

The Revision and Application of a Training Impact Survey for Wraparound

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Today's Agenda

- The Need for Training Evaluation
- The Original IOTTA
- IOTTA Revision Process
- What can the IOTTA tell us?
- Reflection on use of IOTTA by trainers
- Next Steps

High-quality training is one of the first steps in successful implementation

- Trainings must accomplish several goals:
 - Hold attendees attention
 - Convince staff that the training goals are worthwhile
 - Convey concrete and doable behavioral expectations
 - Encourage trainees to make enduring changes to their practice and apply training content to their work
- If trainings are of poor quality or do not have enduring impact, resources are wasted

How do you currently evaluate your training programs?



- There are few standardized tools to measure the quality and impact of training efforts
 - Surveys and tools are often model specific, or even training specific
- Without valid, reliable, and routine training assessment trainers and administrators don't have needed information for quality improvement

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The Impact of Training and Technical Assistance (IOTTA) survey

- Developed in 2008 by Janet Walker at PSU
 - Based on a literature review and previous training impact surveys
- Assesses the quality and impact of human services training
- Baseline collected directly after training and two-month follow-up administered online
 - Follow-up measures enduring training impact
- Low-burden, cost-effective approach

Original IOTTA Items

- Mastery and Competence
 - Existing Mastery/Competence
 - Post-training Mastery/Competence
 - Current Mastery/Competence (at follow-up)
- Perception of Training Quality
 - E.g., Credibility of the trainer; training organization
- Impact
 - E.g., How likely are you to make a change at work?
- Route to change in mastery/competence
 - E.g., What you learned; working with the trainer

Some Problems to Fix

- Ceiling effect on some items
- Lack of variability on some items
- Some baseline items not assessed at follow-up
- Missing important content, especially:
 - *What* specific behaviors the training impacted
 - What facilitated/prevented implementation of training concepts



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Goals of the revision process

- Make a tool relevant to human services training in general, not just Wraparound
- Reconcile baseline and follow-up surveys to ask the same questions to get more information on expected and actual change
- Unpack “impact” questions to tap in to actual behaviors the trainings are designed to impact
 - How staff interact with families
 - How staff document their work
 - How staff collaborate with colleagues
- Assess drivers and barriers to training uptake

Revised IOTTA

- Revised through the lens of several evidence-informed frameworks
 - Kirkpatrick's four-levels of evaluation training
 - Reaction, learning, behavior, and results
 - Kraiger's classification of learning outcomes
 - Affective, cognitive, skill-based
 - Fixsen's implementation drivers
 - Competency, leadership, and organizational drivers
- 18 items at Baseline, 24 items at Follow-Up
- Two new sections
 - Type of Impact (BL and FU)
 - Drivers and Barriers (FU)

Unpacking training impact

Type of Impact: Since the training, how have the following aspects of your work changed?

	Large Negative Impact			No Impact			Large Positive Impact
How you understand families' problems/needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What you do to address families' problems/needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How you interact with families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of time you spend with families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How you document your work with families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of time you spend documenting your work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How you collaborate with your colleagues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How you collaborate with other organizations in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Note that items are relevant to a wide variety of human services trainings

