Sharing Perspectives: Collaborative Use of Outcome Measures in Clinical Practice: Child and Adolescent Services

Queensland Government

AMHOCN

Contents

Acknowledgements

Acknowledgement of Country

We acknowledge the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of Australia. We pay our respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people that contributed to the development of AMHOCN resources.

Acknowledgment of Lived Experience

We would like to recognise those with lived experience of mental health conditions in Australia. We acknowledge that we can only provide quality care through valuing, respecting and drawing upon the lived experience and expert knowledge of consumers, their families, carers and friends, staff and the local communities. We acknowledge their contribution to the development of AMHOCN resources.

Other acknowledgements

This workshop resource was developed as a collaboration between the Australian Mental Health Outcomes and Classification Network (AMHOCN) and Queensland Health. AMHOCN and Queensland Health wish to acknowledge the important contribution of the Queensland Mental Health Clinical Improvement Team, the Mental Health Alcohol and Other Drugs Directorate, and the clinicians and consumers who participated in the production of the video vignettes and the development and production of this resource.

Suggested citation for this document

Australian Mental Health Outcomes and Classification Network. (2023). Sharing perspectives: Collaborative use of outcome measures in clinical practice: Child and adolescent services. Rev. ed. Sydney: Australian Mental Health Outcomes and Classification Network.

How to use these workshop materials

This manual consists of a PowerPoint presentation and a number of video vignettes for use within workshop sessions. The workshop is interactive and includes skill rehearsal activities. The accompanying PowerPoint slide set should be used in conjunction with this manual and the video vignettes. The instructions are provided via the facilitator instruction legend (see below). This legend provides guidance to the workshop facilitator on how to run the workshop. All materials to support the skill rehearsal activities are provided in this manual.

Videos

All videos for the workshop are on the AMHOCN Vimeo site:
Sharing Perspectives Videos

In this workshop manual, symbols are used to indicate activities that the facilitator should undertake:

This symbol indicates that trainers should make explicit certain important training points.

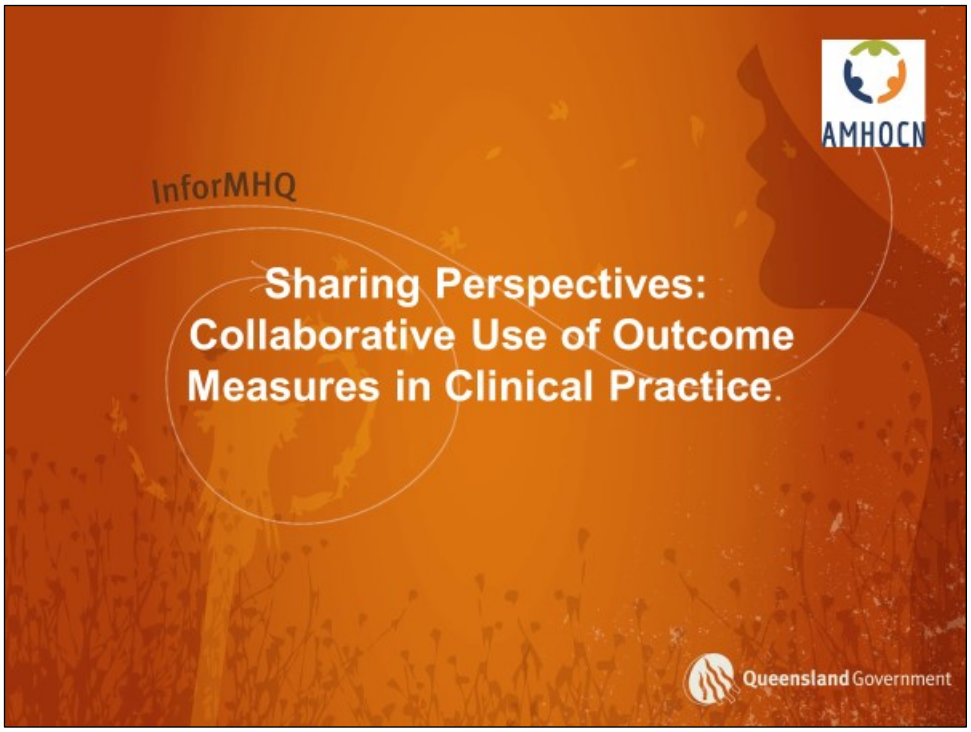
This symbol indicates that trainers should show a particular video clip or written vignette.

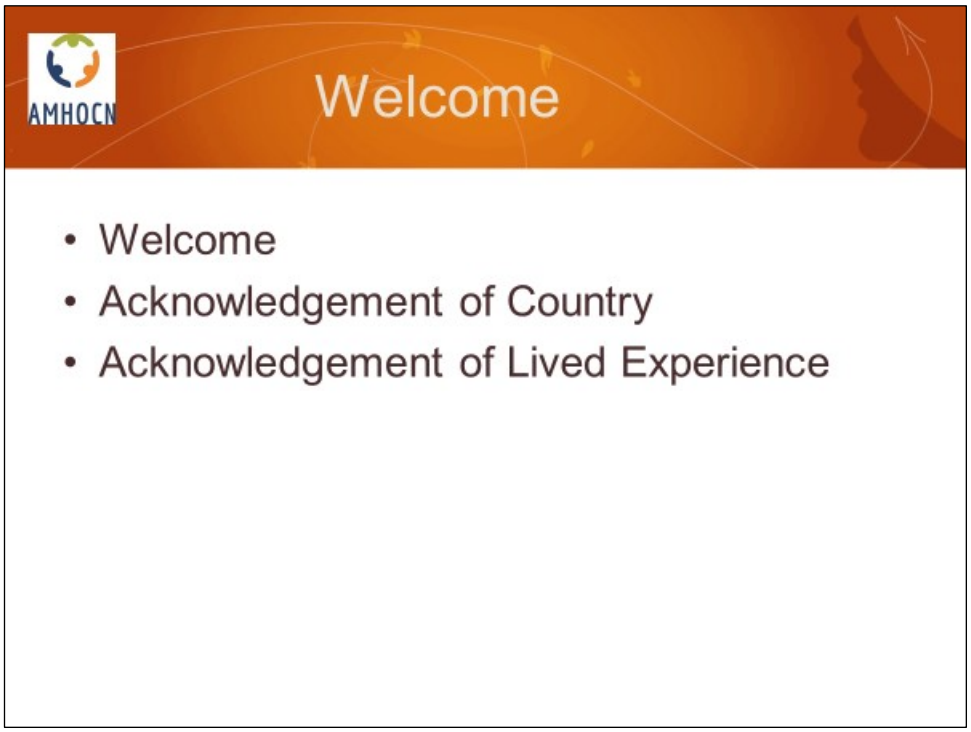
This symbol indicates that trainers should encourage group discussion.

This symbol indicates that trainers should distribute specific handout materials.

This symbol indicates the notional time each section should take.

