Use of symptom-based outcome measures by clinical psychologists in Child and Adolescent Mental Health Services (CAMHS): A qualitative exploration

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Presentation Contents

- Background
- Rationale leading to research question
- Method
- Initial analysis findings
- Still to do
- Reflections on Challenges
- Questions
Background

- CAMHS teams in England transitioning to IAPT model
  - Clinical Psychologists (CPs) often expected to submit Symptom Based (SB) outcome data as part of MDT - e.g. RCADS, MFQ

- Child Outcomes Research Consortium (CORC) and CYP-IAPT outlined recommended measures (CORC, 2012)
  - Includes a variety of SB and idiopathic
  - SB measures tend to be used more on an organizational / national level
Symptom Based - RCADS

And...
Goal Based Outcomes

Goal progress chart

You can turn this chart on its side for a quick look at progress over the sessions.

GOAL:

<table>
<thead>
<tr>
<th>Session</th>
<th>Date</th>
<th>Today I would rate progress to this goal:</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1 2 3 4 5 6 7 8 9 10</td>
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<td>12</td>
<td>0</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
</tbody>
</table>

Remember a score of zero means no progress has been made towards a goal, a score of ten means a goal has been reached fully, and a score of five is exactly half way between the two.

My Goal:
Get through SRP presentation

Currently 4/10

10
CORS - idiopathic

Child Outcome Rating Scale (CORS)  
(Ages 6 to 12)

Name: __________ Age (Yrs): __________  Session #: __________  Date: ___________

Who is filling out this form? Please check one:  Child  Caretaker

If caretaker, what is your relationship to this child? __________

How are you doing? How are things going in your life? Please make a mark on the scale to let us know. The closer to the smiley face, the better things are. The closer to the frowny face, things are not so good. If you are a caretaker filling out this form, please fill out according to how you think the child is doing.

Me
(How am I doing?)

Family
(How are things in my family?)

School
(How am I doing at school?)

Everything
(How is everything going?)

SCORING
Each line is 10cm.
Score with ruler e.g. 3.5cm = score of 3.5.
Write the scores for each of the four lines here in the margin.
Add the four scores for a total score.
Plot overall score on the graph.
Background

- CPs generally endorse outcome measurement in some way (Batty et al., 2013)
  - Shows Young Person (YP) progress
  - Demonstrates service value
  - But.....completion figures are estimated to be between 16 - 30% (Hall et al., 2014)

- Why?
  - Practical difficulties (Batty et al., 2013)
  - Broader conflicts for CP working in teams traditionally led by psychiatry - diagnostic approach? (Johnstone & Gowers, 2005)
Rationale

- Current recommended measures - low rate of completion
- CORC and existing literature identify need for CPs views
  - How to effectively capture progress meaningfully on individual / system levels
  - Take into account complexity and range of work done in CAMHS - e.g. play therapy, family therapy
Research Questions

Main question

- How do clinical psychologists perceive symptom based measures as fitting in with their work in CAMHS?

Secondary questions

- Pros and cons of SB measures - for CP, service, YP and family
- Opinion on more individualized and Goal Based Outcomes (GBOs)
- Alternatives to current Routine Outcome Measure (ROM) use
Method

- Recruitment via social media and non-NHS CP group distribution lists e.g. North West Psychological Professions Network
- Semi-structured interviews with 7 CPs
  - 6 in person, 1 via phone
- Data transcribed and analysed using thematic analysis (Braun & Clarke, 2006)
Initial Themes and Subthemes

1. Agree in principle but not in action

‘everyone tends to think they are helpful but ‘it's difficult to get ourselves to do it’ p3
Agree in principle, not in practice

Subtheme 1 - Ideas about why

• Unclear what's expected
• Only time to do the bare minimum - difference between mandatory and recommended
• No penalty for non-compliance
• Practical issues get in way of helpful score use - IT, ‘paper and pen, then scoring, then lots of clicks on a computer’p7, having materials available
• Concern over data use - not comparing ‘like for like’p1
Agree in principle, not in practice

