Evaluation of the effectiveness of psychological skills training in Cumbria September 2011 – January 2012

Paula Maisey and Jennifer Dickenson

CITATION
FTs report that their members are generally not frequent users of social media and prefer face-to-face engagement. However, as the population ages and the growth of social media continues, organisations have a real opportunity to engage with new groups of people in the community who could become members in the future. Only then are they likely to build sufficient online communities to realise the potential of engagement through social media. Growth in this area is showing no signs of slowing and organisations would be well advised to begin the process of building their communities now.

Affiliation
Kath Hughes, Cumbria Partnership NHS Foundation Trust, UK

Contact information
Kath Hughes, kath.hughes@cumbria.nhs.uk

References


EDUCATION AND LEARNING
Evaluation of the effectiveness of psychological skills training in Cumbria September 2011 – January 2012

Paula Maisey & Jennifer Dickenson

Abstract
This study aims to investigate the effectiveness of the Psychological Skills Training Level 1 (PSTL1). The aim of PSTL1 is to build upon the skills and knowledge of staff by providing training of psychological skills and to enhance the quality of care provided by the Trust. This evaluation identifies key learning outcomes from this training and suggestions for further training.

Keywords
psychological skills; training; learning outcomes; applied psychology

Introduction
New Ways of Working (British Psychological Society, 2007) recommends Applied Psychologists should provide expert consultancy, training and supervision of staff to help expand their psychological understanding and aid their way of working. The delivery of Psychological Skills Training Level 1 (PSTL1) by Applied Psychologists in Cumbria is one of the ways this has been implemented in Cumbria. As well as adhering to New Ways of Working, training delivered in-house also has the following benefits:

- Reduced cost;
- Development of staff skills;
• Improving staff confidence;
• Improved team working and integration of psychology into the teams;
• Better and consistent care within the trust; and
• Access to ongoing supervision by the trainers if requested.

PSTL1 began in 2009 and was designed to ensure that staff working within mental health services, have the minimum psychological competencies to do their job safely and confidently. It was aimed at staff working directly with clients who experience mental health problems.

In 2011 through the ‘Future Skilling’ initiative within Cumbria, the PSTL1 became mandatory meaning all staff were expected to attend the two days which now formed part of The Care Factor training. The Care Factor training aimed ‘to foster the confidence and knowledge for this staff group in a number of areas where their contribution is vital to patient care and experience’ (Cumbria Partnership NHS Foundation Trust, 2011, p.71).

The main aims of the PSTL1 are as follows:
• Demonstrate knowledge and awareness of mental health problems;
• Utilise communications and interpersonal skills to support recovery;
• Demonstrate knowledge of therapeutic relationships and professional boundaries;
• Discuss experiences within mental health practice to facilitate learning through reflection (Cumbria Partnership NHS Foundation Trust, 2010)

Method

Aim

The aim of the study was to evaluate the training through measurement of the change in each individual’s perceptions of their ability and understanding of psychological skills.

Measures

A self-evaluation questionnaire with a 10-point Likert Scale was used to assess pre and post understanding, confidence and awareness of issues raised in the training before and after the training was delivered.

The questions can be broken down into the following learning outcomes:
• General knowledge and confidence in skills (Questions 1, 2)
• Awareness of service user experience (Question 3)
• Communication and reflection (Questions 4, 5)
• Self-care (Questions 6, 7)

The final section of the questionnaire consisted of a space for any additional comments.

Participants and procedure

The questionnaire was administered to 34 staff. The pre-questionnaire was completed at the beginning of day 1 and the post-questionnaire was completed at the end of day 2.

The data were collected from training delivered on the following dates:
21 and 22 September 2011
18 and 19 October 2011
31 October and 1 November 2011
9 and 10 November 2011
7 and 8 December 2011
17 and 18 January 2012

Consent and confidentiality

Verbal consent was gained from all 34 participants at the beginning of day 1 and they were given a brief verbal explanation of the aim of the questionnaire.

