USING CYP IAPT FEEDBACK AND OUTCOME FORMS TO AID CLINICAL PRACTICE

KEY MESSAGES

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Title:

Using CYP IAPT feedback and outcome forms to aid clinical practice: Key messages

Quotes used throughout this booklet are from young people who used Child and Adolescents Mental Health Services.

Design by Slavi Savic

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This document is a brief summary designed to introduce some of the key ideas around using feedback and outcomes forms. More detail can be found in: Law and Wolpert (Eds) (2014) Guide to Using Outcomes and Feedback Tools with Children, Young People and Families (formally the COOP guide).

CONTENTS

WHY BOTHER WITH FORMS?

TO GIVE A VOICE TO THOSE USING SERVICES

- ✋ Young service users and carers want their views considered in intervention decisions and therapy.

- ✋ Young people can experience difficulties in getting their views across in a way that feels safe and respected.

- ✋ Forms can help ensure that practitioners ask about the key aspects of the problem for young people and families and realise when someone is about to disengage from therapy.

- ✋ Forms should support the voice of young people and families who use services as part of collaborative practice and shared decision-making.

- ✋ Forms can become a barrier to conversations if not introduced and used in sensitive ways (see the dos and don'ts of form use below).

"It's good to know my feedback has been taken seriously and we can make changes because of it"

TO PROVIDE BETTER THERAPY

- ☝ Good collaborative practice between service users and clinicians can be significantly supported by feedback from outcome monitoring to reduce dropout and improve outcomes.

- ☝ The relationship between therapist/counsellors and children and families contributes significantly to clinical outcomes, regardless of the model of therapy used.

- ☝ This relationship relies on good communication and feedback between children, young people and families and their therapist.

- ✋ The information from forms is only effective if it is used to make appropriate changes to therapy - monitoring without intervention is not effective.

"It can be really scary to be asked to explain how the session has been for me, but once I know that the therapist isn't going to have an emotional reaction, it can be really empowering"

"You need time to give feedback – don't rush it"

TO PROTECT AND IMPROVE SERVICES

- Government support for CYP-IAPT and CAMHS is dependant on good quality outcomes data - without this, NHS, Local Authority and voluntary sector CAMHS are all at risk.

- Commissioners make judgements on whether to commission (or decommission) services based on the achievements of clinical outcomes, and on user experience.

- Demonstrating good, realistic clinical outcomes and user experience can protect services from cuts and make a case for increased funding.

- Complete datasets and contextualized analysis are necessary for meaningful national reporting and local analysis**.**

- Poor quality data may lead to decisions that are not based on real experience.

DO AND DON'TS OF USING CLINICAL OUTCOMES AND FEEDBACK FORMS

SOME **DO'S** AND **DON'TS** OF USING CLINICAL OUTCOMES AND FEEDBACK TOOLS:	
Do	Have the forms you need ready before the session.
Do	Always explain why you are asking anyone to fill out a form.
Do	Look at the answers.
Do	Discuss the answers with service users.
Do	Share the information in supervisions.
Do	Always use information from the form in conjunction with other clinical information.
Don't	Give out a form if you think the person doesn't understand why they are being asked to complete it.
Don't	Use any form if you don't understand why you are using it.
Don't	Insist on someone filling out forms if they are too distressed.
Don't	See numbers generated from outcome forms as absolute fact.
Don't	See your clinical judgement as absolute fact.

FREQUENTLY ASKED QUESTIONS

WHO SHOULD FILL OUT THE FORMS?

It is left to the practitioner to decide whether it is appropriate to give individual forms to a parent/carer, a child or young person, or both.

- Where only a parent/carer is involved in an intervention it may make sense to ask only them to complete forms (where more than one parent/carer is involved it is up to practitioner judgement if more than one is asked).

- Where only a young person is in contact with services it may make most sense for only them to complete forms.

- Where both a young person and a carer are involved then it is up to practitioner judgement as to who should complete.

A service user should not be required to complete a form if they do not choose to; the practitioner should note their decision. However, past trials have demonstrated that it is rare for service users to choose not to complete forms if the benefits have been properly explained.

The key message is that forms should be used in a clinically meaningful way.

ARE THE FORMS A USEFUL PART OF THE INTERVENTION?

Any forms used as part of routine outcome monitoring should directly contribute to clinical work (therapy, counselling, consultation, assessment). Practitioners and service users should look together at specific questions and choose to monitor the form which feels most meaningful.

