

Using Time-limited Adolescent Psychodynamic Psychotherapy (TAPP) in CAMHS:

Findings from an audit and evaluation in Leicester CAMHS 2017-2018

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Introduction

This article summarises an Audit and Service Evaluation undertaken in Leicester CAMHS for Time-limited Adolescent Psychodynamic Psychotherapy (TAPP) in 2017/18. These were quality clinical process and service reports, respectively.

We know that providing effective treatment for young people with mental health difficulties is an important healthcare priority, particularly with current concerns about the rise in and severity of adolescent mental health problems (Young Minds, 2016; Keenan et al 2013; 2017). It is important then that timely, appropriate therapeutic interventions for these young people are delivered efficiently - especially in current NHS contexts where demand is high and increasing and resources limited. Despite the recognised importance of

therapeutic interventions for young people with mental health difficulties (Patton et al 2014), there are still few evidenced therapeutic interventions for this population. The emergence then of a new, protocol-driven, time-limited therapeutic approach marks an important development in this area, offering the possibility of meeting high-demand - and, crucially, purposefully working collaboratively with the young person, to reduce their distress, disturbance and risk. Young people coming into CAMHS afford us a window of opportunity: we know that left untreated, adolescent mental health difficulties can translate into chronic adult psychosocial disorders.

Time-limited Adolescent Psychodynamic Psychotherapy (TAPP)

TAPP is one of several innovative time-limited approaches offered by child and

adolescent psychotherapists (CAPs) within Leicester CAMHS; we started to use it in 2013 and are continuing to add to its evidence-base. It is supported by a regular clinical seminar where cases are presented and discussed.

TAPP is a dynamic, in-depth psychodynamic psychotherapy in which, collaboratively with the young person, the aim is to identify and work with a developmental focus. TAPP consists of 20 weekly sessions (4 assessment, 16 treatment) followed by a review 6-8 weeks after the treatment concludes. By identifying a developmental focus for therapy, the aim is to increase the young person's capacity to engage with their developmental challenges and opportunities, and thus reduce problematic feelings, thoughts, behaviours and symptoms. This approach makes it relevant for a wide range of presenting symptomatology, including

co-morbidity and complex predicaments combining mental health difficulties and psychosocial vulnerabilities (Briggs and Lyon 2012; Briggs et al 2015). TAPP does not replace the need for longer term work where this is indicated.

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We felt it was important and timely to evaluate the experience of applying TAPP in Leicester CAMHS - in order to assess the quality of service provided, evidence the benefits for service-users and identify areas requiring development. We have found that TAPP is well tolerated by young people who have often had long periods of waiting and/or failed previous treatment interventions in CAMHS (Keenan et al 2013; 2017). It is an intense therapy, involving working with an ending in sight from the first session, but for many the framework can organise and give definition to an otherwise structureless week, and provide a back drop to intersubjective relating, as well as galvanise involvement. We have noted that the engagement rate is high – impressively so, given the complex, disturbed, often co-morbid presentation of these young people who are generally widely reported as being hard to reach.

Aims

The AUDIT aimed to assess the clinical processes in the delivery of the manualised time-limited therapy, TAPP, in relation to best practice – and to identify areas needing improvement. We identified 5 specific objectives, to:

1. Assess whether time-limited psychotherapy, TAPP was being delivered by CAPs in Leicester CAMHS according to best practice as defined by the treatment manual
2. Assess whether there were any areas for improvement in delivering this psychotherapy
3. Assess whether the case/EPR notes recorded changes and benefits for patients from the therapy and any untoward or undesirable outcomes
4. Develop an action plan for future delivery of TAPP and evaluation of this service (including through research), based on these audit findings

5. Disseminate findings relating to good practice within CAMHS, and more widely in the NHS and professional organisations.

The aims of the Service Evaluation were to assess the quality of service provided by CAPs delivering TAPP, by identifying:

1. Clinical processes in the delivery of the manualised time-limited therapy, TAPP, in relation to best practice
2. Clinical outcomes from TAPP through the analysis of routine outcome monitoring data (ROMs)
3. Relevance of different ROMs questionnaires for evaluating time-limited psychotherapy in this service
4. Acceptability for patients and clinicians of these ROMs
5. Patients’ satisfaction with TAPP

Methods

For the Audit we undertook a retrospective analysis of case files with data extracted using an audit tool designed for the purpose. Data was analysed quantitatively and qualitatively.