Table 1: Mean and standard deviation of scores for each question pre and post training (rated on Likert Scale scored from 1-10)

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre Mean (SD)</th>
<th>Post Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Indicate your current level of understanding of psychological models</td>
<td>3.32 (1.57)</td>
<td>7.13 (1.68)</td>
</tr>
<tr>
<td>of mental health difficulties (e.g., biopsychosocial model, recovery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>model and stress-vulnerability model)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Rate your confidence in using psychological skills in your work</td>
<td>3.50 (1.87)</td>
<td>7.07 (1.88)</td>
</tr>
<tr>
<td>3. Indicate how aware you are of the stigma and discrimination</td>
<td>7.26 (2.16)</td>
<td>8.47 (1.58)</td>
</tr>
<tr>
<td>experienced by service users</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Indicate how confident you feel in engaging a client in an</td>
<td>6.94 (2.17)</td>
<td>8.56 (1.76)</td>
</tr>
<tr>
<td>empathetic and non-judgemental way</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Indicate your current level of understanding of power dynamics</td>
<td>5.57 (2.53)</td>
<td>8.29 (1.80)</td>
</tr>
<tr>
<td>including boundaries and self disclosure when interacting with service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>users</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Rate the importance of reflecting on your own practice</td>
<td>7.94 (2.04)</td>
<td>9.18 (1.58)</td>
</tr>
<tr>
<td>7. Rate the importance of looking after your own psychological</td>
<td>8.47 (1.86)</td>
<td>9.18 (1.69)</td>
</tr>
<tr>
<td>wellbeing and developing effective coping strategies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Anonymity was used to ensure confidentiality of participants and help to reduce social desirability bias.

**Results**

**Quantitative data**
The mean and standard deviations of scores for each question are displayed in Table 1.

The mean change of scores for each question pre and post training are displayed in Figure 1.

A series of within-subjects ANOVAs were carried out to assess whether the above changes pre and post training were significant. This indicated that there was a significant main effect for training for Question 1 ($F = 121, p = 0.001$), Question 2 ($F = 122, p = 0.001$), Question 3 ($F = 22.18, p = 0.001$), Question 4 ($F = 26.20, p = 0.001$), Question 5 ($F = 49.55, p = 0.001$), Question 6 ($F = 20.85, p = 0.001$) and Question 7 ($F = 13.61, p = 0.001$), suggesting that participants were demonstrating an increase in their perceived knowledge and understanding following the training. Question 7 produced the smallest change however after looking at the pre-mean for this question, it could be suggested that this is an area which participants already felt confident in and currently use within their practice as it asked the importance of self-reflection and looking after your own wellbeing.

The greatest change was identified in question 1 and question 2, these questions assessed knowledge and skills specifically around psychological skills and models suggesting that the aim of improving psychological skills had been met by the training.

**Qualitative data**
Qualitative data were collected from 12 out of the 34 participants. Figure 2 below shows the main comments that participants provided for the training.

The following recommendations were suggested by two participants: "I would like more training on personality disorders" and "Would like to do more on..."
**Evaluation of the effectiveness of psychological skills training in Cumbria**

**CBT (cognitive behavioural therapy) and personality disorders.**

**Discussion**
The results of this study suggest that Psychological Skills Level 1 appears to increase participants’ perception of their level of psychological knowledge and skills. It appears that participants already felt confident in their self-reflection and self-care therefore the usefulness of including this in the training may need to be considered.

There is however a question regarding time/cost efficiency of the training as only 34 participants attended 6 sets of training dates often facilitated by two members of psychological staff therefore the minimum numbers of attendees and number of facilitators in order for it to be cost effective may need to be considered for further training. Further training needs were identified by this training, specifically around the area of personality disorders and CBT. This may be useful to incorporate into future training.

A follow up audit may be useful to see whether the gains obtained at the end of day two are still apparent when staff return to their place of work and after a certain time period. In addition, in order to build on the gains made, follow up supervision groups may be useful and may help to further integrate the role of psychology into teams and further develop their consultative and training role.

**Affiliations**
Paula Maisey, Cumbria Partnership NHS Foundation Trust, UK
Jennifer Dickinson, Cumbria Partnership NHS Foundation Trust, UK

**Contact information**
Paula Maisey, paula.maisey@cumbria.nhs.uk

**References**