Subtheme 2 - What could help

- CPs could have more of a role in meaningful use of ROMs
- Training and use in supervision and team meeting - otherwise ‘goes off the boil’p3, ‘falls off the radar’p1
- Having feedback on data, those who didn’t wanted it, those who had it found it useful to ‘find out how we’re doing’p5
- Assistant Psychologists can be a big help around admin burden
2 Conflict philosopohies

4 participants discussed some conflict in fitting SB ROMs into their work, related to wider conflicts in the profession in fitting in with traditionally psychiatry led teams

‘that’s one of the difficulties isn’t it’ p2
‘that’s a tough one’ p4
Conflicting Philosophies

Subtheme 1 - Supporting Diagnosis

- ‘Feeds into diagnosis and risks medicalising the problem’p2, ‘conflict between fitting in to teams and fighting the system’p7
- Need to be careful SB ROM scores not used to diagnose
- SB ROMs cause conflict for CPs in everyday work - ‘we work with the formulation and the individual, holistic picture of that person’p4
- Conflict during interview acknowledged ‘I’m promoting them more than I thought I would’p3, 'maybe I should just be focusing on the more meaningful individualised ones‘p4
Conflicting Philosophies

Subtheme 2 - Capturing Complexity

• ‘Complex treatment is not always about reducing symptoms’ p6

• SB measures are useful as part of a full assessment - help ‘separate out difficulties’ p4, ‘quickly gain a lot of information’ p6, ‘tell you things you may not have know until later on’ p7

• Scores need to be interpreted in context ‘data is one perception at one point in time. How much weight can you give that?’ p7
Initial Themes and Subthemes

3 Meaning of ROM selection and use

Participants strongly expressed that ROMs should primarily be used where helpful to YP and families, collecting data for commissioners and service leads should fit in with this work.
Subtheme 1 - Clinical Judgement Key

- CPs resist changes they haven’t chosen
- ROMs must fit with clinical work to be relevant, it is ‘unethical to get people to fill in forms and do nothing with it’p1
- Ideal to ‘use gold standard measures flexibly’p1 - avoid use where inappropriate or demoralising ‘if you score high on everything it doesn’t tell you anything you didn’t already know’p6
- SB ROMs work well with CBT, or therapies where you ‘regularly review progress towards short term goals’p1
Subtheme 2 - YP Needs and Outlook

- In experience YP and family don’t mind completing measures - SB or GBOs, some spontaneously report that it is helpful - ‘helped bring them into the room’ p1

- Careful not to push our own conflict with SB ROMs onto YP, as some value diagnosis or even just a more structured approach ‘they are not the chattiest group about their feelings’ p6, ‘can help disclose difficult information’ p3

- Way ROMs introduced very important to usefulness for YP - e.g. to understand what’s going on, track progress, etc, is better than ‘a detached tick box exercise they will view as a waste of time’ p5
All participants expressed positive views of GBOs, which for some enhanced through reflection during the interview.
GBOs - the ROM of the future?

Subtheme 1 - The Many Advantages

- All participants felt that GBOs were more clinically relevant, individualised and ‘palatable for YP and families’ when compared to SB or standardised measures.
- No ‘admin burden’
- Keep sessions ‘on track for what YP wants’ and helps identify when to discharge - big help for ‘letting go of families’
- Flexible enough to fit with any work, e.g. LD, perinatal, psychotherapy, parenting work
Subtheme 2 - Not as Easy as it Looks

- 4 participants talked about difficulties getting a goal which could be measured, on assessment YP might say ‘I don’t know, that’s why I’m here’p6 or ‘I want to be happier’p1

- CPs do not seem confident in pinning down a number, but if you don’t how do you see progress, ‘why would you not want to do that?’p7
Current Stage

- Braun and Clarke (2006)

Phase 3: Searching for Themes

DONE!
Next steps.....

• Phase 4 - reviewing themes
  – re-read transcripts

• Phase 5 - defining and naming themes

• Phase 6 - producing the report
Reflections on Challenges

- Perhaps too many aspects to research question - flooded with data
- Coding is very time consuming (may relate to the above)
- Made it hard for myself by not wanting to let go of detail
- Still a fan of qualitative methods!
References


Questions...?