

**London and SE CYP-IAPT
Learning Collaborative**



**Workshop on the use of feedback and outcomes tools with children and young people
with learning disabilities, their families and networks**

Thursday 30th October 2014, 9.30-4.30

Rooms 4-5, Anna Freud Centre, 12 Maresfield Gardens, London, NW3 5SU

Jointly organised by London and SE CYP-IAPT, CYP-IAPT Outcomes and Evaluation Group (OEG) and CORC
(Child Outcomes Research Consortium)

Aims:

- To raise awareness of use of feedback, outcomes tools and ROMS with CYP-LD, their families and networks
- To share experience and inspiration
- To contribute to problem solving, support and action-planning going forward.

Scene setting: feedback and outcomes, principles and practice - CYP-LD, their families and networks

Ro Rossiter

Consultant Clinical Psychologist/Research Fellow
Member CYP-IAPT Outcomes and Evaluation Group

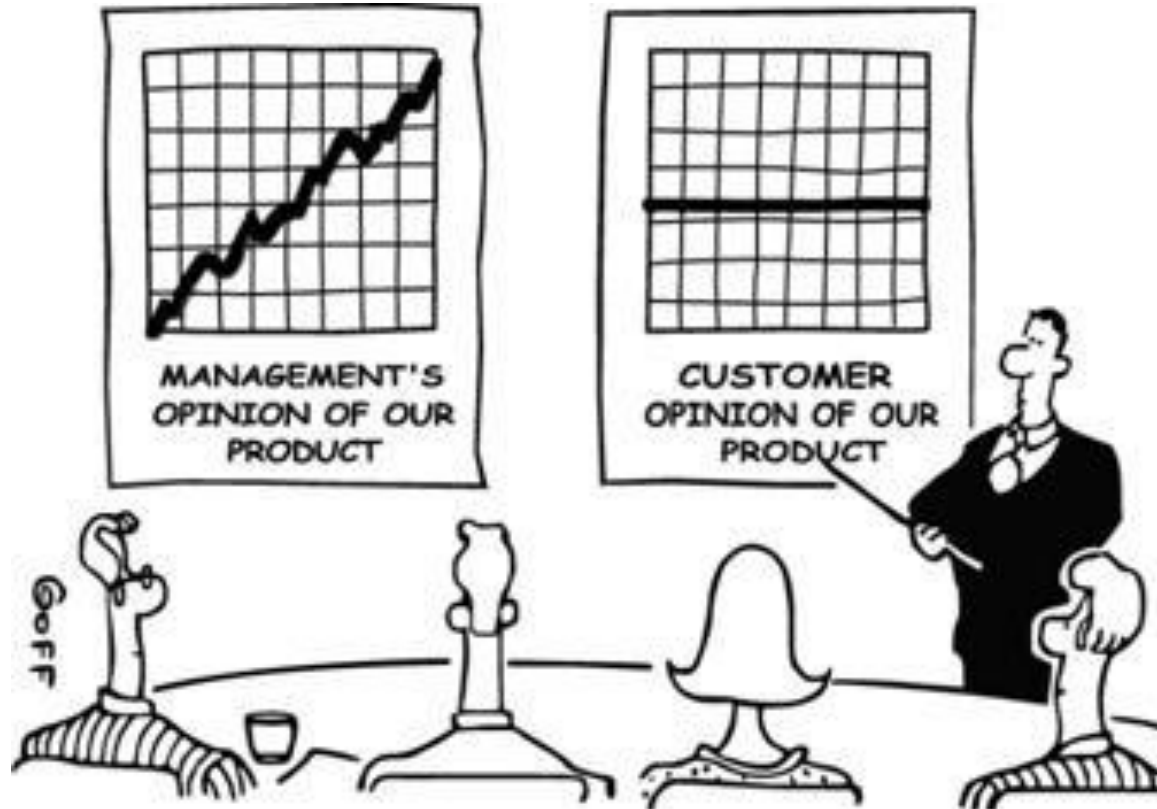
Drivers 1:

- Improve collaboration, focus, evaluation and demonstration of effectiveness
- Desire to collate practice experience for guidance (clinical psychology and multidisciplinary)
- LD Clinical Psychology Faculty had done similar project (adult focused, some themes in common)

