

Introduction

Evidence based psychological approaches (EBPA) help people make positive changes in their lives. Health Boards, Social Services and the Third Sector are increasingly working together in an integrated system to implement effective, evidence based psychological approaches for people with mental health problems. We know from Implementation Science that effective evidence based approaches are delivered successfully when effective implementation methods are used within an enabling context, resulting in positive outcomes for people¹. This pilot project aimed to investigate:

1. The supporting infrastructure required for the effective implementation of psychological approaches within the Third Sector.
2. The acceptability and impact of an evidence based psychological approach model within the third sector

Method

The Five Areas Approach² is a widely used self-help method of communicating the CBT model. It incorporates a focus on problems of relevance to the person, structured step by step approach that build on a supportive relationship with a practitioner, accessible language, and tools that can be utilised by non-specialist CBT practitioners to facilitate change in people with mild to moderate mental health problems. It has been widely implemented in primary care and the Third Sector and was identified as a suitable evidence based psychological approach (EBPA) to use within the pilot.

The EBPA was implemented in the Third Sector in two formats:

- A. 2-day interactive workshops plus a supportive infrastructure that consists of pre-training meetings and 4 follow-up coach groups
- B. 2-day interactive workshops and no supportive infrastructure.

A mixed methods approach was used to evaluate both training formats. Restrictions in time and access to staff limited the methods that have been used with each training format. The 2-day interactive training in both training formats (A & B) was evaluated with pre and post training assessments that identified demographics of staff, their self-rated level of knowledge of psychological approaches, their view on the acceptability of the training, and their self-rated attainment of Intended Learning Outcomes (ILO).

Format A – Semi-structured interviews were carried out with participating Third Sector organisations receiving the training with a supportive infrastructure (Format A). The presence of key implementation drivers within the organisation at the exploration stage of implementation and prior to training being delivered was assessed with the National Implementation Research Network (NIRN) Assessment of Best Practice³. The assessment measured the extent to which best practices associated with each of the implementation drivers (competency, organisation and leadership) was in place, partially in place, or not in place. Following the delivery of the psychological approach training and coaching sessions (Format A), focus groups were carried out to analyse the experience and impact of the training for staff and clients. A sample of participants received objective pre and post assessments of attitudes and knowledge in EBPA. Coaching notes kept by the trainer and reflective logs kept by the participants were reviewed. A thematic analysis was carried out on the data from the interviews, focus groups, coaching notes and reflective logs to identify superordinate and subordinate themes.

Format B – A post-training survey was sent to participants who received Format B training 2 months following the training. This included self rating of the ILO and invited feedback on their experience of the training and their use of the EBPA materials.

Results

144 staff expressed an interest in attending training, 105 (72%) staff were offered training in Cognitive Behavioural Approaches in either Format A (50%) or Format B (50%), and 100 staff attended the training giving a 95% attendance rate.

Previous Knowledge of staff

The majority of the staff (63%) attending the training did not have any previous training in Psychological Interventions. Some participants had a qualification in Cognitive Behavioural Therapy (1%) or Counselling (7%) and a number of Occupational Therapy graduates had undertaken a 12 week module in Cognitive Behavioural Approaches within their professional qualification (7%).

