

3 Key Principles of working with EBTs in CYP with chronic illness



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- Tailoring
- Fidelity with flexibility
- Weekly progress monitoring to guide clinical decision making -
Examples from MICE



What is tailoring/personalising?

Adaptation, personalization and capacity in mental health treatments: a balancing act?

Sophie D. Bennett and Roz Shafran

Purpose of review

There are increasing calls for mental health treatments to be adapted for different groups to maximize their acceptability and benefit to patients. However, adaptations can be costly to develop and evaluate, difficult to implement in routine clinical practice and may reduce service capacity at a time when there is unprecedented unmet need. An alternative method is personalization on an individual level. This review provides an overview of the issues related to personalization and adaptation of mental health interventions.

Recent findings

Several terms have been used to describe changes to existing therapies, these reflect different extents to which existing treatments have been changed. Evidence-based practice and modular therapies allow a level of flexibility within intervention delivery without formal changes and not all changes to therapy should be considered as a new/adapted treatment but instead regarded as metacompetence. Implementing existing interventions in new contexts is preferable to developing new interventions in many instances. New guidance outlines how researchers can adapt and transfer interventions to varied contexts.

Summary

The review provides proposed definitions of different changes to therapy. Modified and personalized treatments may improve acceptability to patients whilst maximizing implementation of evidence-based practice within clinical services.

Keywords

adaptation, implementation, mental health, personalization



Adaptation

The action or process of changing something, or of being changed, to suit a new purpose or situation.



Personalization

To make something suitable for the needs of a particular person.



Tailoring

Make or adapt for a particular purpose or person.



Modification

Something that is changed slightly, especially to improve it or make it more acceptable or less extreme.



Expansion

The increase of something in size, number or importance.

Personalising



Review > Curr Opin Psychiatry. 2023 Jan 1;36(1):28-33. doi: 10.1097/YCO.0000000000000834. Epub 2022 Oct 22.

Adaptation, personalization and capacity in mental health treatments: a balancing act?

Sophie D Bennett ¹, Roz Shafran

Affiliations + expand

PMID: 36302201 PMCID: PMC9794160 DOI: 10.1097/YCO.0000000000000834

[Free PMC article](#)

Editorial > J Child Psychol Psychiatry. 2023 Feb;64(2):213-216. doi: 10.1111/jcpp.13732.

Editorial: Therapies for mental health difficulties: finding the sweet spot between standardization and personalization

Alice M Gregory ¹, Martin K Rutter ² ³, Juan J Madrid-Valero ⁴, Sophie D Bennett ⁵, Roz Shafran ⁵, Daniel J Buysse ⁶

Affiliations + expand

PMID: 36636905 DOI: 10.1111/jcpp.13732

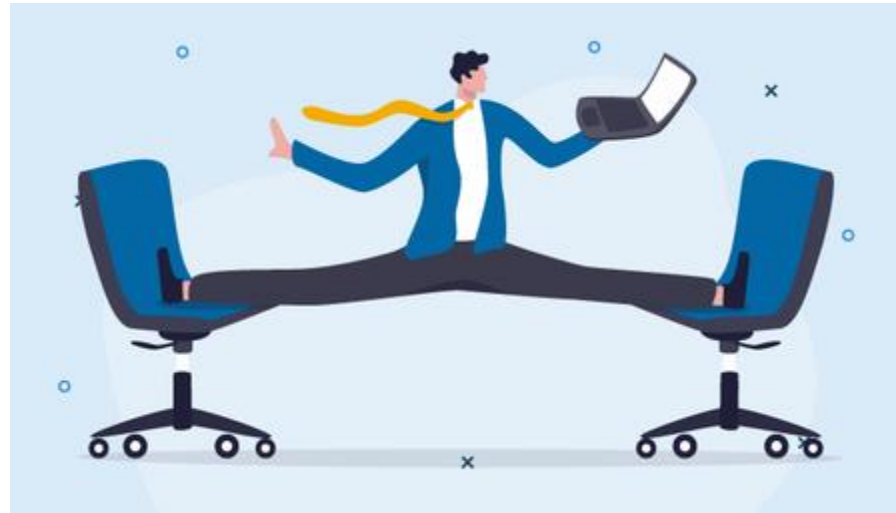
REWARDS

- 2 = 5mins Mum reading a book
- 3 = funny dog video on youtube
- 3 = healthy snack for school (tortilla chips or choc buttons)
- 4 = Back massage in bed
- 5 = Choosing a video to watch in the week
- 6 =