A major risk is that forms may be perceived as a 'tick box' bureaucratic exercise, rather than a means to develop important conversations. Practitioners and supervisors need to be mindful of the potential clinical benefits of reviewing progress from a service users' perspective.

The use of outcomes and feedback forms to inform commissioners, service managers or the Department of Health (DH), must always be secondary to what helps improve practice: if there is conflicting interest, the needs of the clinical intervention must be prioritised.

HOW ARE THE FORMS USEFUL IN DIRECT CLINICAL WORK AT DIFFERENT STAGES IN THE CARE PATHWAY?

These next sections offer a brief overview of the best use of the forms. More detail on which forms to use and when can be found in the COOP guide.

The forms and approach are designed to be used at each of the three stages of the young person and family's journey through a care pathway: 'assessment/choice', 'partnership/on going work' and 'review/close'.

- Forms can facilitate collaborative practice between young people and families and therapists/counsellors.
- This information gathering can be structured around 6 key questions (as summarized below).
- The questions are useful across all intervention models and settings in which the therapy/counselling is taking place.

FORMS CAN HELP WITH GATHERING INFORMATION AROUND SIX QUESTIONS

ASSESSMENT
choice

"What's the problem?"

- **(Assessment)** Understanding the issue the young person/family are seeking help with
- **Helpful forms**: RCADS, SDQ, ORS

"What do you want to change?"

- **(Goals or aims of therapy)** Understanding the specific goals which the young person/family want to work on
- **Helpful Forms**: Goals (GBO)

PARTNERSHIP
ongoing work

"How are we getting on together?"

- **(Engagement or alliance)** Checking that the young person/ family feel you are working well together
- **Helpful Forms**: SRS, CSRS, Session Feedback Questionnaire: "How was this meeting?"

"How are things going?"

- **(Symptom/goal tracking)** Seeing how things are progressing during an intervention
- **Helpful Forms**: Symptom Trackers: "How are things?" forms, Goals (GBO), ORS/CORS, RMQ

REVIEW & CLOSE

"Have we done as much as we can/need to?"

- **(Decision to close or refer on)** - Making collaborative decisons about progress, continuation and next steps
- **Helpful Forms**: Time2 SDQ, RCADS, GBO, ORS/CORS

"How has this experience been generally?"

- **(Experience of service)** - Reviewing overall user experience
- **Helpful Forms**: CHI-ESQ

HOW DO PRACTITIONERS DECIDE WHICH FORM TO USE AND WHEN?

Ultimately, it is up to the practitioner's clinical judgement to decide which forms to draw on. The following 4M principles might be helpful to bear in mind when considering this:

Some principles to guide selection of outcome and feedback forms

THE 4M PRINCIPLES	
MINIMAL BURDEN	No unnecessary form filling.
MULTIPLE PERSPECTIVES	Consider collecting different people's views.
MEANINGFUL USE	Only select forms that could provide meaningful information that will be put into practice.
MISSING SOMETHING?	Consider whether any of the forms could fill a gap that might be useful to know about.

Choice of form might also be driven by what best fits with the practitioner's style of working. The format of the forms ranges from those that require integration into clinical conversation (e.g. Goals Based Outcomes) to brief questionnaire-style forms (e.g. SDQ), which could be completed outside the therapeutic session. Whatever is chosen; information from completed forms should always be fed back and discussed with the young person and family (as and when clinically appropriate).

It is a good idea for practitioners to familiarise themselves with each outcome and feedback form in order to ensure that they are really choosing what's best for the families that they are working with.

The CYP-IAPT forms were not selected to replace other information-gathering forms (risk management, full assessment). Keep using any forms which you already find helpful, but consider which of the complementary CYP-IAPT forms you may want to use too.

All measures, forms, scoring advice and other resources are freely available on the CORC website www.corc.uk.net

WHAT DOES THE 90% TARGET MEAN?

Fully-representative clinical outcomes data is vital to demonstrate the good work that goes on in services. As part of their CYP-IAPT contract, services are required to collect and submit data to NHS England on 90% of all cases seen in the services, ensuring that the data used to evaluate CYP IAPT is robust enough to make reasonable judgements. To meet the 90% data target, services need to do three things:

1. Use at least one of the CYP IAPT forms at least twice with 90% of all closed cases that were seen 3 times or more in the service.

    This must be:

    *   One of the 'normed' measures: a form that has a normed statistical treshold[1] (such as the SDQ, RCADS, ORS/CORS, RMQ, or on of the 'normed' symptom trackers). (See Appendix 1)

    *   The same form completed by the same person twice: for example, a young person completing the CORS twice, or a parent completing the SDQ twice.