About the workshop





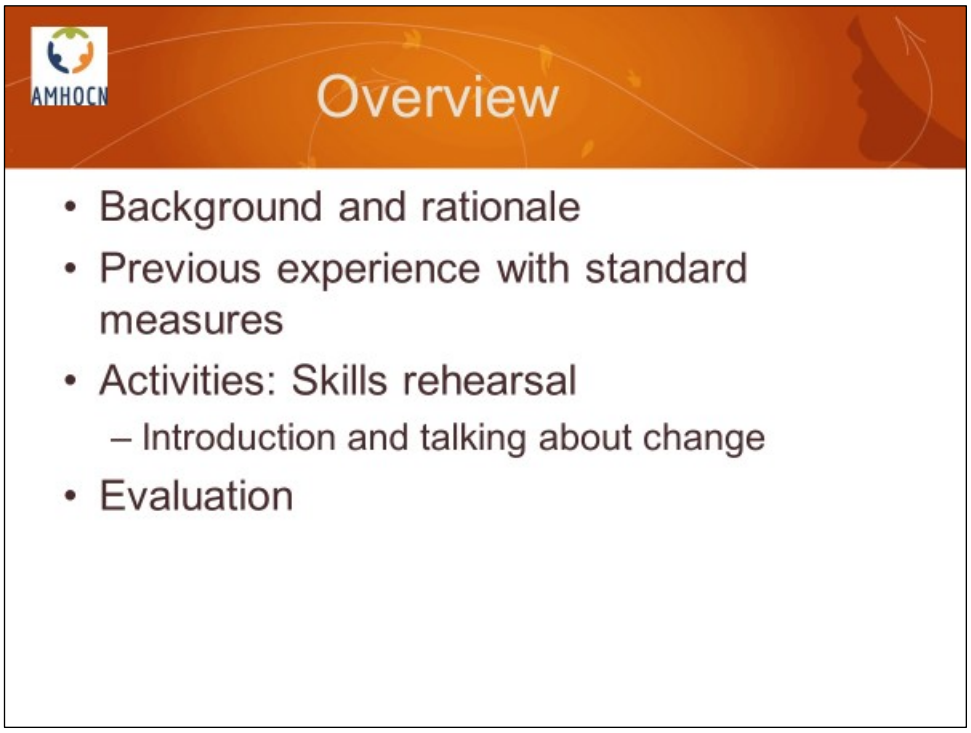
Facilitator welcomes participants.

The facilitator should make clear that the purpose of this workshop is to discuss the NOCC measures and provides the opportunity to explore the use of the measures to develop a collaborative relationship with the consumer, support the identification of goals and monitor change over time.

The measures, both clinician and consumer rated, provide a range of opportunities in clinical practice to not simply monitor change over time but to also use the information in the development of more collaborative relationships with consumers, as a foundation for effective recovery planning, to support effective reviews of progress and so on. This resource is designed to support improved use of the measures and demonstrate some of the techniques to achieve this goal. The activities associated with this resource and the facilitated workshop is designed to:

- introduce the measures in a manner that demonstrate a recovery orientation to practice;
- support the development of consumer self efficacy;
- encourage the consumer's ownership of the information in the measures;
- reinforce the responsibility of the clinician to meaningfully offer, reflect upon and discuss information in the outcome measures;
- demonstrate how the measures can be used to monitor change;
- demonstrate useful discussion of the results of all measures:
    - Consumer Self Assessment/SDQ;
    - HoNOS/CA/65+;
    - LSP-16;
- encourage discussion which is future and goal orientated (SMART); and
- demonstrate that the measures are a tool which can be used as a foundation for effective recovery planning with consumers, through their use during the process of engagement, assessment and therapy.

Overview



Facilitator provides an overview of the workshop and reinforces that the workshop will involve skill rehearsal and facilitated discussion. The focus of the workshop is on sharing experience of the use of measures and how to overcome any difficulties that may occur as a result of their use in practice.

The regular assessment of outcomes has been an aim of the National Mental Health Strategy since it was first agreed by all Australian Health Ministers in 1992. Two of the 38 objectives outlined in the original 1992 National Mental Health Policy (Australian Health Ministers, 1992) related specifically to outcomes, and stated that the Policy would:

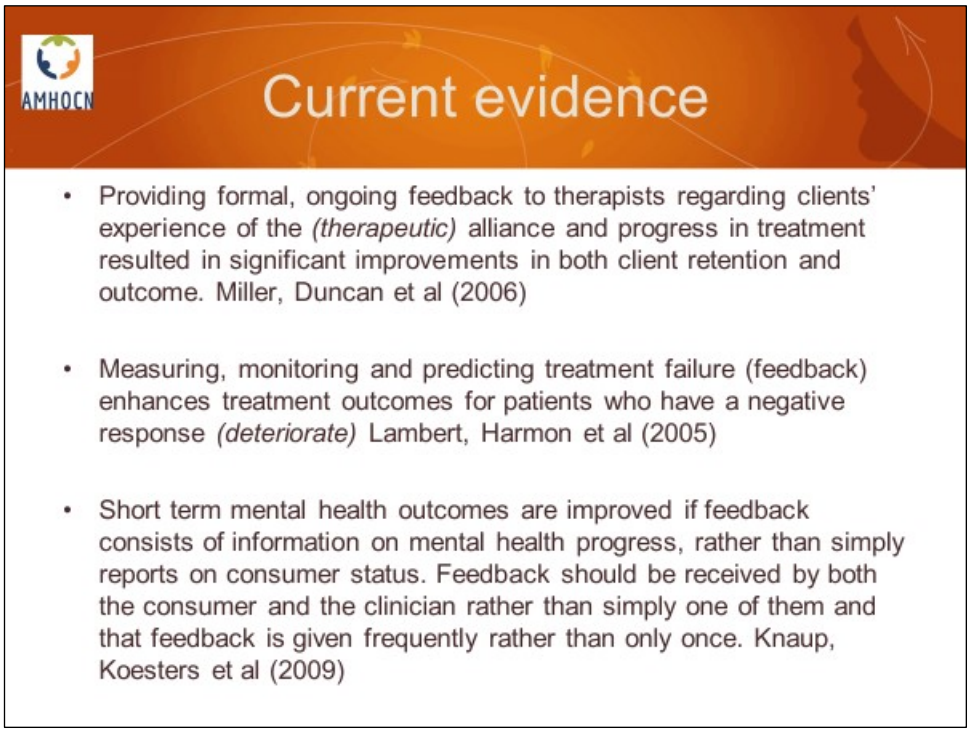
> *"institute regular reviews of outcomes of services provided to persons with serious mental health problems and mental disorders as a central component of mental health service delivery".*

The essence of the Second National Mental Health Plan (1998-2003) (Australian Health Ministers, 2003) was the development of comprehensive, local clinical information systems within mental health services that:

- *support and encourage good practice;*
- *regularly inform about consumer outcome;*
- *inform judgements about value for money; and*
- *produce national and State/Territory data as a by-product.*

The 4th National Mental Health Plan (2008 – 2014) (Australian Health Ministers, 2009) identified that the mental health outcomes for people who receive treatment from state and territory services and the private hospital system provide an indicator of quality improvement and innovation. Data relating to this indicator is reported routinely through NOCC for the public sector and a similar process is in place for private hospitals.

The 5th National Mental Health and Suicide Prevention Plan (Australian Government Department of Health, 2017) continued to highlight the importance of measuring and reporting on mental health outcomes for those accessing services (Australian Government Department of Health 2017).



The important point for facilitators here is that there is a growing body of evidence that routine outcome measurement and, more importantly, feedback does have a positive impact on the outcomes of care for consumers. Research in the area is developing and the results are encouraging.