- 7 = Hot Chocolate
- 8 = Bike ride
- 9 =
- 10 = Going shopping
- 10 = Going to the arena (autistic friendly?)
- 11 = Swimming (+ Carer?)
- 12 = Curry take-away



Achieving flexibility within fidelity



Flexibility within Fidelity

- Treatment manuals should be guiding templates, not rigid cookbooks (Kendall & Hedkte, 2006).
- The therapist should focus on the **GOALS or AIMS** of the session but can modify and adapt the means of achieving these to fit the needs of the individual client.
- The treatment manuals are actually really useful tools as they clearly outline the goals of each session and you can ensure that your delivery covers these points.
- Fidelity to the model = covering the **cognitive-behavioural interventions** in the **order** in which they are prescribed (evidence-based!).

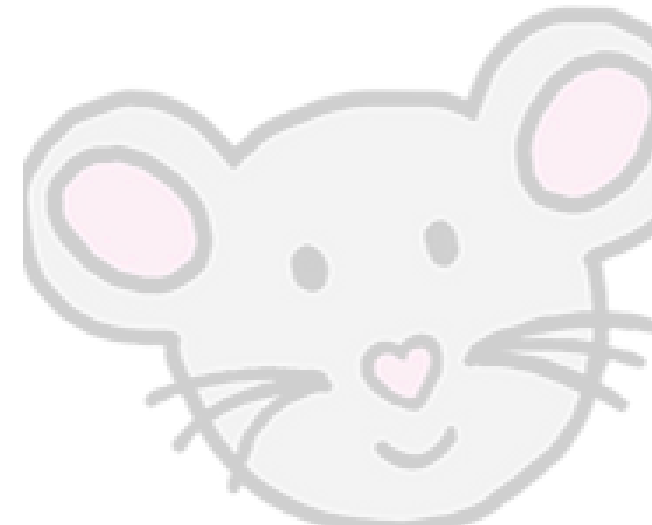
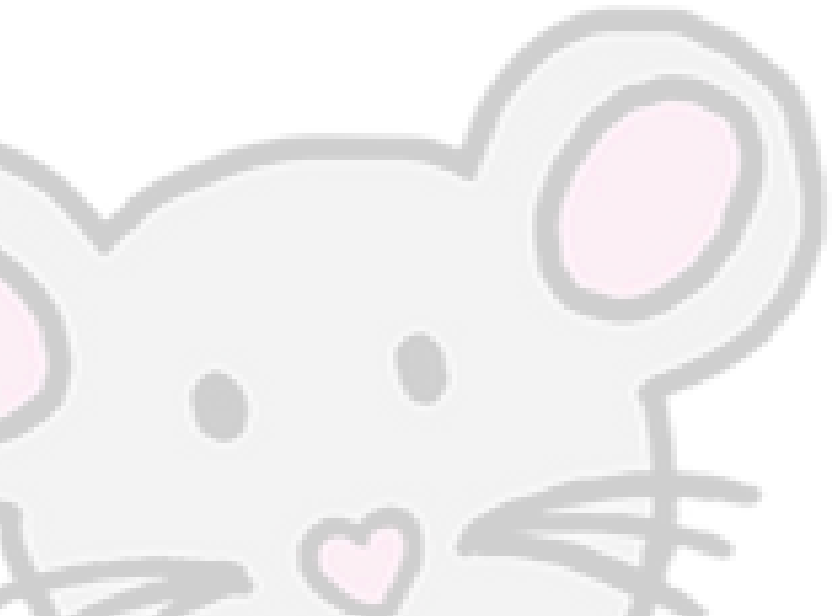
Flexibility within Fidelity

- This does **NOT** mean rigid adherence in a didactic fashion which has been demonstrated to increase client passivity, decrease client participation and decrease client interest in the process.
- This does **NOT** mean skipping important evidence-based sections and practices (e.g., reviewing homework tasks/ in vivo exposure exercises) just because the clinician doesn't think it applies to this client or because it's uncomfortable!
- Kendall and Gosch strongly advocate this application of their protocol (e.g., Kendall et al., 1999; Gosch et al., 2006; Kendall & Hedkte, 2006; Kendall et al., 2008; Beidas et al., 2010)
- Recording sessions

Flexibility



- Flow charts
- Also will cover more about flexibility for different presentations – e.g. may need more sessions if have intellectual disability or for autistic children and young people



Goals

S



Specific

M



Measurable

A



Attainable

R



Relevant

T



Time Based



Goals and goal-based outcomes (GBOs)

Goal rating sheet

How close are you to the goals you want to get to?

