

Horses for courses? A qualitative exploration of goals formulated in mental health settings by young people, parents and clinicians

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Collaborating to improve quality through outcomes

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Plan...

- What do we know
 - What are goals
 - Goals in CYP mental health settings
- Goal Based Outcomes tool (GBOs)
- What kinds of goals do CYP set?
 - Previous framework
- The parent-led and jointly agreed goals frameworks
- Differences across perspectives
- Conclusions
 - Clinical implications
- Some useful resources

Background

- Mental Health is a latent construct, no ‘hard’ outcomes
 - Wolpert et al., 2014
- Range of outcome measures available
- Concerns raised that normative measures don’t capture all aspects of care
 - E.g. coping skills – important when symptoms not necessarily expected to improve
 - Batty et al., 2012
- Challenge of idiographic measures:
 - Different focus → difficult to aggregate up relative to service/clinician/team input

What are goals?

- Reference point to measure our own behaviour and position in life
 - Carver & Sheier, 1990
- Dependent on personal circumstances
 - Nurmi, 2004
- Goal outcomes are affected by motivation, locus of control, desire of attainment
 - Karoly, 1993
 - Set apart from other normative measures of outcome



Goals in CAMHS

- Goal based outcome measures used in CAMHS for some time
 - (e.g. Goal Attainment Scaling; Kiresuk & Sherman, 1968; see Maher & Barbrack, 1984)
- Systematically collecting goals across services is relatively more recent
 - (see Law, 2006, 2011)
- Goal Based Outcomes (GBOs) included in CORC since 2007
- Included in CYP IAPT in 2011





Goal progress chart

Goal N°



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

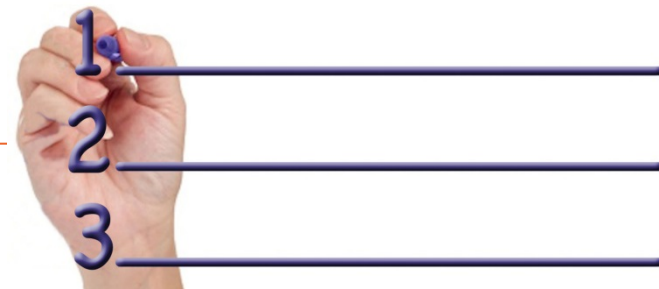
GOAL:

Session	Date	Today I would rate progress to this goal: (please circle the appropriate number below)										
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												
1		0	1	2	3	4	5	6	7	8	9	10
2		0	1	2	3	4	5	6	7	8	9	10
3		0	1	2	3	4	5	6	7	8	9	10
4		0	1	2	3	4	5	6	7	8	9	10
5		0	1	2	3	4	5	6	7	8	9	10
6		0	1	2	3	4	5	6	7	8	9	10
7		0	1	2	3	4	5	6	7	8	9	10
8		0	1	2	3	4	5	6	7	8	9	10
9		0	1	2	3	4	5	6	7	8	9	10
10		0	1	2	3	4	5	6	7	8	9	10
11		0	1	2	3	4	5	6	7	8	9	10
12		0	1	2	3	4	5	6	7	8	9	10

Goals in CAMHS

- Goal setting and tracking may support communication; motivate young people to participate in care
 - 90% of clinicians agreed goal setting helps to focus and structure treatment
 - Pender et al., 2013
- Ideally goals are set jointly
 - But data shows that goals can
 - be **led** by the child/parent/or clinician

Setting Goals



What do we already know about CAMHS goals?

- Analysis of all CORC dataset found correlations between the change goal progress and other outcomes
 - (Wolpert et al., 2012)
- Qualitative nature of goals set by CYP and parents in therapy has been relatively unexplored
- Parents are often centrally involved in CAMHS but no research on types of goals parents set in this role – or jointly agreed goals

What kinds of goals do CYP set in CAMHS?

- CORC dataset – first qualitative findings on kinds of goals set in CAMHS
- Most frequently related to:
 - Managing negative mood
 - Confidence
 - Personal growth
 - Bradley et al., 2013



What kinds of goals are set in CAMHS?

