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Evaluation of a Short-term Service for Children and Youth with Developmental Disabilities

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Abstract

Results from an evaluation in progress of a short-term service for children and youth with developmental disabilities and their families are presented. This service is a key feature of an interdisciplinary intake assessment team, known as the Screening and Consultation Team, established in the Children and Youth Services Division of Surrey Place Centre in 1997. The broad based and comprehensive nature of an interdisciplinary intake assessment, combined with the possibility of short-term follow-up, is intended to provide clients with meaningful assistance for specific concerns immediately, while waiting for longer term-services. It is also intended that, in some cases, the short-term service is adequate to address some client concerns such that the need for more intensive services and placement on the associated waitlists is eliminated.

The evaluation focuses specifically on problem typology, service duration, caregiver expectations, and outcomes for the short-term service. Data is derived from databases containing service information and interviews with clinicians and caregivers in a sample of cases that received the service. Results of the completed evaluation will be used to assist clinicians in clarifying the intentions of the service so that it may be applied more effectively and efficiently.

Waitlists for services are a reality for many health services (Barbara, 2000; Westbrook, 1995). Attempts have been made to address the problem through implementing special intake measures to shorten wait times and reduce waitlists (Jones, Lucey & Wadland, 2000), providing supportive information

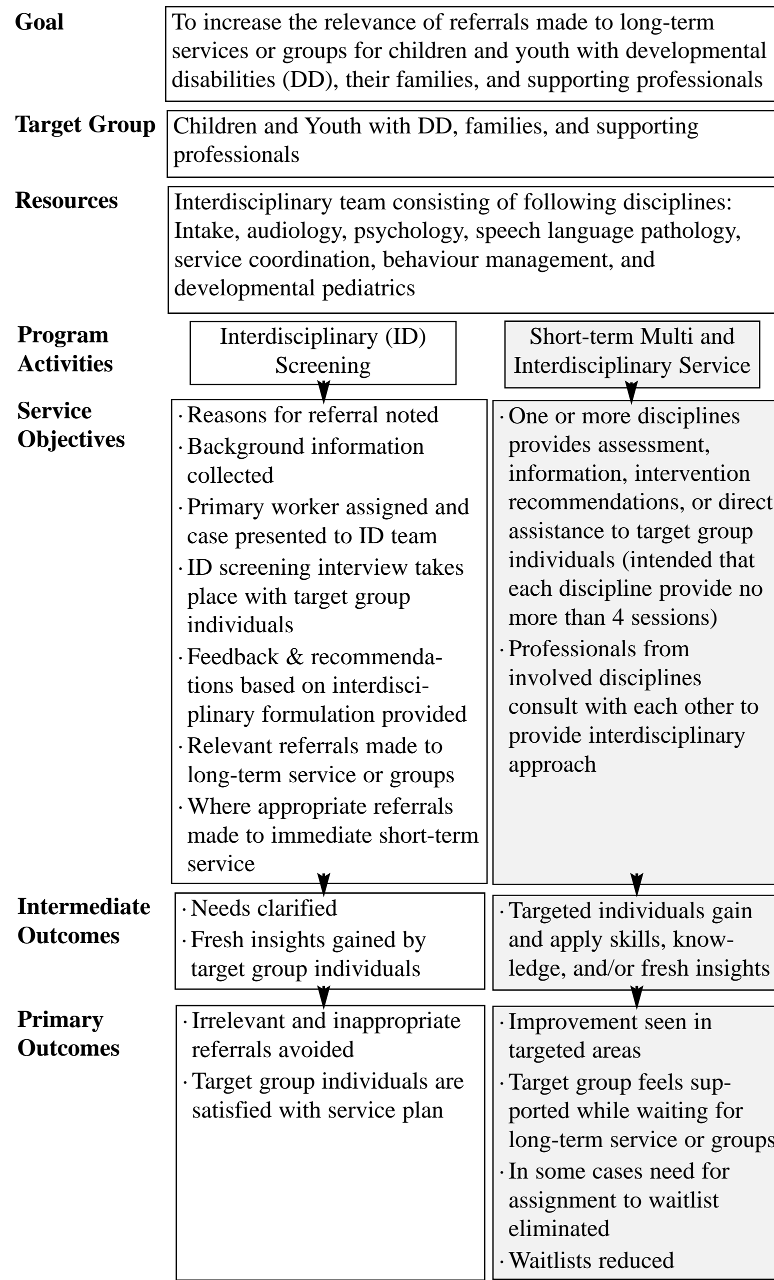
to increase client knowledge and morale during wait-times (Stone & Klein, 1999), and addressing client issues directly through short-term clinical interventions during the wait for longer-term services (Brech & Agulnik, 1998; Hundert, 1997; Westbrook, 1995).

