How to Measure Counselling Priority in a Busy Urban Sexual Health Clinic?

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WHY:

- When demand for counselling exceeds capacity – waiting lists can emerge.
- Basing allocation priority solely on wait time does not accommodate client risk factors that can increase priority
- Currently only one published counselling triage tool – Client Priority Rating Scale (CPRS[1]) – but application limited in sexual health services
- **AIM – to rigorously adapt CPRS to better fit sexual health setting**

HOW:

1. **Sexual health counsellors surveyed** about aspects of client presentations that would flag increased priority
2. **Revised CPRS (CPRS-R) created** through systematic analysis and decision making of survey results
3. **CPRS-R assessed –** Four expert sexual health counsellors independently rated the priority of 14 hypothetical using the CPRS and CPRS-R

FINDINGS – Creating the *Revised* CPRS

1. 24 potential scale items – incorporating indicators from CPRS and additional priority indicators identified by surveying sexual health counsellors
2. Sexual health counsellors again surveyed to rate perceived priority level of 24 items
3. Investigators determined items to include in the revised scale and loading to allocate (single or double) according to:
    - Results of the second survey
    - Identification and removal of item duplication
    - Maximising objectivity of survey items
    - Literature review where indicated
4. The 12-item CPRS-R (2 fewer items than the CPRS) includes additional disease and psychosocial priority indicators (e.g. new HIV diagnosis, domestic violence risk) in addition to suicide risk, which is in contrast to the CPRS which has focus on suicide risk.

FINDINGS – CPRS-R Validity

- **Criterion validity (concurrent)** – Supported by strong correlation between average ratings on the CPRS-R and the CPRS, $r(2) = .90$, $p < .001$
- **Content validity** – Supported by the method in which the potential scale items were identified (initial survey of experienced sexual health counsellors) and assessed (second survey of sexual health counsellors to rate perceived priority of each item)
- **Face validity** – supported by the revised scale (CPRS-R) including 6-items that are analogous with the original published scale (CPRS)

FINDINGS – Reliability

- **Inter-rater agreement** – Inter-rater agreement was higher on the CPRS-R (M= 28.4, SD=15.4) than on the original scale (M=10.7, SD=13.4), but difference was not quite statistically significant on an unpaired samples t-test; t(10)=2.12, p=0.06.
- **Inter-rater reliability** – varied according to metric used, however scores were generally lower on the revised CPRS compared with the original.

Metric	CPRS	CPRS-R
Kendall's	0.82	0.74
Meanrho	0.79	0.74
Intra-class correlation coefficient	0.67	0.63
Krippendorff's alpha	0.65	0.59
Gwet's AC1	0.71	0.77

Table 1 – Showing inter-rater reliability results on the CPRS and CRPS-RSH according to various metrics.

Client Priority Rating Scale – Revised for the Sexual Health Setting (CPRS-R)

Item	Score 1	Score 2
1. Acute Stress (*The presence of a personal event that is experienced by the client as an intolerable loss or crisis*)		
2. Having multiple concurrent priority issues		
3. Symptoms (Reported changes in behaviour, physical condition, thoughts or feelings, or odd or concerning behaviours)		
4. Person who identifies as Aboriginal or Torres-Strait Islander		
5. Thoughts of suicide		
6. Current plan (suicide)#		
7. New HIV diagnosis		
8. Prior suicidal behaviour (history of attempts)		
9. Lack of resources (personal support systems, job. Money, home, friends, family)		
10. Domestic violence risk^		
11. Recent sexual assault*		
12. AOD misuse		
TOTAL		

CONCLUSIONS:

- Using a **robust and rigorous approach**, the investigators adapted the CPRS to better fit the sexual health counselling setting, thus creating the CPRS-R
- **Criterion, content and face validity** can be evidenced in the CPRS-R
- **Inter-rater reliability scores were disappointing** in the CPRS-R, though comparable with the original scale. This might highlight the need for adequate training for clinicians in how to use the new scale, prior to implementation
- Findings highlight that psychometric scales like the CPRS are neither infallible nor an end in themselves and should be **used as tools in patient assessment and care, along with clinical judgement and peer consultation**.

References

[1]Walton, Carla & Grenyer, Brin. (2002). Prioritizing access to psychotherapy services: The client priority rating scale. Clinical Psychology and Psychotherapy. 9. 418 - 429. 10.1002/cpp.346.

[2] https://statistics.laerd.com/statistical-guides/pearson-correlation-coefficient-statistical-guide.php