- High levels of disparity between parent, CYP and clinicians about 'top problems'

(Yeh & Weisz., 2011)

- Goal content is considered to be influenced by a number of factors
 - Family composition, outlook, peer influence, nature of difficulties, age
- Importance of collaboratively working together is highlighted
 - Collaboratively working together to agree goals – positive impact on outcomes

(Norcross, 2002)

Aims

- Explore goals led by:
 - Young person (follow on from previous work)
 - Parent
 - Jointly agreed
- **Question:** What goals are set and how do they compare across viewpoints?

Participants

- 87 parent led goals
- 354 jointly agreed goals
- 237 CYP led goals (from previous research)
- 180 CYP, 8 member services
- Age range 4 – 17 years
- Input between 2007 and 2011
- Targeted, specialist, and highly specialist UK services, including therapeutic communities

Process

- Thematic analysis (see Braun & Clarke 2006)
- The parent led and jointly agreed datasets were considered in turn
- Emerging themes arising from key aspects of the goals were noted
- Iterative process – datasets revisited and the themes reconsidered and tested against the goals
- Coders created two frameworks each and combined through discussion
- Cohen's Kappas of .67 and .65

Parent led goals framework

- 4 overarching themes
 - *Listening, talking, understanding and relationships*
 - *Managing specific difficulties*
 - *Improving self or life*
 - *Parent-specific goals*
- 19 sub themes



Jointly agreed goals framework

- 5 overarching themes
 - *Managing specific issues*
 - *Talking and listening; communication with family and peers*
 - *Self-confidence and understanding; hopes for the future*
 - *Parent-specific goals*
 - *Hobbies*
- 19 sub themes

