



West Midlands Education Innovation and Notable Practice

**IMPROVING SERVICE USER OUTCOMES THROUGH STAFF SKILLS
DEVELOPMENT**

2010 - 2011



Overview:	This case study describes how a staff skills development programme in CBT was designed and implemented in a Mental Health Division's adult and older adult services directly addressing transfer of training into practice issues and so increasing the positive impact on service users' access to and experience of talking therapies.
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As a result of service user feedback, the Trust wanted to address the take-up and quality of talking therapies delivered to its service users. Consequently, a Trust-wide strategy was written and responsibility for its implementation devolved to service Divisions.

The Mental Health Division developed a model for skills development in staff, based on the evidence-base for transfer from training into practice. It developed a three-layer implementation plan for CBT skills based on base-lining staff's knowledge and skills in working psychologically with particular presenting problems and experience of different therapies; first empathy and awareness of the experience of receiving services, secondly evidence-based therapy skills and thirdly, specialist interventions for more complex presenting problems. The case study focuses on the latter two layers of the strategy.

CBT was selected due to its extensive evidence-base and profile within NICE guidance. We wanted to avoid simplistic training delivery but rather directly address transfer of therapy skills into day-to-day clinical practice and to impact on service users' recovery and experience of receiving talking therapies. As well as the development of training at three levels of expertise, a model for facilitating transfer into practice was also developed.

The 'transfer infrastructure' involved securing buy-in for the work from all levels of the Division management, clearly articulating the responsibilities and potential gains for team leaders and service managers in supporting the programme, providing support for team leaders in fulfilling their responsibilities (especially relating to addressing systems obstacles eg paperwork), ensure reinforcement of staff efforts at applying their training by team leaders, ensuring systems within teams to discuss and reflect on the impact of the training at team level, ensuring training delivery reflected the real world of clinical practice and the needs of the service, and provision of regular booster and augmentation sessions for staff as well as mandatory clinical supervision.

The three levels of the CBT training programme were:

Awareness training: two-day workshops for all staff who had client contact, qualified and unqualified, followed up with a workbook and four supervision sessions.

Fundamentals in CBT: 12 day postgraduate module for all qualified staff, with case-study, practice video and clinical supervision.

Advanced CBT: 12 day postgraduate module for qualified staff selected by team leaders as acting as mentors and clinical leads within their teams, with case-study, practice video and clinical supervision.

To date, all staff in the Division have completed Awareness (150 staff) with two sessions for new starters delivered each year. Five runs of Fundamentals have been successfully delivered to 50 qualified staff and one run of Advanced to 10 staff. These modules are run three times per year. Feedback from staff and managers include:

- 'I am now confident that I can make the links between thinking patterns and emotions which enable me to facilitate the SU to recognise and become more aware of themselves. ..CBT is structured and so my clinical work follows usable strategies which enable discharges.....CBT works with boundaries and a framework which enables me to keep the SU focused on the real difficulties.....The legacy from completing this training has been recognising and embellishing existing skills....I have found this training has altered my approach to therapy and have been rewarded with positive feedback and a feeling that I have made a difference. (CPN)
-we have increasing numbers of service users who are being offered Cognitive Behavioural approaches. Staff members have reported a positive response, keen to train and discuss cases from a CB perspective and this is anecdotally evidenced by discussion in team meetings.[T]he team feel more motivated and increased morale in difficult circumstances and allowed different perspectives in supporting service users. It has also been useful to relate back to CBT frameworks in team decision processes looking at why things happen in certain ways but this is in early stages. The team has a development group to look at standards for CBT in day-to-day practice. As part of this we identified champions to move onto the next level of training. We also have a case formulation group that has benefited from people going on the course. There is work to be done to ensure it is evidenced through case-notes and team minutes (CMHT Team Leader)
- Clinical supervision with staff has reflected they are working more therapeutically – this can be seen in their notes. Cluster work has demonstrated change with clients' mental health input from start to finish. We believe this has had an impact on [re-referrals] as clients are now getting structured work instead of dabbling. Staff are using treatment formulation – clinical notes are demonstrating a change in recording practice. (Service manager)

In the last national audit of NICE Guidelines for Schizophrenia, our Trust offered talking therapies to 91% of clients with 'treatment-resistant schizophrenia' compared to a national average of 34%.

Thus our aim to ensure that investment in staff skills development directly impacts service user outcomes is being achieved.