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Evaluation of Certificate in Cognitive Therapy Methods Training

Participation on this programme has led to increased knowledge, skills and competence in the use of Cognitive Therapy Methods which are being used in the delivery of services.



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- 7.9 Cross border participation in psychological therapy training can increase the viability and sustainability of such programmes but managers need to consider this along with the benefits of cross fertilisation against any additional travel costs associated with this model of delivery.
- 7.10 NICTT needs to act on the recommendation of the External Verifier to have an extra Internal verifier so as to have a sustainable capacity to deliver this programme.
- 7.11 NICTT needs to continue to work with their partners to secure accreditation with FETAC for course participants who work in the ROI.
- 7.12 NICTT needs to continue to monitor the development of Occupational Standards for Psychological Therapies to ensure any training at certificate level fits in with that framework.
- 7.13 Training organisers and employers need to consider the potential requirements for additional inputs or the development of supplementary modules on specific conditions to match the individual requirements of some potential course participants. Some additional training needs have been identified by a small number of participants on these courses.

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- 6.8 There were benefits in conducting this programme on a cross border basis in addition to addressing service needs arising as a result of the troubles. This model afforded participants the opportunity to learn about service provision and models in use in the other jurisdiction, cross fertilise ideas and develop relationships. The selection of participants from both statutory and voluntary service providers across the CAWT area also enhances the viability and sustainability of this programme.
- 6.9 The services have benefited from this INTERREG III investment. The voluntary sector providers were particularly appreciative of being included in the places allocated on the courses. The final projected expenditure of the project is around £132,000, 36% of which was incurred by CAWT in their support of developing and managing the project. Excluding the start-up costs and the expenditure incurred by CAWT, this programme does appear to represent good value for money.

7.0 Recommendations

- 7.1 Service Providers and Senior Managers need to decide what role the use of psychological therapies will play in relation to the future service delivery. The service strategies in both jurisdictions do include proposals to widen the gateway to psychological therapies in both primary and secondary care sectors. They also need to decide on the structure and supervision arrangements required so that clients/patients derive the maximum benefit from such services. The costs associated with the provision of accredited clinical supervision needs to be established and resourced. These are matters of clinical and social care governance.
- 7.2 Individual services need to undertake a detailed training needs analysis in order to establish the training requirements for psychological therapies over the next 3-5 years. Identified training requirements including the level of programmes required, need to be shared with educational providers so that they can plan an appropriate response. CAWT may have a part to play in mapping out these training needs across the catchment area and coordinating a training provision to meet this need.
- 7.3 Work also needs to be undertaken in relation to the role and delivery of psychological services within primary care settings. Decisions will also be required as to how the training needs will be met for individuals working in these settings who are not part of the mental health services.
- 7.4 There needs to be agreement on the availability/allocation of places on any future courses based on the service development requirements and the capacity to release staff. When such programmes are considered a requirement to meet service needs, managers must play an active role in raising the awareness of the availability and supporting applicants to ensure that they submit applications that are of an acceptable standard.
- 7.5 In the context of limited capacity managers need to give careful consideration to the applicability of this type of skill to the applicants' future clinical work before offering support for application.
- 7.6 Selection for these courses was based on merit against agreed criteria. This should continue for any future accredited course in psychological therapies but it may be preferable to have a selection panel constituted with representatives from the employers and the educational providers.
- 7.7 Services need to consider undertaking some formal audit or research into the service enhancements to clients/patients as a result of the investment in the Certificate in Cognitive Therapy Methods training.
- 7.8 If services are to attract any element of replacement costs for future training programmes, managers need to agree at the outset reasonable arrangements with the funding body for reclaiming this element of the budget.

Introduction - Course development

Cooperation and Working Together (CAWT) is a partnership arrangement which facilitates cross-border collaboration between the Western and Southern Health and Social Services Boards and the Western and Southern Health and Social Care Trusts in Northern Ireland, and the border counties of the Health Service Executive West and Dublin North East regions in the Republic of Ireland. It provides a forum for managers and staff to come together on a cross border basis to:

- Improve the health and social well being of the resident population.
- Identify opportunities for cooperation in planning and providing services.
- Exploit opportunities for joint working and resource sharing for mutual advantage.

The Northern Ireland Centre for Trauma and Transformation (NICTT) was established by a charitable trust in 2002 so that its cognitive therapeutic work on Post Traumatic Stress Disorder (PTSD) and other psychological conditions [following the Omagh Bombing] could be made more available to the wider community. Its mission is to:

- treat and care for those suffering from Troubles related and other psychological or psychiatric trauma related disorders;
- undertake research and promote innovative practice;
- provide cognitive therapy and trauma related training programmes;
- assist with policy development and humanitarian relief.

NICTT is funded by the Department of Health to assist with the modernisation of mental health services.

The CAWT partners and NICTT have worked together since 2002 through its Cognitive Therapy Project Committee to develop strategic key workforce training in Cognitive Therapy (CT). In 2004/5 NICTT delivered a CAWT European Union PEACE II funded 6 day unaccredited CT awareness training to 240 health care professionals. An external evaluation showed that the training raised awareness of the effectiveness of CT, and participants subsequently referred 350 clients onward for formal cognitive therapy treatment. As a result of participation in the awareness training many students requested further training in CT.

In 2006 CAWT and NICTT collaborated to develop and deliver the **BTEC Level 4 Professional Certificate in Cognitive Therapy Methods** in order to "plug the gap" between the previous NICTT low-level awareness training and the newly developed high-level PG Diploma/MSc in Cognitive Therapy [offered by the University of Ulster in partnership with NICTT].

Managers on the CAWT Cognitive Therapy Project Committee recruited health and social care staff in their areas to this new accredited CT training programme.

Background

In the UK 30% of GP consultations relate to mental health, and one in six people suffer from mental illness at a cost to the economy of £12 billion annually. In 2003 GPs made twenty million prescriptions mainly for patients with mild depression. In 2004/5 guidance from the National Institute for Clinical Excellence recommended evidence-based cognitive therapy (CT or CBT) as the principal intervention for mild/moderate depression, and as an option for chronic depression.