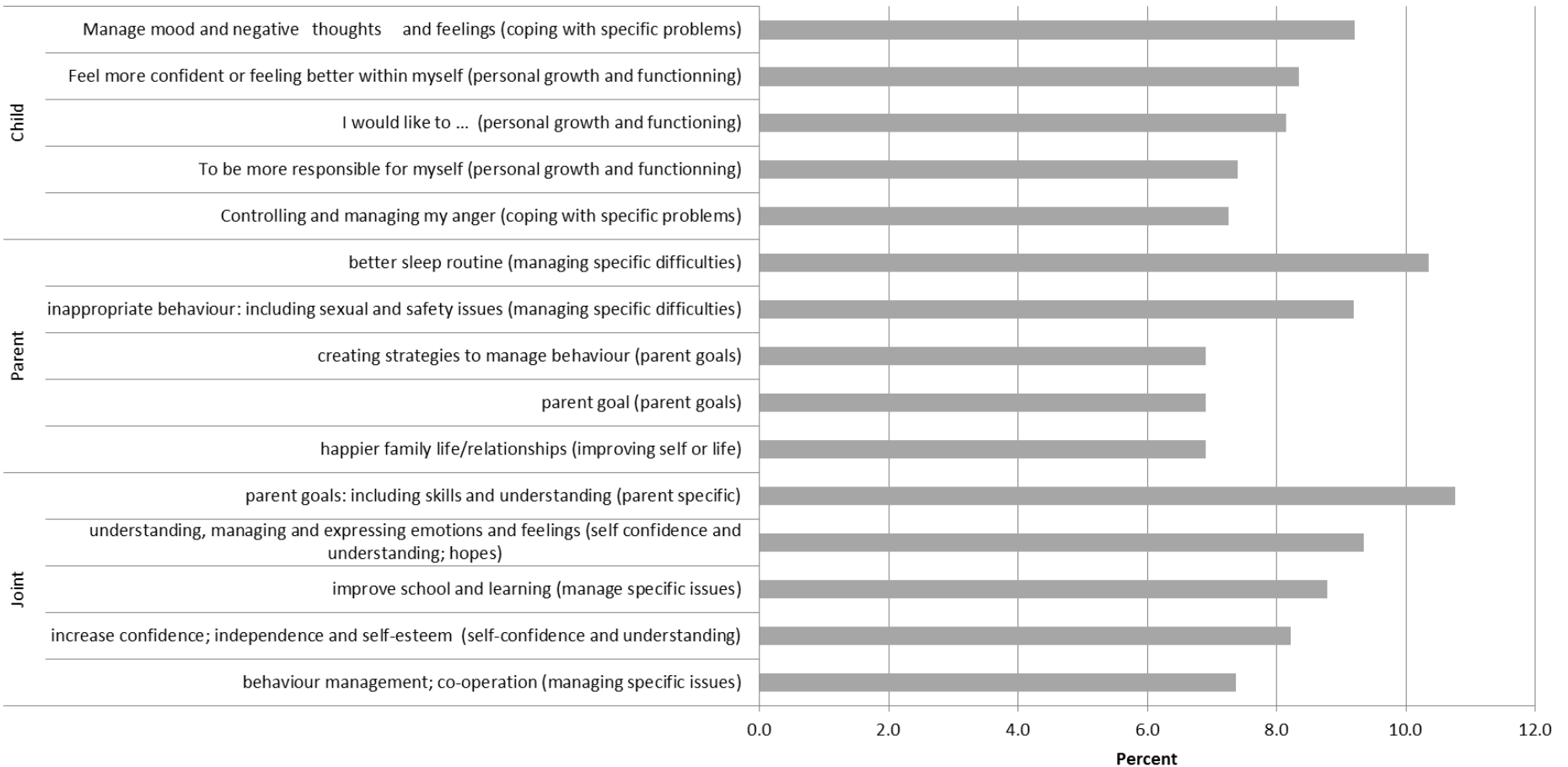


Reminder of the CYP goals framework

- 3 overarching themes
 - *Relationship/interpersonal: Listening and understanding*
 - *Coping with specific problems and symptoms*
 - *Personal growth & functioning: Understanding and improving self*
- 25 goal categories



Top five goal themes from each perspective



Consistent themes

Enjoy life

Feel happier

Be more independent,
confident or
responsible

Discuss
thoughts and
feelings and/or
the future

Improve
friendships

Improve
school life

Improve
sleep
routines

Improve
family life

To
understand/
accept
feelings

Reduce/manage
worry/anxiety

Reduce/manage
anger

Improve
communication/
listening

Framework comparisons

- All CYP themes mapped onto Parent and Joint goals
- Parent and Joint goals had themes that did not emerge from the CYP framework
 - Parent: *co-operation; being calmer and inappropriate behaviour*
 - Joint: *family support and guidance*

Key differences

- CYP focus:
 - *Coping with* specific difficulties
 - Personal aspects of care & internalising factors
- Parents focus:
 - *Managing* specific difficulties
 - Ways to help improve the CYP's behaviour & and parental goals
- Joint goals focus:
 - Externalising factors, e.g. behaviour management & improving things at school & parent goals

Caveats

- Lots of goals aren't written down or don't make it to CORC
- Goals could have been altered by the time they are written down
 - Goals chosen by CYP are usually discussed with the practitioner and may be refined
- Removed from the wider context of the clinical conversation
- May have been coded as rated by the CYP/Parent, but actually be jointly agreed
- Self selected sample – unlinked to other aspects that may have impacted results, e.g. demographics

Conclusions

- Tracking goal progress may offer a view into areas that are not covered by other tools:
 - E.g. coping, resilience and confidence
- Comparisons highlight the importance of ensuring the voice of the young person is heard and included in goal setting
 - Recovery means different things to different people – goal setting provides the opportunity for CYP to express what this might look like



Implications

- May be helpful to track goals especially where symptoms are not expected to improve
- There are times when CYP, parent and joint view differ in focus
- May be some work to ensure that goals are attainable through work with service
- Gain useful insight into what change might look like for the individual (e.g. 'good enough')
 - May provide better focus to individual's needs

Resources

- www.corc.uk.net
 - Summary of this paper on the blog
 - Tools/measures
 - Resources
 - Training videos
- Guide to Using Outcomes and Feedback Tools with children and young people (Formally known as co-op document)
- Goals and GBOs some useful info (updated 2015)