The TAPP treatment manual was identified as providing the criteria for the audit as this was the first audit of TAPP as delivered in Leicester CAMHS; there were no previous audits for comparison, or national standards relating to this method of psychotherapy.

For the Service Evaluation we conducted an:

1. Analysis of outcomes from routine outcome monitoring forms (ROMs): All ROMs completed for patients who received a TAPP intervention between 2013 and 2017 were included in the analysis. Several measures have been used, and data was assessed for each of these. Data from the forms was entered onto Excel spreadsheets and analysed quantitatively, and where indicated, qualitatively, applying the established methods for each measure.
2. Assessment of patient satisfaction: This was assessed through (a) analysis of End of Service Questionnaires (ESQ) completed by patients who had completed TAPP and (b) undertaking a structured interview with patients who received TAPP within 12 months of the date of the evaluation, i.e. October 1 2017.

Key findings

For the Audit, these can be summarised as:

Demographic details

Gender: female: male ratio was: 22:3.
Age: The age range was 15-18 years;
mean age on first being seen by the

psychotherapy team for assessment was 16.44, and the median age was 17.

Suitability

All patients were identified as having a mental health diagnosis and psychosocial vulnerabilities on referral. Developmental difficulties – eg, conflicting feelings of dependence/ independence, and becoming age appropriately more separate from parents.

Assessment

Patients were offered a minimum of 4 initial assessment sessions, in accordance with guidance in the TAPP manual. A clinical formulation was then shared with the patient.

Treatment sessions

Treatment sessions were well attended. Rates for attending and completing TAPP were high: 80% (20/25) completed treatment, 95% (19/20) attended more than 12/16 treatment sessions, and 65% (13/20) of patients attended all sessions; these are impressively high for this patient group of troubled, distressed and disturbed young people, especially considering the widely-reported difficulties with engaging young people in mental health services.

Table 1: Flow of referrals through assessment and treatment

Assessment	Referred	25
	Completing assessment	25
	Offered Treatment	23
Treatment	Starting treatment	20
	Completed treatment	20
	Attended all sessions	13
	Attended > 12 sessions (and < 16)	6
	Attended < 12 sessions	1
Post treatment Review (PTR)	Offered PTR	19
	Completed PTR	16

Therapists’ approach

In all cases, therapists worked towards outcomes of increasing understanding of distress and capacities to sustain emotional knowledge and feelings. Therapists recorded their formulations throughout and at the end of assessment for all patients, and these included referring to the qualities of the therapeutic relationship (transference and countertransference). The therapy maintained the developmental focus

- > throughout treatment for all patients, and the therapist clearly recorded in the case notes any changes and benefits which resulted from treatment. No untoward reactions or experiences were identified.

Multi-disciplinary working

This was evident from liaising with community psychiatric nurses, psychologists, occupational therapists and child psychiatrists.

Routine Outcome Measures (ROMs)

Administering routine outcome measures (ROMs) as a standard part of the treatment was introduced gradually, and is now standard practice - with the aim of monitoring this new intervention and considering possible future research of its effectiveness.

The ROMs used included:

CORE-OM (Clinical Outcomes in Routine Evaluation)

SDQ (Strengths and Difficulties Questionnaire)

IIP-32 (Inventory of Interpersonal Problems)

RFQ (Reflective Functioning Questionnaire)

ESQ (End of Service Questionnaire)

CORE was used most, followed by SDQ (see Table 2 below).

Most patients completed at least one measure at the beginning of assessment (A1), at the end of assessment/beginning of treatment (A4/T1) and the end of treatment (T16).

Table 2 shows the numbers of questionnaires administered and at which measurement points. ESQs were completed at the end of treatment or post treatment review (PTR).

Table 2: Number of completed ROMs by type and measurement points.

