



i-THRIVE Academy

When to Stop Treatment: Building Confidence in Letting Go

The i-THRIVE Academy is funded by Health Education England and delivered by the i-THRIVE Partnership.

Four learning and development modules were piloted across three sites in March and April 2017.

This is a brief overview of the 'When to Stop Treatment: Building Confidence in Letting Go' i-THRIVE Academy module.



1.1 Content of the When to Stop Treatment module

The THRIVE framework (Wolpert et al., 2016) sets out that treatment should involve explicit agreement at the outset as to what a successful outcome would look like, how likely this is to occur by a specific date, and what would happen if this was not achieved in a reasonable timeframe. Feeling comfortable with “endings” has been raised as a concern for a number of i-THRIVE implementation sites, particularly within the context of some children and young people not being “better” at the end of treatment.

To support sites wanting to work in a THRIVE-like way this training has been developed to address:

- Current practice and dilemmas in relation to conceiving and discussing endings
- Ethical and pragmatic reasons for having such conversations and potential barriers to doing so
- Possible ways to develop our clinical vocabulary in order to have better conversations and enhance our clinical techniques, including if such issues can be raised at the beginning of treatment
- How do we know when to stop therapy or other interventions?
- Ending treatment and risk management: how can individuals and teams develop confidence in letting go?

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THRIVE Elaborated Second Edition can be downloaded here: [THRIVE Elaborated \(Second Edition\)](#)

1.2 Feedback from module participants

This module inspired lots of discussion around the practical and ethical difficulties that CAMHS services face in ending treatment with children and young people. The participants acknowledged that **ending treatment can be a hard conversation to have**, and that it is a difficult job for clinicians, who face professional critique and moral dilemmas about deciding the right time to have this conversation with their children and young people.

Participants came to realise that **discussing endings from the start** could help to resolve some of the difficulties in bringing treatment to an end. Particularly with regards to **managing the expectations of children and young people**, and what you can offer as a professional as well as building on the strengths of the children and young people and their families. There was a consensus that **goal focused work** was important, and that this helps those children and young people who might not necessarily be fully ‘recovered’ to recognise progress.

It was agreed that it was important to accept that current treatment options available currently **do not help everyone**, and that the professional community should be more honest about the limitation of treatment with families. When looking at methods of measuring progress it was noted that it was important to **be realistic about what we**



expect in terms of these indicators; not necessarily being ‘recovered’ but working towards a goal.

89% of respondents stated that the module met their expectations.

Relevance to current practice

Participants felt that the module was exceptionally relevant to their current practice and that most of the information presented was new to them:

How relevant was this session to your current practice?
(1-5)
4.46

How much of the information presented was new to you?
(1-5)
3.41

Confidence in delivering needs based care in line with THRIVE

Participants were asked to rate their confidence (1-5) in knowing when to stop treatment, in explaining to others about when to stop treatment and in their knowledge of the THRIVE framework before the training began. At the end of the module they then rated their confidence (1-5) against the same measures. This enabled us to identify the initial impact of the module by comparing the pre and post module ratings. An overview of those ratings are below:

| | Pre-Module | | Post Module |
|----------------------------------------------------------------------------------|------------|---|-------------|
| How confident do you feel in knowing when to stop treatment? | 3.11 | → | 3.90 |
| How confident do you feel in explaining when to stop treatment to a third party? | 3.12 | → | 4.04 |
| How would you rate your knowledge of the THRIVE framework? | 2.29 | → | 3.37 |

How did participants plan to take the learning back to their organisations?

The most common method for taking learning from the module back to the participant’s organisation were:

- Sharing information with teams and colleagues (43% of answers given)
- Changing practice with young people – particularly with regards to preparation for endings (20%)
- Feeding up to management (11%)
- Sharing learning in clinical supervision (11%)

What did participants think worked well in the module?

The most common responses that participants gave when asked what worked well in the module were:

- Role plays (39%)
- Discussions and sharing of information and ideas (16%)
- Balance of discussion/presentations/breaks etc (16%)



- CORC research and resources (8%)
- Expertise and style of module lead (8%)

What was the most meaningful information that participants took away from the module?

There were a range of points raised by participants. Below are some of the most stand out comments:

- “Endings are uncomfortable no matter the content; be prepared and discuss in supervisions, know the young person and adapt your style to meet their needs, listen and respond appropriately”
- “Confidence to admit what isn’t working and end sessions more effectively”
- “We are happy for physical health not to be cured but with mental health we expect full cures”
- “Discussion around when to stop treatment not being currently part of our clinical practice and this is going to be a really challenging part of practice to shift”
- “There is no ‘one size fits all’ answer. It is ok for someone not to get better after therapeutic work with me”
- “Endings do not = failure”

What outstanding questions did participants have?