On a scale from zero to ten, please circle the number below that best describes how close you are to reaching your goal today.

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

YOUR FIRST GOAL

Enter brief description of goal and goal number as recorded on the [Goals Record Sheet](#)

	Half way to reaching this goal											
Goal not at all met	0	1	2	3	4	5	6	7	8	9	10	Goal reached

YOUR SECOND GOAL

Enter brief description of goal and goal number as recorded on the [Goals Record Sheet](#)

	Half way to reaching this goal											
Goal not at all met	0	1	2	3	4	5	6	7	8	9	10	Goal reached

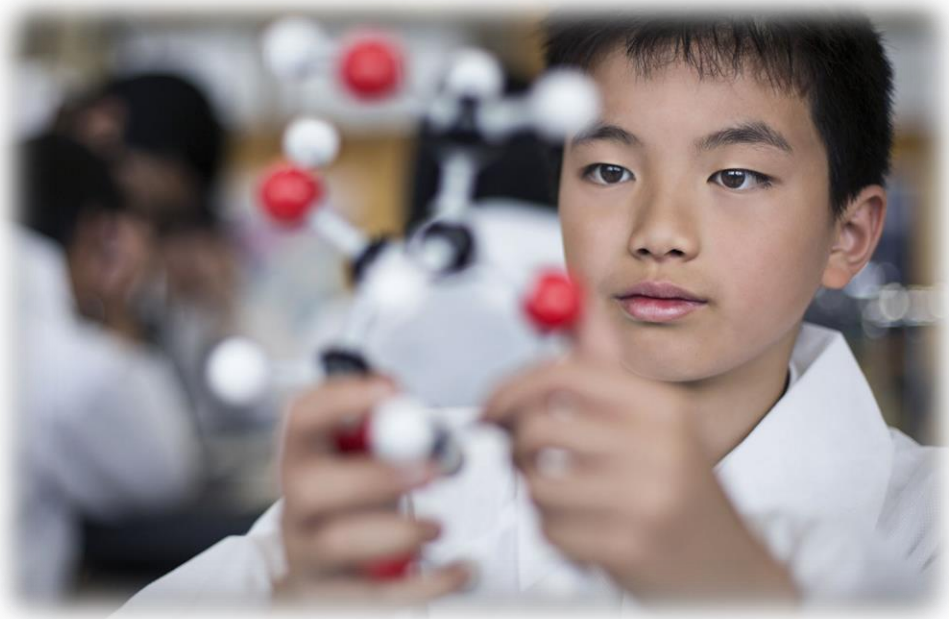


Weekly progress monitoring

- Weekly measures and the measures spreadsheet
- Helps to guide decision making
- Evidence that session by session monitoring improves outcome

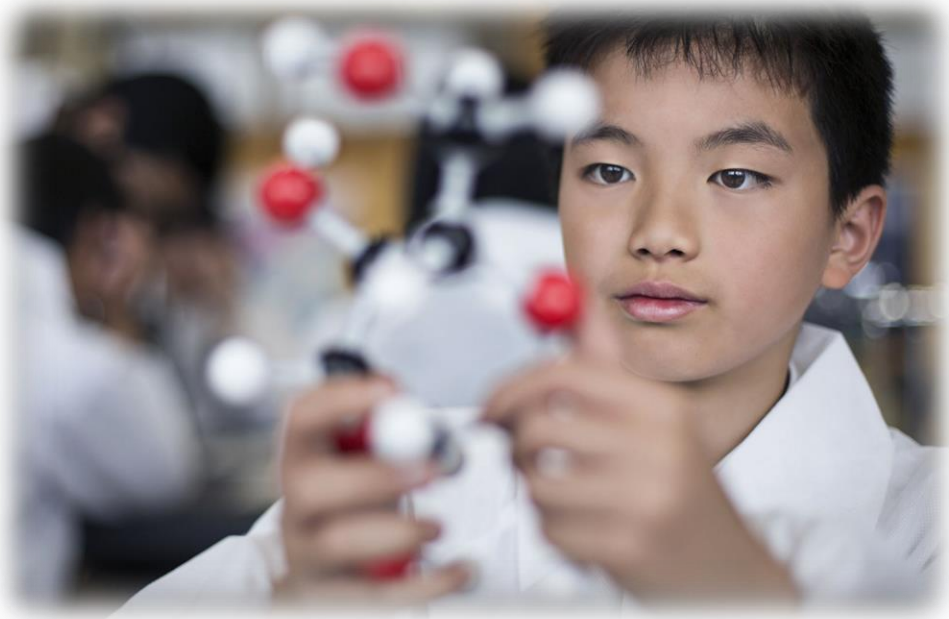
<https://www.ucl.ac.uk/child-health/research/population-policy-and-practice-research-and-teaching-department/champp/psychological-6>