The Northern Ireland (NI) Bamford Review of Mental Health, the Layard initiative in the UK and Vision for Change in Ireland recommend the development of key workforce skills like cognitive therapy as the trained numbers of high level therapists are very low. The numbers of low level mental health staff trained in cognitive therapy is even lower.

Against these strategic developments the CAWT partners and NICTT determined that by training low level mental health and social care professionals in cognitive therapy, more patients could receive appropriate levels of interventions earlier in referral and treatment processes. At higher specialist levels qualified

cognitive therapy practitioners would continue to treat only the more serious referrals - consequently the system would become more efficient and cost effective, and more patients would be treated. It was agreed to seek funding to deliver a professional Certificate in Cognitive Therapy Methods so that lower level health and social care practitioners would improve both their psychological literacy and practice.

In particular the new course was designed:

- so that the increasing demand for this effective form of psychological treatment can be used in as many health and social care settings and levels as are relevant;
- to achieve a higher level of congruence across different points and levels of practice (i.e. professionals working together using a common and strongly evidence based framework); and
- So that more professionals across a broader range of disciplines can better understand the benefits and practice of cognitive therapy.

The learner outcomes for the course was to enable participants from across a wide range of health and social care disciplines to modify and enhance their practice by drawing upon Cognitive Therapy based principles, conceptualizations and skills, and to move workforce trainees from awareness to intervention as appropriate. It was agreed that the course would be particularly relevant for practitioners working in psychological services such as in triage, primary and stepped care settings and would enable participants to achieve the following practice outcomes:

- to effectively identify and address client needs including making appropriate onward referral;
- to use CT methods to intervene with minor disorders, which if not treated in time could develop into more serious mental disorders;
- to apply CT methods to provide some interim help for clients on waiting lists.

Course design

The 120 hour course has 5 core units of between 16.5 and 33.5 hours. To complete the Certificate the learner must achieve all learning outcomes. Entry to the course is through an application and selection process.

unit	title	hours	days
1	Cognitive therapy principles and basic formulation	20	3
2	Structure and homework in cognitive therapy	16.5	2.5
3	The therapeutic relationship in cognitive therapy	30	4.5
4	Key cognitive therapy methods	20	3
5	Cognitive therapy methods for depression and anxiety	33.5	5.00

The course was written as UK National Occupation Standards in psychological therapies were being developed through Skills for Health and consequently now maps across to these standards. It is accredited at BTEC Professional Award Level 4 by Edexcel. An application by NICTT to Edexcel to include the course onto the National Qualification Framework (to make it available to appropriately trained tutors across the UK and elsewhere) is ongoing.

NICTT has applied to Edexcel to place the course on the National Qualification Framework (NQF). This development would enable staff from other Centres across the UK to teach the Certificate in their locality.

- increased confidence;
- improved interview techniques and listening skills;
- the adoption of a more collaborative style of working with clients/patients;
- increased use of reflection with clients/patients helping them to identify their problems;
- increased knowledge of the principles of cognitive therapy and the use of the 5 part model;
- increased focus to their work with clients/patients; and
- increased ability to use tools such as thought records and homework with their clients/patients.

6.5 Enhancements have been noted in the delivery of client/patient services. These have included the development of group sessions for patients with anxiety, reduced intervention times, earlier referral to other services of people experiencing more complex problems and an indication that there may be some reduction in the use of medication in some instances. Reported feedback from clients/patients is positive with the latter reporting that they have benefited and they liked having greater ownership and participation in their care.

6.6 The service strategies for both jurisdictions identify a problem with access to psychological therapies and the level of demand especially at primary care level. Lord Layard in the First Sainsbury Centre Lecture (2005) set out an argument that it was both logical and economically sensible for there to be greater access to psychological therapies. He went on to make the point that Cognitive and Cognitive Behavioural Therapies were evidence based and that they should be available as treatment options. He estimated that there needed to be an extra 10,000 therapists to deal with the needs of around 2% of the population who required this type of service annually. Managers at a strategic level within the CAWT area all identified the need for greater availability of psychological therapies in mental health services based both in primary and secondary care settings. The available strategies also indicate that there is a need for these skills, probably at certificate level for health care workers in primary care who are not part of the formal mental health services.

There is a view that there may continue to be a need for some awareness level training in the short term so that the wider health family are in tune with the potential benefits of this type of treatment and when it may be appropriate to refer their patients. The main training needs appear to be at certificate and diploma or above levels. Based on the feedback received during this evaluation there is probably a need for at least a further 50 places at certificate level and a similar number at diploma or above levels over the next couple of years for people who are working within the statutory and voluntary mental health services within the CAWT area.

There are some issues with capacity of the services to release staff for training given the age profile of some staff groups, the need to gain investment to increase availability of psychological services, and the need to continue to deliver services while the skill base is being developed. Some provision has been earmarked to address this capacity issue in NI but there is not an indication that there is this capacity in the ROI.

New service models are emerging to try and address the capacity to increase the availability of psychological therapies. A number of pilots have been developed in the use of group approaches, the use of computerised and telephone therapy, the use of supported self help and the use of brief intervention for a majority of people presenting, reducing the demand for referral to more specialist services of those with the most complex problems. It is likely that in the future a greater proportion of the low intensity interventions are provided by individuals working in the voluntary sector or by people who receive certificate training and who are not from a traditional mental health background.

6.7 It is clear from this evaluation that some course participants work in clinical environments which do not afford participants the maximum opportunity to utilise their new skill or where there is not the supervision arrangements in place to support their practice. There are plans in some places to address this issue, but such arrangements need to be in place universally if the maximum gain is to be attained from this training.

