Readiness Enhancement Management Strategies: A Self Directed Learning Programme for Frontline Staff

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INTRODUCTION

The Readiness Enhancement Management Strategies (REMS) training programme described in this paper builds upon research conducted as part of an applied health research partnership funded by the National Institute for Health Research and Nottinghamshire, Derbyshire, and Lincolnshire Healthcare NHS Trust. The design, content and delivery mechanisms of the programme are built on the findings of earlier work in order to develop this training for frontline staff. The key elements of that work included a systematic review of personality disorder treatment non-completion[1], a systematic review of measures of therapeutic engagement in psychosocial and psychological treatment[2]; and, through interviews with staff and service users, the development of the Treatment Readiness Model for Personality Disorder[3]. These findings have guided the design of a multi-media training programme focussing on readiness enhancement for frontline staff in health, criminal justice and social care, using the proven platform of the Knowledge and Understanding Framework (KUF) Awareness Training Modules for the National Personality Disorder Institute, Nottingham[4].

BACKGROUND

A critical problem in the delivery of psychosocial interventions for people with personality disorder (PD) is the reluctance and difficulties that many individuals have in engaging with the interventions available to them. The problems centre on a wide range of issues, including the individual's receptiveness to treatment, perhaps in light of bad experiences of previous programmes; therapeutic goals which are set by therapists rather than agreed with the individual; long waiting times for treatments; other mental and/or physical health problems that

interfere with engagement; the level of skills and motivation of treatment staff ; and the security, safety, accessibility, and appeal of the venue in which treatment takes place.

A recent systematic review identified that treatment non-completion occurs on average for 37% of clients in treatment for PD[1]. Such high levels of treatment non-completion cause services to become cost-ineffective and undermine individual and staff morale. Critically, those who do not complete treatment have poorer clinical outcomes than completers. They may not experience symptom improvement[5], and they may experience more frequent and longer periods of hospitalisation[6].

Improving the rates of treatment completion is, therefore, important and services need to take steps to enhance engagement in therapy. To achieve this, the psychosocial conditions that impact upon an individual's level of engagement need to be identified reliably, recognising that they will not necessarily be stable over time. These factors have been referred to as 'treatment readiness' factors.

METHOD

Treatment readiness is defined as [7] 'the presence of characteristics (states or dispositions) within either the client (internal factors) or the therapeutic environment (external factors) which are likely to promote engagement in therapy and which consequentially are likely to enhance therapeutic change' (p.650). Ward and colleagues (2004) formulated these propositions into a multi-factor model of treatment readiness for offenders in treatment. The internal factors in the model are grouped into five domains: Cognitive, Volitional, Behavioural, Affective and Identity. The external factors are grouped into six domains: Circumstances, Location, Opportunities, Availability of Resources, Programme Characteristics and Availability of Interpersonal Support. If both internal and external factors are supportive of engagement, then the client is more likely to attend and participate in treatment sessions and is consequently more likely to achieve change.

In the East Midlands research programme, we conducted a Delphi study with 55 staff and 76 service users to explore the validity of this treatment readiness model for individuals with PDs. The two stage Delphi study aimed to build on the empirical evidence supporting the offender readiness model to include additional readiness factors relevant to PD treatment in both forensic and non-forensic settings. The first part of the Delphi process is to collect participants' views. All 131participants in the study were initially invited to take part in a in a semi-structured interview. The second step in the Delphi process is to collate the views expressed in the first part of the process and ask the same participants to rate the importance of each view. In this way, those items on which there is strong agreement about importance can be identified. Those items agreed upon are presented below.