Drivers 2

- CYP IAPT begins
- **Health inequalities and CYP-LD** (access & recognition- eg Simonoff et al. (2006) only 15% IQ < 70 had a statement of special educational needs, yrs 8-9; Emerson & Baines (2010) lack of recognition of LD in mental health, care, education and criminal justice settings, therefore CYP-LD needs not met -contributes to health inequalities; prevalence of children with Complex Learning Difficulties and Disabilities increasing (Blackburn et al., 2010; DCFS, 2010; Carpenter et al., 2010). “Atypical” development &/or neurodevelopmental disorders- part of broader diversity/equalities agenda (race and culture, socioeconomic status etc.).
- Equalities legislation
- Passionate practitioners

Journey so far:



Journey so far 1:

- 2012- Paper for Children , Young People and their Families Clinical Psychology Faculty Review
- 2013 :
 - ✓ CYP-IAPT LD ROMS Management Project (Swindon- Julie Pill and colleagues)
 - ✓ CYP-IAPT Outcomes & Evaluation Group membership
 - ✓ Chapter for ACAMH LD & Challenging Behaviour Briefing

Journey so far 2:

- 2014
- ✓ Evaluation & Outcome tools survey (Phillips & Sopena)
- ✓ CYP-LD & families chapter in CYP-IAPT Guide to using outcomes and feedback tools chapter
- ✓ Today's workshop

What next?

- Share experience, plan actions (local, collaboratives, national levels- CYP-IAPT, Child Health eg CHUMS project?)

Utility of Outcome Measures in Family Intensive Support Service

Dr Rosemary Singh

The Family Intensive Support Service is a multi-disciplinary team, working with children who have moderate to severe learning disabilities and emotional, behavioural and communication difficulties and their families.

The aims of the service are:

To work in partnership with families to enhance family functioning and coping and enable them to anticipate future problems.

- To provide high quality assessment and multi-component, intensive community based interventions.

Hypothesis

- Is there a reduction in problem behaviours presented by children?
- Does parent perception of problem behaviours change following intervention?
- Is there an association between standardised measures of change and parents perceptions of behaviour change?
- Does the therapeutic alliance predict scores on outcome measures?

Method

- An experimental pre-post design was used
- Measures
- DBC-P
- SDQ
- Behaviour Grids (BG's)
- Time 1 = initial consultation
- Time 2 = One year review

Service Constructed Behaviour Grids

Designed to let parents specify and prioritise up to 3 behaviours of concern in relation to:

- Severity of the behaviour
- Frequency of the behaviour
- Distress caused by the behaviour
- Confidence in managing the behaviour
- Coping

Results

Is there a reduction in problem behaviours presented by the children?

Paired samples T Test (N=38)

DBC-P

- Significant change between Time 1 and Time 2 on overall score (p<0.05)
- Only 32% showed a clinically significant change (-17)
- No significant change found on sub scales

SDQ

- No significant change between Time 1 and Time 2 on overall score
- Significant change on:
 - Behavioural difficulties sub-scale (p< 0.01)
 - Impact Supplement (p<0.01)
 - Hyperactivity/attention difficulties (p<0.05)
 - Difficulties getting along with other children (p<0.05)

Comments

DBC-P

- Sub scales not sensitive with this sample size
- One year may not be long enough to find behaviour change in this population
- Long measure 96 items
- Good for identifying caseness

SDQ

- More sensitive than expected!
- Total score not sensitive enough
- Sub scales more sensitive to change
- Short
- Limitations
- Some of the questions not liked by parents/clinicians

Results

Does parent perception of behaviour problems change following interventions?

Paired samples T Test

Significant difference between Time 1 and Time 2
on all aspects of the behaviour grid

- Frequency $p < 0.001$
- Distress $p < 0.001$
- Confidence $p < 0.01$
- Coping $p < 0.001$
- Severity $p < 0.001$

Results

Is there an association between standardised measures of change and parents perceptions of behaviour change?

Pearson's correlation test

Overall difference between Time 1 and Time 2
calculated for BG's, SDQ and DBC-P

- Significant relationship between BG's and DBC-P <0.05
- No Significant difference between SDQ (total score) and BG's

Results

Does the therapeutic alliance predict scores on outcome measures?

