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

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BPS Children, Young People and Families Conference
7th October 2015
Plan…

• What do we already know about goals
• What kinds of goals do CYP set?
• Findings: parent-led and jointly agreed goal frameworks
• Differences across perspectives
• Conclusions
• Further work & implications
• Useful resources
Background

• Mental Health is a latent construct, no ‘hard’ outcomes (Wolpert et al., 2014)
• Range of outcome measures available
• Standardised measures might not capture all aspects of care
  – e.g. coping skills: important when symptoms are not expected to improve (Batty et al., 2012)
• Challenge of idiographic measures:
  – Different focus → difficult to aggregate up relative to service/clinician/team input
Your experience of goal setting in clinical practice

- [www.govote.at](http://www.govote.at)
- Use code 73 64 09
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; Law & Jacob, 2015)

• Goal Based Outcomes (GBO) tool included in CORC 2007

• Included in CYP IAPT in 2011
**Goal progress chart**

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

**To give a good presentation**

<table>
<thead>
<tr>
<th>Session</th>
<th>Date</th>
<th>Today</th>
<th>Rate progress to this goal: (please circle the appropriate number below)</th>
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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.
Value of tracking goals

• Helps monitor progress
• Visual aid to discussion & helps provide focus
• Motivates CYP to participate in care discussions
• Ideally goals are set jointly:
  – Shared agreement on progress and ways forward
  – Collaboratively agreeing goals → positive impact on outcomes (Norcross, 2002)
• Parents of CYP with goals set were more likely to be satisfied with care (Jacob et al., submitted 2015)
• Can aid supervision
What do we already know about CAMHS goals?

- Correlations between the change goal progress and other outcomes (Wolpert et al., 2012)
- Psychosocial difficulties and impact on life showed less change over time than goals (Edbrooke-Childs et al., 2015)
- 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
- Qualitative nature of goals set in therapy has been relatively unexplored…
What kinds of goals do CYP set in CAMHS?

• Most frequently related to:
  – Managing negative mood
  – Confidence
  – Personal growth

(Bradley et al., 2013)
Aims of research

- Explore goals led by:
  - Young person (follow on from previous work)
  - Parent
  - Jointly agreed

- **Question**: What goals were set and how did they compare?
Participants & Process

• 678 Goals from 180 case records between 2007 and 2011 from 8 services
• Age range 4 – 17 years
• Targeted, specialist, and highly specialist UK services, including therapeutic communities
• Thematic analysis (see Braun & Clarke 2006)
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

**Child-led**
1. Manage negative thoughts and feelings
2. Feel more confident
3. I would like to…
4. To be more responsible for myself
5. Controlling and managing my anger

**Parent-led**
1. Better sleep routine
2. Inappropriate behaviour
3. Creating strategies to manage behaviour
4. Parent specific goals
5. Happier family life/relationships

**Jointly agreed**
1. Parent goals
2. Understanding, managing and expressing emotions
3. Improve school and learning
4. Increase confidence, independence and self-esteem
5. Behaviour management

N=342
Main focus by perspective

Child-led

- Child-led focus:
  - *Coping with* specific difficulties
  - Personal aspects of care & internalising factors

- "Handling my feelings in a safe way"
- "Think less bad thoughts, e.g., catastrophising"
- "To decrease time spent doing patterns"
- "Feeling better within myself"
- "To increase self esteem and confidence"
Main focus by perspective

Parent-led

• Parent-led focus:
  – *Managing* specific difficulties
  – Ways to help improve the CYP’s behaviour & and parental goals

• “Improving temper outbursts/shouting”
• “To be more visibly relaxed”
• “To sleep in own room”
• “Work on strategies together in managing the child's behaviour”
• “To recognise when my feelings and moods have an impact upon the child”
Main focus by perspective

Jointly agreed

- Jointly agreed focus:
  - Externalising factors, e.g. behaviour management & improving things at school & parent goals

- “To try harder to not wind up or provoke the other children.”
- “Listen to adults more”
- “To improve with my school work and home reading.”
- “To be in education.”
- “Exploring how illness may impact on parenting”
Consistent themes (reworded)

- Enjoy life
- Feel happier
- Discuss thoughts and feelings and/or the future
- Improve family life
- Be more independent, confident or responsible
- Improve sleep routines
- Improve school life
- Reduce/manage anger
- To understand/accept feelings
- Improve friendships
- Listening, talking, understanding and relationships
- Improving self / hopes for the future
- Managing specific difficulties
- Reduce/manage worry/anxiety
- Improve communication/listening
- Listening, talking, understanding and relationships
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*  
    *“[name] to co-operate with mum.”*  
    *“to keep his hands and feet to himself”*  
    *“to be calmer.”*
  - Joint: *family support and guidance*  
    *“To help the family to manage angry feelings better”*  
    *“Support and guidance with managing eating”*
Conclusions

• Comparisons highlight the importance of ensuring the voice of the young person is heard and included.

  “To be able to cope better with emotions and stressful situations”

  “To strengthen his resilience to difficult or fearful situations”

  “Have more confidence in myself and be able to be outgoing again.”

• Recovery means different things to different people, goal setting provides the opportunity for CYP to express what this might look like.

• Tracking goal progress may be important for areas that are not covered by other tools.

  – E.g. coping, resilience and confidence
Caveats

• Goals are removed from the wider context of the clinical conversation
• May have been coded as CYP/Parent-led, but actually be jointly agreed
• Self selected sample – unlinked to other aspects that may have impacted results
• We know that a high proportion of cases don’t have goals recorded
Further work

• Goal themes mapped to standardised outcome measurement from CORC dataset specification
• Areas not covered: existential factors; understanding, thinking and future planning
Implications

• May be helpful to track goals especially where symptoms are not expected to improve
• There are times when goals differ in focus across perspectives
• Gain useful insight into what change might look like for the individual (e.g. ‘good enough’)
  – May provide better focus to individual’s needs
Implications

• May be some work to ensure that goals are attainable through work with service
• Could use goal content to choose measures for individualised outcome tracking
• Consider goals as both useful clinical feedback tools and as outcome measurement alongside other standardised outcome measures to ensure a breadth of information.
Final thoughts…

• How does this fit with your practice?
• What else would you like to know from research about goals?
Our Mission Statement
CORC aims to foster the effective and routine use of outcome measures in work with children and young people (and their families and carers) who experience mental health and emotional wellbeing difficulties. It aims to do this through collaboration with its members, academic consultants, and learning partners; sharing ideas and good practice in order to:

- Develop usable and effective models of routine outcome measurement
- Promote and encourage the use of routine outcome measurement as an integrated part of any organisation working with child mental health and emotional wellbeing
- Develop ways to meaningfully interpret the outcomes data
- Use outcomes data to encourage learning and improve practice in work with the individual child, young person, their family and carers. As well as to encourage learning and improve practice at the level of: practitioner, team, organisation, and policy.

Aims of CORC

- To develop and support the dissemination of a model of routine evaluation of outcome that can be used across a range of services
- To help put in place systems to allow the data obtained to inform service providers, commissioners, users and other relevant stakeholders within all collaborating service sites
- To collate the data from all CORC members (appropriately anonymised), in order that this can be analysed centrally and the results shared within service area
- To collaborate in using outcome information to inform and develop good practice