



Using session-by-session measures as part of clinical conversations

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- Work in Hertfordshire, trained as a CYP IAPT supervisor in year 1, within the London collaborative.
- Our Service have been trying out the use of session-by-session measures for past eighteen months.
- Focusing primarily on use of symptom trackers today.
- If interested in goals / therapeutic alliance, please look at videos on CORC website, and / or refer to April's '**Child & Family Clinical Psychology Review**' – first issue devoted to '**Outcomes and Wellbeing in Children, Young People and Families**'.



- Aim today is to introduce you to videos on the CORC website which have a clinical focus (both by Dr Lucy Maddox from the Anna Freud Centre, and myself).
- The videos have been made with young actors, but are based on real clinical examples.
- Caveat - one size doesn't fit all, we are very much learning and developing as we go.
- Also useful to refer to “**A Practical Guide to Using Service User Feedback & Outcome Tools to Inform Clinical Practice in Child & Adolescent Mental Health**” document on the CYP IAPT website.



- Using the videos as resources:
 - To train clinicians new to the measures.
 - For use in teams where measures have already been introduced, to develop practice.
 - To reflect on what works less well and develop “we could do it better by ...” practice.
 - As a basis for role playing other approaches.



- Whilst watching the videos, consider:
 - What other videos you would want to see on the CORC website.
 - How your clinical conversations would differ from those in the videos.
 - How you might adapt the conversations, for example with:
 - Young people presenting with different concerns.
 - Family sessions / younger clients.
 - Minority Ethnic clients.



- Reflections and thoughts.
- With those around you (we will need at least one clinician per group):
 - Give a thumb nail sketch of a client you are working with.
 - Generate five ways you might discuss session-by-session measures with this client (either in terms of introducing the measures, feeding back, or reflecting on them – whatever is relevant to the case).
 - Role play a few of your ideas.



- Concluding thoughts.
 - Discuss in supervision and with your colleagues.
 - Don't jump to conclusions / assume "truth"!
 - Refer to clinical cut offs and reliable change.
 - Take account of significant life events / contextual factors.
 - Use other information to inform thinking – clinical conversations, goals, therapeutic alliance...
 - The tools will not be relevant / appropriate for every client in every session.