Linear regression analysis

Alliance measure did not significantly predict scores on SDQ, DBC-P or BG's

Alliance measure

Name: _____

Date: _____

Please rate how you feel about the work you have done with your FISS worker(s) by ticking the number that best fits your experience:

**For example –
please tick)**

1	2	3	4	5	6	7	8	9	10
				√					

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1	2	3	4	5	6	7	8	9	10

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1	2	3	4	5	6	7	8	9	10

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1	2	3	4	5	6	7	8	9	10

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1	2	3	4	5	6	7	8	9	10

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1	2	3	4	5	6	7	8	9	10

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I do not feel respected

I feel respected

I do not feel heard and understood

I feel heard and understood

I do not feel supported

I feel supported

I do not feel I can choose what we work on or talk about

I feel I can choose what we work on or talk about

The work is not based on sharing knowledge and ideas with each other

The work is based on sharing knowledge and ideas with each other

I feel there is something missing in our work together

The work we do together feels right for me

Alliance measure adapted from Session
Rating Scale Johnson, Miller & Duncan, 2003

CYP-IAPT Tool - 6 item Visual analogue scale

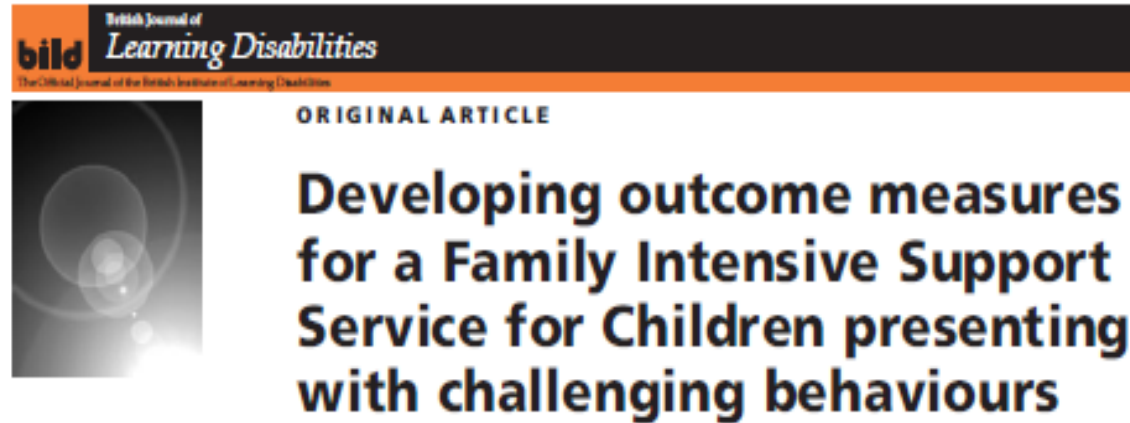
Mean Alliance Score (Maximum 10):

I feel respected	mean score 9.10
I feel understood	mean score 8.98
I feel supported	mean score 8.95
I feel I have a choice in what we work on	mean score 8.98
The work is based on sharing knowledge	mean score 9.06
The work feels right to me	mean score 8.97

Limitations/Further research

Missing data:

- Time gaps in data collections
- Reliance on parental report - need either clinician or teacher ratings
- Lack of comparison data
- Need longer term outcome data - are treatment gains maintained?
- Problems with both DBC-P and SDQ
- Need new LD tool to examine behaviour change