Training acceptability to staff in Format A & Format B

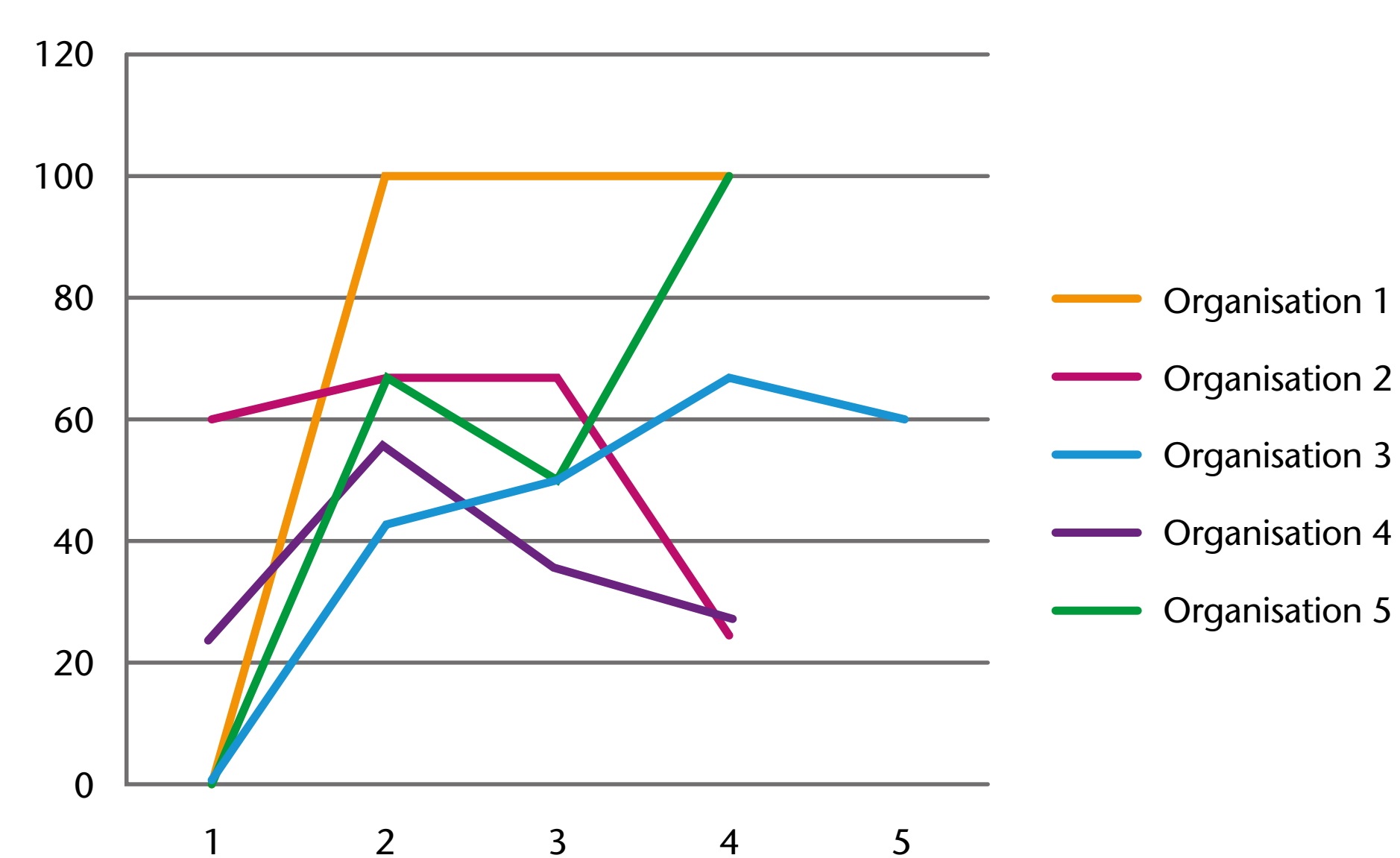
Overall, both staff in Format A (89%) & Format B (88%) rated the training as being highly acceptable.

Achievement of Intended Learning Outcomes in Format A & Format B

ILO		Format A	Format B
I have developed a good understanding of an evidence based psychological approach	Pre	41 (78%)	37 (73%)
	Post	50 (96%)	48 (100%)
I can identify thought, feelings and behaviours and how they affect people	Pre	47 (90%)	48 (100%)
	Post	50 (96%)	48 (100%)
I have a good understanding of an evidence based psychological assessment that can be used to develop a shared understanding of people's difficulties	Pre	41 (78%)	34 (70%)
	Post	50 (96%)	48 (100%)
I am able to develop a plan to work on together and select approaches to make effective change	Pre	48 (92%)	44 (91%)
	Post	52 (100%)	46 (95%)

Format A – Use of EBPA materials reported in the coaching groups

At the first coaching session within each organisation a lot of staff reported that they had not used the EBPA. Their use steadily increased except in organisations 2 and 4.



Format A – Impact of training on staff and clients

Focus groups were held in the 5 participating organisations in separate groups for staff and clients. The analysis detailed a number of current themes.