	A1	A4/T1	T8	T16	PTR
CORE	20	11	1	9	2
SDQ	12	7	2	6	2
RFQ	6	3	0	1	0
IIP	1	0	0	0	0
ESQ	N/A	N/A	N/A	1	8

We have found that Adult CORE-OM (18+) is the most suitable version of CORE as most of the young people attending for TAPP have been 16-18 years, and it captures well the complexity and severity of presentation, across all dimensions (see Table 3).

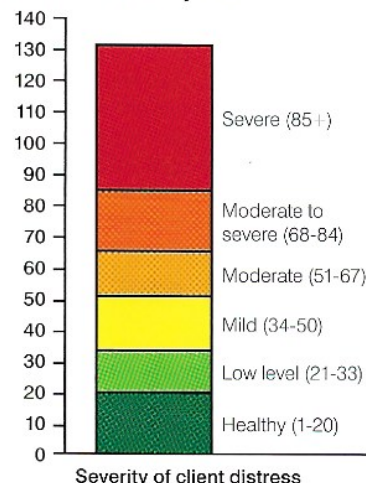
Table 3:

CORE-OM mean scores at A1 compared with clinical cut-off mean scores (N = 20)

Dimension	A1 Mean	Clinical cut-off
Wellbeing	2.67	1.57
Problems	2.415	1.53
Functioning	2.228	1.30
Risk	1.2135	0.37
Total	2.194	1.24

Benchmarking for CORE-OM employs a 'clinical' cut-off (CORE mean score 1.24) and a 'severe' cut-off (2.5), for both men and women (Barkham et al 2005). There are additionally clinical and severe cut-offs for each dimension. The total scores were compared with the look-up scale of levels of clinical severity (Figure 1).

Figure 1: Look-up scale of CORE-OM scores and severity levels



The mean total score for the cohort of 20 patients assessed at A1 was 74.25 which places the group overall in the Moderate-Severe range. However, the range of total scores was high, from a minimum of 14 to a maximum of 119, which indicates some variability of scoring using this measure. The outliers at each end of the scoring range (14 and 21 at the minimum; 119 and 108 at the maximum) may indicate some other factors influencing how young people score these questionnaires. Young people tend to self-assess their problems in ways consistent with their attachment strategies (Scott, Brown, & Wright, 2003). We also calculated the median score, which was 86.16. This placed the cohort in the Severe level for CORE-OM. As this is a small sample, the clinical meaning of the 'outliers' could be explored by referring to the clinical case notes. But the clear conclusion is that this cohort of young people began psychotherapy with severe problems,

distress, and risks.

For the Service Evaluation, key findings were:

1. Young people receiving TAPP had severe clinical problems, distress and risks – above the clinical cut-off across all dimensions on CORE-OM.
2. Outcomes for TAPP show a consistent indicative trend towards levels of distress, problems and risks reducing between the beginning and end of therapy.
3. A limitation of these findings is the small sample and some gaps in data collected.
4. The evaluation clarifies that CORE-OM is a relevant and useful measure for assessing clinical outcomes from TAPP. IIP-32 may also have utility, and can be combined with CORE-OM, but further piloting is required.
5. Patient satisfaction with TAPP is positive, as assessed through the ESQ and patient interviews.
6. Former patients identified the following service improvement needs: reduction in waiting times, earlier access to psychotherapy; better integration with adult services to facilitate transition.

Patient Satisfaction

The ESQ was offered at the end of Treatment sessions (T16). The multiple-choice answers for the first 12 questions are 'Certainly true', 'Partly true', 'Not true', and 'Don't know', and for the final question the answers are classified as 'Very helpful', 'Helpful', 'Quite helpful', and 'Not helpful'. Three additional questions request open-ended answers and comments.

Responses: these were that the service was experienced positively; there were 144 (69.2%) ratings of 'certainly true', 45 (21.6%) ratings of 'partly true', 13 (6.25%) of 'not true', 5 (2.4%) of 'don't know' and 1 missing answer (0.4%).

Some comments provided were:

"Taken seriously, regular consistent appointments, any issues are sorted out quickly"

"It has helped me try to overcome my difficult past. I was always listened to and believed - something I never thought would happen"

"It has been a very good experience here"

In terms of what could have been different/should be changed, there were comments about appointments clashing with college timetables, and:

"Continuation of CAMHS until 25 years old"

"Waiting list!!! Needs to be better"

Retrospective patient interviews

We were able to contact 17 patients who

> had completed their treatment within the last 2 years. Participants were asked to look back on their therapy and describe whether they felt it was helpful or not, and to give it a rating from 0-10 (where 0 is least, and 10 most helpful). Five former patients were interviewed and four of the five gave a rating of 8, and the fifth gave a 7.