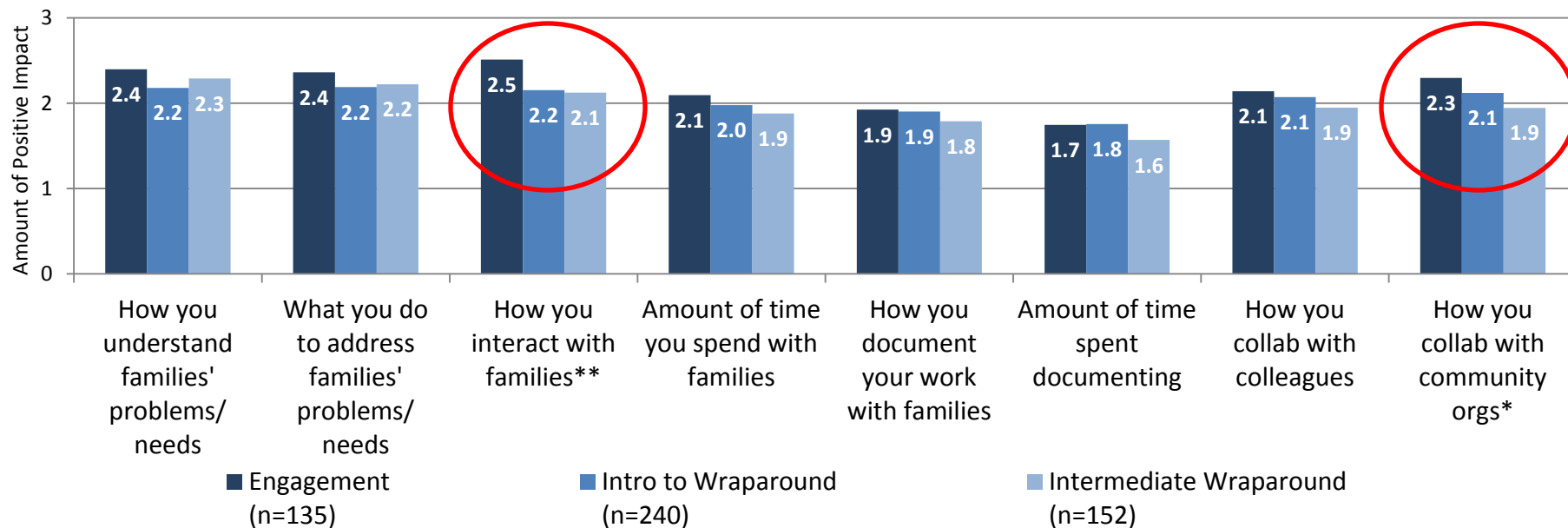
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- Has been used since 2012 at every UMB/NWIC Wraparound training
 - Resulting in a dataset of over 7,000 completed surveys (Baseline and follow-up combined)
- Launched the revised IOTTA in summer of 2014
- Also increasingly being used to evaluate training and coaching for other service models/strategies

