Client Directed, Outcome Informed Practice in a Youth Mental Health Service

headspace Youth Early Psychosis Program

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headspace

- Initiated by the Australian Government in 2006
- National Youth Mental Health Foundation
- youth-friendly integrated service hubs
- Now 100 centres across Australia
- Lead agency and local partnership of organisations
- early access to services
- holistic needs of young people
- mental health, general and sexual health, alcohol and other drug, and vocational concerns
- 12 to 25 years
- youth-friendly
- non-stigmatising
What is headspace YEPP?

headspace Youth Early Psychosis Program (YEPP)

headspace YEPP is an integrated, holistic service for young people (12 -25yo) experiencing early psychosis or young people at risk of developing psychosis, and their families.

Building on the early psychosis prevention and intervention centre (EPPIC) model developed by Orygen Youth Health, this headspace service offers integrated early intervention services that are tailored to individual need.
Core Components

Community education and awareness
Easy access to service
Home-based care and assessment
Access to streamed youth-friendly inpatient care
Access to youth-friendly sub-acute beds
Continuing care case management
Medical treatments
Psychological interventions
Functional recovery program (FRP)
Mobile outreach
Group programs
Family programs and family peer support
Youth participation and peer support program
Partnerships
Workforce development
Ultra-high risk detection and care
hYEPP Service Model

» Series of coproduction workshops
» Need to focus on the “how” we do things
» Clients driving and choosing the experience
» Working in partnership
» Creating a culture of feedback
» Therapeutic relationship where client feels safe understood, valued and respected
» Focus on help, change and hope
1. Choice Promoting

Humanistic service delivery with a focus on how people are made to feel; Enabling young people to influence what happens in their life and in their care

What does this principle look like in practice?

Client directed, promoting choice, opportunity for exploration, clients driving and choosing experience; welcoming, inviting environment – comfortable; positive environment; opportunity for healthy living and wellbeing; whole of person

2. Feeling Empowered Through Relationships

Focus on sessions being client directed and shaped and not making assumptions about the roles we play and why the young person has come

What does this principle look like in practice?

Empowering relationships are where each person in the relationship feels safe, understood, valued and respected.
3. Family and Network Focus

Young people are understood and viewed in relation to the people around them. The relationships that exist in the young person’s network are seen as a resource and are vital to the intervention.

What does this principle look like in practice?

Families engaged, involved and supported; families and networks used as a sustainable resource; busy seeing families and networks

4. Accessible and Meaningful Service

Recognising that there is ongoing work in being accessible and seamless and to keep true to the commitments we make

What does this principle look like in practice?

Inclusive, flexible, attainable, available/reachable, not complicated, welcoming and friendly, accepting (not judgmental, no labels), to be fluid and continuous, people keep coming back, diverse client group, feedback, new referrals, busy
5. Values in Action

*Understanding values, implementing values and reviewing values is a constant process of checking in with each other*

What does this principle look like in practice?

Values are alive in every day processes and interactions; we check in with each other and the people we work with; overt values when making decisions. Three steps - understanding, implementing and reviewing

6. Relationships With Other Services

*Being part of the system of care and the community in general through people from other services knowing who we are, where we are and what we offer*

What does this principle look like in practice?

Part of the system of care, part of the community; holistic care, not just counselling; accessible and letting people know what is available. People would know where we are, what we do and don’t offer and how to work with us. If we don’t offer, we find someone who does.
Using CDOI to Implement the Service Model

CLINICAL PRACTICE
Client Directed, Outcome Informed Clinical Work

» No fixed technique or causal theory
» Consumer’s voice is *privileged*
» Recovery is *expected*
» Purposeful, strong partnership with clients
» Enhance the factors that account for successful outcome
» Use the client’s ideas and preferences to guide clinical decision making
The ORS and the SRS

» Developed by Barry Duncan & Scott Miller
» Inspired by Michael Lambert
» 2 ultra brief rating scales
» Validated and reliable
» The Outcome Rating Scale (ORS) for monitoring progress in treatment
» The Session Rating Scale (SRS) for monitoring the alliance
ORS: Measuring Outcome

At each session, clients complete the Outcome Rating Scale

A four-item self-report instrument

Takes less than one minute to complete

Assesses client’s subjective assessment of change

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels.