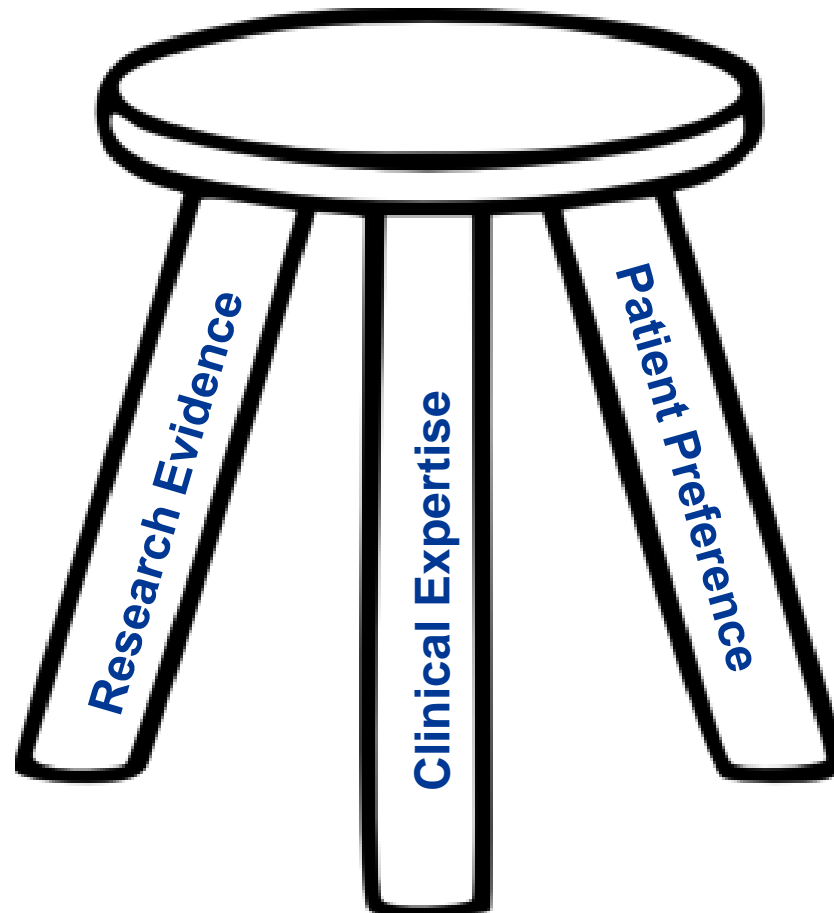
Bethany Mulligan, Mary John, Rachel
Coombes and Rosemary Singh

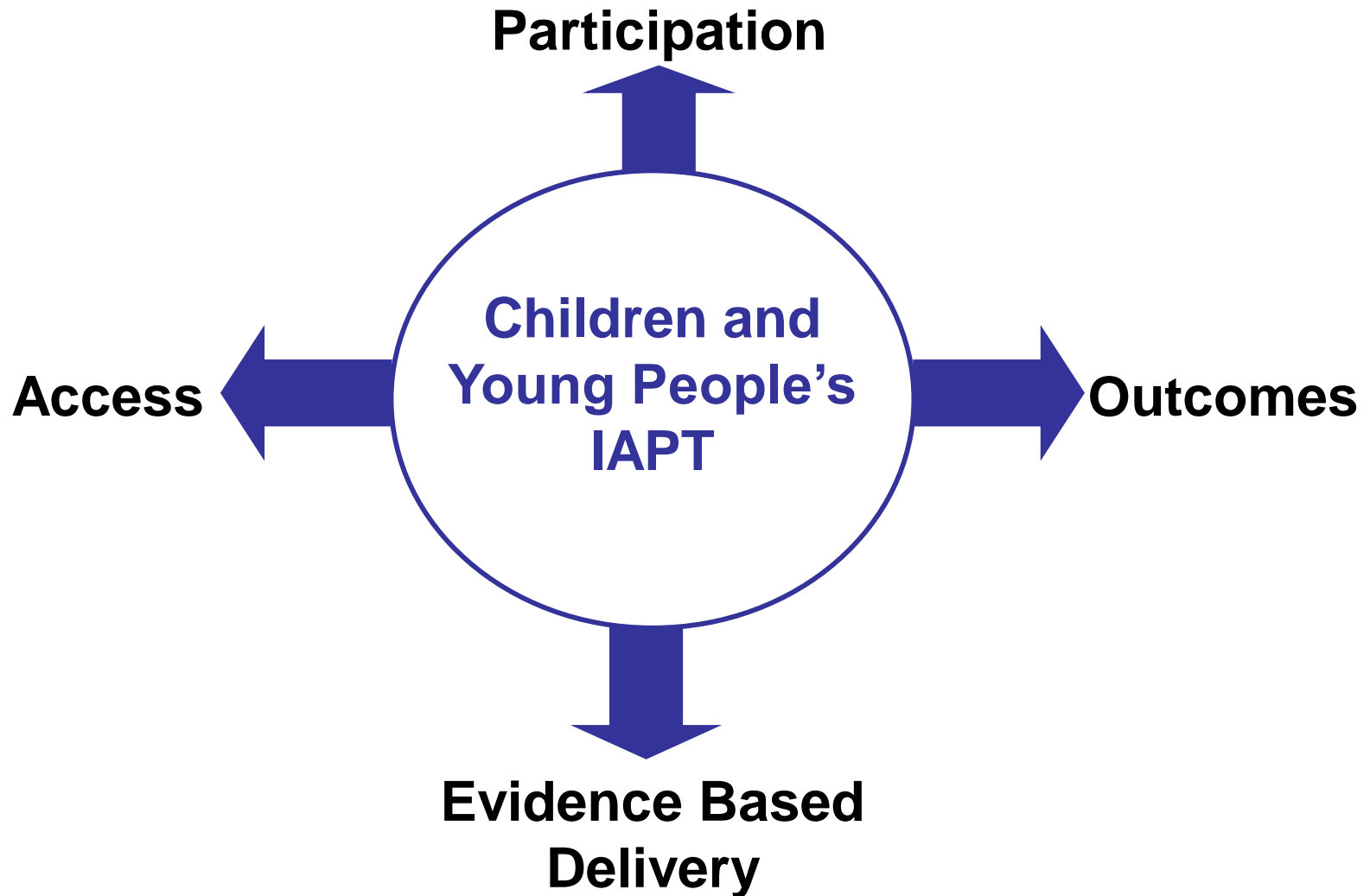
The East Sussex Routine Outcome Measure experience... so far