Meet Henry: Behaviour and Anxiety



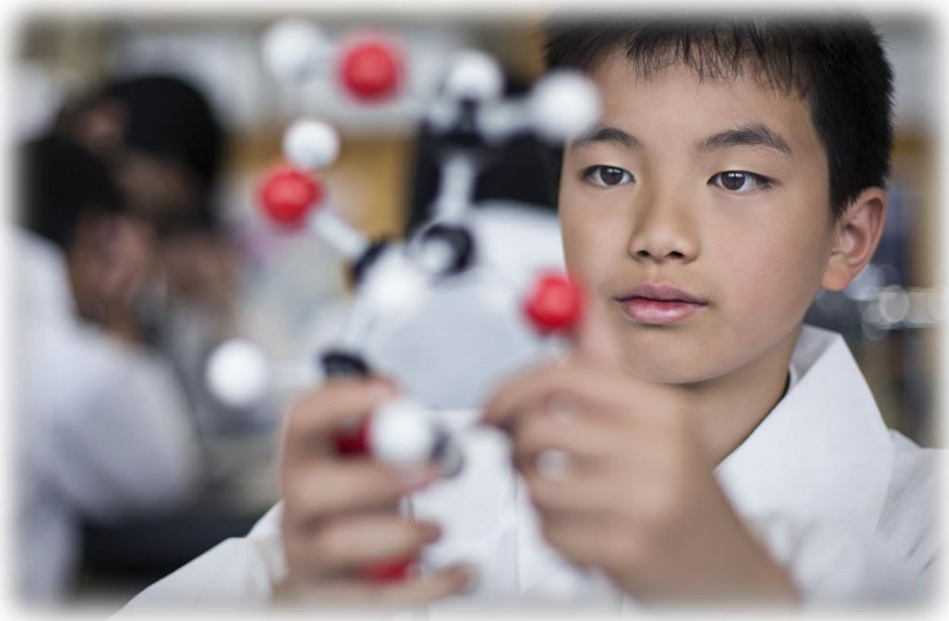
- 11-year-old
- Male
- Very severe seizure activity at baseline
- SDQ Total: Very High (27)
- SDQ Impact: Very High (9)
- Diagnosis on the DAWBA: ASD, Generalised Anxiety