Miller, Duncan et al (Miller, Duncan, Brown, Sorrell, & Chalk, 2006) found in a study of over 3000 consumers that "by providing formal, ongoing feedback to therapists regarding clients' experience of the alliance and progress in treatment resulted in significant improvements in both client retention and outcome". These authors caution interpretation of these results because service provision was telephone based. However, they note that their results were similar to those found by Lambert and colleagues where services were delivered face to face.

Lambert, Harmon et al (Lambert, Harmon, Slade, Whipple, & Hawkins, 2005) have demonstrated improved outcomes for consumers by providing feedback to consumers and clinicians. Of particular utility was information on those consumers who were not progressing as expected. The results of four randomised controlled trials are encouraging and the authors call for the widespread application of feedback systems in

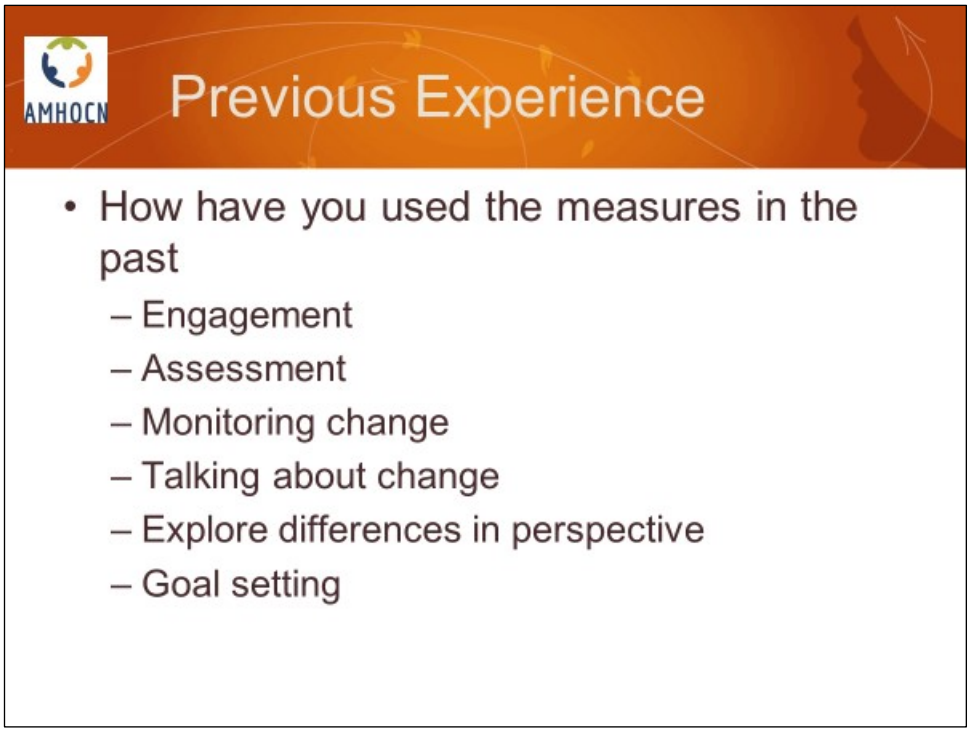
routine care. They go on to point out that these systems should be used to supplement rather than substitute for clinical decision making.

Knaup, Koesters et al (Knaup, Koesters, Schoefer, Becker, & Puschner, 2009) in a meta-analysis of the available published literature found that short term mental health outcomes are improved if feedback consists of information on mental health progress, rather than simply reports on consumer status. Feedback should be received by both the consumer and the clinician rather than simply one of them and that feedback should be given frequently rather than only once.

There is clear evidence that feedback on routine outcome measurement has some benefit but the strength of that benefit depends on having systems in place that enable the provision of feedback to both clinicians and consumers. The latter requires clinicians who are willing to be part of the process.

Facilitators should note that, while the literature uses the term feedback to describe the use of standard measures in clinical practice, this manual uses the phrase “talking about change”. This assists in keeping the focus of the workshop on the conversation between the consumer and clinician.

Introduction



Here the facilitator should play the Introduction video. This provides a general introduction to the material in this workshop. It has consumers and clinicians discussing issues around two broad themes. The first is the need for consumers to receive an explanation, introduction or orientation to the measures as part of clinical practice. The second is the application of the measures in practice, including the need for clinicians to take time to explore how the measures can be used.

Following the video, the facilitator should explore the experience of group members in offering, discussing and using the measures as part of routine clinical practice. The focus is on how to go about using the measures to support the engagement and assessment process, monitor change or share perspectives. The facilitator should note the similarity between the skills necessary for clinical practice and those in the therapeutic use of standard measures. The facilitator should note that the therapeutic use of standard measures, in many ways, is simply an extension of the type of work clinicians are already undertaking.

Most clinicians share the goal of achieving good outcomes for consumers. Yet clinicians have sometimes shown resistance to the utilization of routine monitoring of outcomes in clinical settings. They may have poor attitudes towards routine outcome measurement; have concerns about the psychometric properties of the measures; have concerns about the time burden of routine measurement; or have concerns about the ultimate use of the routinely collected data (Trauer, Gill, Pedwell, & Slattery, 2006).

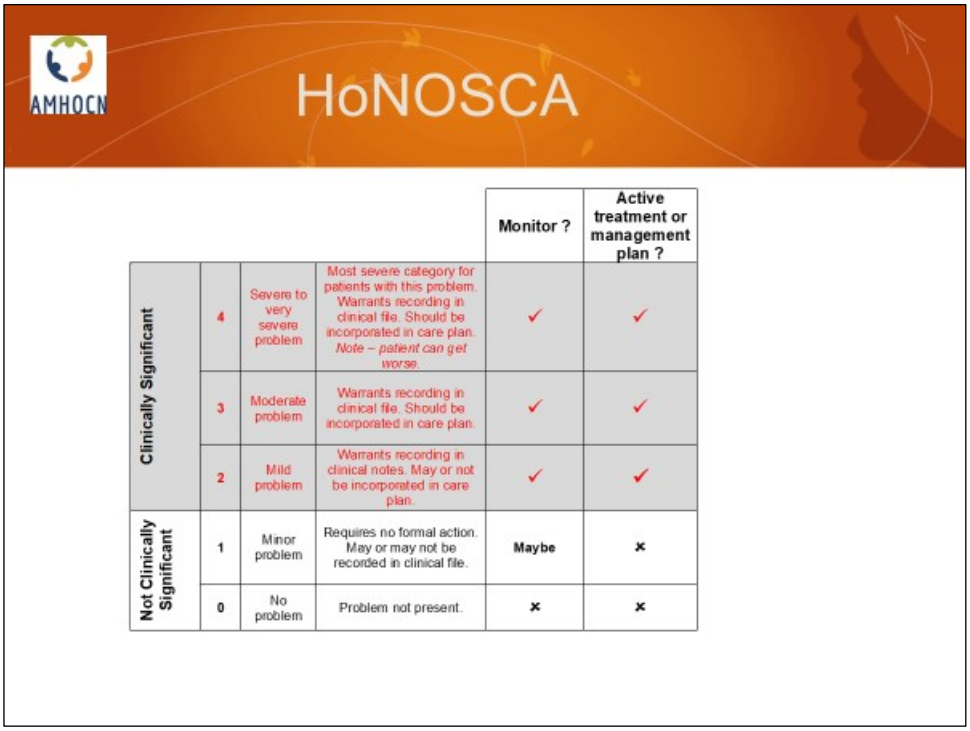
However, others (Valenstein, et al., 2009) argue that routine implementation of outcome measurement is necessary given the adoption of clinical practice guidelines. These guidelines compel the use of standard scales or measures to consistently determine the degree of treatment response.