**Sarah Wedge and Rosemary Singh
Clinical Psychologists**

**CAMHS LD Family Intensive Support Service
October 2014**

Evidence Based Practice







6 useful questions that forms can help with

Assessment/Choice

- “What’s the problem?”
- “What do you want to change?”

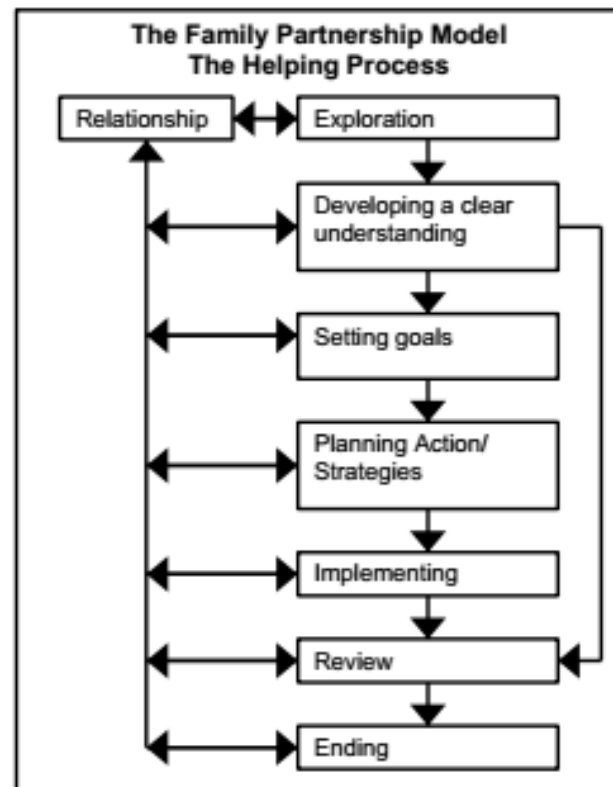
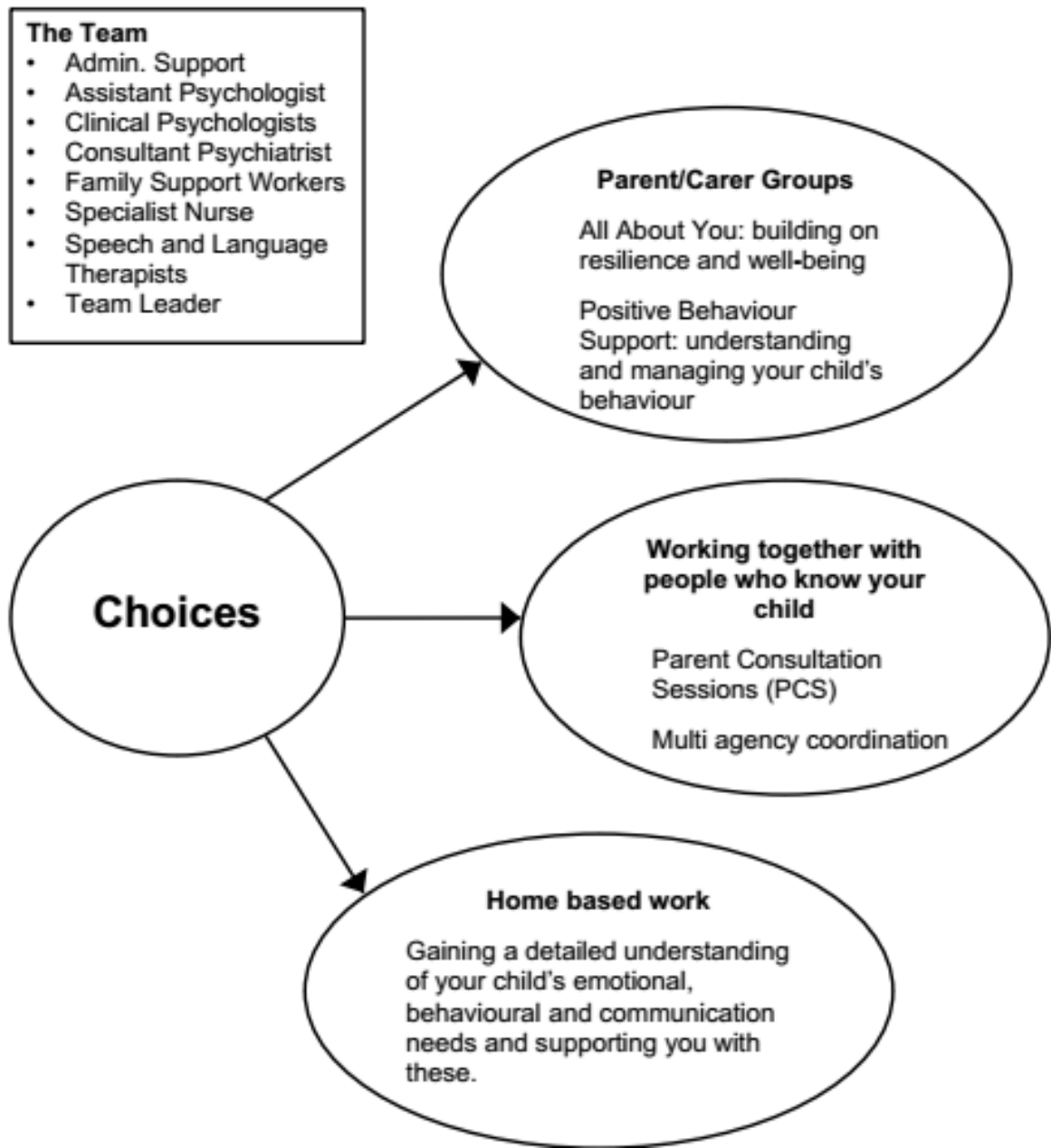
Partnership/on-going work

- “How are we getting on together?”
- “How are things going?”

Review & Close

- “Have we done as much as we need to?”
- “How has this been generally?”

What is the Problem?	Referral form including Behaviour Grids, SDQ, DBCL, Current View
What do you want to change?	Goal based measures
How are we getting on together?	Alliance Measure, Session Feedback Questionnaire/Bullseye
How are things going?	Goal based tracking, behaviour monitoring, Behaviour Grids, SDQ, DBCL, formal review, CHI-ESQ (from Sept 2014)
Have we done as much as we need to?	Goal based tracking, behaviour monitoring, Behaviour Grids, SDQ, DBCL, formal review
How has the experience been generally?	Alliance Measure, Session feedback questionnaires, FISS Service Evaluation, CHI-ESQ since Sept



Other choices to consider:

Male or female worker
How shall we keep in touch until Partnership work begins, e.g. by phone, text, email, letter or visit
Where, when and how often you would like to meet when the work starts.

