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THE IOTTA: Wraparound programs frequently rely on outside experts for the training and technical assistance they need to support implementation. But how satisfied are stakeholders with the help they receive, and what is the longer-term impact? This brief reports on an assessment approach that is being developed and tested by the National Wraparound Initiative called the Impact of Training and Technical Assistance (IOTTA) for Wraparound. IOTTA assesses stakeholder perceptions of immediate and longer-term benefits in areas that research has linked to effective implementation and practice change. For more information about the IOTTA, or to find out about using it in your community, contact Sarah Peterson at <u>spet@pdx.edu</u>.

Introduction.

As is true for any other intervention, successful implementation of wraparound requires that staff acquire the knowledge and skills they need to carry out their roles. Typically, communities implementing wraparound invest heavily in training, including training for wraparound facilitators, supervisors and family partners, as well as for people who are not directly involved in providing services but whose collaboration is necessary for the success of the program, e.g., administrators and other staff in collaborating agencies and organizations, and staff from "partner agencies" who participate on wraparound teams.

It is not easy to determine the success of training events and activities. The most popular training evaluation designs today are based on a model for the evaluation of training that involves four levels: 1) reaction; 2) learning; 3) behavior; and 4) results. Briefly, *reaction* refers to determining how well participants liked a training program—for example, by distributing brief evaluation forms at the close of

a training event. This is the extent of most training evaluations. *Learning* involves measuring participants' mastery of facts, principles, skills, attitudes and techniques. *Behavior* refers to the transfer of learning, such as changes in an individual's job performance, that can be attributed to the training. At level four, *results*, the analysis shifts from impact on individuals to impact on the participant's organization.

Evaluation efforts typically become progressively more complex and expensive as the focus expands from level 1 to level 4. For example, it can be quite challenging to determine whether training participants have changed their behavior, and if so, whether this is actually a result of the training. The IOTTA is an effort to create a cost-effective assessment that provides useful information about the perceived impacts of training at each of these levels.

Method.

Participants

Participants included 387 trainees in five types of wraparound trainings conducted by three different training organizations (identified here as Organization A, B and C). A large majority of the trainees (n=222) participated in introductory training for facilitators ("Wraparound 101"), which is designed to prepare them to begin facilitating wraparound teamwork. Smaller numbers of trainees participated in trainings that provided a general orientation to wraparound and system of care (n=49), that introduced intermediate level facilitation skills (n=35), that focused on improving the engagement of families in wraparound (n=33), that provided advanced skills for wraparound supervision (n=19), or that were designed to increase the capacities of family partners to work with families and wraparound teams (n=13).

Procedures

The IOTTA is a web-based survey that training participants complete twice, once immediately after the training, and once 6-8 weeks later. Trainers describe the IOTTA during the training, and tell trainees about the importance of participation, as well as the incentives that are available. For each survey, the training participant is sent an invitation with a link to take the survey (or to decline). Reminders are sent periodically until the survey is closed after ten days. A drawing for an incentive is held for each 100 people who complete a survey. Thus, people who complete one survey have a 1% chance of winning the \$100 incentive, and people who complete two surveys double their odds of winning.

Measure

The IOTTA survey has two parts. The T1 survey—taken immediately post-training—asks participants to rate their satisfaction with various aspects of the training, the importance of the training goals, the anticipated level of impact that the training will have, their current mastery of the training information and skills and their anticipated mastery of the information and skills at 6-8 weeks in the future. The T2

survey—taken 6-8 weeks post-training—asks participants to rate their current mastery of the information and skills from the training, the extent to which the training led to specific types of impact (i.e., sharing the information; using the information to create a product such as a form, procedure or assessment; changing behaviors at work), the extent to which their increased mastery of the information and skills was supported through various "routes" (i.e., by their own efforts beyond the initial training, by working together with peers, by working with the supervisor, by further work with the trainer), the extent to which the training had an impact on wraparound implementation overall in their community, and the overall "worthwhile-ness" of the training.

Results.

Of the total 381 responses, 122 were from T1 only, 153 from T2 only, and 106 from both T1 and T2. Response rates for the T1 survey varied from 91% to 36%, with a mean of 57%. Response rates for the T2 survey varied from 89% to 8% with a mean of 39%. Mean response rates varied significantly across the three training organizations, with organization C having the lowest response at both T1 and T2, and organization A having the highest response rate at T2.

Means for several items (or scales constructed from several items) are presented in Table 1. All ratings were made on a 1-10 scale. Trainees generally rated themselves as having intermediate mastery of the knowledge and skills represented in the training goals at T1. At T2, they rated their level of mastery on average almost 2 points higher on the 10-point scale. Ratings for the anticipated level of training impact on the trainees' work and on the wraparound effort in the community were collected at T1, and ratings for these same impacts were collected at T2. In both cases, ratings at T1 exceeded those at T2. Yet despite these declines in ratings of impact, positive perceptions of the training (a three-item scale, a= .735) were still high at T2, with a mean of nearly 8 on the 10-point scale. Interestingly, there was no significant correlation between change in mastery ratings between T1 and T2 and ratings of either overall impact or wraparound impact at T2. Positive perceptions at T1 (and T2) were correlated significantly with overall impact at T2 (r = .41, p < .000/r = .71, p < .000) and wraparound impact at T2 (r = .36, p < .000/r = .65, p < .000).