Therefore, any results of these trials are unable to be transferred to routine practice. The use of routinely collected data for the purposes of evaluation of care means that any positive benefits can be disseminated much more rapidly through the system and enable answers to questions more quickly and with greater statistical power than randomised control trials.

At the individual level, feedback can improve performance. Clinicians gain feedback on their practice through their clinical experience or, more formally, clinical supervision. In contrast to the mixed results for clinical experience and supervision, providing client health status feedback to clinicians through the use of standard measures could significantly improve outcomes (Saptya, Riemer, & Bickman, 2005).

In Australia, the standard measures have also been used to inform care planning and decision making processes in inpatient units (McKay & McDonald, 2009); measures have also been used to inform transfer and discharge decisions in the community (Prowse & Coombs, 2009). The use of the measures in this way has been possible, in part, because the clinician rated measures represent a summary of the clinician's assessment.

HoNOSCA



				Monitor ?	Active treatment or management plan ?
Clinically Significant	4	Severe to very severe problem	Most severe category for patients with this problem. Warrants recording in clinical file. Should be incorporated in care plan. *Note – patient can get worse.*	✓	✓
	3	Moderate problem	Warrants recording in clinical file. Should be incorporated in care plan.	✓	✓
	2	Mild problem	Warrants recording in clinical notes. May or not be incorporated in care plan.	✓	✓
Not Clinically Significant	1	Minor problem	Requires no formal action. May or may not be recorded in clinical file.	**Maybe**	×
	0	No problem	Problem not present.	×	×

Reinforce that completion of the HoNOS is a summary of the clinician's assessment and relates to documentation, monitoring and care planning behaviour on the part of the clinician.

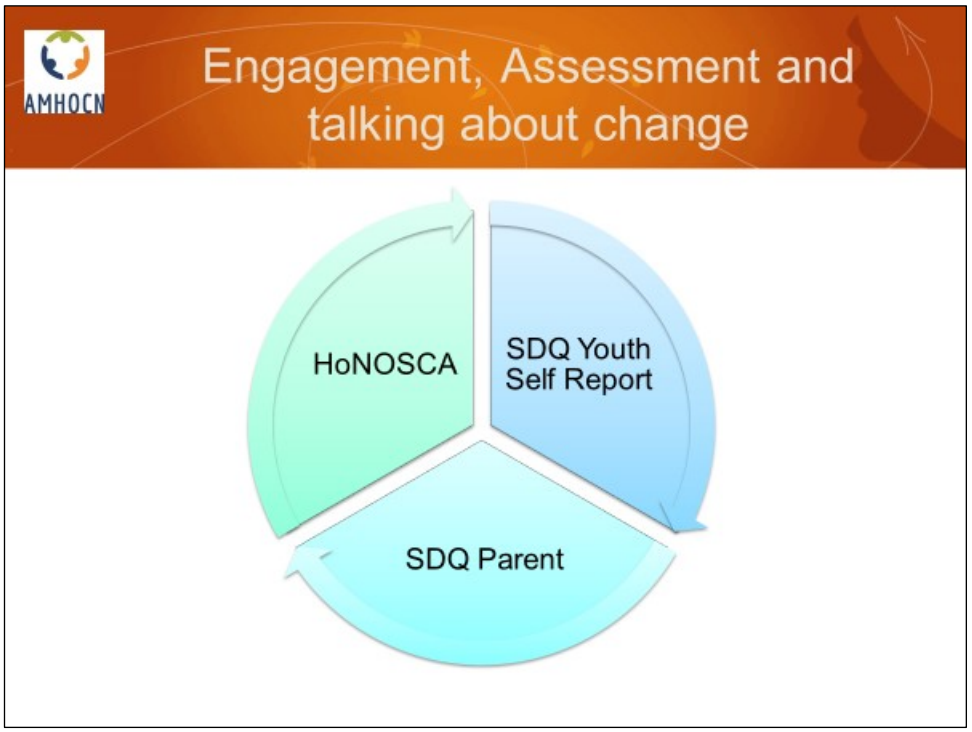
Burgess, Trauer et al (Burgess, Trauer, Coombs, McKay, & Pirkis, 2009) have shown that a rating of 2 or higher on the Health of the Nation Outcome Scales Child and Adolescent (HoNOSCA) is seen as clinically significant. A clinically significant item is a problem that is documented in the medical record, is monitored by the clinician and will generally require some type of active treatment or inclusion in a management plan.

Strengths and Difficulties Questionnaire (SDQ)

The Strengths and Difficulties Questionnaire (SDQ) measure provides opportunities for both the consumer, carer and clinician. For the consumer there is a chance to stop and reflect on how they have been thinking, feeling or behaving. The measure also provides them with a tool that they can use to monitor any changes that have taken place. Are these changes the result of contact with mental health services? Are they the result of something else? For the carer, there is a similar opportunity to think about the consumer has been feeling and behaving. Carers also have a tool that allows them to monitor consumer progress over time. For the clinician, the SDQ can be a tool to support the process of engagement and assessment. How does the consumer approach the completion of the SDQ? Do they struggle because of poor attention? Do their responses provide additional information to the clinical interview? Have the consumers ratings changed? What brought about these changes? The SDQ has the advantage of enabling the direct comparison of the consumer and carer perspective. Are they the same? Are they different?

Facilitators should note that the SDQ has the advantage of access to population reference material.

Talking about change and the ABCs



Facilitators should ask the group how they may go about using the different attributes of the NOCC measures to inform the engagement, assessment and therapy process.

This slide identifies that none of the NOCC measures stands alone but is part of a suite. Ultimately, all the measures should be brought together to inform the assessment and therapy process. Each of the measures that make up the NOCC suite provides information about different aspects of the consumer's presentation. Using all the measures of the suite offers an opportunity to:

- actively involve the consumer in the assessment process;
- provide information about problem severity and level of functioning; and
- provide an opportunity to explore differences in consumer and clinician perspectives.

The facilitator describes the ABCs model of introducing the measures into routine clinical practice.

Agenda: Put the outcome measures on the agenda. Introduce them to the consumer and provide an explanation of their role in care.

