Cluster RCT of the Who’s Challenging Who? intervention for social care staff: attitudes and empathy towards adults with intellectual disability & challenging behaviour

Rachel McNamara
Multiple, positive opportunities for contact with adult labelled as “challenging”:

- Increase empathy
- Change attitudes
- Increase self-efficacy (confidence)
WCW training programme

• ½ day session: main trainer with ID and 2nd trainer as facilitator
• 1 residential home manager + 1 support staff member
• 2 x 30min telephone coaching sessions (action plan & implementation)
• Topics:
  – Communication and how staff listening can prevent escalation of CB
  – How environment contributes to frustration and CB
  – Experience of being physically restrained
  – What it is like to be on medication “for” CB
  – Experiences of feeling excluded because of CB
  – Unhelpful attitudes/behaviour; positive qualities contributing to good support
Trial design

• **Cluster randomised controlled trial**
  – Homes allocated to training or waiting list control
  – Control group offered training at end of follow-up

• Sample size of 118 settings (236 staff) based on:
  – Effect size of 0.5
  – 0.05 alpha and 90% power
  – Two staff per residential home and an ICC of 0.1
  – 20% loss to follow-up

• Randomisation balanced by phase, region and no. of residents
Outcome measures

- **Staff empathy (6 and 20-weeks)**
  - Staff Empathy towards those whose Behaviour Challenges Questionnaire
- **Self-efficacy when managing CB (6 and 20-weeks)**
  - Challenging behaviour self-efficacy scale
- **Attitudes towards people with ID and CB (6 and 20-weeks)**
  - Similarities and empowerment subscales of the Community Living Attitudes Scale
- **Staff burnout (20-weeks only)**
  - Maslach Burnout Inventory: Emotional exhaustion, depersonalisation and personal accomplishment subscales
- **Staff positive perceptions (6 and 20-weeks)**
  - General positive contributions and positive work motivation subscales of Staff Positive Perceptions Questionnaire
- **Recorded incidents of CB and use of restrictive practices (20-weeks)**
Staff and home retention

118 homes randomised (236 staff)

59 WCW homes (118 staff)  
59 Control homes (118 staff)

Up to 71 homes included in 6-week analysis (107 staff)

33 WCW homes (50 staff)  
38 Control homes (56 staff)

Up to 76 homes included in 20-week analysis (121 staff)

33 WCW homes (52 staff)  
43 Control homes (69 staff)

60% of homes at 6-weeks (45% of staff)  
64% of homes at 20-weeks (51% of staff)
Intervention receipt & fidelity

- Training less well attended during P2 (63% of staff) than P1 (91%)
- Fidelity to manual: median = 98 [IQR: 97 to 99]
- Global rating of session: median = 15 [IQR: 14 to 16]
- No major differences across regions or phases

<table>
<thead>
<tr>
<th>Intervention element</th>
<th>Residential homes</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocated to WCW</td>
<td>59 (100%)</td>
<td>118 (100%)</td>
</tr>
<tr>
<td>Training</td>
<td>47 (80%)</td>
<td>91 (77%)</td>
</tr>
<tr>
<td>Coaching call 1</td>
<td>26 (44%)</td>
<td>N/A</td>
</tr>
<tr>
<td>Coaching call 2</td>
<td>13 (22%)</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Primary outcome

- Staff empathy at 20-weeks post-randomisation
  - Baseline and outcome cubed to fulfil regression assumptions

<table>
<thead>
<tr>
<th>Outcome measure</th>
<th>Adjusted mean difference</th>
<th>Lower 95% CI</th>
<th>Upper 95% CI</th>
<th>p-value</th>
<th>Standardised effect size</th>
</tr>
</thead>
<tbody>
<tr>
<td>SECBQ at 20-weeks</td>
<td>1073</td>
<td>-938</td>
<td>3085</td>
<td>0.296</td>
<td>0.19</td>
</tr>
</tbody>
</table>

- Small effect size
- Point estimate in direction of **benefit** from WCW
- ICC = 0.16
Primary outcome

- Staff empathy 20-weeks post-randomisation
- Analysis accounting for missing data (multiple imputation): <ES
- Analysis accounting for staff who didn’t attend (CACE): >ES

Adjusted mean difference for SECBQ at 20-weeks (positive values favour WCW)
Secondary outcomes

- At 6-weeks post-randomisation...

<table>
<thead>
<tr>
<th>Outcome measure</th>
<th>Standardised effect size</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff empathy (SEBCQ)</td>
<td>0.28</td>
<td>0.150</td>
</tr>
<tr>
<td>Challenging behaviour self-efficacy (CBSE)</td>
<td>0.41</td>
<td>0.061</td>
</tr>
<tr>
<td>Similarities (CLAS)</td>
<td>0.25</td>
<td>0.217</td>
</tr>
<tr>
<td>Empowerment (CLAS)</td>
<td>0.40</td>
<td>0.044</td>
</tr>
<tr>
<td>General positive contributions (SPPQ)</td>
<td>0.07</td>
<td>0.710</td>
</tr>
<tr>
<td>Positive work motivations (SPPQ)</td>
<td>0.66</td>
<td>0.001</td>
</tr>
</tbody>
</table>
Secondary outcomes

- At 20-weeks post-randomisation...

