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 into 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
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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
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
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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 wide-spread 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