Transforming the Mental Health of Children with Epilepsy (MICE)

NIHR PGfAR: RP-PG-0616-20007

Funded by NHS National Institute for Health Research

Great Ormond Street NHS Hospital for Children NHS Trust

Goals

- Epilepsy: what every clinician needs to know
- Clinical risk and adverse events
- Key principles of cognitive behaviour therapy
- Delivery over the phone
- Recruitment and practicalities

MICE
Mental health Interventions for Children with Epilepsy

LUNCH

12.15 – 13:00

MICE
Mental health Interventions for Children with Epilepsy

Training

MindEd

e-learning to support young healthy minds

MICE

Mental health Interventions for Children with Epilepsy

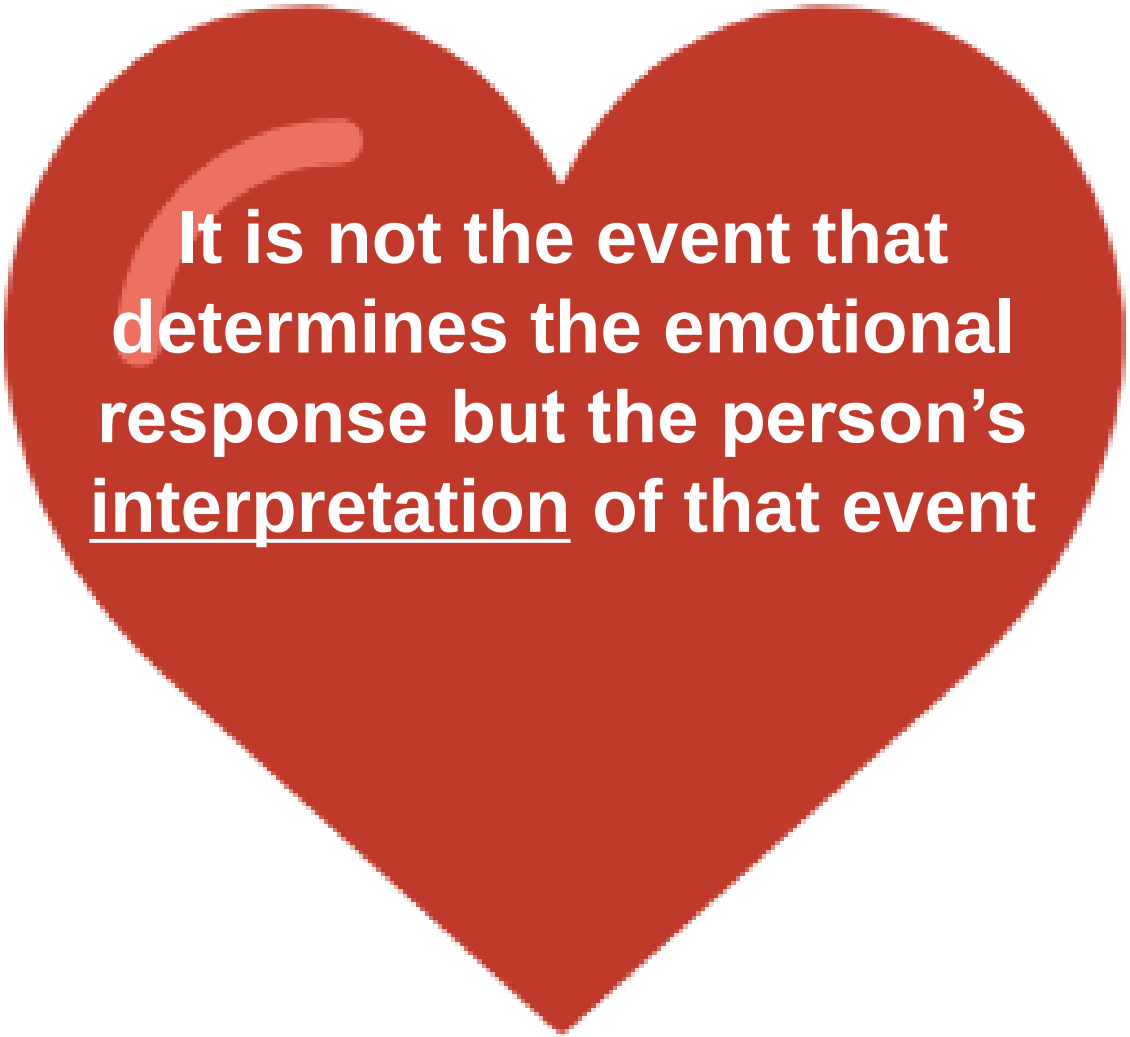
Cognitive Behaviour Therapy (CBT)