<table>
<thead>
<tr>
<th>Outcome measure</th>
<th>Standardised effect size</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenging behaviour self-efficacy (SEBCQ)</td>
<td>0.35</td>
<td>0.079</td>
</tr>
<tr>
<td>Similarities (CLAS)</td>
<td>0.09</td>
<td>0.640</td>
</tr>
<tr>
<td>Empowerment (CLAS)</td>
<td>0.42</td>
<td>0.037</td>
</tr>
<tr>
<td>Emotional exhaustion (MBI)</td>
<td>0.30</td>
<td>0.120</td>
</tr>
<tr>
<td>Depersonalisation (MBI)</td>
<td>0.37</td>
<td>0.053</td>
</tr>
<tr>
<td>Personal accomplishment (MBI)</td>
<td>0.38</td>
<td>0.048</td>
</tr>
<tr>
<td>General positive contributions (SPPQ)</td>
<td>0.15</td>
<td>0.390</td>
</tr>
<tr>
<td>Positive work motivations (SPPQ)</td>
<td>0.26</td>
<td>0.160</td>
</tr>
</tbody>
</table>
• Differential intervention effect according to proportion of residents with CB in home

<table>
<thead>
<tr>
<th>Effect</th>
<th>Coefficient</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trial arm (main effect)</td>
<td>6678</td>
<td>0.002</td>
</tr>
<tr>
<td>Proportion of people with CB in the residential home (main effect)</td>
<td>3886</td>
<td>0.039</td>
</tr>
<tr>
<td>Trial arm x Proportion with CB</td>
<td>-8412</td>
<td>0.003</td>
</tr>
</tbody>
</table>
Summary

- Some evidence of benefit from WCW
  - Insufficient evidence for primary outcome
  - Small to large effect sizes for other outcomes

- Successful recruitment with difficult retention

- Training generally well attended and delivered with high fidelity
  - Low uptake of coaching calls

- WCW appears to work better for staff in homes with low proportion of people with challenging behaviour
Theme 1: valued roles

Trainers were nervous at the start and unsure about sharing experiences:

“The first time I ever done it I thought should I really be telling people about myself...” (Luke, Trainer)

But they became more confident:

“I didn’t think I was going to do that but I did it and I was quite proud, talking to different people.” (Michael, Trainer)

“I can probably do it without Holly now. [...] Because I just know it now.” (Luke, Trainer)
Benefits to trainers

Trainers wanted to be involved to help other people:

“If I’ve at least changed one person’s life in the system for the better then I’ve done my job. That’s why I do training, for that satisfaction.” (Jonathan, Trainer)

And were happy with the wage:

“It was great because you get paid for it.” (Luke, Trainer)

Trainers felt they were equal partners and were respected by the wider team:

“I’m not very good at reading and writing so what I did I told them straight and they [the team members who initially trained the trainers with ID] drew pictures I could understand. [...] It was good. They respected me. Some people say when you can’t read or write they take the mick.” (Michael, Trainer)
Benefits to trainees

Trainees were quick to see the benefits of being trained by people with ID:

“...if you hear it in their words and they explain how they see things then it does make you sit back and think.” (Rachel, Manager)

However, not all trainees considered the trainer with ID to be leading training:

“Obviously the main trainer gave a few little prompts here and there or he got a bit carried away when he was talking.” (Lauren, Staff)

“I don’t think people liked receiving corrective feedback from somebody with a learning disability, and I think that was received differently than if it had been me.” (Holly, Trainer without ID)
Theme 2: beyond training

Some managers had started to use training in inductions:

“So I think it’s about making sure that’s done during induction, which is something we talk about in induction now, about values and attitudes and say to them that obviously your behaviour will impact on other people.” (Maria, Manager)

Increased awareness of impact of own behaviour:

“Yes definitely – I think it definitely helped them understand a little bit more about how they were impacting on the service users.” (Alice, Manager)
Conclusions

• Broad representation of managers and social care staff
• Implementation support is essential but must be managed
• Greater value on reflection at service-level
• Co-production and co-delivery is positive
• Full explanation of trainer with ID’s role and intended outcomes
• Provision of continued employment opportunities for people with ID
“This presentation summarises independent research by the National Institute for Health Research School for Social Care Research. The views expressed in this presentation are those of the author(s) and not necessarily those of the NIHR SSCR, NHS, the National Institute for Health Research or the Department of Health.”

E-mail: mcnamara@cardiff.ac.uk