Key questions that were raised after completion of the module were:

- How do we make measures consistent across all needs based groups of THRIVE?
- How do we get professionals with very differing perceptions to work together on their challenging areas and learn more?
- How can we support services/commissioners/managers to move towards a model that acknowledges openly the limitations of CAMHS services and interventions without negatively impacting on funding?
- How do we balance demands/resource pressures with meeting the needs and desires of service users to give patient choice – for instance if the young person does not wish to end treatment despite limited progress/time that the treatment is taking?

1.3 Reach and impact of the When to Stop Treatment module

Breakdown of participants by sector

The participants were from a range of organisations, representing the whole of the system of support for children and young people’s mental health. Working with the system as a whole is key to the delivery of a whole system transformation of child and adolescent mental health services as set out in THRIVE and i-THRIVE.

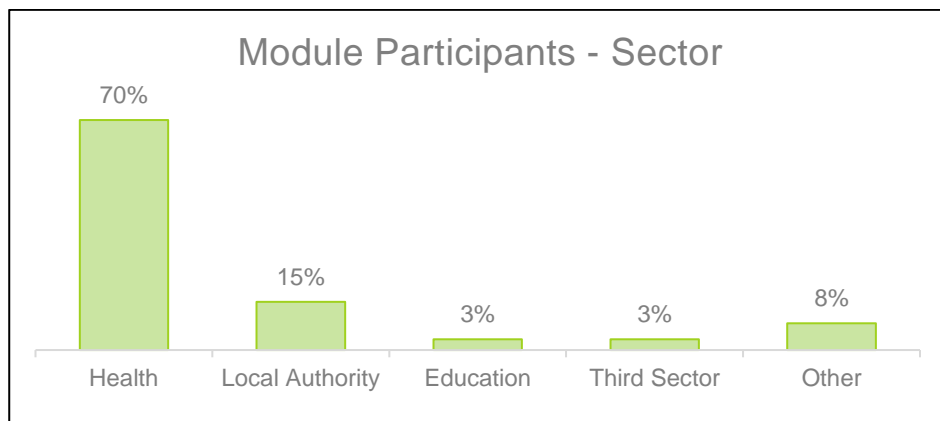


Figure 1: When to Stop Treatment participants by sector

Breakdown of participants by role

The role of the professionals attending the modules also varied; from commissioners and senior leaders to clinicians, youth workers and school nurses. Just under half of all participants (49%) were clinicians working with children and young people on a daily basis.

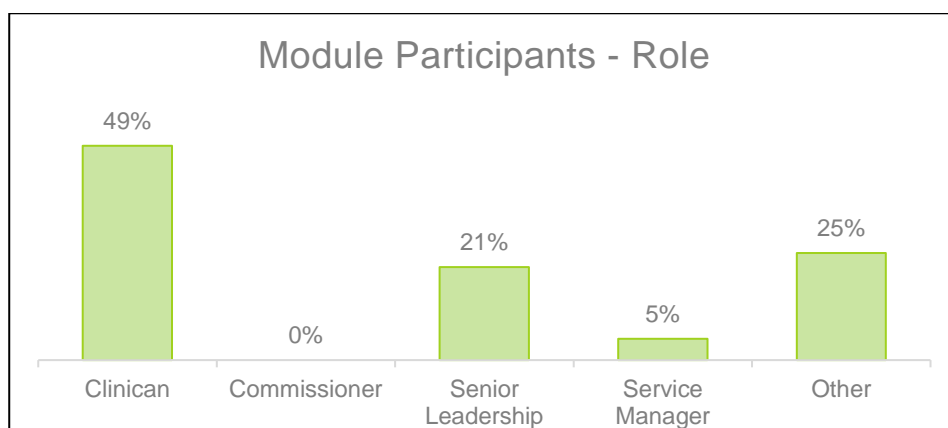


Figure 2: When to Stop Treatment participants by role

i-THRIVE advocates transformation of services at three distinct levels within a system: the macro, meso and micro levels:

- The **macro** level relates to population health improvement, how agencies work together and the commissioning of services.
- The **meso** level is the five needs based groups of children and young people (set out in the THRIVE framework) and the services that support them.
- The **micro** level relates to interactions between professionals and children, young people and their families, and also interactions between professionals.

It was therefore extremely valuable to have such a wide range of professionals from across different agencies in the system and across the macro, meso and micro levels of the system in attendance discussing the key principles of working in a THRIVE-like way.

If you are interested in hosting an i-THRIVE Academy module in your local area please contact ilse.lee@annafreud.org for further information.