- 5.8.2 There are a number of issues relating to this budget which are worth noting:
- NICTT report that they incurred a much greater commitment in establishing the Certificate in Cognitive Therapy course and getting it to the current level of accreditation than they had initially anticipated. These additional inputs were not matched by an adjustment to their allocation. However these additional costs could be considered as an initial start-up investment made which should not occur again if they were to re-run this certificate programme.
 - The statutory service managers and CAWT report that there was significant documentation required by SEUPB in order to reclaim the staff replacement cost element of this budget. Service managers took the view that this level of information was too bureaucratic and impossible to provide, ultimately forfeiting this element of the budget. This resulted in a greater contribution in kind being made by the health service.
- 5.8.3 NICTT report that now the course has been established and accredited they are in a position to provide further certificate courses, based on 20 participants at £975 per person. This cost includes an element to cover their general overheads. While it is difficult to get direct comparisons for this programme there was a recent advertisement for a 10 day (70 hour) Certificate in Cognitive Behavioural Therapy in the regional press to be delivered in Belfast by The Institute for Cognitive Therapy at a cost per place of £995. This programme would lead to a 16 day programme scheduled for 2009 which is classified as an Advanced Certificate in Cognitive Behavioural Therapy at a cost of £1995. Given the above the programme that is the subject of this evaluation would appear to represent good value for money.

6.0 Conclusions

- 6.1 Most of the objectives set for this project have been met with the exception of attaining accreditation with FETAC in the ROI. The inability to attain this accreditation within the timeframe appears to be largely beyond the control of NICTT. Work continues to achieve this objective and there is confidence that will be obtained in the near future. The success of participants graduating exceeded the 80% set for the programme.
- 6.2 There was evidence of good partnership working in the development and delivery of this certificate programme. There was a Project Board established from the main health service providers within the catchment area and CAWT. Project Board meetings were also attended by a representative from NICTT who were responsible for the design of the programme, gaining its accreditation, the recruitment of course participants, and the delivery of three courses to 60 participants. This particular programme was specifically developed to meet a training need identified as a result of the evaluation of the Cognitive Therapy Awareness training over a period 2003-05. There was however some evidence of tension within the partnership which was probably a factor in a relatively low representation on the 3 courses from HSE West and the Southern Health and Social Services Board areas. This programme was project managed using the PRINCE methodology and supported by CAWT through the employment of a Project Manager.
- 6.3 Feedback from course participants and most managers confirm that this was a highly structured and well delivered programme. The course tutors were considered to bring vast experience of cognitive therapy in practice and enthusiasm to the delivery. They have been described as being passionate about the subject, very methodical in their delivery, using a participative approach which aided the development of a clearer understanding of the subject area.
- 6.4 An analysis of the pre and post programme self assessments identify that course participants had a significant increase in knowledge, competence and skills across all 13 competencies as a result of their attendance on the programme. This self assessment is consistent with the final results of all but one of the course participants attaining the certificate level qualification. Among the areas of improvement reported were:

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EXECUTIVE SUMMARY

The Cognitive Therapy Methods programme was developed by the Northern Ireland Centre for Trauma and Transformation (NICTT) and accredited by Edexcel at certificate level. It has also gained recognition at Level 4 within the National Qualification Framework in Northern Ireland (NI).

This initiative was managed by Cooperation and Working Together (CAWT) and funded by the Special European Union Programmes Body (SEUPB) under Peace II for 60 frontline mental health practitioners working in the statutory and voluntary sectors from across the CAWT area.

These skills have been identified as a need to deliver the mental health strategies in both jurisdictions in Ireland and the training programme was funded specifically to address the needs of victims of the troubles.

The evaluation included a review of pre and post training participant assessments of their knowledge, skills and competence in cognitive therapy. It also included direct input from course participants and a range of managers.

The success of this programme was based on good partnership working between CAWT, NICTT, the accreditation bodies and the services. In total 108 applications were received for the three courses from which 60 participants were selected against pre-set criterion on the basis of merit. Very positive feedback has been received on the content and delivery of the programme which resulted in an output of graduates that significantly exceeded the 80% target set for the three courses that ran between February 2007 and April 2008.

Participants report significant enhancements in their knowledge, skills and competence against the 13 learning outcomes set for the programme as a result of their participation.

There is strong evidence that these new skills are being utilised in practice with clients/patients across the services, but that structures and supervision arrangements need to be strengthened in some services to gain maximum benefits from this training.

The research undertaken has established that there is further demand for training in the use of psychological therapies at certificate and diploma levels in order to meet the changing service need in both primary and secondary care settings.

This programme does appear to have represented good value for money with cross border benefits of cross fertilisation and enhanced viability of the programme arising out of the model of delivery.

5.6.6 Course participants came from a wide range of backgrounds and disciplines. It is clear from a review of the pre and post course assessments that there was a range of levels of knowledge amongst the participants at the outset. Some have reported as part of the evaluation that they would benefit from additional training in some of the conditions such as Post Traumatic Stress Disorder. Such individuals could meet these training needs through in-service provision or supplementary modules.

5.7 Cross Border Learning

Participants and managers expressed no strong views on the benefits or costs of hosting these courses on a cross border basis but generally felt that there were some advantages to organising the programme to include participants from both jurisdictions and from across the care sectors, provided it did not lead to significant travel costs. The courses were organised at a variety of centres to try and reduce travel for participants. The main benefits and learning arising from the cross border participation were considered to be:

- participants work with patients/clients from geographical areas that have experienced similar health issues arising out of living with relative levels of social isolation and deprivation;
- the mix of course participants allowed for cross fertilisation of ideas and gaining greater understanding of the health systems in use in the two jurisdictions;
- the model of delivery did require support from health organisations in both jurisdictions. Some managers expressed the view that this joint approach fostered relationships and working which may be of help when exploring the opportunities for joint work in other areas of mental health service provision such as suicide prevention and the delivery of specialist services such as those required for the treatment of eating disorders.

5.8 Financial Management and Value for Money

5.8.1 The budget for this project was managed by CAWT. The budget breakdown setting out the expenditure against the budget is set out in appendix 1. The figures displayed in the spreadsheet reflect actual expenditure until the end of March 2008 and anticipated expenditure until the end of the project at June 2008. The financial management of this project has been the subject of regular review by the Special European Union Programmes Body (SEUPB). The original budget set was revised with the agreement of SEUPB in April 2007. CAWT subsequently got approval from SEUPB in May 2008 for the attached revised budget (appendix 1) which has forecasted an overall underspend of approximately £65,000.