Presenting difficulties



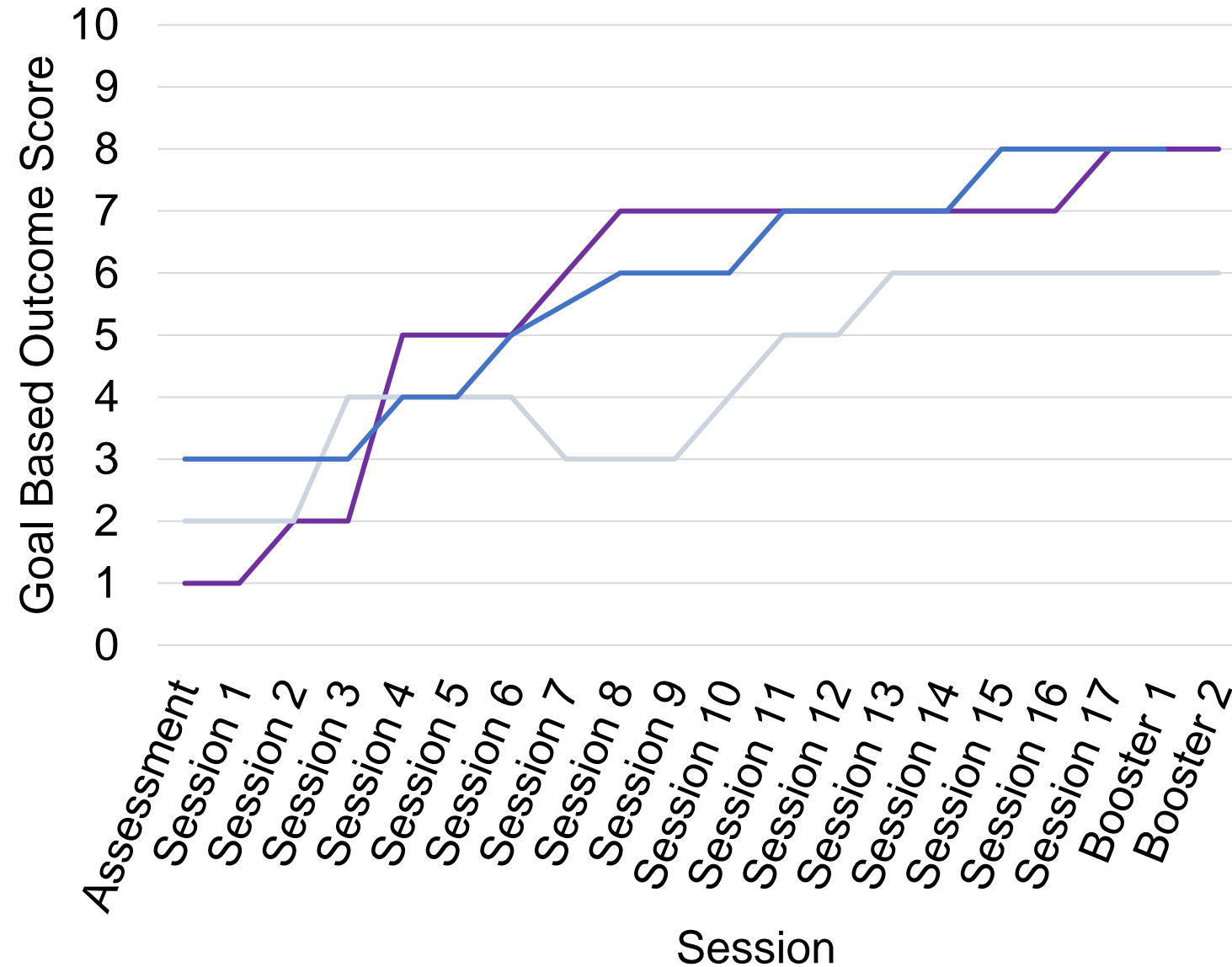
- Henry was experiencing symptoms of anxiety, disruptive behaviour and hyperactivity
- Henry expressed a fear of dogs
- Henry displayed selective mutism
- Henry demonstrated challenging behaviours
 - Harming himself in response to change or loud unpredictable noises

SMART Goals



1. For Henry to be able to get ready for school in the morning without hitting, spitting, hair pulling or asking repeatedly if he's going to school
2. For Henry to be able to interact with his support assistant at school in the mornings (or when people visit, or going to somebody else's house)
3. For Henry to be able to go shopping (in a small shop) with mum at least once a week without asking whether or not there will be other children more than three times