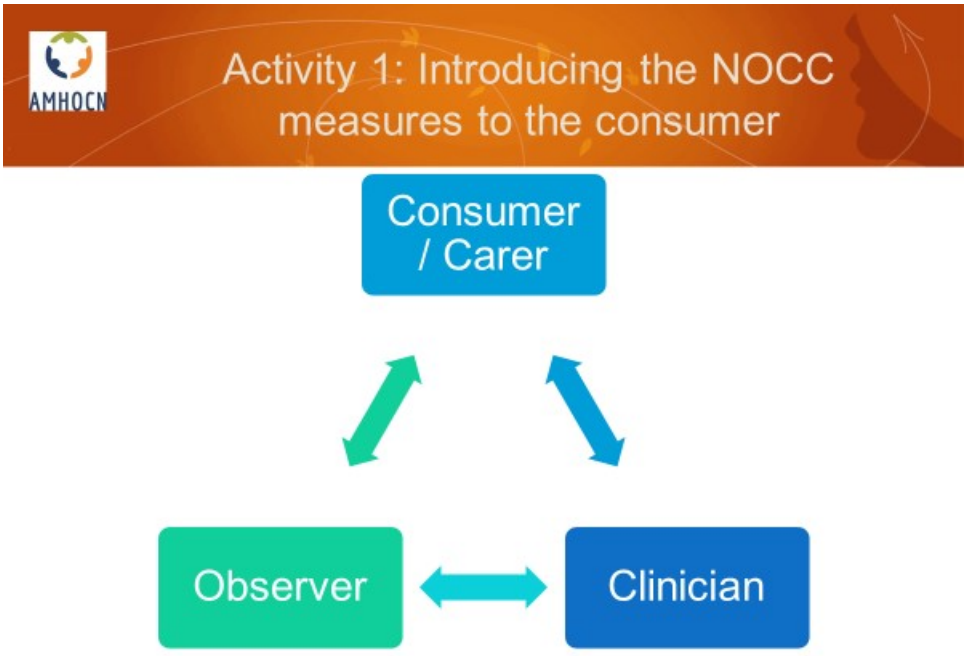
Build: Build consumer confidence in the use of the measures and encourage the consumer to have personal ownership and responsibility.

Change: Discuss change and how we know it is occurring. Keep discussion recovery orientated and outcome focused.

Share: Share the measures and share differences in perspective which will enrich the consumer and clinician conversation.

Note that different versions of the video have a different focus. Facilitators should choose the video that focuses on the areas of practice development they wish to cover in a session. See the video resource section of this manual for an overview of the video vignettes.

Activity 1 - Introducing the NOCC measures to the consumer



Facilitators should select the video vignette they plan on using in this workshop considering the age group that clinicians predominately work with and the issues they plan to cover (see video resources section of this manual). Play part 1 of this vignette "Introduction". This can be found at: Sharing Perspectives Videos.

The aim of this exercise is to provide participants with an opportunity to better understand the use of the NOCC measures in clinical practice. This part of the exercise is to explore the introduction of the measures into routine practice.

For ease of running the skills rehearsal exercise, the focus is on the Parent/Carer version of the SDQ but the principles for use are similar to the consumer SDQ.

- This exercise involves skill rehearsal.
- Participants form groups of three.

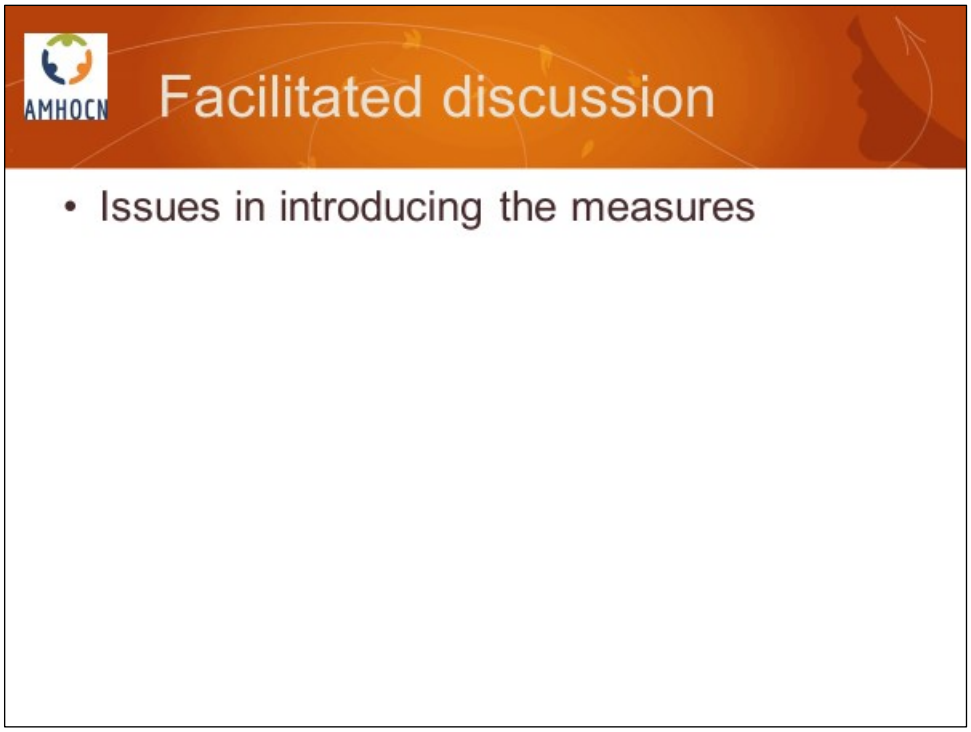
Distribute Activity 1: *Introducing NOCC measures to the carer / consumer* and a copy of the appropriate SDQ and the carer character information.

Part One

- Participant one plays the carer.
- Participant two plays the clinician and has a copy of the SDQ to offer.
- Participant three is the observer and holds a copy of the Activity 1: *Introducing NOCC measures to the carer* to guide observation of carer / clinician interaction.

1. The clinician offers the SDQ to the carer and introduces the clinician rated measures.
2. The carer completes the measure based on the character information.
3. During the offering and completion of the measure, the observer looks for fidelity with the Activity 1 check list.
4. Once the SDQ has been offered and completed, the observer gives feedback in relation to the fidelity checklist.

Facilitators should point out to participants that the skill rehearsal is occurring during the engagement process. They are using the SDQ to support the engagement process. They are using discussion of the clinician rated measures as a way of orientating the carer to the assessment and therapy process.

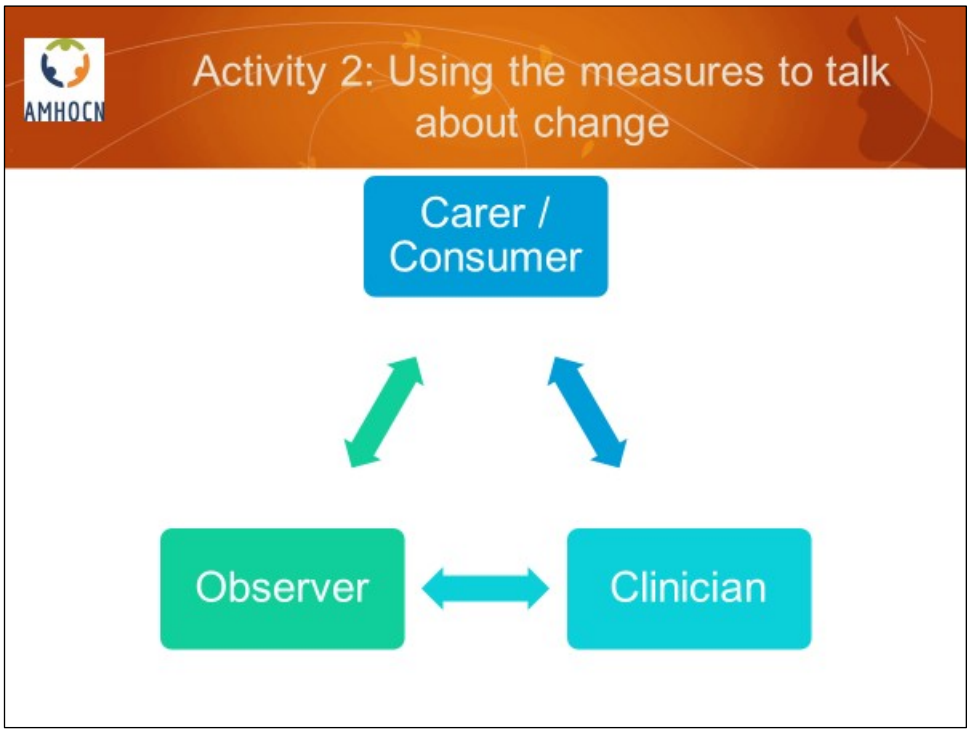


Facilitate a discussion of the issues in introducing the measures to clinical practice. Some issues that may prompt discussion include:

