

Understanding clinician needs in using an evidence-based psychosocial intervention

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Abstract

Evidence-based behavioral treatments support client in achieving positive mental health outcomes. Positive outcomes are often correlated with clients and clinicians applying the evidence-based treatment successfully. In our research, we identify challenges and lived experiences that clinicians encounter in using an evidence-based treatment. We study the use of an evidence-based intervention for goal setting and action planning in psychosocial treatments. By considering the varied user experience of clinicians, the design of evidence-based psychosocial intervention can be better aligned with the needs its users.

Introduction

Recent research proposes that human centered design (HCD) is an approach that can be used for designing more usable evidence-based psychosocial intervention (EBPI) [5]. Clinicians face difficulty in using EBPIs due to poor learnability [6], problems with usability, or their inability to address constraints of the context in which they are applied. This can cause adverse effects such as changes in power structure, changes in communication practices, or negative emotions [2]. By proposing HCD as an approach to designing psychosocial interventions, researchers hope to satisfy design goals such as learnability, efficiency, memorability, error reduction, satisfaction, low cognitive load, or accounting for the intended context

of application [5,7]. To support such design goals, researchers need to understand the experience of people who use of mental health therapies. The primary users targeted in the creation of EBPIs are the people delivering the intervention (e.g., clinicians), and people receiving the therapy (clients). In this paper we present preliminary insights from clinician use of therapy.

In this research, we investigate the challenges that clinicians encounter in using goal setting and activity planning as part of several EBPIs (Problem Solving Therapy [3] and Engage Therapy[1]). Our research illustrates elements of the lived experience of clinicians in using therapy elements. Preliminary results show that the experience using goal setting and planning in the EBPI is not uniform, and that clinicians have different experiences in using different elements of the intervention. We identify different challenges in using the evidence-based intervention, including negative feelings towards the intervention, discrepancies between intervention prescription and the clinician's opinion, tensions between client and therapist, or factors external to therapy. These factors give a broader understanding of therapist experiences in using EBPIs that should be considered in designing EBPIs.

Approach

Several evidence-based behavioral treatments for mental health problems require the creation of action plans that clients implement between sessions [4]. Implementation of these plans is closely associated with positive clinical outcomes. However, clients have a low rate of completion of action plans created in therapy sessions. Researchers suspect this can be due to challenges in collaboration towards creating action plans during therapy sessions. To understand the

challenges in goal setting and activity planning during therapy sessions, we interviewed 7 therapists about their process and experience using Problem Solving Therapy [3] and Engage Therapy [1]. The therapists shared their experiences of delivering the EBPIs during controlled studies. Therapists met with each client for 9-weeks. To understand therapist experiences and challenges, we prompted the therapists to share their experiences using the different elements of the treatment: identifying an issue, goal or problem to work on, identifying solutions to address the goal, creating an action plan, while the client implements the plan outside the therapy session, and in reviewing the activity plan in the next week's therapy session.

Challenges in goal setting and planning

Our preliminary findings illustrate different types of challenges that therapists encounter that impact how they use the Problem-Solving Therapy or Engage Therapy:

Clinician perceptions in conflict with therapy prescriptions:

At times, clinicians reported taking actions that conflicted with what the therapy recommended. This typically occurred when clinicians felt like the client needed more time to talk or to be listened to. This resulted in therapists cutting short the other steps of the intervention, to provide time to the client to speak about issues they were encountering.

Negative feelings towards the therapy:

Some therapists expressed frustration with the therapy. Several therapists mentioned feeling bored by going through the same steps with every client, as they did not find it intellectually stimulating, or feeling boredom listening to a client's story.

Managing uncertainty in how to use therapy:

Therapists found certain stages of goal setting difficult (identifying what issues to work on) and felt that they did not have enough knowledge to carry on the step. They were not sure what issues and goals were of an appropriate scope to be address in one week.

External factors: Therapists experienced challenges in being present in the therapy session when they had other activities in their lives that interfered. One therapist felt that they were not able to perform as well when they were tired, while another felt like they were not present in the session when they had personal worries, such as domestic chores that were coming up.

Tensions with client behavior: Some therapists encountered clients that caused them negative feelings. This included clients who did follow through with what they committed to in therapy, who shared negative attitudes towards the therapist, who shared doubts about the therapist's competencies, who did not arrive on time, or who shared inappropriate content with the therapist. Some therapists felt like the clients did not respect them due to their age or gender.

Different therapist experiences in using different therapy elements

Therapists report different experiences with the different steps of the therapy. They found it challenging to identify which issues they should focus on with the client in every session. However, identifying issues to work was also a step that helped them build trust and create a safe environment for clients to share their issues. Once a goal is set, therapists and clients worked towards finding a solution to address the goal. One therapist found this stage to be patronizing and was

concerned about dictating to the client what to do. After choosing a solution, the client and therapist create an action plan, which some therapists perceive as the easiest stage. When clients return to therapy in the next session, the therapist and client review how the week went and the implementation of the action plan that was set prior. Therapists find this stage comfortable, and a way to transition to more difficult topics.

Conclusion

Our ongoing research illustrates a breadth of challenges that therapists encounter when delivering the EBPIs steps of goal setting and action planning. We do not know how each of these types of experiences impacts how therapists are implementing the EBPI. These challenges indicate a range of needs that span outside the usability of the therapy, by illustrating varied experiences that impact therapy delivery. By characterizing the types of challenges that therapists encounter, we can better identify what challenges to address in the design of evidence-based interventions that include goal setting and activity planning.

This ongoing work is also evaluating the experiences of clients as they interact with the same EBPIs, and will contrast the challenges in using the therapy, and opportunities for design.

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Workshop contribution

Our research provides insights into the process understanding user needs and of designing supports to delivering an Evidence Based Intervention. By characterizing the challenges in interacting with different elements of a therapy, we will be able to better design the therapy intervention so that it is more aligned with the needs of all its users. Our research proposes a variety of experiences that clinicians have during therapy. During the workshop, we plan to engage in discussions on how the lived experiences of clinicians, and of other users of therapies (clients), can best inform the creation of mental health resources.

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