Table 1.

	n	Mean	Std. Deviation
Pre-training mastery rating (T1)	226	4.94	2.46
Anticipated mastery after 6 weeks (T1)	225	7.45	1.49
Importance of training goals (T1)	225	8.60	1.75
Anticipated level of impact (T1)	226	7.87	1.82
Anticipated wraparound impact (T1)	221	8.10	1.80
Current mastery rating (T2)	254	6.97	1.73
Level of impact (T2)	255	7.14	2.16
Wraparound impact (T2)	250	7.01	2.42
Mastery change (T1-T2)	104	1.93	2.06

Anticipated impact vs level of impact (T1-T2)	104	-1.07	1.87
Anticipated wrap impact vs level of impact (T1-T2)	100	-1.48	2.41
Positive perceptions scale T1	227	8.50	1.30
Positive perceptions scale T2	255	7.97	1.51

Trainees were also asked to rate a series of items asking how much different types of training follow up had contributed to their increased mastery, overall impact, and wraparound impact at T2. None of the types of follow up was correlated significantly with change in mastery; however each was correlated with impact and wraparound impact. The types of follow up with the lowest correlations to impact/wraparound impact were, in order, working with the trainer (after the training) (r = .37, p < .005/r = .36, p < .005); working with supervisor (r = .41, p < .001/r = .37, p < .005/r = .45, p < .000); and working with peers (r = .52, p < .000/r = .53, p < .005).

Differences in training-by-training means on the main training outcomes (positive perceptions, change in mastery, impact, and wraparound impact) were only rarely significant, primarily due to small sample sizes for the separate trainings. However, comparisons of outcomes across organizations, and outcomes by training type across organizations yielded a number of significant results. For example, across all trainings combined, the mean for overall level of impact was higher for organization C than organizations A and B (F_{impact} (2, 252) = 4.18, p < .02), while the wraparound impact for organization B was lower than that for organizations A and C (F_{wrapimpact} (2, 247) = 3.09, p < .05). (Corrections for multiple comparisons were made in determining significant differences between means.) Both organizations B and C offered trainings introducing system of care and wraparound; however, the means for impact and wraparound impact at T2 were higher for organization C (F_{impact} (1, 36) = 9.44, p = .004; F_{wrapimpact} (1, 34) = 8.67, p = .006). Organization A had higher mean outcomes for intermediate wraparound trainings than organization C. No significant differences in means were apparent for basic wraparound facilitation training between organizations A and C (organization B did not offer this training). Organizations' differential training impact may have been due to follow-up. For example, for system of care/wraparound trainings, trainees of organization C were significantly more likely to report that they had profited from follow up not only with the trainers themselves (F (1, 36) = 9.94, p < .001) but also through working independently (F (1, 36) = 8.37, p < .003), with their peers (F (1, 36) = 16.8, p < .001), and with their supervisors (F (1, 36) = 9.94, p < .001). Similarly, organization B had lower follow-up in all areas than organization C for intermediate wraparound trainings. More generally, across all trainings, these means for follow up were higher for organization C, suggesting that this training group was able to provide supports that reinforced impact after the initial training event.

Discussion.

There are, of course, limitations to the use of self-reports of trainees' perceptions to assess the impact of training and technical assistance. Additionally, the small sample sizes for assessments of individual trainings and the large amount of missing data (i.e., trainees who only participated at T1 or T2) limited the types of analyses that could be undertaken. Nevertheless, the data appear to offer some useful findings that are worthy of exploration in future research. One set of interesting findings concerns the comparisons of impacts achieved by the different training organizations. The data suggest that training organizations' ability to promote and/or support follow-up is central to achieving training impacts. Trainees of organization C consistently rated follow-up higher than organization B's trainees did, and sometimes higher than organization A's. Interestingly, organization C appeared able to promote trainees' independent follow-up, as well as follow-up with peers and supervisors. In the future, a larger sample size—including assessments of more trainings of the same types and more assessments that include both T1 and T2—will allow for more complex analyses that can offer more definitive information about the impacts of different trainings and training organizations.

Another interesting finding is that positive perceptions of the training (rated at the time of training) were strongly correlated with perceptions of impact six to eight weeks later, even though the impact as rated at that time (T2) was less than the impact that trainees anticipated at the time of training (T1). (Studies of training generally find that trainees overestimate the impact that the training will have, so the IOTTA findings are similar in that respect.) Thus, even as perceptions of impact were revised downward, initial perceptions of trainer credibility and training organization and interest (the items that made up the "positive perceptions" scale) were good predictors of later perceptions of impact.

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