The revised IOTTA picks up connection between training content and impact

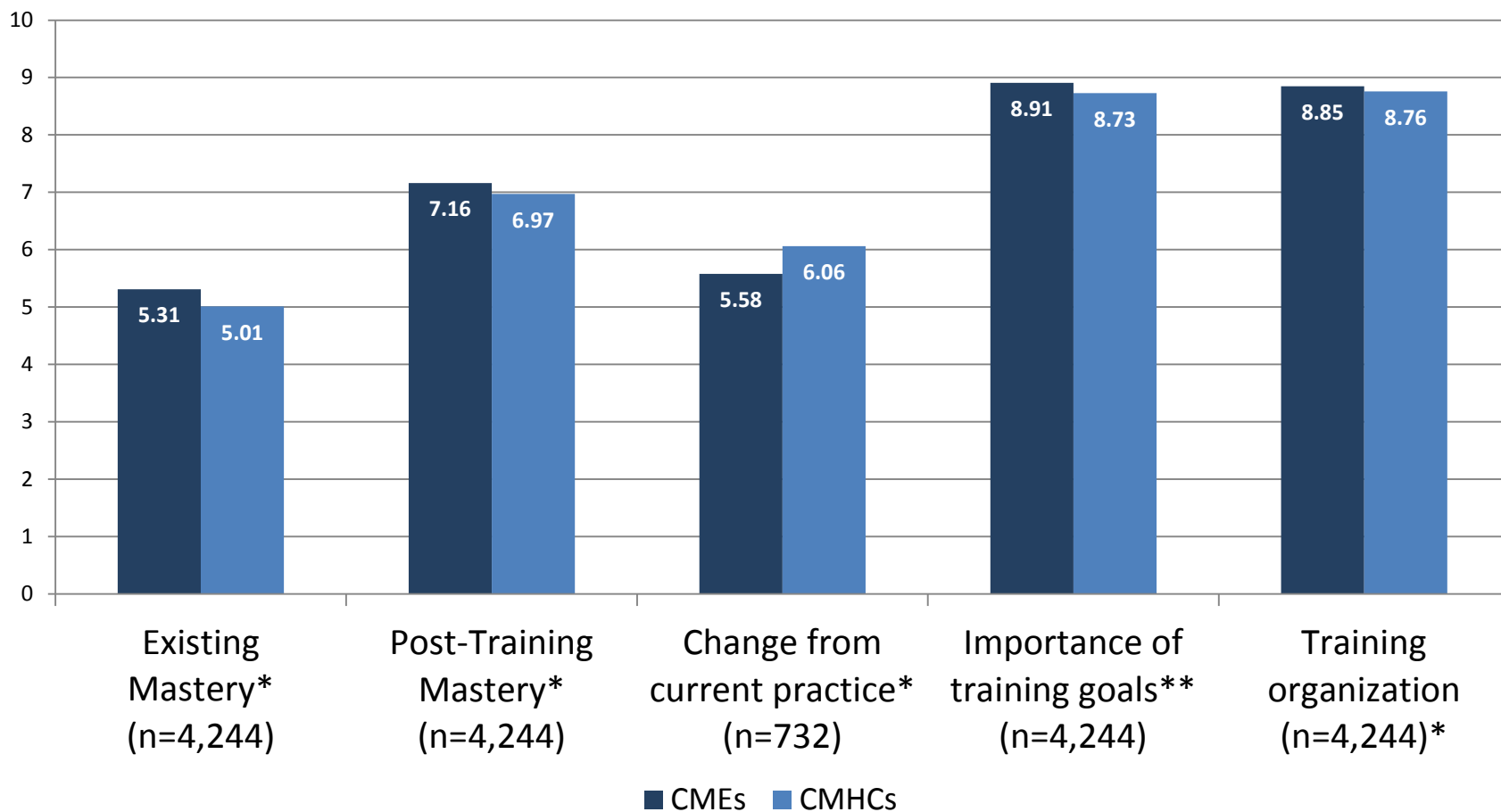


- Engagement training expected to have a significantly larger impact on how trainees interact with families than other trainings
- Intermediate trainees have been practicing Wraparound for a while, so may not expect as large an impact on these basic aspects of practice

Does the IOTTA reveal differences based on training context?

- Wraparound is often implemented in one of two settings:
 - Care Management Entities (CMEs)
 - Centralized hub to coordinate care specifically for youth with complex behavioral health challenges who are involved in multiple systems
 - Wraparound is the preferred care coordination model
 - Community Mental Health Centers (CMHCs)
 - Provides a wide range of services for youth and adults
 - Wraparound is one item on a menu and not infused into the organizational culture

Significant differences in IOTTA ratings between CME and CMHC staff



Test-retest of baseline tool conducted for two Intro trainings

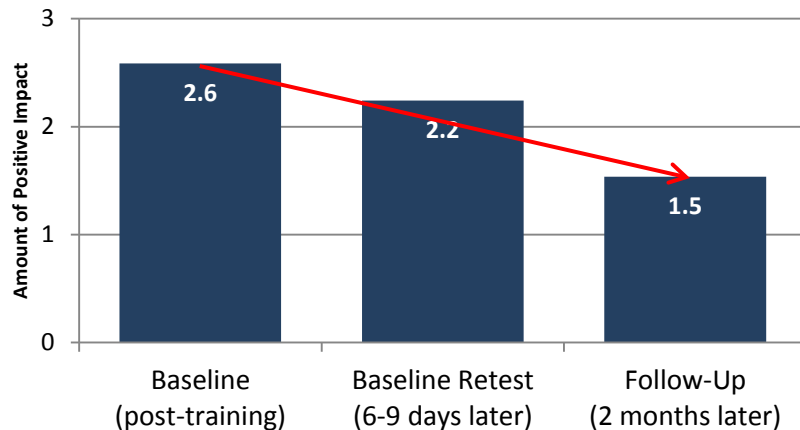
- Two baseline test-retest sites
 - Site #1, retest sent 6 days later
 - 18 out of 28 respondents (64%)
 - Site #2, retest sent 9 days later
 - 31 out of 48 respondents (65%)
- Average test-retest correlation of 0.52
 - Range of 0.73 to 0.18
 - All significant correlations, with the exception of one item (impact on community collaboration)