    *   N.B. Other measures such as the GBO, CHI-ESQ or the session feedback questionnaire are useful clinical tools, but they do not have robust comparison data (i.e. do not have norms). The data is useful to collect but does not count to the formal 90% target.

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1   These are sometimes refered to as "clinical cut-offs" but this can be a bit missleading as these should *not* be thought of as diagnostic thresholds.

AND

2. Complete the Education Employment and Training (EET) form (part of the current view form).

AND

3. Get consent to share the information outside of your organisation – the latest version of the consent form can be found on the CYP-IAPT website. Please note that you do not need consent to use the forms or information within your service: the consent allows the information to get to NHS England.

This completion rate should be achieved by all CYP IAPT trainees and supervisors from April of the year they join the programme, and by clinicians in the wider service by January of the following year.

The CYP IAPT central team is aware that this is a tough target – but if clinicians are supported to use the forms in a clinically meaningful way, services should find this achieve.

"Giving feedback after every session could be too much. It might make the therapy feel less important than the evaluation"

Frequently asked questions

TIPS ON GETTING STARTED

TEAMS

How can service managers and clinical leads help?

- **Arrange the operational support** - Make sure that there are appropriate IT and administrative systems for collection of required data.

- **Have an away-day** - Provide information to many people simultaneously, for example: explain what the key forms are, and why and how to use them and provide time for people to share concerns and to think through practical issues, for example: who does the photocopying and where will the questionnaires be stored.

- **Make some routine discussion time in team meetings** - Ten minutes a week is all that is needed to regularly discuss outcomes. This could a be a ten minute guide to a particular form, a Q and A session, feedback about what has worked well (and what hasn't) from case examples, sharing of feelings around the use of the forms or sharing explanations given to young people.

- **Have a go!** – Not everything needs to be in place before people have a go at using the forms (see Tips for getting started – Clinicians' Guide).

- **Use your 'experts'** – Make sure the people in the team who know more about the forms can be available to speak to others: CYP-IAPT trainees, supervisors, managers and data managers are all 'experts' and assistant psychologists are also a great resource.

- **Be encouraging** – Be clear that the data from the forms is information to support and improve practice (never to performance manage or evaluate practice).

- **Be insistent and persistent** – Remind people that things will never be perfectly in place but that this shouldn't be a barrier to trying forms out.

How supervisors and clinical leads can help:

- **Encourage clinicians** to use the forms to aid shared decision making and collaborative practice with young people and amilies.

- **Create the right culture** to facilitate clinicians using and sharing outcome information in a productive, co-operative environment.

- **Helping clinicians to review and reflect** on the information from outcomes forms in the context of other clinical information and with a focus on keeping interventions on track.

- **Determine collaboratively** with service users key things to work on and how to record and monitor these in each session.

- **Introduce outcome evaluation** to children and families and understand the rationale for the use of the forms.

- **Be aware of the strengths and limitations** of different forms of outcome data and of how best to interpret information in light of these.

- **Judge when it is appropriate** for a client not to be asked to complete a scale.

- **Interpret** what scored questionnaire results mean, including what thresholds demonstrate and what counts as significant improvement.

Tips on getting started

- **Encourage open communication** from clients: this includes making constructive use of critical feedback.

- **Be able to use outcome data** with other information to decide whether a change of therapy, or change of techniques within that therapy, is needed.

> *"Setting goals makes you see where you need to go, makes you see what you are working on and what still needs to be worked on"*

CLINICIANS

For most clinicians who have not used forms in therapy before, the hardest thing is getting started – here are some tips to help:

PLAN

- Look at the forms to get the general idea about what they do.
- Choose *just one* to try.
- Practice what you might say to introduce the form.

DO

- Try that one form with one young person – maybe someone you have been working with already. You might ask them to 'help you out' in providing their feedback.

STUDY

- Reflect on what went well and what didn't – Did you remember to take the form into the room? What did you say? Were there any difficult questions?
- Plan what might make things go better next time.
- Discuss with colleagues to get tips and to share your successes.

ACT

- Keep following the 'plan, do, study, act' loop until you feel comfortable.

Once you have tried one form with one young person, move to using the same form with the next three young people you work with, then the next five, then everyone for whom it is appropriate. Once you are familiar with one form, introduce another, and repeat the process.

You don't need a fancy IT system to use the forms in clinical sessions – most only require a pen and paper.

