

Short-term Psycho-Education for Carers To help Reduce the Over Medication of people with intellectual disabilities: Programme Development Project (SPECTROM PDP)



What is SPECTROM?

SPECTROM is a training programme for care staff who support adults with intellectual (learning) disabilities (ID) in a community setting. SPECTROM is a hybrid or blended learning platform with many online resources backed up by face-to-face training. SPECTROM has 14 modules and internal and external resources. Two of these 14 modules were used for face-to-face training, through which the other modules and resources were introduced.

These two core modules are

(a) Psychotropic medicine/STOMP

(b) Alternatives to medication (ATM).

The ultimate aim of SPECTROM is to empower, inform and equip support staff with knowledge and skills to understand the person they support, handle their own psychological responses to behaviour and negotiate the care pathway, advocating on behalf of the person they support, and taking the views of adults with ID fully into



Project detail



Six service provider organisations participated

- Achieve together
- Aspens
- Dimensions UK
- Marcus and Marcus
- Milestones Trust
- Keys Group/Accomplish



Objectives of the project?

- Whether SPECTROM training is acceptable and feasible to deliver in service provider organisations.
- The willingness of the service provider organisations to randomise their staff for SPECTROM training.
- Assess barriers and facilitators of SPECTROM implementation.
- Assess whether the training will improve staff knowledge of mental health medications and attitude to behaviours that challenge.
- Gather data to help calculate sample size for a future larger study involving SPECTROM training.
- Assess the potential number of residents in each community home receiving psychotropics for Behaviours that challenge.
- Assess whether anonymised remote prescription data collection from community homes is possible.
- Assess whether training the trainer method will work.
- Gather through focus groups, interviews, and questionnaire survey feedback on the experience of participating in the study.
- Assess contamination between the two trial arms (if any).

Data collected from staff/services before and after training

Psychotropic Knowledge Questionnaire-Revised (PKQ-R) was used to assess knowledge.

Management of Aggression and Violence Attitude Scale, Revised, Intellectual Disabilities (MAVAS-R-ID) was used to assess attitude.

Anonymised psychotropic prescription information from all services (both in SPECTROM and control)

Participants

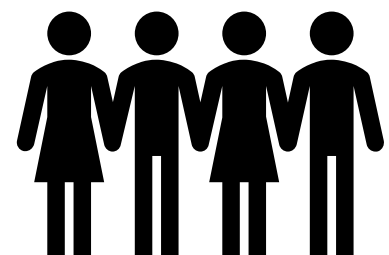
39 Community homes were randomised. For every two community homes randomised to the SPECTROM training group, one community home was randomised to the control group.

There were 26 community homes randomised to the SPECTROM arm and 13 community homes randomised to the control group.

140 staff from the 26 community homes received the SPECTROM training.

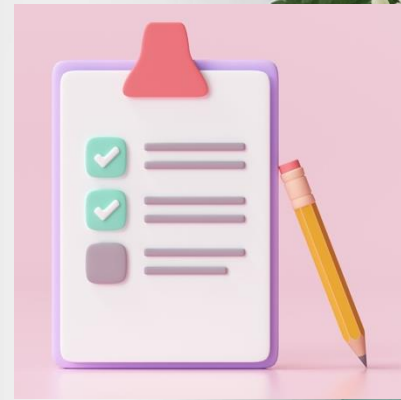
Staff completed two questionnaires (PKQ-R and MAVAS-ID-R) before the training, and within 4 weeks and 6 months post-training to assess staff's knowledge and attitude.

Anonymised psychotropic medicine prescription data were collected from 52 adults with intellectual disabilities in the SPECTROM group and from 42 adults with intellectual disabilities in the control group before and 6 months after the training.



Process evaluation

A mixed-methods process evaluation involving TFQ and two focus groups, one with service managers ($n=7$) and one with support staff ($n=7$), were conducted to assess barriers and facilitators of SPECTROM training. Another questionnaire was sent to managers from the control arm to assess contamination between the trial arms.



Results

Knowledge and attitude

Participants scored significantly more correct answers after the training at 4 weeks and 6 months ($p < .001$). Participants attitude towards behaviours that challenge improved after the training at 4 weeks ($p < 0.01$). There was significant difference in mean attitude scores before the training, 4 weeks and 6 months post training ($p < 0.001$).


Anonymised psychotropic medicines

There was a greater total antipsychotic and antidepressant dose reduction at 6 months follow up in the SPECTROM arm (7.5% and 2.4% respectively) compared to the control arm (2.7% and 1.2% respectively).

Process evaluation results



All interviewees felt that SPECTROM training was useful, acceptable, applicable, practical, and relevant to their practice. The following themes were identified: the training improved staff's (a) self-reflection, (b) confidence, (c) knowledge of psychotropic medicines and their side effects, (d) empowered them to advocate on behalf of the adults with intellectual disabilities they support, (e) improved the support they provided for people with intellectual disabilities, (f) improved attitude on using medicine for behaviours that challenge, and (g) challenges of SPECTROM delivery, participation and implementation. There was no contamination between the trial arms.



It has, however made me more conscious and to take more of an interest in what the people I support take and I will be looking at it and discussing it with other colleagues.

Sometimes it makes you wonder about asking questions because sometimes it's a doctor, you don't really necessarily want to ask. But now having done the training, I think if I did have a query, I wouldn't hesitate in asking what this is for and how long

Quite shocked to know at the amount of medications out there that are used for things other than what they're licenced for.

I feel that I am within my right to question if a prescribed medication is required, especially if there is no evidence that no other interventions have been sought, especially when people come to us from a different setting.

Challenges identified

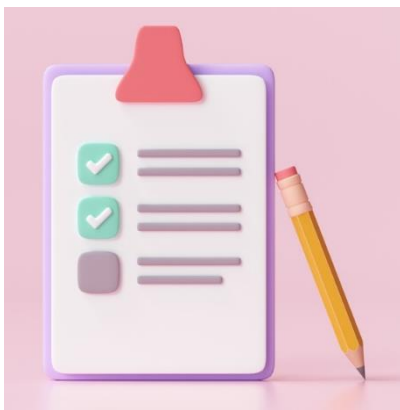
In addition to the positive outcomes, challenges in delivery, participation and implementation were also identified.

Train the trainer model did not work due to service managers' capacity. Only one PBS practitioner was able to deliver the training within their service. The researchers delivered the training to the rest of the staff randomised to SPECTROM arm.

Challenges identified included difficulties with releasing support staff for non-mandatory training, completing questionnaires, limited staff coverage, staff turnover, lack of time and lack of capacity of managers.

Unless the training was made mandatory, many managers anticipated challenges in attending the SPECTROM training, committing to the implementation or releasing support staff for the training.

Trainee Feedback Questionnaire



Of the 89 participants who completed TFQ, 93% found the training helpful, 94% reported a better understanding of psychotropic medicine use, 93% reported a better understanding of behaviours that challenge, 90% reported improvement in their day-to-day practice, and 95% improved their engagement with people they support and their families as a result of the training. A high proportion of trainees used SPECTROM resources and tools after the training.

Impact

SPECTROM improves support staff's knowledge of psychotropic medications, which was retained long term. SPECTROM also helps to improve staff's attitude towards behaviours that challenge. There is a positive trend in the reduction of psychotropic prescribing at six-month follow-up. Delivering the training in service provider organisations requires buy-in at the highest level, such as the board level and integration within the organisations' own training programmes.