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What's the difference? Using descriptors to classify the care provided to children and adolescents with behavioral and emotional problems

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ABSTRACT

More detailed information concerning the content of interventions for children with behavioral and emotional problems may help to improve their effectiveness. In this study, we made a distinction between "well-defined" and "poorly defined" interventions that were being provided in a catchment area. Well-defined interventions are included in the Dutch "Effective Youth Interventions" (EYI) database; poorly defined interventions are not. We aimed to assess (1) to what extent "well-defined" interventions had similar content, that is, could be grouped together, and (2) whether the proportion of those interventions that could be grouped was smaller for "well-defined" than for "poorly defined" interventions. The interventions were scored by professionals in terms of the degree to which the activities entailed in that intervention were covered by the 20 descriptors that represent that specific type of care. Those interventions with similar scores on descriptors were then grouped together. The percentage of interventions that could be grouped was then compared with that found in an earlier, comparable study concerning "poorly defined" interventions. "Well-defined" interventions could be classified into 19 groups; this represented a reduction in interventions of 44%, with the largest reduction found in those interventions within the main types "individual child support" and "family support." This reduction was somewhat smaller than for the "poorly defined" interventions (52%), where the largest reduction was found in the main type "family support." The descriptors then allowed interventions offered to children to be grouped within and across care organizations. In this way, we were further able to distinguish differences and similarities in the content of grouped interventions per main type of support.

1. Introduction

The effectiveness of the interventions offered to children with behavioral and emotional problems depends mostly on their content (Abraham & Michie, 2008; Ballinger, Asburn, Low, & Roderick, 1999; Garland et al., 2010; Lloyd-Evans, Johnson, & Slade, 2007). A system to describe and compare the content of interventions (e.g., the techniques used by professionals such as prompting a child to express emotions, or teaching a young person how to deal with setbacks and frustrations, etc.) may help policymakers and practitioners in making evidence-based decisions regarding the choice of care provided to children with behavioral and emotional problems (Chorpita & Daleiden, 2009; Cjaza, Schulz, Lee, & Belle, 2003; Ezell et al., 2011; Harden & Klein, 2011; Lee & Barth, 2011; Marsh, Angell, Andrews, & Curry, 2012; Miller & Rowe, 2009; Yohalem & Wilson-Ahlstrom, 2010).

The labeling of interventions frequently does not reflect the actual content of an intervention accurately. Identical labels are often used for quite different treatments, while similar treatments may be given different labels (Van Yperen, Van Rest, & Vermunt, 1999; Lloyd-Evans et al., 2007). Therefore, more knowledge on a detailed level is needed in terms of the content of care and treatment. In some earlier studies, the focus was on characterizing the content of care by using a list of behavioral/psychological change techniques (Abraham & Michie, 2008; Chorpita & Daleiden, 2009; Michie, Hyder, Walia, & West, 2011). However, in psychosocial care for youth, other aspects of the care process, such as duration and intensity of the care, are also important and so should be classified as well.

We previously reported about our application of this method for "poorly defined" interventions (Authors' own, 2014b). "Poorly defined" meant that an intervention had not been included in the database of "Effective Youth Interventions" (EYI) (Netherlands Youth Institute, 2013). The EYI database was developed in The Netherlands to document information on the effectiveness of interventions. These interventions were assessed by an independent committee of national experts who evaluated interventions in the context of accreditation for the EYI database (Zwikker, Van Dale, & Kuunders, 2009). They did so using four criteria: (1) whether a protocol description of the intervention was available, (2) whether the intervention was theoretically well-founded, (3) whether peer-reviewed articles had been published on the

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intervention, and (4) whether research had been done on the intervention (in those cases where no peer-reviewed articles had been published) (cf. Veerman & Van Yperen, 2008). Interventions were included in the EYI if they met at least the first two criteria. The results of this analysis showed that this method enabled us to identify similarities and differences in the content of these interventions, and to group together interventions with a highly similar profile of activities (Authors' own, 2014b), leading to a reduction (52%) in the number of distinct interventions. The application is further detailed in the Methods section of this paper.

In the current study, this specific assessment procedure was extended to the group of "well-defined" interventions, that is, those interventions included in the EYI database. Our aim was to assess: (1) to what extent "well-defined" interventions had similar content, that is, could be grouped together, and (2) whether the proportion of interventions that could be grouped was smaller for "well-defined" than for 'poorly defined' interventions. Based on the studies of Hibbs (2001) and Van der Linden and De Graaf (2010) we expect that the proportion of interventions that could be grouped is larger for the "poorly defined" interventions than for the "well-defined" interventions. The latter group of interventions is included in the EYI database based on sufficing the criteria for accreditation regarding having been documented and having been studied. We therefore expected that these interventions have been defined more specifically regarding their contents, resulting in less overlap with other interventions.