Staff	Clients
<p>Usable Interventions</p> <p>Attractive & simple to use</p> <p>‘...The colour makes a difference. It’s more attractive [it makes it look a bit more professional, I’ve not just photocopied them], and it’s more professional and respectful. There is something about it.’ (Participant 1, Carrgomm)</p> <p>Immediacy</p> <p>‘So I tend to carry them with me because I’ve found sometimes it just comes up that this’ll fit’ (Participant 1, Penumbra North)</p> <p>Language</p> <p>‘I think you just wouldn’t put that down in front of them, would you? Like the bad thoughts... but that would be... although how great the worksheet would be, and you could talk them through it, they’ll still focus on that, well you think I had a bad thought, you think they’re bad thoughts that I’m having’ (Participant 5, Penumbra North)</p>	<p>Usable Interventions</p> <p>Accessible</p> <p>‘It’s easy enough, self explanatory’ (Service User 2, Carrgomm)</p> <p>Immediacy</p> <p>‘What I used to do was, I’d have like my dining room table, or I would have the stuff laid out all over the place and was like every now and again a situation would happen, and I’d go right, wait a minute, where’s the cards? Who’s pushing my buttons? (Laughter) It was there and having it out and being able to use it in that way, and sometimes just being able to tidy it up and put it away and say right, I’ll get that one later, I’ll keep these ones, or I’ll stick these on the fridge, or... using it, and... aye, it got me through these past three months – December, January, February, March – and I still keep using them, and... definitely.’ (Service User 1, SAMH South)</p> <p>Writing things down</p> <p>‘I write things down and then go back to it. You see things differently every time’ (Service User 2, LAMH)</p> <p>‘It’s the first time that I have been honest with myself, when I wrote on the sheets. I’m not the only one’ (Service User 2, LAMH)</p>

Staff	Clients
<p>Making a difference</p> <p>Focus & guidance</p> <p>‘And do you know, it helps you as a worker as well, it helps you focus as well as the individual’ (Participant 1, SAMH South)</p> <p>Finding out new things</p> <p>‘the three boxes he ticked are so... you know, I am my own worst critic, I should see others badly, you know, giving yourself impossible standards, he ticked three of them. Even those three boxes, it’s amazing the amount of information... probably more information from those three boxes than we’ve had from him in three years’ (Participant 3, SAMH South)</p> <p>Noticing change</p> <p>‘She started it six weeks ago, the energiser programme and she’s doing the smiley faces sheet at the beginning of the week and the end of the week and what a difference, and she’s loving it to see that difference herself. That’s been really positive, something she’s really responded to’ (Participant 4, Penumbra North)</p>	<p>Making a difference</p> <p>Challenge and support</p> <p>‘I think it was just, em... cause it was asking things, you know, where do I want to go? Well, I know where I want to go, but em... but I couldn’t put that down in words, but I think that it was just myself, you know, I could see what the sheets were meaning, and I knew I had to sort of get a plan, you know, but I just couldn’t find the words to actually put it down, but eventually I did’ (Service User 2, Carrgomm)</p> <p>Finding out new things</p> <p>‘God, I would never think of doing something like that!’ (Service User 2, Carrgomm)</p> <p>Noticing change</p> <p>‘I just feel that working with [support worker] and doing this has just made me stronger and more confident and be able to recognise these signals and things... like even just the pain and that, knowing what they are and being able to deal with situations, and it’s definitely made me a lot stronger’ (Service User 1, SAMH South)</p>

Staff	Clients
<p>Getting it</p> <p>Facilitating change with the Vicious Circle</p> <p>‘That’s the whole thing about the vicious circle. If they’ve got a whole load of anxiety about the fact that they can’t go out and look somebody in the eye, and that encompasses their every waking thoughts, they’re not going to be doing housework, they’re not going to be doing the dishes and they’re not going to be doing this and that... so deal with that.’ (Participant 7, SAMH South)</p> <p>Facilitating change in thoughts</p> <p>‘... and he’s found it [the Bad Thought Spotter] really useful, and being able to... especially the “bad thought” one. I think being able to label it and then recognise the patterns, and turning it into how would you help them? The Bad Thought Busting Programme, especially the bit about what advice would you give somebody else, he had almost a light bulb moment there, he was like, “Oh well, now you put it like that, I never really thought about it that way.” You know? And then that’s been turned into a plan and he finds it really useful...’ (Participant 7, SAMH South)</p> <p>Facilitating change in behaviours</p> <p>‘So it’s been somebody that’s been in the system a long, long time and just, kind of no hope anymore and this is my life and it’s fine, but he was able to actually help her with specific anxieties that was around in different situations. So one of the things was going to the bingo, she had real problems but because they put a plan in place, she goes there and she does that now, and you know she enjoys that social activity’ (Participant 11, SAMH South)</p>	<p>Getting it</p> <p>Experiencing change with the vicious circle</p> <p>‘the worksheets are very good and help break things down (vicious circle) I’m not the only one that feels like this- it’s normal to feel like this when you have these thoughts’ (Service User 2, LAMH)</p> <p>Experiencing change in thought</p> <p>‘I really like this bit. (Amazing Bad Thought Busting Programme) What would you say to someone else? Because you don’t say it to yourself - but you would give a friend the advice’ (Service User 1, LAMH)</p> <p>Experiencing change in behaviours</p> <p>‘this was in Asda, and I started to get the sore neck, the shoulders, panic, anxiety, fear... and what I did was, I could either run out the shop and that would be it or I would just go to the checkout and do what I’m doing, pay for... in fact it was this jacket, pay for this jacket and walk out the door with my head held high. And that’s what I did, so that was my behaviour. I didn’t run out the door, I actually went and paid for it’ (Service User 1, SAMH South)</p>