MICE
Mental health Interventions for Children with Epilepsy

A word about cognitive behaviour therapy

MICE
Mental health Interventions for Children with Epilepsy

AT THE HEART OF COGNITIVE BEHAVIOUR THERAPY



MICE
Mental health Interventions for Children with Epilepsy

What is Cognitive Behaviour Therapy?

- Family of specific, evidence-based therapies
- Time-limited, brief structured psychotherapy
- Collaborative
- Uses socratic questionioning
- Aims to change agreed problems
- Based on view that if reverse maintaining processes, the problem will resolve. It is not necessary to know the cause of the problem to solve it .
- Ignorance of the cause makes relapse more likely.
- Scientific underpinnings throughout

MICE
Mental health Interventions for Children with Epilepsy

What isn't Cognitive Behaviour Therapy?

- Rigid, cookbook methods
- Heartless or soul-less
- A rag-bag of methods
- Meandering
- Vague
- Simply common sense

MICE
Mental health Interventions for Children with Epilepsy

It ain’t what you do… it’s the way that you do it…

MICE
Mental health Interventions for Children with Epilepsy

It ain’t what you do… it’s the way that you do it…

MICE
Mental health Interventions for Children with Epilepsy

It ain’t what you do… it’s the way that you do it…

MICE
Mental health Interventions for Children with Epilepsy

It ain’t what you do… it’s the way that you do it…

- In pairs: What made the first treatment unhelpful?
- What made the second treatment helpful?
- What is the main point of showing these contrasting examples?

MICE
Mental health Interventions for Children with Epilepsy

Working over telephone

- Whenever you find yourself nodding in agreement/understanding you need to replace this with a verbal cue (such as aha, mmm hmm, very true etc). Similarly if you find yourself with a questioning look on your face you need to replace with a verbal cue.

- When a client is explaining a rather lengthy example use regular verbalizations of some kind to reassure them that they haven't been cut off and that they have your attention

- Experience has shown that telephone sessions are more efficient as the client will tend to elaborate and pause, elaborate and pause, which allows for a therapist to express their understanding and then move on to the next point.

MICE
Mental health Interventions for Children with Epilepsy

Working over telephone 2

- Be mindful of the fact that people often elaborate less on the telephone and anxious clients in particular may not say very much. So make sure you ask plenty of questions and explore any possible difficulties. If the client is not elaborating much on an issue, ask for clear and concrete examples.

MICE
Mental health Interventions for Children with Epilepsy

Practice in pairs…

One person is the therapist and one is a parent

One partner go to a different room/corridor so that you can't see each other. Therapist call the parent.

Set an agenda for your session – the parent should bring something that has happened earlier that day that has upset them

MICE
Mental health Interventions for Children with Epilepsy

Achieving flexibility within fidelity

MICE
Mental health Interventions for Children with Epilepsy

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!).

MICE
Mental health Interventions for Children with Epilepsy

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 and treatment adherence

BREAK

15:00 – 15:30

MICE
Mental health Interventions for Children with Epilepsy

Site initiation visit

- Data processes
- Adverse event reporting
- Files and storage (can it get more exciting!?)
- Consultation

MICE
Mental health Interventions for Children with Epilepsy

Consultation

We are here to help!

MICE
Mental health Interventions for Children with Epilepsy

Consultation

- Over the telephone in small groups
- 1 hour every fortnight
- Guidance on MICE & MATCH
- **Clinical responsibility remains with your Trust**

MICE
Mental health Interventions for Children with Epilepsy

Trial practicalities

MICE
Mental health Interventions for Children with Epilepsy

Patient experiences

- Videos etc. to be added in here

MICE
Mental health Interventions for Children with Epilepsy