Routine outcome monitoring in children’s psychological services: Exploring the views of children, adolescents, and their parents or carers

Service–Related Project (SRP) by:
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“The use of generic measures that assess clinical outcomes or patient/carer satisfaction” (Hall, Moldavsky, et al., 2014, p.239)

Assessment measures often used by clinical psychologists to quantify/categorise difficulties and inform intervention

To be classed as ROM, measures must be collected when a client first accesses a service, when they are discharged, and preferably at intervals between.
# CYP–IAPT Tracking Tools

## Assessment Measures

<table>
<thead>
<tr>
<th>Measure/Matrices</th>
<th>Assessment Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revised Children’s Anxiety and Depression Scale (RCADS)</td>
<td>Initial Assessment</td>
</tr>
<tr>
<td>Strengths and Difficulties Questionnaire (SDQ)</td>
<td>Initial Assessment</td>
</tr>
</tbody>
</table>

## Session-by-session Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals Tracking</td>
<td>Check progress against agreed focus</td>
</tr>
<tr>
<td>General wellbeing tracking</td>
<td>Track general wellbeing</td>
</tr>
<tr>
<td>Symptom tracking</td>
<td>Track a relevant set of symptoms</td>
</tr>
<tr>
<td>Impact tracking</td>
<td>Only used if symptom measures unsuitable</td>
</tr>
<tr>
<td>Feedback tracking</td>
<td>To discuss how session was experienced</td>
</tr>
</tbody>
</table>

## Review Measures

<table>
<thead>
<tr>
<th>Measure/Matrices</th>
<th>Review Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revised Children’s Anxiety and Depression Scale (RCADS)</td>
<td>Every 6 months/per service protocol</td>
</tr>
<tr>
<td>Strengths and Difficulties Questionnaire (SDQ)</td>
<td>Every 6 months/per service protocol</td>
</tr>
<tr>
<td>CHI Experience of Services Questionnaire (CHI-ESQ)</td>
<td>Every 6 months/per service protocol</td>
</tr>
</tbody>
</table>

*Note. Adapted from IAPT, 2012, p.8*
Despite availability of pre-prepared sets of measures and the general principle of ROM being supported by clinicians, implementation of ROM across CAMHS and children’s psychological services in the UK has been inconsistent.

Concerns expressed by clinicians in research studies have been in regards to the measures being too generic and potentially damaging to the therapeutic relationship.

Limited research into young people’s and parents’ experience of ROM within the UK.

Insight into client’s experiences may help in ensuring that implementation is meaningful rather than an unhelpful burden to clinicians and services.
Aims

- To explore the views of children, adolescents, and their parents or carers, regarding CYP–IAPT ROM in a children’s psychological service within the UK NHS

Research questions:

1. How do children, adolescents, and their parents or carers view the CYP–IAPT tracking tools as a form of ROM?
2. How do children, adolescents and their parents or carers experience the way in which ROM is incorporated into sessions by clinicians?
Method

- Qualitative design
- Participants: 4 parents and 3 children (aged 9–11 years)
- Semi-structured interviews
- Thematic analysis
- Reflexivity
Findings

- Relationships
  - Shared Understanding
  - Honesty
  - Children needing support vs. Children in control

- Making sense of complex experiences
  - The nature of the problem
  - The journey
(1) Making sense of complex experiences: The nature of the difficulties

- Difficulties fluctuate: “...sometimes it kind of gets worse because like... stuff happens” (Lucy, aged 9)

- Questionnaires are relevant: “...the questionnaire brought relevant examples to us...” (Nick, parent)

- Validating: “She might have thought... nobody’ll understand but when it’s on a form...she might think then... people’ll believe me...” (Carla, parent)

- Organising thoughts: “You don’t sit and think about it too much it’s just... I mean I’m either there... there... or there...” (Julia, parent)

- Verbal information still required: “You obviously have to sit and explain yourself” (Julia, parent)
(1) Making sense of complex experiences: The Journey

- Destination is about being able to manage: “... it’s always going to be there isn’t it... it’s just strategies you can take on board to deal with it...” (Nick, parent)

- Staying on track: “Step two was... I’m on my own for a couple of hours” (Harry, aged 10)

- Documenting progress: “... that would give an absolutely brilliant pattern...” (Carla, parent)

- There was a sense that the forms “just go away” (Harry, aged 10) or “sit in a file somewhere” (Nick, parent)

- Celebrating milestones: “What we actually did was like... for me being behaving if I got something which... I really wanted to get...” (Connor, aged 11)
Implicit understanding could reduce need for ROM: “There didn’t seem any need because we could see... from what she was saying and the way she was... what was going on...” (Carla, parent)

However ROM can confirm gut feeling: “... we feel you’re in a good place... but it’s...it’s a gut feeling... there’s nothing sort of there to... sort of validate that” (Nick, parent)

Differing perspectives: “we’ll need to see which one is true” (Lucy, aged 9)

Wanting to check understanding: “...I think... a self–check for myself... that I’ve got Connor’s feelings and emotions right” (Julia, parent)

Varied presence in sessions: “I’ve never seen her fill one of them... well I’ve never seen her fill any forms in” (Helen, parent)
(2) Relationships: Honesty

- Concern about sounding critical: “...but that was honest... that wasn’t erm... criticising anyone or anything like that” (Carla, parent)

- Positive relationship is necessary: “…if you weren’t comfortable with that person... I don’t know how you would go about it...” (Julia, parent)

- Negative feedback might be rude: “You’re my Mum and Dad and that’s a lady... That’s not a relative” (Harry, aged 10)

- Fear of losing access to services: “I think a lot of parents in that position would probably just plough on with it for fear... of being totally disregarded out of the system again... I might be totally dismissed because I’ve not accepted what’s on offer...” (Julia, parent)
(3) Children needing support vs. Children in control

- Children can struggle to express themselves: “She would say ‘I’m fine’... or something” (Helen, parent)

- “Umm ((pause)) awww... I know what– I know what but I can’t explain it” (Harry, aged 10)

- Line scales for expressing something difficult to verbalise: “...you’re half happy but you’re not really feeling as good... half... medium or half” (Lucy, aged 9)

- Understanding of forms: “It gives you an idea of... how well are you doing at school like is any of... is anything putting you down like... and stuff” (Connor, aged 11)

- Children have valid opinions: “... at ten... he’s got his own opinions he’s got his own mind...” (Nick, parent)
Implications for Practice

- Where young people are attending sessions alone, it may be useful to have a discussion with the whole family about who will continue to complete measures.

- Most families spontaneously compared their versions of the form; they appreciated when their psychologist initiated comparing perspectives.

- Provide a framework communicating how often the service generally schedules reviews and/or completes the RCADS and SDQ.

- Give families the opportunity to review previously completed measures.

- Consider barriers to honesty on forms, such as concerns about offending clinicians or losing access to services, which have also been reported in a previous study (Wolpert et al., 2014).
Issue of Consent/Assent

- NHS guidelines were followed in terms of creating separate information sheets for 8–10 year olds and 11–15 year olds (NHS, 2011)

- For young people aged under 16 years, consent from a parent or carer on their behalf was necessary; this is in line with recommendations from the NHS Health Research Authority

- Young people may not understand the concepts involved in participating in research (Abramovitch, Freedman, Thoden, & Nikolich, 1991)

- The notion of assent has been criticised (Baines, 2011) as being redundant if a child lacks capacity to consent and their parent is consenting on their behalf