Test-retest data reveal an interesting pattern

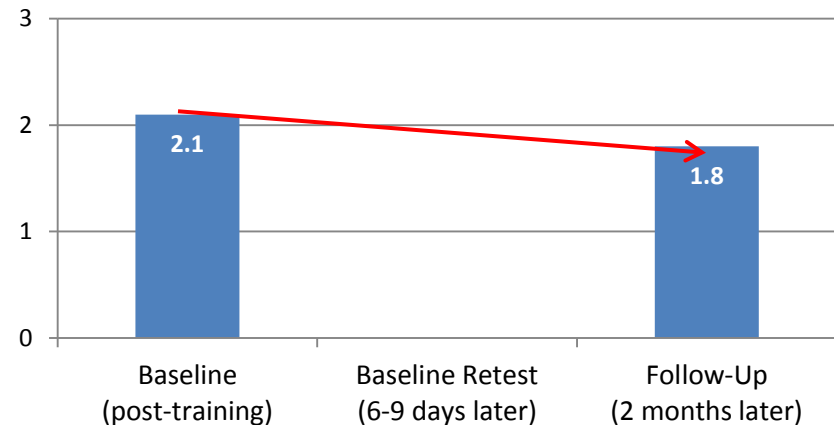
Item	Baseline	Baseline Retest	Difference	Correlation	Sig
Existing Mastery	3.10	3.15	0.04	0.622	0.000
Post-Training Mastery	6.27	6.36	0.10	0.727	0.000
Importance of training goals	8.06	8.40	0.34	0.550	0.000
Trainer credibility	9.29	9.00	-0.29	0.726	0.000
Training organization	9.04	8.81	-0.23	0.663	0.000
Training interest	8.82	8.71	-0.11	0.583	0.000
Type of Impact					
Understand needs	2.55	2.13	-0.42	0.436	0.002
Address needs	2.49	2.21	-0.28	0.395	0.006
Interaction	2.29	1.85	-0.43	0.628	0.000
Time with families	1.92	1.66	-0.26	0.541	0.000
Method of documentation	1.84	1.57	-0.26	0.521	0.000
Time spent on documentation	1.63	1.40	-0.24	0.543	0.000
Collaboration with colleagues	2.14	1.96	-0.18	0.409	0.004
Collaboration with the community	2.37	2.15	-0.22	0.179	0.223
Change from current practice	6.58	6.23	-0.35	0.323	0.028
Applying your learning	7.54	6.94	-0.60	0.426	0.003

Test-retest sites may have been unique; large erosion of impact

TEST-RETEST: What you do to address families' problems/needs



NATIONAL AVERAGE: What you do to address families' problems/needs



Paired sample | N = 29

- Some erosion of training impact always seen at two-month follow-up; however, test-retest ratings decreased almost immediately
 - Two months later, ratings decreased even further and 3x as much as average
- Need to perform quicker retest to test tool reliability
- Need to immediately reinforce training in practice setting

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Using the IOTTA in Practice

- What are your information needs around training and coaching?
- What have you learned over time?
- What role has IOTTA played in that learning process?

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Next steps in IOTTA development and implementation

- Conduct more immediate test-retest experiments
- Reword barriers and drivers question
 - Currently not performing as expected; question needs more clarity
- Refine versions worded for technical assistance and coaching
 - Consider making a generic human services version for widespread adoption
- Continue reliability and validity analyses
- Explore differences between implementation contexts, trainings, etc.
- Assist sites in implementing QI initiatives to retain and enhance training impact and test results