- The use of language is important - what do you call the measures? Questionnaires? Measures? Scales? Forms? Choosing the right language is important.
- It is important to provide an explanation about the usefulness of the consumer rated measure i.e., it can provide more information about how the consumer is feeling; the information will be used to support discussions between the clinician and the consumer; to talk about change and to inform the planning of care. When the clinician demonstrates that they value the measure, the more likely it is that the consumer will also understand its value.
- Timing, the level of detail of explanation and the clarification of items without biasing responses are just some of the skills necessary to introduce the measures to the consumer in routine clinical practice.

The vignettes are examples and not meant to be a complete assessment. They provide an introduction to the issues. All of the NOCC measures may not be discussed but the general principles of the ABCs can be applied across all measures.

Activity 2 - Using the measures to talk about change



Part Two

Facilitators should play Part 2 “Change” of the vignette they have chosen for this workshop. This can be found at: Sharing Perspectives Videos. Part Two of the skill rehearsal involves talking about change with the consumer.

Participants swap roles:

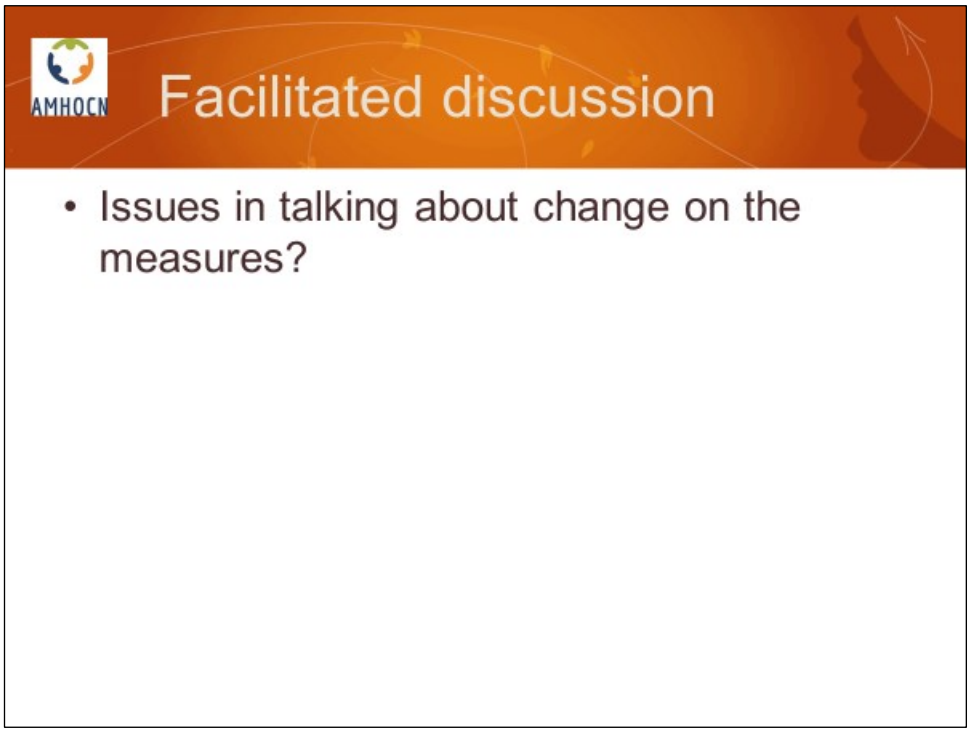
- The carer now becomes the clinician.
- The clinician now becomes the observer.
- The observer now becomes the carer.

1. The clinician talks to the carer about change on the measures, what they indicate and possible implications.
2. During this conversation, the observer looks for fidelity with Activity 2 check list.
3. Once the clinician and carer conversation is completed, the observer gives feedback in relation to the fidelity checklist.

Distribute *Activity 2: Using the measures to talk about change* and a copy of the appropriate reports on the completed measures found in the example reports section of this manual. Facilitators are encouraged to generate reports from their local clinical information system. Distribute the consumer character information for Activity 2.

Facilitators should point out that this is now about discussion of change with a different carer, on another occasion. It is the explanation and discussion of the graphs and the conversation about change that is the focus on this occasion.

Give participants a few minutes to familiarise themselves with the material. Facilitators may note that some participants may never have seen reports before or thought of using them in this way.



The trainer facilitates a general discussion of the activity and its implications in routine clinical practice. Some issues that may prompt discussion include:

- The use of language is again important - Change? Feedback? Monitor? The language used may impact on the level of consumer engagement with the process.
- When to give feedback and how detailed that feedback should be are issues that need to be considered.
- Do we use numbers? Graphs? Focus on total scores or individual items?

- How do we deal with deterioration in scores? How do we deal with deterioration now?
- How can we use feedback to reinforce positive change?

ABCs: Introducing the measures into clinical practice

Building outcome measures into practice is as easy as the ABCs. This simple mnemonic has been created to remind you of certain activities which will support the effective introduction of the outcome measures into practice.

Agenda:

First the measures have to be put on the agenda. The use of the measures needs to be explained and clinicians need to forecast that the measures will be discussed again.
Reviewing progress is an ongoing part of the way services are delivered.

Building Confidence and Ownership:

Explanation of the measures also includes an explanation of who has access to the information. Consumers need to have any concerns regarding privacy and confidentiality allayed. The consumer needs to be encouraged to take ownership of the information that they provide from the consumer self assessment measure. They need to be supported to reflect on how they see themselves and are seen by others through discussion of the clinician rated measures. Ownership of the process of change needs to be a central component of practice.

Change:

The outcome measures need to be used in a way that allows the consumer to think about change; how they contribute to any change in the way that they are thinking, feeling and behaving. The measures need to be used in a way that promotes recovery. During the process of recovery, people learn to accept their illness and move beyond it. The measures need to be used in a way that helps the consumer identify their strengths as well as their limitations. The measures and the process of measurement need to be used to reinforce that consumers are active participants in the recovery process.

Share:

Finally, the measures need to be used in a way that promotes the sharing of information. Sharing need not simply be the consumer telling their story but also involves the clinician providing an explanation of their perspective, as well as explaining the key aspects of how measures can be used.

During the video examples of practice are included. The following table is a glossary that elaborates on these banners. The trainer should take time to explore the implications of the measures in clinical practice.

