

Older Adult Indicative Curriculum Pilot

Analysis of Quantitative and Qualitative Feedback of 3 day Teaching Package to the National IAPT Team

Further to the preliminary report submitted to the National Team by Colin Hicks and Candy Stone on 18th January 2013, this report provides a detailed response of the overall feedback gathered across the two pilot sites engaged for this exercise. Comments have been collated from the south trial team (Colin Hicks, Alison Gold and Fionnula McKieran) and the north team. Statistical analyses of the scores are reported for measures where this was feasible. A summary of qualitative comments and an outline of proposed changes to the content of the teaching are given.

Funded by South Central SHA, Oxford Health NHS foundation Trust led the evaluative aspect of this project. There were two pilot sites Southampton (South trial) and Oxford (North trial). The South trial was delivered across three days in late November and early December 2012. Day 1 of the North trial took place on 12th December 2012 with days 2 and 3 taking place in early January 2013. The rationale for including two pilot sites was initially to allow revisions to be made to the teaching materials between pilots. Revisions were made although these were limited by the time scales we were working to.

Measures used to assess effectiveness of teaching

The National Team recommended that we include the Therapist Attitude questionnaire to evaluate change of attitude across the training (with permission for usage by author Steve Boddington). Other forms were amended from existing forms used in other services* or devised for the purpose of this pilot**. The table below outlines measures administered. Forms are provided in the appendices.

Table 1: Outcome measures used in both North and South Trials

Measure	Day 1 (joint Hi and PWP)	Day2 Hi Intensity workers	Day2 PWPs
Therapist Attitude Questionnaire(TAQ1) (pre training)	✓		
Therapist Attitude Questionnaire (TAQ2) (post training)		✓	✓
Multiple choice Knowledge Questionnaire** (pre and post training)	✓		
Specific evaluation feedback form (Hi)**		✓	
Specific evaluation feedback form (PWP)**			✓
General Evaluation Form*	✓	✓	✓

The Therapist Attitude questionnaire consists of three parts. It includes background information, therapist attitudes and a subjective change scale.

Demographics of participants

In total, 68 staff members attended the training (37 in the South pilot and 31 in the North pilot). The table below shows the breakdown by staffing group. The 'other' category included psychologists working in older people services. The step 4 psychologists attended so that they could give feedback about teaching and also prepare them to disseminate the teaching in their locality at a later date. Their presence was particularly valued by the IAPT workers who used the training as an opportunity to forge relationships between services.

Table 2 outlines the clinical groups that the participants rated as feeling most confident working with.

Table 2 Client Groups IAPT workers most confident working with

Clinical Group/ Trial	South	North
Child	4	4
Adults of working age	27	23
Older people	12	9
Other	4	3

The majority of participants in both trials had some experience of working with older people. Table 3 gives details of experience.

Table 3 Level of experience of working with older people

Level of experience	South	North
No experience	0	0
Minimal	8	7
Some	15	16
A fair amount	5	1
Considerable	0	0

Most of the participants had worked as a qualified therapist for three or fewer years with the majority working for a two year period.

Therapist Attitudes

Using Boddington's Therapist Attitude Questionnaire, a statistical difference in attitude scores pre and post training can be reported. T Test results are given in Table 4 below (n= 56). This suggests the training package has a positive impact on therapist attitudes after two days of training.

	Mean Pre	Mean Post	Pre Std Deviation	Post Std Deviation	T-Test	Sig Difference
All Participants	19.02	14.7	7.01	6.25	5.72	0
South	18.03	14.1	6.25	6.69	3.49	0.002
North	20.07	15.33	7.72	5.8	4.68	0

Subjective Change

100% of the North trial participants and 96% of the South trial participants reported feeling more or much more aware of issues facing older people's mental health post training. No participants reported feeling less inclined to work with older people post training. 85% of the North trial participants and 71.5% of South trial participants felt more or much more inclined to take on older people referrals.

There were a small number of therapists who reported no change. The comments listed in the appendices highlight that many stated they felt their attitude prior to training was already very positive towards older people and explains why no change was achieved.

Day One – Joint Teaching (Hi intensity workers and PWPS):

Improved Knowledge

Using a purpose designed multiple choice measure (See Appendices) an increase in knowledge was observed when the data of all participants were analysed. This was a statistically significant finding. Despite some changes to day 1 after the first pilot trial, results for both trial groups were similar and showed a positive trend. The details of this paired sample t test are given in the appendices.