- they feel empowered;
- they experience a greater degree of participation;
- they experience increased motivation;
- they welcome the opportunity for exploration of thoughts;
- they felt that homework gave greater direction and focus to their care;
- that reflection at the end of sessions was good.

5.6 Strategic Outputs/Outcomes

- 5.6.1 The mental health strategies in both jurisdictions identify that there is a significant proportion of people presenting to General Practitioners and other primary health services with psychological or mental health problems. Many of these patients can be helped to resolve these mild to moderate problems through the use of psychological therapies such as cognitive therapy. Attendance on these courses has enhanced the existing skills of course participants, equipping them with a wider range of techniques which can be used to treat such patients/clients and to identify those who require referral to more specialist services. Almost all the respondents to the NICTT survey reported that they believed they were achieving better outcomes with patients/clients and that they were more confident in knowing when and where to refer patients or clients to other services.
- 5.6.2 Senior managers report that they will be requiring additional staff trained in the areas of psychological therapies, including cognitive therapy and anticipate additional investment in these areas where the strategies and the evidence base are suggesting that these types of services offer effective outcomes for those experiencing mild-moderate psychological problems. In NI specific investment has been identified over the next 3 years for the development of such services in primary care. Similar developments are expected in the ROI While there may evolve variation in the model of delivery of these services, which may include the use of information technology solutions for some patient groups, it is envisaged that these services will be delivered through a mix of low and high intensity therapy provided by people trained to certificate and diploma levels. These services will also probably be provided through a mixed economy which includes an input from voluntary sector providers. The future of such services may be influenced to an extent by the recommendations on the support and standard of services to victims of the troubles issued by the Victims Commissioners. Senior managers also identify the need for these skills in secondary mental health services in areas such as Eating Disorder services.
- 5.6.3 While some course participants indicated that they had ambitions to undertake further training in cognitive therapy at Diploma or Masters Level it is clear that all applicants to the courses shared a common goal of enhancing their skills and improving the services delivered to their patients/clients. Participation on this programme can be used as a building block for those who wish to pursue a career specialising in this field.
- 5.6.4 Service structures and orientation needs to be supportive to the use of psychological therapies if there is to be maximum gain from seconding staff to participate in this type of programme. Some course participants report that the nature of the service, shift patterns or the long-term nature of their client group limits the degree to which they can utilise their new knowledge, skills and techniques in their practice.
- 5.6.5 Some course participants report that they are now concluding work with patients/clients earlier, that some have been able to come off waiting lists as a result of their work or that they are coping better while they wait for access to other services and that they are, where appropriate, referring patients or clients more quickly to other relevant services.

REPORT ON THE INDEPENDENT EVALUATION OF THE CERTIFICATE IN COGNITIVE THERAPY METHODS TRAINING

1.0 Background/Context

- 1.1 This specific training programme was developed by the Northern Ireland Centre for Trauma and Transformation (NICTT) in collaboration with Cooperation and Working Together (CAWT) to meet an identified training need of front line Mental Health staff working in the CAWT catchment area. This 18 day Certificate in Cognitive Therapy Methods programme was accredited by Edexcel in the United Kingdom and was offered at NQF Professional Certificate Level 4 in NI and FETAC, NVC Level 6 in the Republic of Ireland (ROI). This programme was aimed at enhancing the practise of statutory and voluntary sector practitioners currently working within mental health and related services by assisting them to effectively identify and address or refer onwards people with mental health problems.
- 1.2 The management of the programme was undertaken by a CAWT Cognitive Therapy Project Board made up of representatives of the health and social care organisations within the CAWT catchment area in both jurisdictions of Ireland. CAWT has existed since 1992 as a virtual organisation and has among its aims:
- to improve the health and social well being of the resident population;
 - to identify opportunities for cooperation in the planning and provision of services ;
 - to assist border areas in overcoming the special development problems arising from their relative isolation in national economies and within the European Union as a whole;
 - to involve other public sector bodies in joint initiatives where this would help fulfil common primary objectives; and
 - to exploit opportunities for joint working or sharing of resources where these would be of mutual advantage.
- 1.3 Within the context of their objectives in partnership with NICTT, CAWT had been successful in securing funding from the Special European Union Programmes Body under Measure 5.2 of Peace II Extension Programme to support the delivery of this programme to 60 participants. It aimed to build on the success of the earlier 6-day unaccredited Cognitive Therapy Awareness Training course that was delivered to 240 front line staff from the health sector and which was subject to an independent evaluation. This evaluation undertaken by Williamson Consulting recommended that the CAWT Mental Health Sub Group, in conjunction with the Departments of Health in both jurisdictions work towards:
- ensuring access to basic awareness cognitive therapy training for all key health staff who are likely to interact with mental health patients;
 - provide foundation training for mental health staff perhaps at certificate level which built on the awareness programme; and
 - offering diploma training to those who would be practising as a Cognitive Therapist.
- 1.4 The programme was designed within 5 core units of a total of 120 hours formal study to be delivered in 18 study days. Participants were recruited from within the statutory sector and voluntary service providers who delivered services on behalf of the health services across the catchment areas of the partners in CAWT.