Resources and Further Reading

There are many references relating to the use of feedback and outcomes in the main COOP guide [www.corc.uk.net] please refer to the guide for a full reading and resource list. Here are a few key references and resources that may be of help:

Bickman, L., Kelley, S., Breda, C., De Andrade, A, & Riemer, M. (2011): Effects of routine feedback to clinicians on youth mental health outcomes: A randomized cluster design, Psychiatric Services, 62(12), p.1423-1429.

Lambert, M. J. (2007). PRESIDENTIAL ADDRESS: A program of research aimed at improving psychotherapy outcome in routine care: What we have learned from a decade of research. Psychotherapy Research, 17, 1-14.

Miller, S. D., Duncan, B. L., Brown, J., Sorrell, R., & Chalk, M. B. (2006). Using formal client feedback to improve retention and outcome: Making ongoing, real-time assessment feasible. Journal of Brief Therapy, 5(1), 5-22.

OO-CAMHS – http://oocamhs.com/ – really helpful resources and idea on using and implementing feedback and outcomes across services – particularly focusing on the CORS/ORS and CSRS/SRS.

Child Outcomes Research Consortium (CORC) – www.corc.uk.net up-to-date information on all the CYP-IAPT forms and measures, including information, advice and training videos on using the forms. All the forms can be downloaded from this site.

CYPIAPT - www.cypiapt.org - the formal website for the programme.

MindEd – www.MindEd.org.uk – e-learning and information on all aspects of CYP-IAPT, including the use of feedback and outcomes forms of CYP-IAPT including the use of feedback and outcome tools.

Myapt – www.myapt.org.uk – website dedicated to young peoples' voices in all things CYP-IAPT; particularly the use of feedback and outcome forms.

APPENDIX 1

ROUGH GUIDE TO THE CYP-IAPT MEASURES (Version 12) by David **Tricky**

	CHILD / YOUNG PERSON	PARENT / CARER	PRACTITIONER
ASSESSMENT / CHOICE	SDQ S11-17* RCADS* HoNOSCA (13-18)	SDQ P3/4* SDQ P4-16* RCADS-P* HoNOSCA-P	HoNOSCA CGAS Current View**
ONGOING / PARTNERSHIP:			
GOALS	Goal Progress Chart	Goal Progress Chart	
GLOBAL	ORS (13+)* CORS (6-12)* CORE-OM* YP-CORE* YCORS (-5) SWEMWBS (12+)* How are you doing – RMQ 11-17 (SDQ-S Impact)* Me and My School (M&MS - full version)*	ORS* How is your child doing – RMQ 4-17 (SDQ-P Impact)*	
FAMILY CONTEXT	Describe Your Family - SCORE-15*	Describe Your Family - SCORE-15*	

	CHILD / YOUNG PERSON	PARENT / CARER	PRACTITIONER
PROBLEM TRACKERS	How are things – low mood[RCADS]* How are things – anxious away from home[RCADS]* How are things – anxious in social situations[RCADS]* How are things – anxious generally[RCADS]* How are things – compelled to do or think things[RCADS]* How are things – panic[RCADS]* How are things – disturbed by traumatic event (CRIES)* How are things – behavioural difficulties (M&MS)* How are things – PHQ9* How are things – GAD7* How are things – EDE-Q / EDE-A*	How are things – low mood[RCADS-P]* How are things – anxious away from home[RCADS-P]* How are things – anxious in social situations[RCADS-P]* How are things – anxious generally[RCADS-P]* How are things – compelled to do or think things[RCADS-P]* How are things – panic[RCADS-P]* How are things – behavioural difficulties (ODDp)* SLDOM (3-16) BPSES	
SESSION FEEDBACK	SRS (13+) CSRS (6-12) GSRS CGSRS YCSRS SFQ - How was this meeting?	SRS (13+) How was this meeting?	
REVIEW / CLOSE	SDQ S11-17FU* RCADS* CHI ESQ (9-11) CHI ESQ (12-18) HoNOSCA (13-18)	SDQ P3/4 FU* SDQ P4-16 FU* RCADS – P* CHI ESQ (P) HoNOSCA-P	HoNOSCA CGAS Current View**

Notes for the Rough Guide to the CYP-IAPT Measures (Version 12)

This is just a rough guide; most measures can be used at various points, not only at the times indicated.

Measures that are subscales from the RCADS or RCADS-P are denoted by the suffixes ^{RCADS} or ^{RCADS-P}.

All of the measures and further information are available at www.corc.uk.net/resources.