Your input is important. There is no such thing as “bad news” on these forms. Your therapist is eager for your feedback because it enables a better fit of the services to your preferences, and therefore improves your chance for success.

Individually
(Personal well-being)

Interpersonally
(Family, close relationships)

Socially
(Work, school, friendships)

Overall
(General sense of well-being)
Introducing the ORS

» We work a little differently than other services
» Our top priority is to make sure you are getting the results you are wanting
» We want you to be involved in monitoring the progress of services from beginning to end
» 2 brief tools – tracking your experience of the outcome of our work together and of the way that we work
» The 1st scale we use at the beginning of the session, the 2nd at the end of the session
Introducing the ORS

» Your feedback helps us to make sure what we are doing together is useful to you
» Early change is telling us that we are probably on track
» If you are not experiencing early change then we will need to talk about how we can try different things or modify what we are doing together
» If things still don’t improve, then we will need to consider something very different like including someone else or some place for you to get the help you want
SRS: Measuring the Alliance

Clients also complete the Session Rating Scale

Assesses the strength of the therapeutic alliance

Four items measure the quality of the relational bond and agreement between therapist and client on goals, methods and approach of therapy
Introducing the SRS

» This is a tool that you and I will use at each session to adjust and improve the way we work together

» A great deal of research shows that your experience of our work together is a good predictor of whether we’ll be successful

» I am not aiming for a perfect score

» I am aiming for your feedback, about even the smallest things
Monitoring Change & Strength of the Alliance

ORS scores are plotted in relation to an expected trajectory of change based on the client’s intake score.

SRS scores are plotted in relation to the lower limit of established norms.
Case Example 2

» Daniel 20yo has been receiving treatment for first episode psychosis
» Reported deterioration in ORS relating to increased symptomatology
» Medication changes and increased contact
» SRS feedback elicited further concerns about treatment experience and opportunity to adjust and modify
» Resulting in increased engagement and support for Daniel and improve outcome
Case Example 2

» ORS monitoring provided opportunity to prevent further deterioration
» Avoid possible disengagement and drop out in treatment
» SRS provided opportunity to adjust treatment approach, improving/sustaining engagement with Daniel and his network
» Improved outcomes
Using the Feedback

» Changes are made in approach or relational style when progress is slow, uneven, or lacking
» Formalise, make routine, and bring to the centre of the work the feedback the client provides
» Reviewing client feedback offers a kind of language, verbal and visual in nature, for drawing out clients’ experience
My Outcomes

» 68% of active headspace clients and 79% of discharged clients have achieved a positive change or are above the clinical cut off since their last or initial ORS score

» Approximately 4 clients per team each month have a deteriorating change of 5 points or more
% of Young People scoring in the green zone (successful outcome) at last measurement
Number of Young People with a deteriorating change of 5 points or more*
Outcome Rating Scale (ORS)

<table>
<thead>
<tr>
<th>DRS completed by</th>
<th>ORS at intake</th>
<th>Most Recent URS</th>
<th>Pattern of ORS Graph</th>
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<td>Alfred</td>
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Session Rating Scale (SRS) and Alliance Issues

What is the client reporting on the SRS? Are they rating the alliance persistently high or low?

Has there been any significant change to the client’s perception of the alliance? Has the client provided any feedback about what might improve the alliance? What has been tried to address alliance issues?

What are the young person/network goals and objectives?

Review Progress

What progress has been made toward these objectives? What are the young person’s/family’s strengths and accomplishments? How do the young person/family make sense of the ORS graph?
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THANK YOU AND QUESTIONS