

Comments Regarding the Children's Performance Outcome System

#1

The reports are nearly unusable due to the difficulty in interpreting data. Despite trainings, these measures serve no purpose of value to the therapeutic process. When the client is in crisis spending time completing forms is counter-therapeutic.

#2

I work with a lot of Hmong clients. The clients we work with are from a lower educational background. Many are illiterate in both their language and English, which leaves the clinician to read, interpret, and complete (fill out) their responses. Some concepts measured do not translate to the native language; some concepts that are seen as two different concepts are the same in the native language and [the] client gets leery about why the instrument is being administered, as though they are not trusted.

I am aware of how difficult it would be to find an instrument that would be suitable for the Hmong population, given that none [have] been developed. Therefore, I will not comment on which is a better instrument.

However, I advocate for bilingual assistance in administration of the instruments, such as having trained interpreters, etc. available to read the tests to clients. It is extremely wasteful to have me spend valuable clinical time to administer the measurements, especially when more important clinical issues such as severe depression needs to be addressed. Additionally, administering the instrument immediately after the assessment is extremely disruptive to the therapeutic process, especially if the therapist is the person who is relied upon to read, interpret, and fill out the instrument. More importantly, this process usually takes more than one session to complete, which further delays the treatment.

In administering the outcomes measure to the parents of mono-lingual Hmong children, I find that it takes about three sessions (three whole weeks!), beginning with the initial assessment meeting, before the child is actually seen for therapy!! This is definitely not in the best interest of the child, to delay treatment for so long!

#3

Considering the time and effort needed, the instruments provided little useful information. Also, most children are not able to appropriately fill out the YSR the 2nd time, especially if it is a short time from the first. They don't take it as seriously as the first.

As a clinician, this seems to be an added layer of paperwork that was not useful for treatment and an added stressor considering the workload in a public agency.

#4

The Child Outcome study assessments are very time-consuming and have provided little or no new information to help assess progress or assist with treatment planning. The YSR and CBCL print-outs are not straight-forward, demanding and time-consuming referral to the training manuals. The CAFAS confirms information obtained in a standard assessment. Instruments that print out clinical subtleties or complexity or provide new information might be useful.

Currently, the Child Outcome study is for me just bureaucratic hoop-jumping for DMH.

#5

First of all – my emotional reaction:

This is the stupidest system that was ever devised for the purpose for which it was created – to evaluate the effectiveness of certain programs. The cost, the demands of clinician time (who are already steeped in paperwork), and the limited utility of the system. Has anyone at DMH ever heard of KISS? There are single ways to answer the questions these instruments purport to answer. And, if you really want to answer the question how effective a program is, it is not necessary to keep accumulating data over time. Certain questions have already been answered – that programs are effective. If you want to keep evaluating effectiveness, it is only necessary to do so on a periodic basis. Continuing to add to the pool of data already collected tells you nothing about changes over time (when you take into account program effectiveness as a whole). If you want to evaluate individual changes there are ways to simplify this system. The most important changes (in my view) are the client-centered changes but none of the instruments really ask what the client hopes to accomplish in the treatment. Simple instruments can be devised that measure subjective changes over time.

I could write a paper on this but suffice it to say that any changes in the system should put simplicity as the number one priority. If it's not simple, it is meaningless and only becomes a burden to the client, clinician and the program as a whole.

Suggestion: Eliminate the current system. Come up with a one page system that answers the important questions.

Thanks for the opportunity to provide feedback.

#6

It is my understanding that the current battery of instruments have not been culturally normed. How can we expect to have meaningful results or how can we explain results to communities we are serving?

#7

The problem with this system isn't the instruments. It is the excessive amount of time it takes to complete them and the fact that the state does not return the results to be used while treating the client.

#8

No testing is worthwhile if we never get results. We have never been given any results from the county.

#9

My concerns regarding outcome measures mostly revolve around the length of time it takes to have the child/client complete the YSR – typically ½ of 3-4 sessions, as it's too hard for them to focus on paperwork for long periods of time. In addition, it also interferes with building the therapeutic relationship as some of the questions are intrusive and the child client may not feel comfortable with the disclosures so early in their treatment – so information may not be accurate. Also, often the language is not “kid friendly” and explanations are often necessary. Parents occasionally have difficulty completing their portion, especially those who are low functioning.

It would be helpful if both the CBCL & the YSR could be shortened to 1-2 pages, and have more developmentally appropriate verbiage. Thank you.

#10

This paper work process is time consuming and redundant. It detracts from the time that the therapist may spend with the client, family or collateral contacts. Quality of services should be the main concern of the therapist and agency not whether a form has been filled out. This form is not being used for any purpose, to my knowledge, other than to meet some bureaucrats need to confuse the issues of therapy and justify their jobs. I am currently supervising five (5) pre-licensed therapists and one (1) second year graduate student and weekly deal with their frustration of not being able to offer adequate services because the “paper work God” must be sated. Therapists are spending approximately 50% of their time filling out forms to justify their time that they spend with clients. Somehow it feels as though we are losing the human factor to meet these ridiculous requirements. The people that I supervise are compelled to work on their own time so that they can meet the client's needs. While this may be honorable it is unfair in a job that is already underpaid, overworked and under appreciated. Our people are looking for other employment that is more client focused and less involved with dotting “i's” and crossing “t's”. Please put the human back into human services.