2.0 Strategic Context

- 2.1 The two jurisdictions in Ireland have undertaken strategic reviews of their mental health services within the past three years. These strategic plans set out the core themes which influence and shape the service models for the next 7-10 years. They take account of the changing demands placed upon these services, changing public expectations and the legal framework within which services are delivered.
- 2.2 In the Republic of Ireland the framework is set out for a 7-10 year period in “A Vision for Change” Report of the Expert Group on Mental Health Policy 2006. The vision states that “Every citizen should have access to local, specialised and comprehensive mental health services that are of the highest standard”. It proposes that the focus of this will be delivered through community based mental health teams, with a recovery model informing every aspect of service delivery and service users being partners in their own care. It proposes that a comprehensive range of psychological services should be provided at primary, secondary and tertiary levels, noting that General Practitioners report that 25% of their case load had psychological or mental health issues with less than 5% of these being referred to specialist mental health services for treatment. The strategy proposes a liaison/consultation model of shared mental health services between primary and secondary care. It also notes (page 66) that General Practitioners had expressed a need for additional training in areas such as interviewing techniques, counselling and specific therapies such as cognitive therapy.
- 2.3 The NI Bamford review “A Strategic Framework for Mental Health and Learning Disability”, 2005, set out the objectives of delivering high quality, effective treatment, care and support and the provision of services which are readily available. It also states that services be provided in the community unless there is good reason not to do so, and in common with the ROI that these should be delivered through community mental health teams. The strategy stresses the need to utilise generic services, voluntary sector and a community development approach to support people at times of need. It proposes the use of a system of mental health professionals linking with primary care and that patients should have access to specific psychological therapies from people working as part of a Managed Clinical Network. Recommendation 15 in the Strategic Framework states that “all practitioners offering psychological therapies must have assured levels of qualifications, experience, supervision and monitoring” and went on to propose that psychological therapies should be consolidated into single units from which supervision, support and training can be provided to all community mental health team staff.
- 2.4 The demand for many health services are frequently greater than the services capacity to respond for a combination of reasons which can include skills shortages and service configuration or organisation. In an effort to address this problem the English North West Regional Development Centre undertook a retrospective study as part of the National Improving Access to Psychological Therapies Programme. They found that the concept of Stepped Care offered a framework for managing demand by improving access to treatment for common mental health problems without overloading mental health services. Reform in the delivery of services and the gateway to specialist mental health services is now a common theme in both jurisdictions of Ireland. In August 2007 the Chief Medical Officer at the Department of Health, Social Services and Public Safety for NI established Terms of Reference and a working group to develop a Service Framework for Mental Health and Wellbeing. The group has been asked to ensure that the Service Framework is evidence based, recognises that the majority of care is delivered in primary community sectors and that care goes beyond traditional health and social care boundaries.
- 2.5 A number of stepped care and facilitated self help models of cognitive and cognitive behavioural therapy have been developed and piloted in the United Kingdom and NI which aim to improve access to psychological therapies by a combination of assessment, offering time limited treatment through directly delivered sessions, telephone therapy or through the use of technology such as CDs or computerised programmes for those who are not assessed as requiring more specialised treatment in secondary care. One of these stepped care model for mild/moderate mental health

5.5 Impact on Services

- 5.5.1 The extent to which the new skills and techniques have been integrated into practice appears to relate to a number of factors including the clinical setting the practitioner works in, the service orientation and the length of time that had intervened between the completion of the course and the evaluation. Enhancements to practice which are most frequently reported are improved interviewing skills, improved partnership working with patients or clients, the use of greater structure in their work with patients/clients, and the ability identify key concerns more quickly gaining a better understanding of the patients/clients problems. Participants also report that they are more confident in knowing when and where to refer patients/clients to other services.
- 5.5.2 Most course participants and their managers report that they are frequently using all or some of the skills and techniques acquired on the course. Comments which reflect this change include: “I tend to apply elements of the course to practice e.g. homework setting or goal setting. I have found the course useful in working with depressed persons in a focused way”, and “Totally transformed my practice from a general approach to a very specific structured, collaborated intervention of cognitive therapy”.
- 5.5.3 Some course participants report limitations in their ability to integrate all aspects of the course into practice. These include working in settings where the client base remains static for long periods of time, working within a day care setting or with volunteers, and some of those who worked in acute admission settings which did not appear to support this way of working with patients.
- 5.5.4 Some participants report that there had been change in the allocation of clients due to an increased awareness and interest in cognitive therapy and an acknowledgement that the cognitive model does work and brings benefits to patients/clients. Course participants do recognise the limitations to their skill base and that they are not cognitive therapists. In the majority of instances they report that they are not being allocated patients/clients or being asked to take on work which is beyond their level of expertise.
- 5.5.5 Some managers and participants report that attendance on the course has enabled changes to the way services are delivered in their area through the development of group work for people experiencing anxiety.
- 5.5.6 In the survey conducted by NICTT about a third of respondents reported they were concluding their work with patients/clients earlier since attending the course, with some respondents also reporting that they noted some reduction in the use of medication as a result of their work, using their new skills and learning. The response from other participants indicated that other factors tend to influence outcomes, such as length of stay or use of medication.
- 5.5.7 A number of factors prevent this evaluation from drawing any conclusions in relation to improved health and social gains as a result of the 60 participants’ attendance on the 3 courses. While the length of time the course participants have practised their new skills and the difficulty in attributing the cause and effect of any change in patient/client wellbeing prevents a rational analysis at this stage, the indicators including reported patient feedback are encouraging. Participants report that patients/clients have become more focused and involved in their care which they hope will result in shortened intervention time and improved outcomes. Studies conducted into the use of cognitive approaches through various models would appear to substantiate the view that this approach should reduce intervention time and enhance outcomes. Reported patient/client feedback is summarised as follows:

- 5.4.6 These courses were supported by INTERREG funding which has been of significant benefit to all the organisations involved in releasing staff to attend the three courses. Some frustration has been expressed during this evaluation by managers in the statutory sector about the level of what they perceive as bureaucracy associated with the detail required by the funding bodies in relation to recovering the element of replacement costs for staff released. This led to a decision to forfeit this element of the budget established for the course.
- 5.4.7 Participants and managers do anticipate further demand for training in cognitive therapy and other psychological therapies. These courses were oversubscribed with 108 applicants applying for the 60 available places. Feedback into this evaluation indicates that future demand for training will probably be at awareness, certificate and diploma/masters levels, but that the need for awareness training perhaps could be met with a focus on psychological therapies being introduced into undergraduate training for professionals who will have a career in mental health including medicine. While it was not part of this evaluation to do a training needs analysis it is clear from the inputs into this research that there is further demand from across the statutory and voluntary sectors for certificate level and above training, with some services indicating that their demand based on the service strategy will focus on the accredited diploma level. The service strategies for both jurisdictions also identify the need for these skills in order to meet service demand, particularly the level of people presenting at primary care with psychological or mental health difficulties.
- 5.4.8 Managers within the services expressed the view that there will be further investment in these areas beyond any European funding. There are some differences in the anticipated sources and levels of funding across the jurisdictions and the care sectors. In NI there are some earmarked funds being made available for the implementation of the mental health strategy and specifically to increase the availability of psychological therapies. There is also potential to fund some of this type of training through resources made available for post registration for nurses, social workers and doctors in NI but the same arrangements for earmarked funding is not universally available for all professional groups. In the ROI some concerns are expressed about the capacity in the immediate future to secure funding for this type of training given the current economic environment within the health sector. The voluntary sector recognises the need for investment in training their staff and volunteers. Those interviewed as part of this evaluation firstly expressed their appreciation of being offered places on these European funded courses. They do anticipate that they will have further modest demand for this type of training, probably at certificate level. They envisage that they would support this training through income secured as part of contracts with the statutory services for the delivery of counselling, or through voluntary donations, beyond European funding.
- 5.4.9 Managers did set out some limitations in respect of capacity to support this type of training. These include:
- the aging profile of some of their current staff groups will restrict the number of staff available and willing to undertake this type of training in the short term;
 - their capacity to release staff given the need to continue to deliver services and also meet other training demands;
 - the need to build a service structure and capacity to support staff to fully utilise this type of treatment approach. One senior manager expressed the view of a need to be realistic in relation to the capacity of each therapist to deliver services based on an agreed number of patients and sessions with time built in for supervision.