Perception of the presence of implementation drivers within organisations

Table 3 summarises the Implementation Driver scores from each organisation that received training in Format A. A score of 1.5 is regarded as the threshold for high quality implementation⁴. The organisations had a tendency to focus on implementation drivers that were present in their organisation for the overall functioning of the organisation and not the implementation of the psychological approach.

Implementation Driver	Organisation 1	Organisation 2	Organisation 3	Organisation 4	Organisation 5
Selection	1.33	1.11	0.89	0.56	0.89
Training	2.00	1.60	1.60	1.60	1.80
Coaching	1.38	0.77	0.00	0.69	0.31
Performance Assessment	1.33	0.22	0.56	0.89	0.00
Systems Intervention	1.25	1.50	1.13	1.13	0.38
Facilitative Administration	1.86	1.57	0.86	0.71	0.00
Decision Support Data System	1.20	1.30	0.30	0.80	0.30
Technical Leadership	1.20	1.00	0.80	0.40	1.80
Adaptive Leadership	0.13	0.25	0.63	0.50	1.50

Format B – Staff Survey

19 (40%) staff responded to the on-line survey that was distributed following the 2-day training. Table 4 reports on the use of the EBPA worksheets.

Worksheet	Frequency	All of the time	Occasionally	Never
Vicious Circle	11	9%	45%	45%
The Cards That Life Deals You	12	-	50%	50%
Before / After we Got Going	11	9%	54%	36%
10 Things That Make You Happier Right Away	11	9%	54%	36%
Plan, Do, Review (OK – How did it go?)	11	27%	54%	18%
My Activity Planner (Don’t just sit there, make a plan)	12	25%	67%	8%
My Bad Thoughts	12	25%	25%	50%
Bad Thought Spotter	12	25%	25%	50%
The Amazing Thought Busting Programme (The ATBP)	12	17%	33%	50%
My Easy 4-Step Plan (My E4SP)	12	33%	25%	42%
The Things You Do That Mess You Up	12	25%	42%	33%
Know Your Buttons	11	36%	36%	27%
Anxiety Control Sheet	12	8%	58%	33%

54% of the responders felt that the EBPA had made a difference to the way in which they worked with their clients. Responders thought that the EBPA gave ‘more positive outcomes and increased confidence’ but it is not know how this was determined.

Responders thought the EBPA helped improve the collaborative relationship they had with their clients, the focus of their approach with their clients, their understanding of the causes of their clients problems and was considered to be a good fit with existing resources in use within their organisation. Some of the language used within the materials was off-putting. Some responders felt that the training itself reinforced their pre-existing knowledge.

Conclusion

Staff in both training formats were highly motivated to implement EBPA. However, the supporting infrastructure that is required for the effective delivery of EBPA is inconsistent and variable within each Third Sector organisation and presents challenges for the effective implementation of EBPA. The results show that training was acceptable to staff and the Intended Learning Outcomes were achieved. Within Format A, staff reported 60% - 100% use of the materials. The staff who received Format B and responded to the survey, reported slightly lower usage of the materials. The focus groups carried out with staff from Format A and their clients demonstrated clear evidence of the impact of the training. It was interesting to note that both staff and clients seek similar qualities in the EBPA; e.g usable approaches that make a difference in people’s lives by facilitating new discoveries and emphasising change.

The outcomes from this pilot project will be used to improve the implementation of evidence based psychological approaches within integrated public sector organisations

References

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