use of a standardised Goal-based Outcome Measure) would offer deeper analysis of what is actually taking place within an online counselling relationship.

Limitations to the present study

This piece of research is primarily a feasibility study piloting the use of outcome measures and the collection of routine evaluation data by an online counselling and support service for young people. Its aim was to collect evidence in the ‘messy’ real world of practice-based research (Robson, 2002) to illicit key themes within this medium, and help understand some of the complexities of the use of a psychometric tool (YP-CORE) in the fluctuating and complex therapeutic environment formed by an online service. Its hypotheses are tentative due to the limited use of alternative tools to formulate coherent (and actual) systematic case studies with a *pragmatic* approach (for a more formalised approach, see Fishman, 1999), which could more accurately contextualise the quantitative data achieved by YP-CORE questionnaires. The data on presenting and emerging issues suggest that there is greater disclosure online, and this requires a larger sample to corroborate this hypothesis.

It is arguable that the data presented by YP-CORE in this study are limited due to its inability to capture the complexities of an online therapeutic environment. While a prolonged use of YP-CORE may elicit the ‘bigger picture’ of change, the queries that arise in this study argue that alternative measures are necessary. It is important to consider the fact that the sample taken for this study reflects the minority (25%) of the work done online. In order to match the typical usage of YP-CORE, the participant inclusion criteria were devised. Whilst this ongoing, more ‘formal’ counselling is still a very significant part of the work of the service, the brief and sporadic (drop-in), and often complex support and counselling provided by the service arguably requires additional measures, such as a GbOM. This need is arguably true of all young peoples’ services whether they be online or face-to-face.

The study itself is also limited in that data collection has taken place at an early stage in the use of YP-CORE. As such, a relatively low sample ($n = 12$) has been achieved from a very busy counselling service. This is partly because there has not been time for new users to come through and fulfil the inclusion criteria, and partly due to the initial implementation of YP-CORE by the service as users had four hours of support before subsequent forms were filled out. It also brings into question the general issue of using criteria that fits more formalised face-to-face counselling, when online work allows for much greater flexibility in use, which in turn can be more challenging to measure. For this reason, the inclusion criteria must be reconsidered to suit this type of work.

Recommendations for further research

The present study offers a note of caution in drawing sweeping conclusion when collating outcome data. It is possible to formulate ‘neat’ stories using psychometric measures to record levels of psychological distress. The aim of this research is to build on past studies (see Hanley *et al.*, 2011) in examining the complexities of collating practice-based evidence. This gives rise to the question of what it is that meant by *outcome*. If it is just lower distress, then YP-CORE is sufficient; but to locate client satisfaction, sense of achievement of goals, and the importance of alliance, other measures need to be used. Alternative measures are also necessary to capture the afore-mentioned majority of service users who predominantly need brief or sporadic interventions.

There is a wealth of qualitative enquiry into the inner workings of counselling (for an overview, see McLeod, 2010). In juxtaposition to this, there is an increasing need for services to provide quantitative outcomes to justify sustained funding (Department of Health, 2001). It is arguable that there is a need to provide outcome studies that draw upon the rich data of a qualitative study in order to contextualise and give greater meaning to the scores presented by psychometric questionnaires. In order to achieve this, it is necessary to produce alternative outcome data that will present contesting hypotheses. It is also vital to consider what is practically achievable within the busy working environment of an online counselling service. With this in mind, the authors recommend that this could be achieved through the use of a Goal-based Outcome Measure (GbOM) such as that being piloted by the Child and Adolescent Mental Health Service Outcome Research Consortium (Wolpert, 2010). These offer the possibility of quantitatively measuring co-created goals, which arguably allows a greater investment from the client—such an approach could potentially be framed within a pluralistic framework as a way of assessing and measuring bonds, tasks, methods and goals (Cooper & McLeod, 2007). Considering the nature of drop-in sporadic use, it is arguable that goals-based outcomes would best reflect what an online service *is* and *is not* achieving in its interventions. Co-created outcomes are also arguably an improving factor in strengthening alliance, and an aspect of the humanistic philosophy of the young person as an agent of change (Bohart & Tallman, 1999) rather than a passive recipient of a treatment. Goals-based outcomes or similar measures in conjunction with qualitative data achieved by end-of-therapy interviews with clients and counsellors feed into this philosophy and offer multi-layered interpretations of outcomes, which may add to the richness of the data being presented.

Conclusion

This study offers a snapshot into the routine evaluation employed by an online service. Whilst there is recognition that quantitative measures are helpful to indicate the effectiveness of a service, it is crucial to utilise a measure, or series of measures that can indicate what is and is not achieved in this innovative and relatively

unchartered territory. Using a formalised method of converging different sets of data and quantifying achievement of goals can offer a more far-reaching insight into the ways in which the medium can be effective in the different levels of support it can offer the many young people who seek it out.

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