2. Method

2.1. Sample

Four care organizations in primary health care (PHC, offering N = 7 interventions), child and youth care (CYC, N = 42), and mental health care (MHC-A, N = 31; MHC-B, N = 11) participated in the context of the Collaborative Center on Care for Children and Youth (C4Youth). These organizations provide most of the psychosocial care for children, adolescents, and their families in a catchment area in the northern part of the Netherlands. The manuals concerning the interventions offered by these four organizations (in total N = 91) were therefore used to obtain more detailed information about the content of the care. There is no potential conflict of interest with respect to the research, authorship, and/or publication of this article.

2.2. Procedure

We first assessed whether the interventions that came up were conceptually and empirically well-founded by using four criteria that had been formulated and applied by an independent committee of national experts evaluating interventions in the context of accreditation for the EYI database (Zwikker et al., 2009). The four criteria used were, (1) whether a protocol description of the intervention was available, (2) whether the intervention was theoretically well-founded, (3) whether peer-reviewed articles had been published on the intervention, and (4) whether research had been done on the intervention (in those cases where there were no peer-reviewed articles published) (cf. Veerman & Van Yperen, 2008). Interventions are included in the EYI if they meet at least the first two criteria. Of the 91 interventions, 35 were "well-defined" interventions that were part of the EYI database; the other 56 interventions were labeled as "poorly defined" and were not part of the EYI database (Authors' own, 2014a). In the current study, we will focus on these "well-defined" interventions – such as, for instance, "Families First" and "Triple P" – and compare the findings on these with findings on "poorly defined" ones — such as, for instance, "parent counseling" and "individual support."

We then went on to categorize the 35 "well-defined" interventions by main type of support, a term indicating the most important activities carried out to improve the functioning and development of children, adolescents, and their families. Categorization was made based on the names of the interventions and the treatment manuals available. Regarding these latter, the terminologies and descriptions of the treatment manuals were the leading indicators. Next, we collected descriptors for each main type of support using all the interventions included in the EYI database (Netherlands Youth Institute, 2013). An example of one descriptor found is the following expression: "regulate emotions" (which was, for reasons of standardization, reformulated as "prompting client to regulate emotions"). All manuals of the interventions from this database were analyzed in order to achieve a good representation of the types of support offered within the four care organizations participating in our study. The 20 most frequently used descriptors per main type of support in these intervention manuals were collected, resulting in predefined lists for each main type of support (Authors' own, 2014a). Subsequently, the list of standardized descriptors for categorizing the various types of "well-defined" interventions offered to children with behavioral and emotional problems was applied.

Professionals working at the participating care organizations scored the intervention descriptors using a seven-point Likert scale ranging from (1) "very poor" to (7) "very good." "Very poor" meant that a descriptor was very inaccurate, while "very good" meant that the descriptor fully represented (one of) the activities to be carried out. A set of 20 descriptors was found to be a feasible amount for categorizing the content of the interventions (cf. Abraham & Michie, 2008).

For scoring the activities found in all the interventions carried out by the PHC, CYC, and MHCs, we randomly selected two professionals experienced in that type of care. We deliberately chose to use two experienced professionals, because the rating was done based on activities carried out in the course of daily practice and was not based on scoring the intervention manuals. To control for the amount of bias in the scoring, we asked two professional to rate the same intervention. The background of these professionals varied from psychiatry and psychology to behavioral and family counseling. Prior to scoring the interventions, professionals received instructions in how to fill in the score forms.

2.3. Analysis

The interventions were compared to others within the same main type of support category in terms of similarities and differences in content. First, for each intervention we computed mean scores per descriptor, based on the scores of the two raters, and compared these means to the overall mean scores per descriptor for that main type of support. Next, when deciding on how to group the interventions, 60% of these mean scores per descriptor were allowed to differ, up to a maximum of 0.5 points, from the overall mean score per descriptor for that main type. Interventions that did not meet both criteria – and thus were not grouped with other interventions – were then compared pairwise using the mean scores per descriptor for those two interventions, instead of using the overall mean scores per descriptor for that main type. Subsequently, we compared our findings for "well-defined" interventions with previously reported findings for "poorly defined" interventions (Authors' own, 2014b).

3. Results

In total 34 "well-defined" interventions were analyzed, derived from primary health care (N = 6), child and youth care (N = 13), and mental health care (MHC-A, N = 10; MHC-B, N = 5). One intervention of MHC-A was not assessed, because it was no longer provided.

Table 1 shows the number of interventions before and after the four steps, as well as examples of descriptors per main type of support. Included are also data on "poorly defined" interventions from our former study (see fifth column). As a result, the original 34 "well-defined" interventions offered by the four care organizations participating in the C4Youth study could be grouped into 19 distinct interventions.