The Revision and Application of a Training Impact Survey for Wraparound

Jennifer Schurer Coldiron, PhD
Spencer Hensley
University of Washington

Marlene Matarese, PhD
Kim Estep, MS
University of Maryland, Baltimore

Janet Walker, PhD
Portland State University
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
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
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
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
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

<table>
<thead>
<tr>
<th>Type of Impact: Since the training, how have the following aspects of your work changed?</th>
<th>Large Negative Impact</th>
<th>No Impact</th>
<th>Large Positive Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>How you understand families’ problems/needs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What you do to address families’ problems/needs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How you interact with families.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The amount of time you spend with families.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How you document your work with families.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The amount of time you spend documenting your work.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How you collaborate with your colleagues.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How you collaborate with other organizations in the community.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

• Note that items are relevant to a wide variety of human services trainings
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
IOTTA been used since 2012 at every UMB/NWIC Wraparound training

• 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.

Revised Baseline data; * = p < .05; ** = p < .01
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

Baseline data (both versions); * = p < .05; ** = p < .01
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

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

- 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
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
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?
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
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