Varying degrees of success with these measures have been reported. For example, Stone and Klein (1999) report on a waitlist group established in an urban mental health center that provided a service option for clients on waitlists in which they could meet as a group with a psychiatrist to discuss their problems. Outcome data was not presented, but the group was successful in that it provided prompt service for the 35 clients (of 262 to whom it was offered) who chose it. The authors also suggest that, in some cases, the group may have fostered an acceptance of group therapy in individuals who previously did not think it a viable service option.

Brech & Agulnik (1998) present outcome data on a brief intervention strategy, comprised of four counselling sessions, designed to provide intervention and support for clients waiting for services at a community facility. Based on clinician and client feedback, 25% of 130 clients who opted for this service had a clinical experience that was both useful and sufficient, and required no further service at the completion of the brief intervention. For about half the study group the service provided as a rapid assessment of the nature and severity of problems and helped in the identification of the type of counselling that would be most appropriate for the case. The service was particularly valuable for the rapid identification of vulnerable clients. The service also identified clients for whom counselling at the facility was not appropriate, thus preventing long waits for inappropriate treatment. The main difficulty was that, for about half the clients, the brevity of the service was frustrating. These clients found it difficult to stop after the allotted four sessions. Finally, the service did not seem useful at all for about 25% of the clients.

The service examined in this evaluation functions as part of an interdisciplinary intake and screening team known as the Screening and Consultation Team. A logic model outlining team components, processes, and intended outcomes is shown in Figure 1. The short-term service component was created to provide clients with meaningful interdisciplinary service immediately after screening while waiting for more intense service, or in some cases, to eliminate the need for placement on waitlists. Service delivery varies widely depending on discipline and client need. In some cases, a mediator model is used in which skills are taught to caregivers with the intention of improving behaviour or communication. In other cases,

Figure 1: Program Logic Intake Screening and Consultation Team



previous assessment results are explained to caregivers to improve their understanding of the client, or rapid assessments for funding or program eligibility purposes are carried out. Still in other cases, caregivers are assisted with applications for funding or special programs. Clients may see clinicians from any number of disciplines simultaneously, but it is intended that each clinician meet with client/caregiver for no more than four sessions. It is also intended that when more than one discipline is involved, the clinicians work together to formulate a shared understanding and plan of action for the case. Clinicians also use the knowledge and expertise from other involved disciplines to inform their own individual work with the client. It is assumed that if clients, caregivers, or supporting professionals acquire and apply skills, knowledge, and understanding, improvement in specified areas will occur. Note that need may also be reduced through direct support such as acquisition of special programs or funding. Through this process, target group individuals should feel supported and, in some cases, clients would avoid being placed on waitlists for the needs addressed. By reducing referral rates, waitlists for other services in the agency should also shorten.

This service has been described as useful in previous feedback from caregivers and clinicians, but a number of problems have been identified. These include:

- Questions about the types of issues that are best addressed in this service
- Concerns about caregivers' understanding of the service
- Concerns that in many cases the service is extended beyond the intended duration
- Questions about effectiveness

This evaluation is designed to describe the types of problems that are currently being addressed in the service, to describe service activities and duration of practice, to gain understanding about caregiver expectations, and to examine outcomes from caregiver and professional perspectives. Objective indicators are also examined to understand the extent to which the service is being utilized, and the degree to which the service helps clients avoid waitlists for specific problems.

Methodology

Interviews are being used to examine the types of problems addressed in the service, caregiver understanding of the service, length of service, and perceived outcomes. Interview participants are caregivers and professionals involved in cases recently completing (within six months of the interview date) short-term service. To date, caregivers and clinicians in five cases have been interviewed. Since more than one clinician is often involved in a case, a total of eight clinicians have been interviewed as opposed to one caregiver from each case. Target number of cases for the interview study is 25. An initial set of codes was created based on the evaluation questions being investigated. Interviews were first coded independently by the two authors. Coding was then discussed to reach a consensus in areas of disagreement. More in depth analysis will be carried out when data collection is complete.