Table 1: ABCs

Agenda	
Agenda setting	The clinician sets an agenda for the session that includes the standard measures. They make clear that the completion and discussion of the measures is part of routine practice.
Introducing measures:	The clinician makes some effort to explain the measures to the consumer. They orientate the consumer to the need for the completion of the measures and how the measures fit into the assessment and the therapy process.
Forecasting discussion	The clinician flags that the measures will be discussed in the future as part of their contact with the clinician.
Rolling with resistances	Consumer may resist completing the measure; consumers indicate that this may be a lack of understanding of the agenda. Clinicians should not simply take this as a blanket refusal to complete the measure, but roll with this resistance, provide additional information, problem-solve or suggest alternative ways of completing the measure.
Building Confidence and Ownership	
Problem solving	The clinician explores reasons why the measures may not be completed; identifies reasons for non-completion and suggests alternative strategies to support completion.
Explaining consumer measures	The clinician takes time to explain the consumer self assessment measure – how the measure is completed and clarification of individual items.
Explaining clinician measures	The clinician takes time to explain the clinician rated measure - how the measure is completed and clarification of individual items.
Encouraging ownership	The clinician encourages the consumer to reflect on the measures – how they completed the measure, what that may mean and how the measures may change the way the consumer thinks.
Developing understanding	The clinician shares information in a way that supports the development of an understanding of the measures by the consumer.
Providing explanation	The clinician explains the measures to the consumers. The clinician provides an explanation of the concepts being captured and why these may or may not be important for the consumer.
Exploring consumer measure	The clinician makes time in the session or contact to explore the implications of the consumer rated measure.
Reflecting on assessment	The clinician uses the clinician and consumer rated measures as a tool to reflect on their own assessment and reconsider the alternative interpretations and conceptualisations.

Offering completion options	The clinician provides alternative ways of completing the consumer self assessment measure.
Addressing concerns	The clinician takes time to address the concerns of the consumer in relation to completion of the measures. These concerns can be in a variety of areas including, use of the information, privacy and implications.

Change

Future planning	The clinician plans for the use of the measures in the future. The clinician flags to the consumer that the measures will be used in the future. The clinician is change orientated and the measures are used to support this orientation.
Linking measures to goals	The measures, their completion and review are related to the goals of the consumer. This is not just the review of the measures but how different aspects of the measures are used to support discussion of issues that may be the focus of goal setting as much as goal review.
Discussing current measures	The clinician takes time in the session or contact to discuss the current measures. What is the consumer's current presentation? What do the clinician rated measures say and what do the consumer measures say? Is this what the consumer or clinician expected?
Discussing previous measures	The clinician takes time in the session or contact to discuss the previously completed measures. Has the presentation of the consumer changed? Has the presentation of the consumer remained the same?

Sharing

Sharing clinician perspectives	The clinician actively shares their perspective with the consumer, making the routine nature of outcome measurement clear to the consumer. They explain why they rated in a particular manner, what the implications of this rating are or are not.
Contextualising measures	The clinician rated measures are a summary of the clinician's assessment, while the consumer self assessment is a summary of the way that the consumer has been thinking, feeling or behaving. This information is part of the context of the consumer's overall context. They also provide information on change when completed on a number of occasions. This information and its implications need to be understood by the clinician and consumer, how the consumer's situation has changed, how this may relate to the processes of care and plans for future treatment. Contextualising the measures is an important and complex task that encapsulates all of the activities discussed as workshop issues.
Sharing perspectives	The clinician shares the way they have completed the measure with the consumer. They provide a rationale for the way in which they have completed the measure. They seek clarification of why the consumer completed the measure in the way they did.

Workshop resources

Activity 1 - Introducing NOCC measures to the carer / consumer

Observer instructions: Tick each item as you observe the clinician display that behaviour. Make notes on those clinician activities that supported completion of the self assessment or hindered completion or biased responses. Makes notes on the way the clinician rated measures are introduced.

- ☐ Clinician presents the SDQ as positive experience and a genuine attempt to engage the carer / consumer in treatment planning.
- ☐ Clinician assesses for potential difficulties the consumer may have in completing the SDQ and makes efforts to compensate for these difficulties.
    - o Degree of distress
    - o Literacy issues
    - o Language barriers
    - o Physical disability
- ☐ Clinician presents rationale for completion of the SDQ including:
    - o Genuine effort to understand consumer perspective
    - o Genuine effort to involve consumer in assessment and care planning
    - o Tool for clinician to monitor progress
    - o Tool for consumer to monitor progress
    - o Information can be used for service development and quality improvement processes.
- ☐ Clinician reinforces carer / consumer ownership and personal responsibility for completion of the SDQ, promoting personal responsibility for illness self-management.
- ☐ Clinician supports and encourages the completion of the SDQ in an appropriate manner.
- ☐ Clinician provides appropriate assistance and prompting during completion of the SDQ.
- ☐ Clinician provides positive reinforcement for completion of the SDQ.
- ☐ Clinician offers appropriate assistance if carer / consumer becomes distressed or cannot complete the SDQ.
- ☐ Clinician describes the clinician rated measures, how they are rated, summary of clinician's assessment.
- ☐ Clinician describes the role the clinician rated measures can play in clinical practice and monitoring change over time.
- ☐ Clinician explains that the SDQ is part of the medical record and subject to the same protections of privacy and confidentiality.

Comments/Feedback:

Activity 2 - Using the measures to talk about change

Observer instructions: Tick each item as you observe the clinician display that behaviour. Make notes on those clinician activities that supported the review process of the measures and those that may have hindered review or obstructed collaboration

☐ Clinician engages carer / consumer in discussion of NOCC reports.

- o Clinician explains graphical report to carer / consumer and provides clarification of graphical report as required.

☐ Clinician discusses completed SDQ.

- o Clinician provides summary of SDQ.
- o Clinician places results into context:
  - In relation to consumer's previous presentation.
  - In relation to reference material.

☐ Clinician discusses HoNOSCA.

- o Clinically significant individual items
- o Items that demonstrate consumer strengths
- o Clinician places results into context:
  - In relation to consumer's previous presentation.
  - In relation to reference material.

☐ Clinician explores differences in perspective between the carer / consumer rated measures (i.e., SDQs) and clinician rated measures.

☐ Clinician discusses any change in the presentation of the consumer and its relationship to interventions or personal activities promoting recovery.

- o Clinician discusses NOCC information in the context of goal setting.
- o Clinician links summary of NOCC measures to collaborative goal setting.

☐ Clinician discusses future review of NOCC measures.

☐ Clinician offers the carer / consumer a copy of the results of the NOCC measures including graphical reports to reflect on.

Comments/Feedback:

Consumer character information

The carer is willing to complete the SDQ however they are initially unsure about the reasons for completing it. The carer requires clarification of the meaning of some of the items and is reluctant to complete one item. The carer describes a consumer who is anxious and fidgety. They have poor relationships with siblings and have difficulty concentrating. The carer describes a consumer that has had no thoughts of self harm and does not use drugs or alcohol.

