

Clinicians

Instructions: You will read a conversation between a clinician and teen and/or parent/caregiver. The teen is an ethnic minority youth between the ages of 12 and 17 with a depression diagnosis. Imagine you are the clinician. There are four parts of the conversation. After reading each part, you will answer a few questions based on your own opinion of the conversation. There are no right or wrong answers.

PART 1

This is the first time you're meeting with your teen client and their parent/caregiver. The teen is starting therapy because they have been feeling very sad and annoyed in the last few months. They have been sleeping a lot, and their energy is so low that it is hard to keep up with schoolwork or even hang out with friends. You have talked about how they have been feeling lately and they agree to start therapy.

Clinician: It's important that the therapy you get here is working for you and helping you feel better. We use some short surveys to check in with you about how you're doing now and throughout therapy. They only take about 5 minutes to fill out and we can use your scores right away. Each time you come to see me, I'll ask you to fill out one or two surveys about how you are feeling and how things are going for you. Then, we'll look at the scores together to decide whether to keep therapy the same or change things to make it more useful for you. This is one way for us to make sure that we are getting your input and that therapy is working for you. What questions do you have so far?

Teen: So, it's like a quiz?

Clinician: Not quite. There are no right or wrong answers...it's really about what you are feeling. This helps us keep track of what's going well in therapy for you and what we might need to change up to help you feel better. The most important thing is that therapy is useful for you – and these scores help us decide what personally works best for you. Any other questions before we look at the two surveys?

Teen: Who can see the surveys we fill out? Where do they go?

Clinician: Great question, I should have mentioned that already. These scores are just for us to use and are stored in your chart. No other clinicians or doctors can see your chart unless you give us permission to share it.

Please do not distribute. For use in study interview only.

PIs: Drs. Prerna Arora and Elizabeth Connors

TC IRB #: 20-414

1. On a scale of 1-5, how satisfied were you with the conversation between the teen and the clinician? Meaning, would you like it, if you were the clinician?

1 = Very
Unsatisfied



2 =
Unsatisfied

3 =
Neutral

4 =
Satisfied

5 = Very
Satisfied



1a. What would improve the conversation, or what would make you like it more?

2. On a scale of 1-5, how relevant did the conversation seem to you? Meaning, how well would it fit with your practice as a clinician?

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2a. What would make the conversation more relevant or fit with your style as a clinician?

3. On a scale of 1-5, how practical or doable did the conversation seem to you?

1 = Not at all
doable



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doable

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Neutral

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Doable



3a. What would make the conversation more practical or doable?

PART 2

This is still part of the same first session, when you explain the surveys in more detail and the teen completes it.

Clinician: Here are the 2 surveys we'll use every time we meet. The first one is called the Patient Health Questionnaire (PHQ-9), because it only has 9 questions. This helps us check in on things that some teens experience, like sadness, problems with sleep, low energy, and doing fun things you usually enjoy. For each question, you check how often you've been bothered by any of these problems **in the last 2 weeks**. The choices are "Not at all," "Several Days," "More than half the days," or "Nearly every day." The survey can be added for a total score which we can track over time, and we will also talk about specific items to help us understand how things are going for you.

The second survey is about your goals for therapy, so we get to create it together. We write in three top goals here, and every time you come in you will rate how you feel each one has been going since the last session, where 0 = "not at all" and 10 = "very, very much." What questions do you have?

Teen: Nothing about the first survey; that looks easy to do. What kind of goals go on the other one?

Clinician: Well, let's talk about that now. When you first got here there was some intake paperwork you completed that may provide us with some clues about what goals might be important for us to focus on right now. Should we take a look at that now?

You and the teen and parent have a conversation about therapy goals using the intake forms as a starting point. The teen says they want to have the energy to start going out with friends again. The parent says they want their teen to turn in all their schoolwork on time to get their grades up. The third goal you decide to leave blank for now, as you are all not sure about what it should be yet.

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4. Have you ever administered a survey like this to patients you've worked with in the past?

☐ YES ☐ NO ☐ UNSURE

5. What do you think of the two surveys themselves?

6. What other types of surveys or questions might be relevant/do you think should be added?

7. What do you think about Survey 3?

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PART 3

This is still part of the same first session, when you share the results of the surveys with the teen and parent.