problems has been developed in South East Glasgow by Jim White and Chris Williams. Their work aims to deliver a menu based service with an emphasis on high volume throughput with easy and quick access delivered by skills sharing and working with others. A pilot using a Facilitated Self Help approach to the delivery of Cognitive Behavioural Therapy is being delivered by staff based at Woodstock Lodge, Belfast which aims to offer assessment within 4 weeks of referral with a follow up for those assessed as being suitable with a selection from the use of a limited number of short sessions, CDs or Telephone Therapy. This initiative is reported to have reduced the waiting list/time for more specialist psychological intervention by half.

- 2.6 The cognitive therapy training that is the subject of this evaluation was developed specifically to enhance the practice of professionals working in mental health and related services, assisting them develop the skills to assess, treat and signpost people with mental health problems to appropriate services for dealing with more complex needs. Within this context the economic appraisal of the proposal identified that a considerable proportion of the population in NI and the 6 Border Counties of the ROI had experienced significant mental health problems which were directly attributable to the Troubles, and there was at that time long waiting lists and times for cognitive therapy.
- 2.7 There is increasing emphasis on clinical/social care governance and professional regulation within the care environment in both jurisdictions of Ireland. Within this context the issue of skills maintenance and skills development in order to provide a safe and effective service to patients and clients has become increasingly a focus for service providers.

3.0 Evaluation Methodology

- 3.1 The specification for this assignment set out the inputs, processes, outputs and outcomes of the Project that were to be assessed through the evaluation. The methodology put forward was refined following the initial round of discussions with key stakeholders to include feedback on the training from managers at operational and strategic levels.
- 3.2 All documents relating to the establishment of the training programme were reviewed. This included the evaluation of the unaccredited awareness training, the application for European funding, the economic appraisal of the application, and the correspondence of offer.
- 3.3 All materials relating to the establishment and the management of the training programme were reviewed. This included those relating to the programme design, its validation, the recruitment process and the project management arrangements including minutes of all meetings and stage plans.
- 3.4 The student's pre and post training assessments, the NICTT student survey and the Edexcel visit reports for BTEC have been reviewed.
- 3.5 A group focus discussion was held with a 20% sample of course participants from across the three cohorts (n=12). This group was selected to represent the catchment area involved with a mix of statutory and voluntary service workers included in addition to a mix of participants across a range of professional backgrounds. This group provided direct feedback across a range of areas including the impact their participation had on their professional practice, any change it created in patient/client allocation and throughput, their perception of the strengths and weakness of the programme, any service modifications required to facilitate their full utilisation of the skills acquired and the benefits, if any, from the cross border participation in the programme.

- 3.6 Two groups of managers were selected for individual interviews. Line managers of participants (n=5) were interviewed to assess their perception of the change in knowledge and skills of their staff who had attended the programme and what impact this had on patient/client allocation and throughput. The likely future demands for this type of training and the barriers to this were also explored with these managers. Telephone interviews were also held with Senior Managers (n=4) who work at a strategic level, representing the four geographical areas. These interviews were used to identify how these types of skills/therapies fit into their strategic thinking, how this may change with the development of new service delivery models, their anticipated future level demand for this type of training and how such training may be supported beyond the availability of Peace Funding.
- 3.7 All of the above were used to evaluate the commissioning and managing of the Certificate in Cognitive Therapy Methods Training against the objectives set by the commissioner (CAWT) and supported by the Special European Programmes Body and supported by the Special European Programmes Body.

4.0 Process Adopted

- 4.1 This training programme was developed by NICTT in conjunction with CAWT in response to an identified need arising out of the evaluation of the Cognitive Therapy Awareness training that was delivered to 240 professionals from within the catchment area. The training programme was successful in attracting European funding after being subject to an economic appraisal. It was delivered to 60 professionals working in the area with people experiencing mental health difficulties through three courses during the period February 2007 to April 2008.
- 4.2 The programme development and delivery was project managed by a Project Board and Executive made up of representatives from all the interested parties within CAWT. This evaluation has identified that a formal project management methodology was used with documentary evidence available of project plans, stage plans, and regular meetings of the Project Board.
- 4.3 The representatives from the service areas on the Project Executive acted as champions for the programme within their respective geographical areas to raise awareness of the programme. This was supplemented by the circulation of information to managers across the services and information sessions provided by NICTT personnel in advance of recruitment to each course.
- 4.4 A decision was taken at the planning stage that NICTT would manage the recruitment to the courses on behalf of the partners. Recruitment was through formal application which was shortlisted against a preset shortlisting matrix that included a mix of essential criteria. While there was a target split of participants between the jurisdictions and the care sectors, selection was based solely on merit regardless of geography, sector or discipline. The selection process including the application forms for the successful and unsuccessful applicants and the notes of the short-listing meetings were examined in detail as part of the evaluation. In total 108 applications were received for the 3 courses from which the 60 participants were selected.
- 4.5 The Project Initiation Document for “Acknowledging the Past & Building on Peace, Phase II” included in the Project Objectives and Desired Outcomes targets, which include:
- that the courses would have a total of 60 participants, achieving an 80% success rate of participants who have completed the course;
 - to achieve a participant composition of 60% NI/40% ROI.