General Evaluation Feedback

Day One

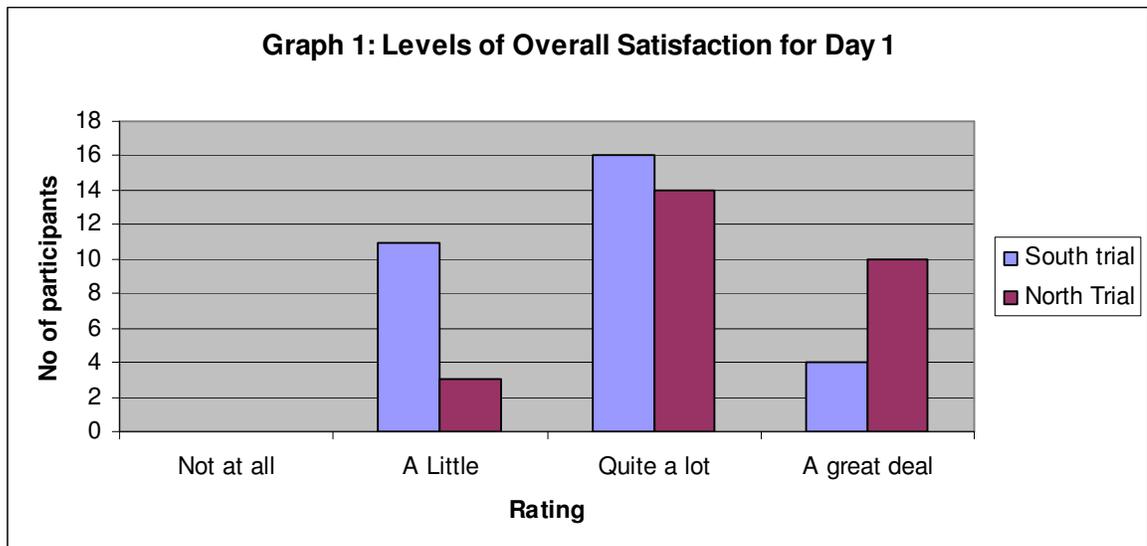
A general questionnaire was modified by the South trial team to gather general information about each teaching day. Please see appendices for the questionnaire. The first three questions on this feedback form ask about whether participants felt the workshop improved their understanding of working with older people, whether the teaching was relevant to their jobs and if they could make use of the teaching. The overall feedback for all combined data from both trials on all of these questions was positive. Table 5 below outlines the results:

Question	Not at all	A little	Quite a lot	A great deal
1. The workshop improved my understanding	0	38%	45%	17%
2. The workshop was relevant to my job	0	14%	51%	35%
3. I expect to make use of what I have learnt	0	25%	43%	32%

When asked about whether they felt there was the right amount of material covered approximately half of the group felt there was too much information to take in. This was a view also shared by the facilitators of both groups.

The presentations of data were rated as good, very good or excellent by a majority of participants across both trials. There was also a high rating when asked whether workshop leaders related to the group effectively.

There were high levels of satisfaction expressed for data overall although the figures for the North trial were higher than the South trial.



This difference could be explained by the uncertainty of whether IAPT workers would be expected to use cognitive screening tools as part of their service in the North trial. In the North trial an exercise on the telephone was omitted and it was suggested to participants that they would signpost people to relevant services if they had significant concerns about dementia or C.I.

A collation of the most frequent comments about what was most helpful about data is given below:

- statistics and facts about older people
- Time to reflect on older people issues
- Time for service planning specifically doing the benchmarking exercise, the Reddington tool
- Working with therapists, psychologists and building relationships between services

A collation of the most frequent comments about what was the least helpful included:

exercise using [redacted] and ambiguity about who would screen for dementia [redacted] outh trial onl

Too much information

Too fast a pace

pecific comments about teaching environment e.g. room too cold or had no window

ot having clarit about which tools will be used to measure anxiet and depression in older people

Improvements to Day One teaching

Participants reported that the [redacted] would like less information and some suggested having something written in advance of teaching. The [redacted] wanted more role pla s or video material as part of the teaching. an [redacted] people re uested that more time was allocated to the bench marking tool so that the [redacted] could plan their services more effectivel and tackle issues of low referrals. design materials to meet older people s needs and plan appropriate groups

In the outh trial participants expressed dissatisfaction with an expectation the [redacted] would have to screen for cognitive impairment using tools such as [redacted]. Participants from both trial sites re uested copies of some of the outcome measures for anxiet and depression and clarit on which ones the [redacted] were being asked to use