Forms at Choice/Assessment

- **What's the problem?**

**Referral form including Behaviour
Grids, SDQ, DBCL, Current View**

- **What do you want to change?**

Goal based measures

Forms at: Partnership/ongoing work

- How are we getting on together?

Alliance Measure, Session Feedback Questionnaire/Bullseye

- How are things going?

Goal based tracking, behaviour monitoring, Behaviour Grids, SDQ, DBCL, CHI-ESQ, formal review

How was this meeting?

Date __/__/20__

Time __h__m

Session No

		0	1	2	3	4
1	Did you feel listened to	Not at all	Only a little	Somewhat	Quite a bit	Totally
2	Did you talk about what you wanted to talk about	Not at all	Only a little	Somewhat	Quite a bit	Totally
3	Did you understand the things said in the meeting	Not at all	Only a little	Somewhat	Quite a bit	Totally
4	Did you feel the meeting gave you ideas for what to do?	Not at all	Only a little	Somewhat	Quite a bit	Totally

Who gave this feedback (tick below):

Child/young person

Mother

Father

Professional

Other (please specify)

.....

NHS ID:

Service Allocated Case ID

SUM:

Forms at Review /Close

- **Have we done as much as we need to?**

**Goal based tracking, behaviour monitoring,
Behaviour Grids, SDQ, DBCL, formal review**

- **How has the experience been generally?**

**Alliance Measure, Session feedback
questionnaires, FISS Service Evaluation,
CHI-ESQ since Sept**

Benefits of this system:

Parental perception and collaborative stance at the heart: Family Partnership Model

Measurable format

Focussed work

Facilitates ending work

Feedback develops service

Challenges:

Including **the voice of the Child/YP**

Form quantity

Fit of measures for LD client group

Missing questions?