Database analysis was used to examine objective indicators. Two databases were employed. The first database stores information about clients who come through the Screening and Consultation Team. The database is designed specifically to assist in the evaluation of the team.

The agency's MIS system was also used. Two indicators were examined:

1. Rate of utilization was examined by determining the number and proportion of clients using the service in 2002.
2. Avoidance of waitlist was examined by calculating the numbers and proportions of clients receiving short-term service from specific disciplines that were subsequently placed on waitlists for more intense service involving those disciplines. (For example, the number of clients receiving short-term behaviour management who were subsequently placed on a waitlist for more intensive behaviour management.)

Results

Objective indicators

In 2002, 77 of 92 clients (83.7%) screened by the team were offered short-term service. A summary of the number of clients placed on waitlists by specific disciplines following short-term service in 2002 is shown in Table 1. Data from additional disciplines is not yet available.

Table 1: Number of Clients Placed on Waitlist (WL) after Receiving Short-Term Service from Specific Disciplines

Disciplines	*Clients receiving short-term service*	*Clients placed on WL for more intense service*	*Percentage placed on WL*	*Clients avoiding WL for issues addressed*
Behaviour Therapy	50	13	26	37
Speech and Language	20	5	25	15
Psychological Assessment	15	8	53	7
Service Coordination	46	5	11	41

Interviews

An average of 4.8 sessions per clinician was reported. Service activities included:

- Provision of behavioural recommendations
- Provision of OT recommendations
- Consultation with schools
- Psychiatric assessment
- Setting up and training in the use of a communication board
- Advocacy
- Psychological testing

Identified problems addressed in service included: hyperactivity, lack of communication, emotional issues, academic issues, family stress, need for respite care, self-care, and other adaptive issues. Caregiver and clinician explanations of problems addressed were consistent within cases.

Expectations varied. In some cases parents expected more service than is intended in this model while others indicated the service was what they expected. All caregivers indicated some positive change as a result of the service. Examples include: positive behaviour changes, improved communication, decreased frustration, and increased caregiver understanding of problems. Most expressions of dissatisfaction from caregivers and clinicians were related to the limited number of sessions intended in the model. Clinicians reported feeling pressured to address needs they felt required more intense intervention and then experienced difficulties

with completing service within the allotted timeframe. Clinicians also felt that clear criteria to identify appropriate clients were lacking and that caregivers did not understand limitations of service. Caregivers expressed desire for more service, particularly when progress was being made.

Discussion

Based on current data, the short-term service seems to be meeting a number of its intended objectives and outcomes. A large number of clients are receiving services for needs that previously would have required placement on waitlists before being addressed. Furthermore, most of these clients are not placed on waitlists for more intense service to address these needs after the short-term service is complete. It cannot be positively concluded that clients are not referred on because their needs have been sufficiently reduced. Furthermore, it is important to note many of these clients still require service for needs not addressed through short-term service. Caregivers, however, are reporting positive changes as a result of the service. Further evaluation is necessary to properly assess the extent of change that is occurring.

A number of other questions regarding this service remain. For the service to be successful it is important that caregivers and clinicians have a shared understanding of its limited duration and scope, that is, it is not intended to address all needs. This condition appears to be met in some cases. In other cases, however, the limited nature of the service presents some difficulties for both clinicians and caregivers. At this point, it is difficult to say whether or not involvement generally seems to be limited to the intended four sessions, but whatever the case, both groups report some frustration at its completion, particularly when gains are being made. Clinicians feel criteria are needed to better identify cases appropriate for this service. Establishing such criteria might ease the pressure that clinicians feel to take on issues they feel need more intense intervention, and make bringing service to an end easier because the problems addressed can be appropriately handled within the specified timeframe. These difficulties are balanced by the fact that many clients are getting assistance more quickly than in the past.

Finally, the simple model presented in Figure 1, does not adequately represent the complexity of the short-term service component. This service involves many interacting disciplines, addressing a wide array of issues, and engaging in may different activities. One of the goals of the interview study is to provide data that will assist in further developing the model so that more focused outcome evaluation is possible.

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