All participants discussed how they found their TAPP therapy had helped them to bring about changes in their lives, their self-understanding and their capacity to express themselves: "It got me out of a bad place... I feel more comfortable now" (P1). This participant also spoke about how the therapy had helped her repair a difficult family relationship; another expressed having better self-understanding as the therapy "led me to some conclusions about the causes of my mental health issues" (P4). All participants felt the therapeutic

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relationship had been helpful for them, and commented on having a 'good' or 'trusting' relationship with their therapist, and the helpfulness of the structure of weekly sessions: "[therapist] saw me each week and it definitely helped" (P4); "I needed routine and consistency and the therapist understood this and gave me the same appointment time every week", (P5).

All participants conveyed authentically what the encounter with powerful feelings in their therapy had been like. One participant said that "it could be difficult too as it can make you feel worse at the time, but it definitely helped" (P2). Another said, "I hated it at the time... I didn't want to talk about certain things at the time" (P5). This participant felt that they fully appreciated the therapy after it had ended, but during the therapy itself the therapist "understood my feelings and we were actually doing something about my problems; with other therapists, I'd talked a lot and told my story but we didn't do anything about it" (P5). Other participants also commented on the depth of the TAPP therapy; one participant said, "I'd had therapy for a while before, but in this therapy we explored areas that I had never explored which led me to deal with issues I'd never dealt with" (P4).

Two young people had been referred on to Adult Services, and both expressed the view that there, options are more limited, and the transition itself uncertain and

anxiety-provoking.

Conclusion

The audit found that the rates were high for young people attending and completing the therapy. That 20/25 began treatment and 65% (13/20) of patients attended all sessions is an impressively high proportion for this patient group of highly troubled, distressed and disturbed young people, widely-reported as having difficulties engaging and completing treatment in mental health services.

Findings from the accompanying service evaluation have supported these results, showing that patients have found the intervention acceptable and helpful.

All these young people met the criteria for TAPP of mental health difficulties and social vulnerabilities. These young people thus present complex difficulties (Briggs et al 2015), at the upper CAMHS age range; the analysis of CORE-OM data in the service evaluation confirms that these young people present with severe levels of problems, distress and risks, and thus represent a significant clinical challenge. In the service evaluation report, the CORE-OM score shows that these difficulties were reduced at the end of the TAPP intervention.

Good practice was found in all aspects of the delivery of TAPP, demonstrating therapists working with the therapeutic priorities as recommended by the TAPP manual. There was evidence of appropriate multi-disciplinary working, and of exploring the best options for subsequent care, which were thoroughly prepared and implemented.

The result of partial compliance for outcome monitoring reflected gaps in the gradual way that OMs were introduced initially as routine practice. Further consideration needs to be given regarding which measures and which measurement points are used in TAPP, to fit with outcomes that TAPP seeks to achieve, and with service recommendations. Other points were these:

- TAPP appears to be a promising intervention for young people and will continue to be offered
- ROMs need to be more standardised
- Work with colleagues is indicated to ensure that they are aware of which young people are suitable for TAPP. A recent service evaluation (Keenan et al 2017) found that more female patients are referred for psychotherapy but not to the extent this audit finds. Young people including male patients who find it difficult to express themselves and their emotions are suitable for TAPP.
- The report shows the value of time-limited approaches, though these need to be delivered alongside longer term

treatments.

TAPP appears to be a promising, manualised psychodynamic treatment intervention for young people aged 14– that can be used by child and adolescent psychotherapists. It appears to engage young people in the project of their own developmental challenges and trajectories to the extent that retrospective feedback endorses the model, and the attrition rate is very low. Young people report a consistent downward trend in self-reports of problematic behaviours, mood fluctuations and risk. The therapist is supported by colleagues in a regular clinical seminar. TAPP is cited as a treatment intervention on the Leicester CAMHS care pathways.

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