- 5.4.2 The feedback on the course structure, contents and delivery from both participants and some managers has been very positive. Comments made during the evaluation include:
- there was excellent delivery of the programme; it was very participative from the start with no hiding place for participants;
 - the course content was excellent and the tutors were passionate about their job bringing past experience/skill to the group which allowed clearer understanding of the subject;
 - the course was very practice orientated and methodical, with each exercise setting a logical foundation for the next subject area;
 - course participants reported that they found the 5 part model taught in cognitive therapy to be particularly relevant and helpful in practice;
 - many reported that attendance on the course had changed their whole way of thinking, leading to improved collaboration with patients/clients, developing therapeutic alliances in areas such as goal setting and agreeing homework;
 - some reported that this was the best course they had ever attended, with the tutors being patient and approachable.
- 5.4.3 The gaps or suggestion for enhancement of the programme appeared to reflect the level of experience or knowledge of individual course participants prior to commencement. All felt they had a sound basic knowledge of cognitive therapy at the end of the programme but some felt that they would benefit from additional learning in areas such as Post Traumatic Stress Disorders or Obsessive Compulsive Disorders and how cognitive therapy techniques could be used to treat individuals suffering from such disorders. Some course participants stated that they felt they would benefit from additional group work being built into the programme, while others suggested that course participants may benefit over time from having some refresher days in the future which would assist in reviewing course participants application of techniques taught on the course. Some did suggest that the provision of more handouts and the use of Power Point presentations would have allowed them to focus more on listening instead of note taking.
- 5.4.4 It was clear from the feedback received throughout the evaluation that some of the concepts and techniques taught were relatively foreign to course participants and that they were experiencing greater difficulty in the integration of these into their practice. This was particularly true in the areas of Socratic Dialogue, identifying Hot Thoughts, and the use of Thought Records.
- 5.4.5 Course participants and some managers hold a clear view that the full utilisation of the knowledge and skills acquired through attendance on these courses can only be maximised within a service which includes formal supervision provided by skilled cognitive therapists. There are a number of perceived difficulties with maximising the integration of this training into practice:
- some individuals work in clinical settings where clinical supervision is not well developed or where there are no specific arrangements for clinical supervision or support from individuals who are knowledgeable or skilled in the area of cognitive therapy;
 - some individuals have sought and gained a support mechanism from such individuals but that this has been acquired on a “grace and favour basis” which limits the capacity and commitment to deliver such support;
 - some services are at an early stage of restructuring the delivery of their psychological services and are not yet at a stage to have mechanisms established to provide the supervision/support for clinicians who participated on these programmes;
 - some individuals work within services which do not predominately deliver psychological services. In these cases colleagues may not be orientated towards the potential benefits of this type of treatment approach, or they are working in settings which specialise more in the areas of providing information or support to volunteers.

5.3.2 While there are some variations across the pre and post training evaluations of knowledge, skills and competence against the learning outcomes, a clear enhancement of the perceived knowledge, skills and competence has developed in the participants as a result of their attendance on this certificate programme. At the outset 70-88% of participants reported having a low – low average level of competence, knowledge or skills across all the learning outcome areas except “The Connection between Thoughts and Emotions” where 60% of the participants perceived their baseline to fall within average – high. On completion of the programme 80-98% of the same participants assessed their levels of competence, skills and knowledge to have increased to high average – high in 10 out of the 13 learning outcome areas. Within the other 3 areas:

- integrating CT models and theories and of depression into practice;
- integrating CT models and anxiety disorders into practice; and
- using basic measures.

26-32% of participants reported their post training levels of competence, skills and knowledge to be average with one participant reporting a low level in the latter learning outcome area.

5.3.3 Based on the above analysis one can establish that there has been significant enhancement in the levels of cognitive therapy knowledge, skills and competence across all the learning outcomes during the period of attendance at these certificate programmes.

5.3.4 Based on the review of the self assessed pre and post training analysis, the results of the NICTT survey 22nd April 2008 and direct dialogue with course participants there are a number of themes emerging. These are;

- participants are reported to be currently using various learning outcomes to a greater or lesser extent depending on their clinical setting and their client group;
- competence and confidence in the use of Cognitive Therapy Methods continues beyond attendance on the course. This is particularly evident when comparing the direct feedback from participants on the first course and those who had just completed their training shortly before this evaluation;
- participants report substantial change in their practice, particularly in the areas of structuring their work with patients/clients, adopting a collaborative way of working with their patients/clients, the use of techniques such as developing thought charts and agreeing with their patients/clients homework which empowered them in a therapeutic partnership relationship and the development of confidence;
- participants report improved interview skills and technique with a greater emphasis on listening, reflection and summary in their dialogue with patients/clients;
- some of the techniques such as Socratic Questioning, identifying Hot Thoughts and the use of Thought Records appear to be relatively new concepts for a number of participants and areas which will require further development and support, if their use is to be fully integrated into their practice. integrated into their practice.

5.4 Training Programme Outputs/Outcomes

5.4.1 This certificate programme achieved its target in respect of recruiting 60 participants across a range of disciplines who worked within the statutory and voluntary sectors in the CAWT catchment area. The outcome of the training exceeded the 80% success target set and reflects a combination of the interest and enthusiasm of the candidates and the reported quality of the teaching.

The composition of the participants across the 3 courses was:

Catchment Area	Statutory	Voluntary	%
HSE North/East	18	1	31.66%
HSE West	5	0	8.33%
SSHSSB	3	4	11.66%
WHSSB	17	12	48.33%
Totals	43	17	100%

The course achieved its objectives in relation to recruitment to represent the jurisdictional areas and exceeded its target in relating to completion with 59 out of the 60 (98.3%) participants successfully achieving the certificate. All applicants to the courses confirmed that they worked with victims of the troubles. This was endorsed by their managers who supported their applications. Attendance on the 3 courses was also impressive with an average of 93.8% attendance with 19 participants achieving full attendance and no participant missing more than 3 days throughout the 18 day course.