Day 2 Hi intensity workers

There was a high level of satisfaction with much of the teaching on da 2. The high intensit workers reported finding the material highl relevant to their ob and able to make use of the materials when working with older people. The amount of material in contrast to da one was universall felt to be about the right amount. There were high ratings for the presentation of da 2 and how effectivel the workshop leaders related to the group

verall high levels of satisfaction for da 2 were reported across both trial sites

igh intensit workers rated the following as most helpful about da 2

ole pla s

Thinking about beliefs cohort beliefs

Going over strategies to modif work for older people adaptations

verview of essential issues

CI and work

There were not man comments made about what the participants felt were the least helpful components of da 2. ome participants commented that the [redacted] did not value the endings module. There were few comments about how to improve da 2. A small number of

people commented on having more role plays and using less jargon on slides. For the Oxford trial we included an extra role play situation.

Day 2 PWPS

On the whole the PWPs reported finding the workshop had improved their understanding a little or quite a lot. A higher number felt it was relevant to their job. There was a consensus that day 2 covered the right amount of material. The presentation and how workshop leaders related to the group received high ratings. The overall satisfaction rating with the day was quite satisfied.

PWPs reported role plays, time with step 4 psychologists and information provided as the most helpful aspects of the day. They would have liked less time on some role play exercises and more specific instructions with the role plays. They felt the workshop would have been improved if the facilitators modelled the role play or showed a video clip. They also felt it would have been enhanced by including an older person (user) in the session.

Specific Evaluation questionnaire Data

Day 2 High Intensity Workers:

A purpose designed questionnaire was used to assess how useful participants perceived elements of the training on day 2. Overall the feedback from both trials was very positive. They rated specific components of the teaching. In summary 30 out of 38 high intensity workers rated helpfulness of the formulation and goal setting module as “extremely helpful” or “quite a lot”. Similarly formulation models such as James’s framework and Laidlaw’s CCF were valued. The Mini formulations model was not found to be quite as useful, although half of the sample still reported it as quite or extremely helpful.

Participants reported high levels of confidence post training in using Laidlaw’s CCF model. Their confidence levels in applying selection, optimisation and compensation was not quite as high, although half of the sample again reported themselves as quite confident. Over two thirds of participants reported the endings module as quite useful although more specific comments on the general questionnaire (see below) indicated that some participants did not feel this module related only to older people. Full details of findings and questionnaire used are given in the appendices.

Day 2 PWPs

A purpose designed questionnaire was used to assess how useful participants perceived elements of the training on day 2. Overall the feedback from both trials was positive although not quite as positive as feedback received from high intensity workers about their second day.

The role plays were generally seen as useful although many participants wanted instructions to be clearer and to condense the exercise. They also requested that having telephone role plays in addition to face to face role plays would be more appropriate for some services.

There was a general consensus that PWPs felt confident in using specific models discussed and they found the basic intervention module helpful. The majority of PWPs were able to list five important issues to take away beyond training. These covered a range of themes including flexibility of services, raising awareness of older peoples needs with referrers, possibility of specific groups for older people, drawing on specific older people resources such as questionnaires and modifying materials to meet the needs of older people.

Many PWPs reported feeling more prepared with “possible implications of ending therapy with older people” although a significant number only rated themselves as feeling slightly more prepared.

Summary of Findings

The teaching on the whole was well received by participants across both pilot sites. This is reflected in high levels of overall satisfaction for all across both days. At the end of two days training, participants expressed a more positive attitude towards working with older people. They also showed a gain in knowledge after the first day of teaching. Participants gave detailed feedback about how to improve the teaching and this forms the basis of the recommendations.

1. Provide a pre course handout to supplement the two days of teaching and allocate time for participants to read through before day 1.
2. Provide and go through outcome measures suitable for older people (as recommended by National team and available on minimum data set).
3. Ask all IAPT workers to look at and think about the bench marking tool as part of the pre course task. In day 1 be specific on how much of the tool they should attempt to cover rather than expect the whole tool to be completed.
4. Include a video clip in teaching for PWPs and high intensity workers (day 2) and adapt this so that it could be a telephone interview.
5. Change the role play exercise for PWP day 2 to make instructions clearer, condense the exercise and ask participants to role play both case examples. This will give everyone an opportunity to work on a role play of a person who is depressed and a person who has MCI and anxiety.

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