RESULTS

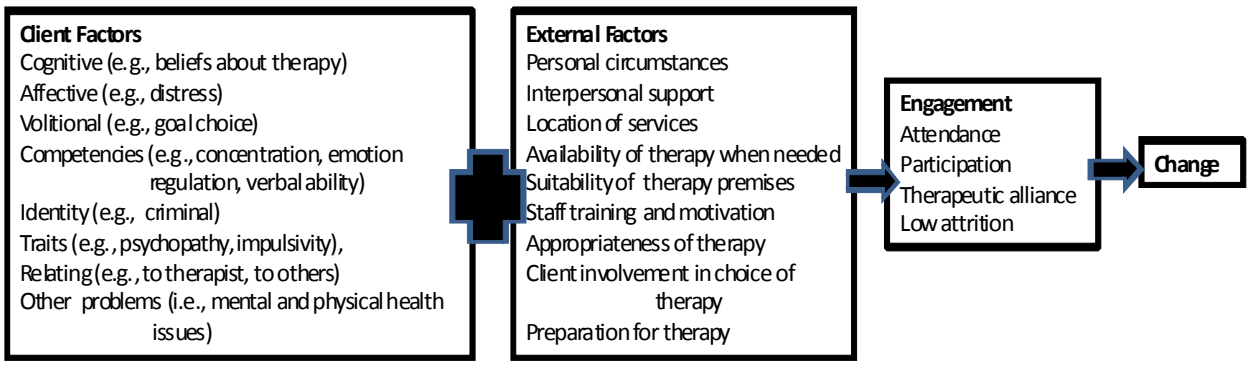
Evidence was found to suggest that the internal and external factors relevant to offenders' engagement are also perceived to be implicated in treatment engagement in clients with PD. The study also revealed additional factors specific to PD: Traits, Relating, and Other Mental or Physical Health Problems. The study suggests that the offender readiness model should be extended to explain the factors implicated in treatment engagement for clients with PD. The Treatment Readiness Model for PD is shown in Figure 1.

The PD treatment readiness model is likely to be an adequate representation of engagement factors for PD clients, providing guidance to clinicians, other frontline staff, and managers about what to target when trying to address treatment engagement issues. Training for frontline staff in how to address these issues is critical, using a quality controlled and standardised programme such as the KUF.

Items in the model are obviously not static, and readiness factors will vary over time for each individual. It is suggested that clinicians should produce a formulation of the processes that might obstruct an individual's engagement and use this to establish contingencies under which engagement can occur[8]. The PD readiness model provides a useful guide for formulation aimed at identifying how to promote engagement.

FIGURE 1

Model of Treatment Readiness for People in Treatment for Personality Difficulties



DEVELOPING A SELF-DIRECTED LEARNING PROGRAMME

The delivery model for this self-directed learning programme uses the same multi-media, on-line approach that underpins the now widely used KUF awareness modules (5,000 criminal justice, health and social care staff have completed the programme and 500 trainers have been trained). The key principles behind the KUF that will underpin the REMS are its ease of access to staff with limited training time opportunities, its relevance to the environment in which they deliver services (e.g., the contrast between the probation and prison settings), and the particular stresses and supports that each environment adds to the treatment environment. The approach also recognises that readiness to engage is not static for either staff or the individual in treatment programmes and the opportunity to assess these fluctuations and revisit the information provided in the training is critical. The experience of the KUF reinforces the need to have a platform supporting the training which allows staff to easily revisit elements they feel unsure about in their own time and at any time. They also need to have the opportunity, through moderated confidential discussion forums, to air problems and difficult experiences. Opportunities to work with colleagues, often from outside their immediate working environment, can help to reach solutions that are sensitive the constraints of their delivery environment and which have a beneficial therapeutic effect.

The programme will take staff through the basic issues which the evidence indicates inhibit and facilitate engagement; describe and provide simple tools that will enable staff and individual service user alike to determine what factors need to be tackled; devise a clear formulation of the individual's engagement inhibitors and facilitators and agree a plan to mitigate them; provide some simple and objective measures of progress starting from a measured baseline; identify disengagement 'signatures' which both staff member and service user agree indicates risk of treatment dropout and plans to overcome disengagement; and challenge what is often the received wisdom that lack of readiness or disengagement is the usually the fault of the individual recipient of the service when this is much more of an even balance between internal and external factors.

CONCLUSION

The forthcoming evidence-based readiness enhancement training programme has the potential to improve the skills of staff working with individuals with personality difficulties to improve their treatment engagement and hence improve treatment outcomes. Importantly, this can be done in an economical and efficient manner, with no great outlay of money or time. Readers can keep informed of the readiness for treatment in PD project on **www.clahrc-ndl.nihr.ac.uk**

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