Goals Over Time

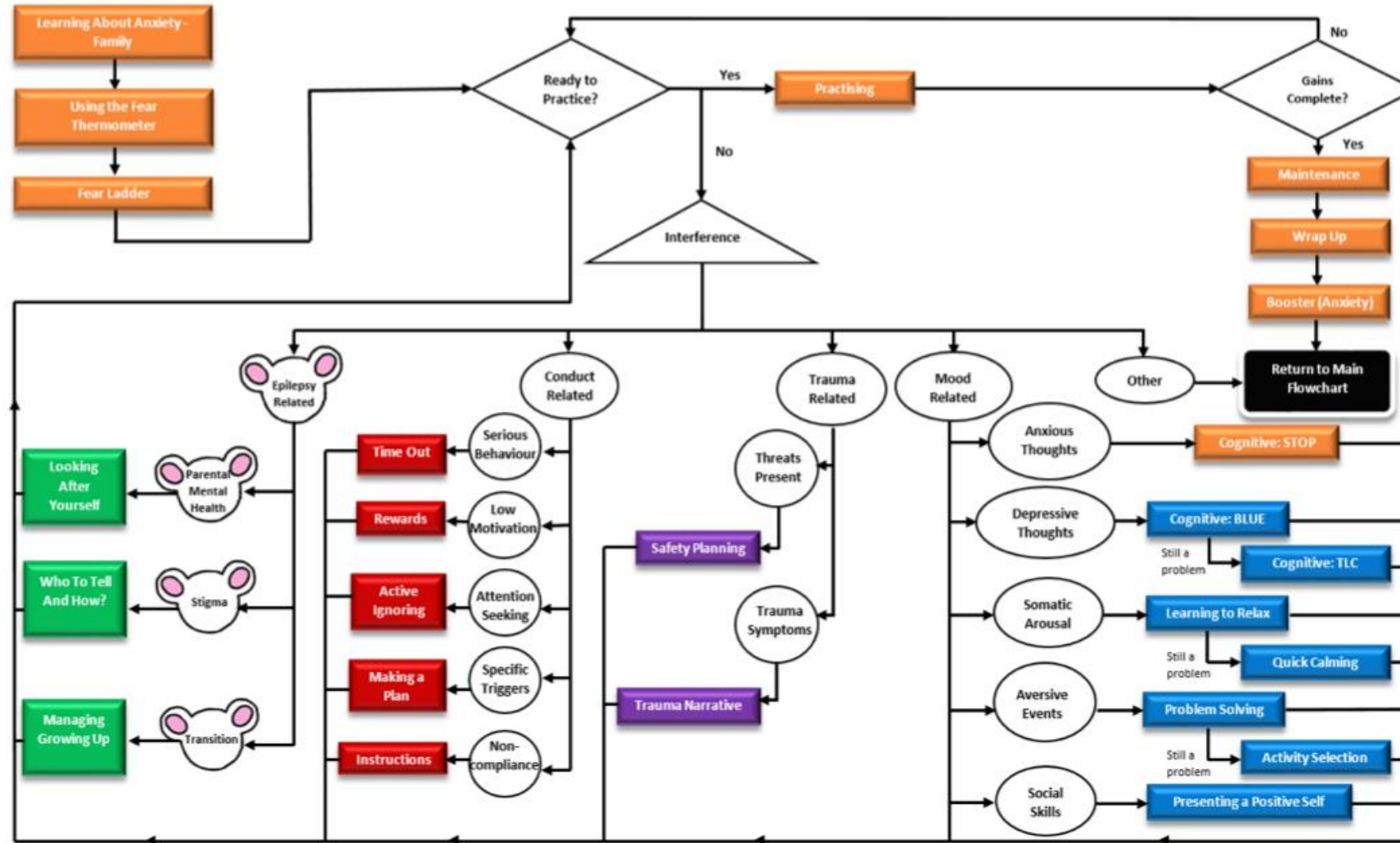


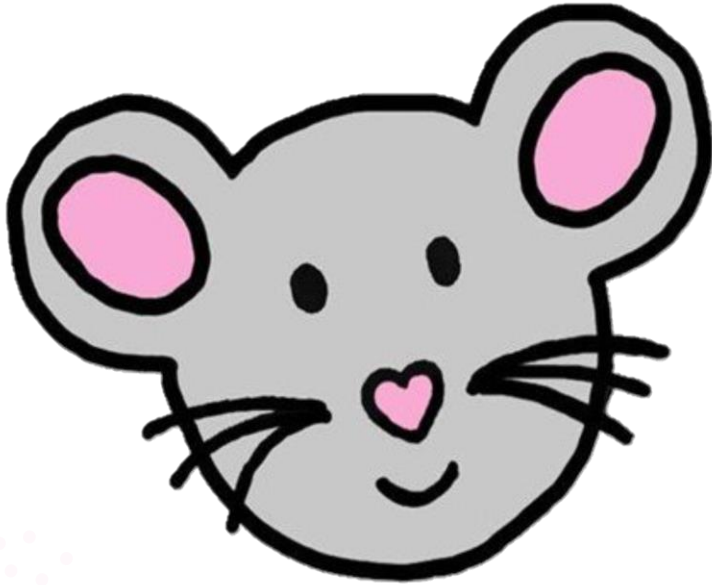
— To be able to get ready for school in the morning without hitting, spitting, hair pulling or asking repeatedly if he's going to school

— To be able to interact with his support assistant at school in the mornings (or when people visit, or going to somebody else's house)

— To be able to go shopping (in a small shop) with mum at least once a week without asking whether or not there will be other children more than three times

Intervention – Anxiety with interference





- Henry completed a total of 20 sessions of the anxiety module followed by the behavioural module:
 - Assessment
 - ESMY
 - Learning about anxiety
 - Fear Thermometer
 - Fear Ladder
 - Practising
 - Active ignoring
 - Instructions
 - Rewards
 - Problem solving
 - Making a plan
 - X2 Boosters
 - X1 Review
- Henry's mother was primarily present during sessions