I have been in this profession for over 31 years and have committed my life's work to assisting people that are in need. The low pay I can and have lived with for the joy of watching people alter dysfunctional and sad lives. I can't bear to waste valuable therapy time with senseless and meaningless paper work just to keep me busy.

PLEASE DEVELOP A SYSTEM THAT IS CLIENT AND THERAPIST FRIENDLY, THAT ALLOWS US TO GET ON WITH THE BUSINESS OF TREATING PEOPLE IN NEED.

#11

Thank-you for the opportunity to provide feedback regarding the state of current surveying techniques. I do not suspect that anything I say in this note will be news, but am compelled to add my opinions to those that have perhaps been given before. From a general perspective, this kind of surveying is at best a weak attempt to monitor services remotely; that is without reviewing charts or interviewing consumers and clinicians. As a result, in order to cover as many contingencies as possible from afar, we now have an instrument with approximately 452 items. One-to-one clinical treatment relies on skilled clinicians asking questions both relevant to the consumer's history and the reasons for asking for help, as well as “reading” their responses to either probe further or move on. Surveys such as that currently used, fail to any way respond to individuals. Rather, surveys only reduce the relationship process to a digital exchange (Off; Mostly off; Somewhat off; Somewhat on; Mostly on; On) with a kind of tedium only manageable by computers, and deadly to any hope of a therapeutic relationship.

For these reasons, surveys only provide an impression of accountability, but fail miserably at providing any valid information that could be used clinically or that should be allowed to justify, modify, or eliminate the effectiveness of those services being evaluated. THANKS.

#12

A skilled clinician is constantly evaluating and reevaluating the status and progress of their client and gathering this information from multiple sources. These instruments not only add nothing new to the information gathered by such a clinician, they interfere with this process. Completing and following up on these outcomes requires considerable time and focus from clinical staff who are already stretched to the point where they cannot meet their responsibilities as clinicians and as employees. In addition, the input offered by acting out children, impaired and low functioning parents, as well as foster parents who change frequently and who frequently know little about the child, results in information that is not only not helpful, but is invalid.

In summary, the information gathered by these instruments at best offers no additional information to the clinician and at worst offers invalid information that has the potential to negatively impact therapeutic process and has taken a considerable amount of time to follow through with.

At the very least, to ensure some level of reliability, pre and post outcome information should be gathered by someone not directly involved in the therapeutic process.

#13

I am faxing the survey on children's outcome measures. The survey is a consensus of 8 clinical staff who regularly complete these measures. As you can see we are very dissatisfied with the measures. The paperwork requirements associated with the measures result in fewer children being seen at our clinic. We collect data that has no value to us or to our clients. It is a demoralizing process. The administrative functions that are required to implement this process further diminish our ability to provide services. We are a small clinic and we pride ourselves in serving the people in our community. The demand for service is high. Thank you for your consideration.

#14

I do the data entry for the Children's Performance Outcome Data Sets. I use an Access database that was designed by the state to work in Access Version 2.0. I cannot import this data into Access 97. It gives me errors that I cannot overcome at this time. I have corresponded with Sherrie Sala-Moore regarding this problem and she advised me there will not be a forthcoming upgrade to this database. My concern is how will this effect the data in the near future.

I use Cross Informant to score the data collected on the YSR and CBCL. The version I am using is a DOS-based version and will probably not make it through to the next year.

These concerns do not really effect the instruments, but I wanted to let you know my concerns regarding data integrity.

#15

Information Sheet: I think that the state should have provided us, i.e., clinicians, with an information sheet to give to parents & youth (in a language that they could understand).

Consent: I think that a consent for participation in this study should be developed & used with clients.

Youth Self Report: This uses language which is hard for an 11 yr. old to understand, especially ones with learning problems. Since a lot of clients are referred via the AB 3632 program, this is true for many clients.

#16

CBCL and YSR are good instruments for the most part. They are somewhat culturally biased or do not address ethnic issues. It would be useful if we were able to scan and score immediately. As it exists it is a useless waste of time because we get no feedback either for assessment and treatment planning, or progress towards goals. I occasionally hand score (not computer score!) when I want SOME ANSWERS. This is extremely time consuming and should not be necessary when the means exist to get immediate scoring.

CAFAS is totally useless. It is so biased towards delinquent behavior/s. It barely addresses mental illness or symptoms. It might be appropriate for Boot Camps, juvenile halls, or CYA, but take it out of children's mental health clinics.

#17

This letter is being written as a supplement of the Performance Outcome Survey. Being blunt and to the point, PLEASE do away with the CAFAS, CLEP YSR and the CBCL. These forms are confusing and extremely time consuming! We are required to fill out a six page assessment form on admittance, and a discharge summary upon termination, not to mention case notes/progress notes for each contact. If an evaluation of client progress is needed it should be a simple form, one page, half filled out at admittance, and then the other half at discharge. This would make it easy to compare, side by side, in simple terms as to progress. We are so bogged down with paperwork that these forms filled out are not even reviewed by clinicians. Those that are utilized are done so by others for statistical purposes, which should not concern clinicians. The less paperwork the BETTER! That way clients can be seen in a timely manner, without the hassle of filling out a book to obtain services. All we need to complete, in my opinion, is an assessment form, case/progress notes, and a discharge summary. REMEMBER, THE MORE PAPERWORK THE LESS TIME TO TREAT CLIENTS!!!!!! UNNECESSARY PAPERWORK CREATES RESENTMENT, STRESS AND BURNOUT!!!!!!