There is an expectation that for 90% of clients that have been seen three or more time, you will choose any one asterisked form and complete it at two different time points; as well as have completed the EET section of the Current View Form.

	Glossary
BPSES	Brief Parental Self-Efficacy Scale
CGAS	Children's Global Assessment Scale
CGSRS	Child Group Session Rating Scale
CHI ESQ	Commission for Health Improvement Evaluation of Service Questionnaire
CORE-OM	Clinical Outcomes in Routine Evaluation – outcome measure
CORS	Child Outcome Rating Scale
CSRS	Child Session Rating Scale
EDE-A	Eating Disorder Examination Questionnaire – Adolescent (14-16)
EDE-Q	Eating Disorder Examination Questionnaire – Older Adolescent/ adult
GAD-7	Generalised Anxiety Disorder Assessment
GSRS	Group Session Rating Scale
HONOSCA	Health of the Nation Outcome Scales for Children and Adolescents
M&MS	Me and My School

Glossary

ODDP	Oppositional Defiant Disorder – Parent report
ORS	Outcome Rating Scale
PHQ-9	Patient Health Questionnaire
RCADS	Revised Child Anxiety and Depression Scale
RCADS – P	Revised Child Anxiety and Depression Scale – Parent report
RMQ 11-17 (SDQ S11-17 IMPACT)	Routine Monitoring Questionnaire (Impact Supplement from Strength and Difficulties Questionnaire Self Report)
RMQ 4-17 (SDQ P4-16 IMPACT)	Routine Monitoring Questionnaire (Impact Supplement from Strength and Difficulties Questionnaire Parent Report)
SCORE-15	Index of Family Functioning and Change
SDQ P3/4	Strength and Difficulties Questionnaire – Parent Report 3/4 year olds
SDQ P3/4 FU	Strength and Difficulties Questionnaire – Parent Report 3/4 year olds – Follow Up
SDQ P4-16	Strength and Difficulties Questionnaire – Parent Report 4-16 year olds
SDQ P4-16 FU	Strength and Difficulties Questionnaire – Parent Report 4-16 year olds – Follow Up
SDQ S11-17	Strength and Difficulties Questionnaire – Self Report 11-17 year olds – Follow Up
SDQ S11-17FU	Strength and Difficulties Questionnaire – Self Report 11-17 year olds – Follow Up
SFQ	Session Feedback Questionnaire
SLDOM	Sheffield Learning Disabilities Outcome Measure
SRS	Session Rating Scale
SWEMWBS	Short Warwick Edinburgh Mental Well Being Scale
YCORS	Young Child Outcome Rating Scale
YCSRS	Young Child Session Rating Scale
YP-CORE	Young Person's - Clinical Outcomes in Routine Evaluation (11-16)

Child Outcomes Research Consortium is a learning collaboration of mental health professionals dedicated to improving the quality of Child and Adolescent Mental Health Services CAMHS nationwide. Every year over a quarter of a million children, young people and their carers attend CAMHS in the UK. CORC wants to understand what helps them best. Over 70 member services across the UK and Scandanavia are committed to ensuring that young people and their families receive the best help possible. CORC trains CAMHS professionals in how to use outcome data by offering free training to members, consultancy to interested parties and advice to government.

Contact CORC by email: CORC@annafreud.org
CORC website: www.corc.uk.net

London and South East
CYP IAPT
Learning Collaborative

London and South East CYP-IAPT Learning Collaborative – CYP-IAPT is an initiative supported by NHS England to improve quality of Children and Young People's Mental Health Services through the introduction of better evidence based practice, authentic service user participation and the rigorous outcomes monitoring. The London and South East CYP-IAPT learning collaborative is a collaborative venture between 28 partnerships across Local Authority, Voluntary Sector and NHS Child and Adolescent Mental Health Services (CAMHS), along with University College London and Kings College London. The Collaborative provides training, consultation and other resources to support service improvement.

Evidence Based Practice Unit, at the Anna Freud Centre and UCL, bridges the worlds of academic research and mental health practice, whether in clinics, schools or elsewhere. We develop and share the latest evidence with mental health professionals who want to reflect on and improve the support they provide to children, young people and their families. Our unit brings together researchers, clinicians, statisticians, graphic designers and trainers. We work with front line practitioners, service users, service managers, commissioners, policy makers and others to improve service provision by shining a light on current practice. The EBPU draws on and contributes to the latest research, and develops practical tools, training and information.

Contact EBPU by email: EBPU@annafreud.org
EBPU website: www.ucl.ac.uk/EBPU