Clinician: So, your PHQ-9 score today was a 19. This means you're experiencing pretty high levels of depression, which is about what we expect when people start out in therapy. According to your PHQ-9 score, you are having the most problems with sleep, appetite, feeling tired and trouble concentrating. Does that fit with how you've been feeling?

Teen: Yeah, that is about right. But even though I didn't feel like a failure that often, like on the form, I realized that, when I filled this out, that's kind of a big issue for me. I just feel like I can't do things right. Like, I let my family down all the time. Even being here, my parent has to take time off from work.

Parent (Teen's parent): I didn't realize that you feel like that. Why would you think you were a failure?! This has just been a rough year, and you haven't been yourself.

Clinician: It sounds like this year has been hard and it has affected you in a lot of different ways. It also sounds like we're learning some new information. This is one of the reasons it's important we use the surveys as a starting point but they are never the full story. Even though something only happened "several days" in the past 2 weeks, it can still be a big problem that is bothering you a lot. Is this something we should make sure we're working on in therapy? I'm wondering if we should add it to the goal list.

Parent: Yes, this seems pretty important to address.

Teen: Yeah, that would be okay. I don't really know how therapy is going to help with this part but I guess we can try it out.

Clinician: Well, I have some ideas. First, I want to hear a little bit more about what's causing you to feel this way and when it started. Then we can work together on some ways to help you feel more confident or successful, whatever we decide is the goal. We can have those discussions in the next sessions with or without your parent here, depending on what feels more comfortable for you. And, we'll keep checking back with these surveys to see if what we're doing together is working. How does that sound?

Together, you, the teen and the parent agree on a third goal for the teen to track, "Feeling good about myself as a person at least once a day." You document the PHQ-9 results in the teen's record after the session, including brief notes that the teen and their parent said that feeling like a failure or letting others down is an important focus of therapy.

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3a. What would make the conversation more practical or doable?

4. If this happened in your therapy session, how likely do you think the family would be to attend the next session? Why or why not?

1 = Not at all
likely



2 = Not really
likely

3 =
Neutral

4 = Likely

5 = Very
Likely



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PART 4

You have met with the teen and/or parent for two sessions so far. You have talked mostly about the teen's feelings of who they want to be, and how their depression is getting in the way of feeling good about themselves as a person, a friend, and family member. They created a list of positive thoughts and memories that they put in their phone to remind themselves what they're good at, and how they are an important part of their family and friend circle when they are feeling really down.

This is now session three. The teen just completed the two surveys, the PHQ-9 and the YTP. Their symptoms are improving. After talking through the results, everyone understands that these scores do show how the teen has really been feeling lately. While the PHQ-9 scores have improved and the teen is feeling less depressed overall, they have made less progress on "Feeling good about myself as a person." You are now going to review the ratings to talk about progress and how therapy has been working so far.

Clinician: How much improvement do you think we've made so far? Does it feel to you like we're on the right track with what we're working on together or that we need to do something differently?

Teen: So far, it's been OK. I am feeling a little better just talking about the things that are bothering me. The reminders in my phone are good to look at, but I still haven't felt like hanging out with my friends and I'm sleeping through first period every day, so my parent isn't too happy about that.

Clinician: I can tell from your ratings here that your sleep and energy are still low. I'm wondering if we should talk about changing some things we work on in our sessions.

Teen: How do you mean?

Clinician: Well, we could focus a little more on your sleep routines to help you get a full night's sleep and up in time for school. Or, we could also do something called "activity scheduling" where you basically schedule one fun thing you can do every day. Sometimes these options can help us get our energy back. What ideas do you have?

Teen: Well, I'm not too good with schedules and I might not do it and feel worse about myself. Maybe we could start with the sleep thing. But, I like how we've been talking so far and I like the phone reminders about my positive thoughts and memories.

Clinician: Okay, let's keep the phone reminders and start to work on the sleep thing then. We could put together a plan to start with what might help with your sleep. We could use your phone to set an alarm for the morning and reminders for bedtime, like "dos" and "don'ts" before bed that will help you sleep. And, we'll keep touching base about how it's going. How does that sound?

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3a. What would make the conversation more practical or doable?

4. On a scale of 1-5, how well do you think the clinician and teenager are working together?

1 = Not
working
together at
all



2 = Not really
working
together

3 =
Neutral

4 =
Working
together

5 =
Definitely
working
together



4a. Why or why not?