5.0 Evaluation Findings

5.1 The methodology used in this evaluation was set out in detail in section 3 of this report. The findings which will be set out to reflect the specifications for the assignment are based on a detailed analysis of the documents and discussions.

5.2 Project Outputs and Outcomes

5.2.1 The Project Initiation Document set out as the main objective for the project was to “plug the gap” between the existing unaccredited basic level awareness training courses provided to date, to the more advanced accredited training provided at university level. There were five specific outcomes set out in this document. The evaluation of achievement of each will be set below.

5.2.2 The project was to develop an 18 day Certificate in Cognitive Therapy Methods. NICTT in collaboration with CAWT successfully developed this programme with the first cohort commencing Course 1 on 26th February 2007 and the participants on Course 3 completing the programme on 24th April 2008. NICTT were successful in having this programme on Cognitive Therapy Methods accredited with Edexcel at Certificate level. The Professional Certificate in Cognitive Therapy Methods has been accredited at BTEC Level 4. The programme has been the subject of external verification visits from Edexcel. The summary from the report of the visit 29 February 2008 being:

- the programme provides a good model of co-operation and working together – this includes specifically cross border working. On a less strategic level the programme is beneficial and being “owned” by the various related disciplines;
- there is a transparent entry criterion for entry onto the programme and shortlisting occurs against this set criterion;
- there is both pre and post learning analysis of students so that what is learnt from the programme can be identified and how it is embedded into practice review.

They recommended two areas for action as a result of this external verification visit. These were to arrange to have a second internal verifier, and the need to sign off all written comments which form part of assessments.

- 5.2.3 The programme organisers were successful in gaining accreditation for this certificate training at Level 4 of the National Qualification Framework (NQF). The construction of the programme also fits in with the developing National Occupational Standards for cognitive therapy.
- 5.2.4 The programme organisers continue to work with the relevant bodies in order to achieve accreditation of this certificate programme within the Republic of Ireland with the Further Education and Training Awards Council (FETAC) at Level 6. This equates with the same learning outcomes as Level 4 with the NQF. The inability to achieve this accreditation within the anticipated timeframe is beyond the control of NICTT or CAWT.
- 5.2.5 The Certificate in Cognitive Therapy Methods was delivered to 60 participants from across a range of professional disciplines employed in the delivery of mental health services within the statutory and voluntary sectors from across the CAWT area. This was achieved through selecting 60 candidates from 108 applicants on the basis of merit and delivering the programme in three 18 day courses. There were 59 (98.3%) of the candidates who successfully achieved the certificate, significantly exceeding the 80% target success rate set for the project. It is also notable that the attendance rate across the 3 programmes was 93.8%, with no candidate missing more than 3 days.
- 5.2.6 The detailed breakdown of the catchment locations of the participants was set out at 4.5 of this report but while the selection of participants was based on merit against preset criteria, the target composition of participants was achieved. The final composition across the 3 courses was 36 from NI and 24 from the ROI. A number of issues arise out of the review of the selection of participants and discussion with senior managers in relation to this aspect of the project:
- While the demand for the programme exceeded the available places, it is clear that a number of unsuccessful applicants may have failed to have secured a place because of a poor quality application or failure to secure management support for their application.
 - HSE West and the SHSSB were relatively under represented on the courses with a total of 5 and 7 candidates respectively, representing a combined 20% of the total available places. Exploration of this issue indicates that the service orientation, support for cognitive therapy training at this level, and a view that a requirement to apply to each course being too bureaucratic, were the main reasons for the level of participation from within these areas. There is no certainty that one of the geographical areas would support applications from their staff on any future course at this level and organised in the same way.

5.3 Baseline Capacity

5.3.1 Part of the programme design was an inbuilt self assessment of the levels of competence, knowledge and skills prior to and at the end of the course against 13 learning outcomes. The assessment grid which is summarised below was supplemented through responses to a range of open questions. The results of the 50 evaluation forms made available were analysed and are set out below.

Learning Outcomes	How you would assess your competence, knowledge or skills prior to the course.			
	Low	Average	High	
The Principles of Cognitive Therapy	52%	28%	18%	2%
Basic Formulation	50%	28%	20%	2%
Structure as Cognitive Therapy Method	48%	38%	12%	2%
Homework as Cognitive Therapy Method	46%	28%	18%	6%

Collaboration as a Cognitive Therapy Approach	34%	40%	22%	2%	2%
Socratic Dialogue in Cognitive Therapy	48%	28%	20%	2%	2%
The connection between thoughts and emotions	14%	26%	40%	12%	8%
Re-evaluating unhelpful thoughts	42%	26%	20%	8%	4%
Cognitive Models and Theories of Depression	40%	30%	22%	4%	4%
Cognitive Models and Theories of Anxiety Disorders	40%	32%	20%	4%	4%
Integrating Cognitive Therapy models and theories of depression into practice	48%	36%	12%		4%
Integrating Cognitive Therapy models and theories of anxiety disorders into practice	54%	34%	10%	2%	
Using Basic Measures	34%	44%	8%	8%	2%

Learning Outcomes	How you would assess your competence skill or knowledge after the course			
	Low	Average	High	
The Principles of Cognitive Therapy		2%	58%	40%
Basic Formulation		22%	66%	22%
Structure as Cognitive Therapy method		2%	60%	38%
Homework as Cognitive Therapy method		12%	52%	36%
Collaboration as a Cognitive Therapy Approach		8%	48%	44%
Socratic Dialogue in Cognitive Therapy		26%	34%	40%
The connection between thoughts and emotions		8%	48%	54%
Re-evaluating unhelpful thoughts		16%	56%	28%
Cognitive models and Theories of Depression		12%	56%	32%
Cognitive models and Theories of Anxiety Disorders		20%	56%	24%
Integrating Cognitive Therapy models and theories of depression into practice		26%	60%	14%
Integrating Cognitive Therapy models and theories of anxiety disorders into practice		32%	54%	14%
Using Basic Measures	2%	26%	50%	22%