Getting genuine feedback

Maintaining and developing staff expertise

Data issues

Validating the Behaviour Grids

Concluding Issues

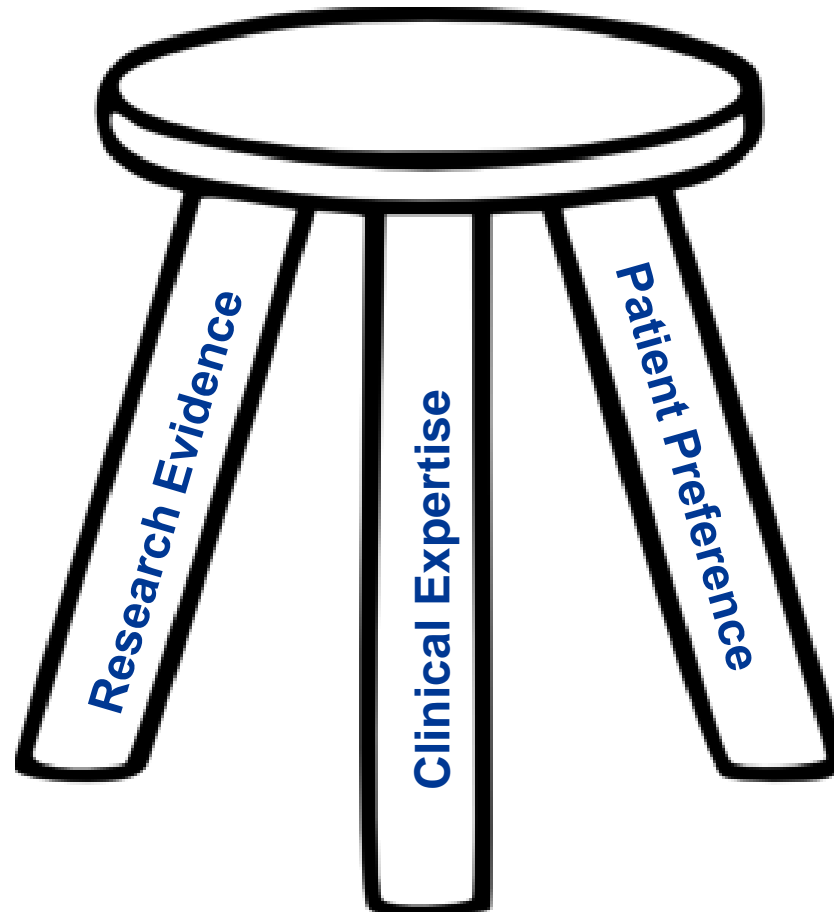
Commissioning

Practicalities

Voice of Child/Young Person

Supervision/Staff Support

Evidence Based Practice



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October 2014

CYP-LD: feedback & outcomes tools-experience and
issues:

*Can CYP IAPT Routine Outcome
Measures be used in a meaningful
way with CYP-LD and their Families?*

*A CYP-IAPT Leadership Project
(12.2012 - 07.2013)*

Julie Pill with Sam Shrubsole & Eddy Draper
(summarised by Ro Rossiter)

Project Background:

- Use of ROMS with CYP-LD & families not addressed in the CYP-IAPT user guidelines (CYP-IAPT 2012).
- Equalities legislation- reasonable adjustments
- Health inequalities
- Address unmet local/national practice need

Project Aim:

To consider views of:

- clinicians from LD CAMHS and Community CAMHS
- children, young people and their parents or carers who access these services (n=20 CYP-LD & families across Swindon, Wiltshire, Bath & NE Somerset (Oxford Health NHS Foundation Trust))
- To inform/improve local practice

Before:

- Meet with CYP & families to discuss project
- Benchmark current practice
- Hear about clinicians experiences, identify any potential barriers (Kline, 2009 positive and negative assumption exercise) - may affect ability to embed ROMS into daily clinical practice

14 clinicians – focused trial **SDQ, RCADS, SLDOM, goal based** and **ESQ** feedback

14 parents contacted- 4 questions for feedback

Before:

-ve assumptions

- limited experience
- added burden
- unsure how accessible, meaningful and appropriate the tools would be (?measuring changes in child's behaviour not family's ability to understand/manage it better)
- concerns families would not value ROMS

+ve assumptions

- therapeutic value of ROMS- how can clarify goals
- support the interventions not to drift
- can capture small changes made over an extended period
- may provide a method of capturing complexities of working with this group- could help inform commissioners about this specialised area of work

Project considered “technical” issues of tools & process as well as social, cultural and organisational issues (Bridges, 2009; Leigh & Maynard, 2002; Schein 2004; Sivers, 2010; Kotter, 2012)

After:

Findings from qualitative & quantitative data (practitioners and families) enabled us to:

- learn together and share good practice to improve the way we are using ROMS in our clinical practice
- produced a video recording incorporating our helpful hints, planning to develop into a training pack for others across the trust
- Link to developing national guidance through CYP-IAPT OEG
- Continue learning by doing – more on this in afternoon!

Implementing Outcome Measurement in a CAMHS LD Service



**DR SALLY MORGAN (AND RICHARD STOKES)
MERTON CAMHS LD**

Background



- Clinician with experience of implementing outcome measure systems in a variety of settings
- Limited success in doing this in Child LD team:
 - Limited evidence base for measures
 - Different priorities at senior level
 - No additional resources to support implementation

Context



- Large scale reorganisation of service
- Significant changes in staffing, structure and working methods
- Commitment to ROMS in service
- New IT system to support use of ROMS
- Additional staff with responsibility for supporting ROMS implementation

Guiding Principles



- Parent and Child / Young Person focussed
- Use of best evidence base for ROMS:
 - Child & Family Clinical Psychology Review 1 (2013)
 - ACAMH Occasional Paper
- Embedded in clinical practice of working with children and young people with learning disabilities
- ‘Start where you can and keep going’

What it looks like now



- Sheffield LDOM, SDQ (impact questions only) and Goals measured during assessment period
- Goals reviewed regularly during interventions
- SLDOM and SDQ to be redone at first review
- Currently encouraging clinicians to do this!

What Next?



- Embed ROMS in clinical practice
- Evaluate evidence coming out
- Develop wider network?
- Start using to advise on evidence based practice?

Any Questions?



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