Consumer character prompts - Part 1

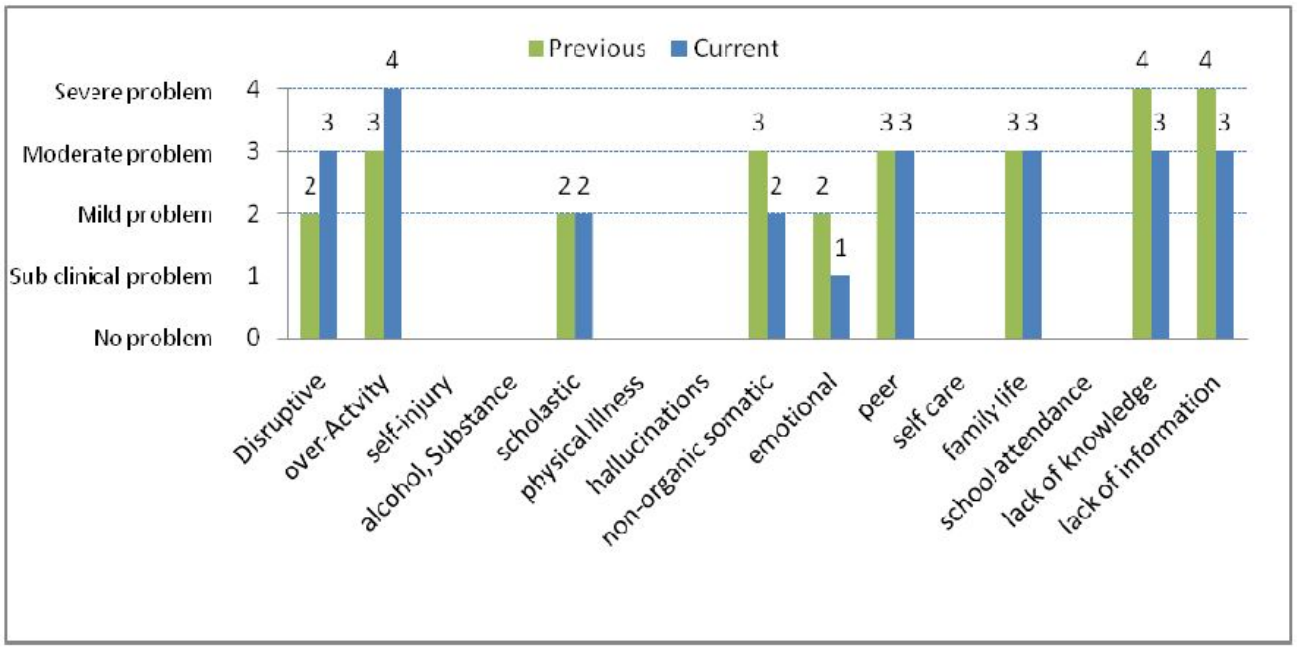
- Seek clarification on what will happen to the clinician rated measures. How will they be used?
- Seek clarification on what will happen to the SDQ.
- Ask what the clinician will do with the measures.

Consumer character prompts - Part 2

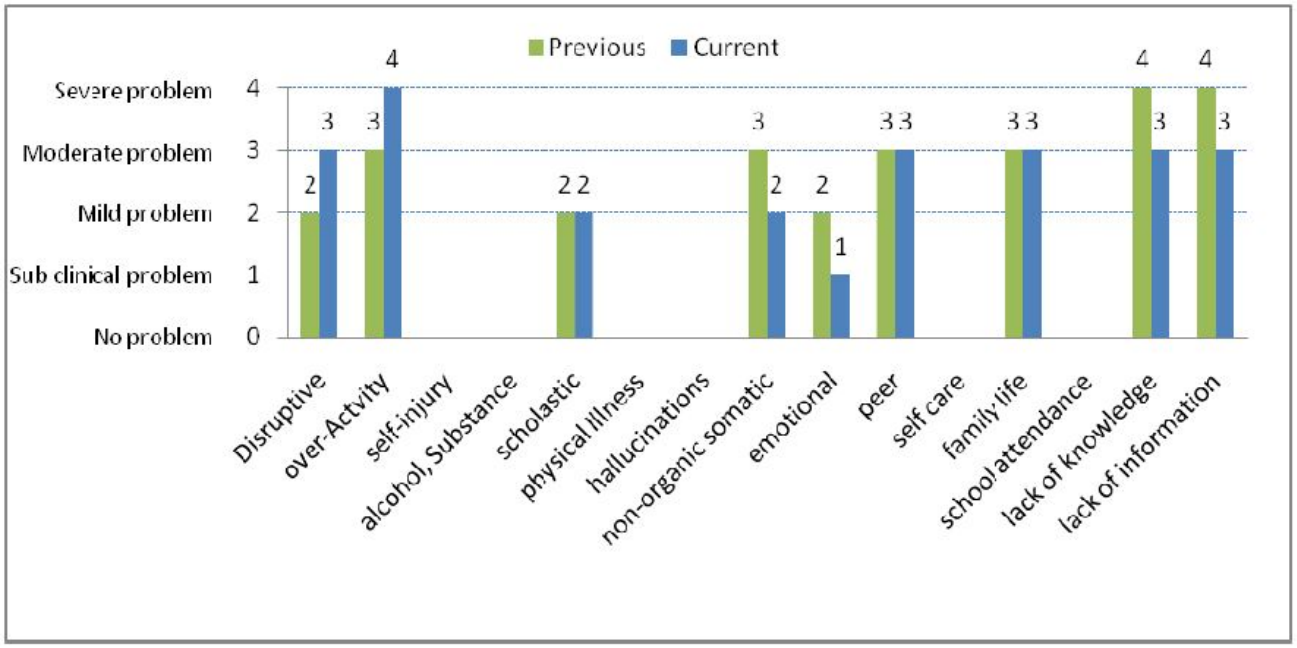
- Ask why the clinician gave a particular rating. What are the implications?
- Ask the clinician what the results of the SDQ are telling them about your child or adolescent's presentation.

Example reports

HoNOSCA



SDQ



Video resource

The video resources mentioned in this resource are available from the AMHOCN Vimeo website at: https://vimeo.com/manage/showcases/10336014/info

Age Group	Title	Workshop Points	Duration
ALL	Introduction (Video)	• Explanation of measures is necessary • Application of the measures is necessary in practice to understand their utility	5.09
Child & Adolescent	Amanda and Michaela - Offering	• Explaining Consumer Measures • Explaining Clinician Measures • Linking to Treatment Planning	4.55
	Amanda and Michaela - Feedback	• Agenda Setting • Discussing Previous Measures • Discussing Current Measures • Sharing Clinician's Perspective • Linking Measures to Goals	5.02
Child & Adolescent	Luba and Naomi - Offering	• Introducing Measures • Problem Solving • Forecasting discussion • Encouraging Ownership • Developing Understanding	5.51
	Luba and Naomi -Feedback	• Agenda Setting • Providing Explanation • Sharing Perspectives • Reflecting on Assessment • Future Planning	5.47
Adult	Michael and Alexis - Offering	• Introducing Measures • Addressing Concerns • Offering Completion Options • Explaining Consumer Measure	4.50
Adult	Michael and Alexis - Feedback	• Discussing Previous Measures • Sharing Clinician's Perspective • Exploring Consumer Measure • Future Planning • Contextualising Measures	6.30
Adult	Andrew and Dolores - Offering	• Agenda Setting • Explaining Clinician Measures • Explaining Consumer Measure • Linking Measures to Goals • Offering Completion Options • Rolling with Resistance	4.49
	Andrew and Dolores – Feedback	• Reflecting on Assessment • Linking Measures to Goals • Contextualising Measures • Future Planning	6.02

Older Persons	Chris and Toni – Offering	• Introducing Measures • Providing Explanation • Encouraging Ownership • Offering Completion Options	4.23
	Chris and Toni – Feedback	• Agenda Setting • Sharing Perspectives • Providing Explanation • Contextualising Measures • Linking Measures to Goals	5.52

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